Concurrent Enrollment Agreement
Chadron State College

Name ___________________________________________ Student’s Identification (ID) Number ____________________________

Period of enrollment: _____ Fall 20___ _____ Spring 20___ _____ Summer 20___

CSC degree: _____ Bachelor of Arts _____ Bachelor of Science in Education _____ Bachelor of Applied Science
_____ Bachelor of Science _____ Master of Arts in Education _____ Master of Education
_____ Master of Science in Organizational Management

PSC Course(s): Course # Credit Hours Course Name

By signing below, I understand the following.

• The classes above are required for my degree program at CSC
• I am receiving my financial aid from CSC
• I must maintain Satisfactory Academic Progress in accordance to CSC Financial Aid policy
• Following the completion of my PSC course(s), I will provide an official PSC transcript to CSC Record’s Office
Failure to do so may result in a financial aid suspension.
• I give my permission to PSC to release my final grades for the course(s) listed above to the CSC Financial Aid Office
so that my Satisfactory Academic Progress may be measured at the end of this enrollment period.
• My financial aid award will be based on my enrollment status according to CSC enrollment policies
• My financial aid will be disbursed directly to my student account at CSC
• I am responsible for paying my tuition and fees at PSC

Student Signature ___________________________ Date ____________________________

To be completed by the Peru State College Financial Aid Office, P.O. Box 10, Peru, NE 68421

Tuition/fees $ ________ Room/board $ ________ Books/supplies $ __________

Enrollment period: Begin date: ___________________ End Date: ___________________

I certify the above student is registered for ________ PSC credit hours for this enrollment period. I also certify PSC will
not award financial aid for this enrollment period. PSC will notify the CSC Financial Aid Office of any changes in enrollment
status for the above student.

Signature of PSC Financial Aid Official ___________________________ Date ____________________________

To be completed by CSC RECORDS Office:

I certify the above student is enrolled at CSC and is considered degree seeking. I also verify ______ PSC credit hours for this
enrollment period are required for the current degree program or are part of CSC academic requirements for enrollment at CSC.

Signature of CSC Record’s Office Official ___________________________ Date ____________________________

To be completed by CSC Financial Aid Office:

Fulltime ___ ¾ time ___ ½ time ___ <1⁄2 time ___

Signature of CSC START Financial Aid Official ___________________________ Date ____________________________

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