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 Science  _____ Bachelor of Applied Science

WNCC Course(s):  

<table>
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<tr>
<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 WNCC course(s), I will provide an official WNCC transcript to CSC Record’s Office Failure to do so may result in a financial aid suspension.
- I give my permission to WNCC 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 WNCC

Student Signature ___________________________ Date ___________________________

To be completed by the WNCC Financial Aid Office, 1601 E 27th Street, Scottsbluff NE 69361

Tuition/fees $_________ Room/board $_________ Books/supplies $___________

Enrollment period:  Begin date: ____________________ End Date: ____________________

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

Signature of WNCC 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 ______ WNCC 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