



Western Nebraska
Community College

WNCC / SOUTHEAST COMMUNITY COLLEGE CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)

HOST INSTITUTION

Western Nebraska Community College
1601 East 27th 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 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 Arts
____ Associate of Science
____ Associate of Applied Science

____ Associate of Occupational Studies
____ Certificate
____ Diploma

Southeast Community 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 **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: _____