



Concurrent Enrollment Agreement
Chadron State College

Return Form to: CSC START Office
1000 Main Street, Chadron NE 69337
Fax to: (308) 432-6474

Name \_\_\_\_\_ Student's Identification (ID) Number \_\_\_\_\_

Period of enrollment: \_\_\_ Fall 20\_\_\_ \_\_\_ Spring 20\_\_\_ \_\_\_ Summer 20\_\_\_

CSC degree: \_\_\_ Bachelor of Arts \_\_\_ Bachelor of Science in Education \_\_\_ Bachelor of Applied Science
\_\_\_ Bachelor of Science \_\_\_ Master of Arts in Education \_\_\_ Master of Education
\_\_\_ Master of Science in Organizational Management

Table with 3 columns: Course #, Credit Hours, Course Name. Includes blank rows for course entry.

By signing below, I understand the following.

- The classes above are required for my degree program at CSC
I am receiving my financial aid from CSC
I must maintain Satisfactory Academic Progress in accordance to CSC Financial Aid policy
Following the completion of my Oglala Lakota College course(s), I will provide an official Oglala Lakota College transcript to CSC Record's Office Failure to do so may result in a financial aid suspension.
I give my permission to Oglala Lakota College to release my final grades for the course(s) listed above to the CSC Financial Aid Office so that my Satisfactory Academic Progress may be measured at the end of this enrollment period.
My financial aid award will be based on my enrollment status according to CSC enrollment policies
My financial aid will be disbursed directly to my student account at CSC
I am responsible for paying my tuition and fees at Oglala Lakota College

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Oglala Lakota College Financial Aid Office, Box 490, Kyle, SD 57752

Tuition/fees \$ \_\_\_\_\_ Room/board \$ \_\_\_\_\_ Books/supplies \$ \_\_\_\_\_

Enrollment period: Begin date: \_\_\_\_\_ End Date: \_\_\_\_\_

I certify the above student is registered for \_\_\_\_\_ Oglala Lakota College credit hours for this enrollment period. I also certify Oglala Lakota College will not award financial aid for this enrollment period. Oglala Lakota College will notify the CSC Financial Aid Office of any changes in enrollment status for the above student.

Signature of Oglala Lakota College
Financial Aid Official

\_\_\_\_\_
Date

To be completed by CSC RECORDS Office:

I certify the above student is enrolled at CSC and is considered degree seeking. I also verify \_\_\_\_\_ PSC credit hours for this enrollment period are required for the current degree program or are part of CSC academic requirements for enrollment at CSC.

Signature of CSC Record's Office Official

\_\_\_\_\_
Date

To be completed by CSC Financial Aid Office:

Fulltime \_\_\_ 3/4 time \_\_\_ 1/2 time \_\_\_ <1/2 time \_\_\_

Signature of CSC START Financial Aid Official

\_\_\_\_\_
Date