



WNCC/CHADRON STATE COLLEGE CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)	HOST INSTITUTION
Western Nebraska Community College 1601 East 27 th Street Scottsbluff, NE 69361 PH (308) 635-6011; Fax (308) 635-6732 Email: financialaid@wncc.edu	Chadron State College 1000 Main Street Chadron, NE 69337 PH (308) 432-6060; Fax (308) 432-6474 Email: start@csc.edu

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

NOTE: Consortium agreements must be completed **by the 10th 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:	WNCC program:	
___ Fall 20___	___ Associate of Arts	___ Associate of Occupational Studies
___ Spring 20___	___ Associate of Science	___ Certificate
___ Summer 20___	___ Associate of Applied Science	___ Diploma

Chadron State College enrollment information:

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

Check if interested in ordering your consortium books from WNCC's Buddy's Books & Bistro. You will receive an email notification when the credits have been approved.

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	\$ _____	Enrollment period:
Room/Board	\$ _____	_____ to _____
Books/Supplies	\$ _____	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: _____