



Concurrent Enrollment Agreement

Chadron State College

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

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

Mid-Plains Community College	Course(s):	Course #	Credit Hours	Course Name
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

Student Signature _____ Date _____

To be completed by the Mid-Plains Community College Financial Aid, 601 W. State Farm Road, North Platte, NE 69101

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

Enrollment period: Begin date: _____ End Date: _____

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

Signature of MPCC 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 _____ MPCC 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