



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 4 columns: WSC Course(s), Course #, Credit Hours, Course Name. Includes blank rows for 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 WSC course(s), I will provide an official WSC transcript to CSC Record's Office
Failure to do so may result in a financial aid suspension.
I give my permission to WSC 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 WSC

Student Signature _____ Date _____

To be completed by the Wayne State College Financial Aid Office, 1111 Main St., Wayne, NE 68787

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

Enrollment period: Begin date: _____ End Date: _____

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

Signature of WSC 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 _____ WSC 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 _____