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

University of Nebraska - Lincoln Course(s): Course # Credit Hours Course Name

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<th>Course #</th>
<th>Credit Hours</th>
<th>Course Name</th>
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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 University of Nebraska - Lincoln course(s), I will provide an official University of Nebraska - Lincoln transcript to CSC Record’s Office Failure to do so may result in a financial aid suspension.
- I give permission to UNL 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 University of Nebraska - Lincoln

Student Signature ___________________________ Date ___________________________

To be completed by the University of Nebraska - Lincoln Financial Aid Office, 14th and R Street, Lincoln NE 68588

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

Enrollment period: Begin date: ___________ End Date: ___________

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

Signature of University of Nebraska - Lincoln 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 _______ UNIVERSITY OF NEBRASKA - LINCOLN 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 ___________

Rev. 4/15