

WNCC / EASTERN WYOMING COLLEGE CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)

HOST INSTITUTION

Western Nebraska Community College 1601 East 27th Street Scottsbluff, NE 69361

PH: (308) 635-6011; Fax: (308) 635-6732

Email: financialaid@wncc.edu

Eastern Wyoming College 3200 West C Street Torrington, WY 82240

PH: (307) 532-8326; Fax: (307) 532-8222

Email: financialaid@ewc.wy.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:Fall 20 Spring 20 Summer 20	WNCC program: Associate of A Associate of S Associate of A	Arts Ccience	Associate of Occupational Studies Certificate Diploma	
Eastern Wyoming 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 Eastern Wyoming 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 Eastern Wyoming College to release any necessary academic and financial information (e.g. college				
transcripts) from the abo	ove courses to WNCC.		Date:	
(2) TO BE COMPLETED BY EASTERN WYOMING COLLEGE FINANCIAL AID OFFICE/OFFICIAL				
Room/Board \$	rd any financial aid for this er	Enrollment period:to M/D/Ycredit hours for the enrollment period and will notify the for the above named student.	M/D/Y rollment period designated above. I also certify ne Western Nebraska Community College	
, •			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 EWC credit hours for this enrollment period will be accepted as transfer credit towards the WNCC degree.				
Signature of WNCC Regi	istrar:		Date:	
		1) Financial aid crodits ontored:	Date	