

WNCC/LCCC CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)

HOST INSTITUTION

Western Nebraska Community College
1601 East 27th Street
Scottsbluff, NE 69361
(308) 635-6011; fax (308) 635-6732

Laramie County Community College
1400 East College Drive
Cheyenne, WY 82007
(307) 778-1215; fax (307) 778-1350

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.

TO BE COMPLETED BY STUDENT

Name: _____ Student ID#: _____

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

Laramie County Community College enrollment information:

Course #	Credit Hours	Course Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I must be seeking a degree, certificate or diploma at Western Nebraska Community College and that my Laramie County 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 LCCC and give my permission for LCCC to release any necessary academic and financial information (e.g. college transcripts) from the above courses to WNCC.**

Signature of student: _____ Date: _____

TO BE COMPLETED BY THE LCCC 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: _____

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 _____ LCCC credit hours for this enrollment period will be accepted as transfer credit towards the WNCC degree.

Signature of WNCC Registrar: _____ Date: _____

Financial aid credits entered: _____ Date: _____