



WNCC / BELLEVUE UNIVERSITY CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)	HOST INSTITUTION
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Western Nebraska Community College
 1601 East 27th Street
 Scottsbluff, NE 69361
 PH: (308) 635-6011; Fax (308) 635-6732

Bellevue University
 J.R. Richardson
 1000 Galvin Rd S
 Bellevue, NE 68005
 PH: (402) 557-5216; FAX: (402) 557-5421

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

Bellevue University 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 **Bellevue University** 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 Bellevue University and give my permission for Bellevue University 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 BELLEVUE UNIVERSITY 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 _____ Bellevue University 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: _____
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