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

WSC Course(s):

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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 WSC course(s), I will provide an official WSC transcript to CSC Record’s Office
  Failure to do so may result in a financial aid suspension.
• I give my permission to WSC 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 WSC

Student Signature ____________________________ Date ____________________________

To be completed by the Wayne State College Financial Aid Office, 1111 Main St., Wayne, NE 68787

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

Enrollment period: Begin date: ______________ End Date: ______________

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

Signature of WSC 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 ______ WSC 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

Return Form to: CSC START Office
1000 Main Street, Chadron NE 69337
Fax to: (308) 432-6474