

**Concurrent Enrollment Agreement
Chadron State College**

Name _____ Social Security 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

| MCC Course(s): | <u>Course #</u> | <u>Credit Hours</u> | <u>Course Name</u> |
|----------------|-----------------|---------------------|--------------------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

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 MCC course(s), I will provide an official MCC transcript to CSC Registrar's Office Failure to do so may result in a financial aid suspension.
- I give my permission to MCC 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
- And, I am responsible for paying my tuition and fees at MCC.

Student Signature _____ Date _____

To be completed by the MCC Financial Aid Office, 1205 E. 3rd Street, McCook, NE 69001

Tuition/fees \$ _____ Room/board \$ _____ Books/supplies \$ _____

Enrollment period: Begin date: _____ End Date: _____

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

Signature of MCC Financial Aid Official

Date

To be completed by CSC START:

I certify the above student is enrolled at CSC and is considered degree seeking at CSC. I also verify _____ MCC 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 START Academic Representative

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