

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) N	umber
Period of enrollme	ent: (check one)Fall 2	0	Spring 20	Summer 20
CSC degree:	Bachelor of Arts Bachelor of Science Master of Science in Org	r of Arts Bachelor of Science in Education r of Science Master of Arts in Education of Science in Organizational Management		Bachelor of Applied Science Master of Education
<name inst<="" of="" td=""><td>Course(s): Course #</td><td>Credit Hours</td><td></td><td></td></name>	Course(s): Course #	Credit Hours		
• The clas • I am rece • I must m • Followin financia • I give m listed aboof this er • My finan • My finan	l aid suspension. y permission to	e Progress in accorda Name of I Office so that my Sate on my enrollment state ectly to my student accordance.	nce to CSC Financia nme of Institution> co SC Record's Office. nstitution> to release isfactory Academic I us according to CSC count at CSC	purse(s), I will provide an official Failure to do so may result in a my final grades for the course(s) Progress may be measured at the end enrollment policies
To be completed	by:	,		,
	<pre><name \$<="" board="" institut="" of="" pre="" room=""></name></pre>			
	: Begin date:			
	ify <name< td=""><td>of Institution> will no</td><td>t award financial aid</td><td>credit hours for this enrollment for this enrollment period. es in enrollment status for the above</td></name<>	of Institution> will no	t award financial aid	credit hours for this enrollment for this enrollment period. es in enrollment status for the above
Signature of Financial Aid Offi	<name in<="" of="" td=""><td>stitution></td><td>Date</td><td></td></name>	stitution>	Date	
I certify the above from	by CSC RECORD'S: e student is enrolled at CSC and Name of Institution emic requirements for enrollment	> for this enrollment	e seeking at CSC. I period are required to	also verifycredit hours for the current degree program or are
Signature of CSC	Record's Office Official		Date	
To be completed	by CSC Financial Aid Office	7.		
Fulltime	3/4 time 1/2 time	<1/2 time		
Signature of CSC	START Financial Aid Officia	1	Date	Rev. 04/1