



Western Nebraska  
Community College

## WNCC / SOUTHEAST COMMUNITY COLLEGE CONSORTIUM AGREEMENT

**HOME INSTITUTION** (degree-granting)

**HOST INSTITUTION**

**Western Nebraska Community College**  
1601 East 27<sup>th</sup> Street  
Scottsbluff, NE 69361  
Phone: (308) 635-6011  
FAX: (308) 635-6732

**Southeast Community College  
Lincoln Office of Financial Aid**  
8800 O Street  
Lincoln, NE 68520  
Phone: (800) 642-4075 Ext. 2610  
FAX: (402) 437-2402

**Southeast Community College  
Beatrice Office of Financial Aid**  
4771 W. Scott Road  
Beatrice, NE 68310-7042  
Phone: (800) 233-5027 Ext. 2610  
FAX: (402) 228-2218

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

**Southeast Community 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 **Southeast Community 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 Southeast Community College and give my permission for Southeast Community 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 SOUTHEAST COMMUNITY 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 \_\_\_\_\_ Southeast CC 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: \_\_\_\_\_