



Western Nebraska  
Community College

## WNCC/CHADRON STATE COLLEGE CONSORTIUM AGREEMENT

**HOME INSTITUTION** (degree-granting)

**HOST INSTITUTION**

Western Nebraska Community College  
1601 East 27<sup>th</sup> Street  
Scottsbluff, NE 69361  
PH (308) 635-6011; Fax (308) 635-6732

Chadron State College  
1000 Main Street  
Chadron, NE 69337  
PH (308) 432-6060; Fax (308) 432-6474

Western Nebraska Community College will serve as the federal aid funding institution.

**NOTE:** Consortium agreements must be completed **by the 10<sup>th</sup> day of classes for each semester** in which you wish to receive financial aid.

### (1) TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_ Student ID# / Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Enrollment term:**

\_\_\_\_ Fall 20 \_\_\_\_  
\_\_\_\_ Spring 20 \_\_\_\_  
\_\_\_\_ Summer 20 \_\_\_\_

**WNCC program:**

\_\_\_\_ Associate of Arts  
\_\_\_\_ Associate of Science  
\_\_\_\_ Associate of Applied Science

\_\_\_\_ Associate of Occupational Studies  
\_\_\_\_ Certificate  
\_\_\_\_ Diploma

**Chadron State College enrollment information:**

Course #	Credit Hours	Course Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I must be seeking a degree, certificate or diploma at Western Nebraska Community College and that my **Chadron State College** courses must apply to my degree. I also understand I am receiving financial aid from WNCC and I must maintain Satisfactory Academic Progress in accordance with WNCC's Financial Aid Office policy. If requested, I will provide a copy of an official document verifying my course(s) completion to WNCC. Failure to do so may result in financial aid suspension. I understand my award will be based on my enrollment status according to WNCC enrollment policies and will be disbursed to me by Western Nebraska Community College's Business Office. **I am responsible for paying educational expenses at Chadron State College and give my permission for Chadron State College to release any necessary academic and financial information (e.g. college transcripts) from the above courses to WNCC.**

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

### (2) TO BE COMPLETED BY CHADRON STATE COLLEGE FINANCIAL AID OFFICE/OFFICIAL

Tuition/Fees \$ \_\_\_\_\_  
Room/Board \$ \_\_\_\_\_  
Books/Supplies \$ \_\_\_\_\_

**Enrollment period:**  
\_\_\_\_\_ to \_\_\_\_\_  
M/D/Y M/D/Y

I certify the above named student is registered for \_\_\_\_\_ credit hours for the enrollment period designated above. I also certify our institution will not award any financial aid for this enrollment period and will notify the Western Nebraska Community College Financial Aid Office of any changes in enrollment status for the above named student.

Signature of Financial Aid Official/Title: \_\_\_\_\_ Date: \_\_\_\_\_

### (3) TO BE COMPLETED BY WNCC REGISTRAR'S OFFICE

I certify the above student is enrolled at WNCC and is considered degree seeking at WNCC. I also verify \_\_\_\_\_ CSC credit hours for this enrollment period will be accepted as transfer credit towards the WNCC degree.

Signature of WNCC Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

(4) Financial aid credits entered: \_\_\_\_\_ Date: \_\_\_\_\_