

**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

WNCC 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 WNCC course(s), I will provide an official WNCC transcript to CSC Registrar'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
- And, 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. 27<sup>th</sup> 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 START:**

I certify the above student is enrolled at CSC and is considered degree seeking at CSC. 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 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