



Western Nebraska  
Community College

## WNCC / BELLEVUE UNIVERSITY CONSORTIUM AGREEMENT

<b>HOME INSTITUTION</b> (degree-granting)	<b>HOST INSTITUTION</b>
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**Western Nebraska Community College**  
 1601 East 27<sup>th</sup> Street  
 Scottsbluff, NE 69361  
 PH: (308) 635-6011; Fax (308) 635-6732  
 Email: [financialaid@wncc.edu](mailto:financialaid@wncc.edu)

**Bellevue University**  
 J.R. Richardson  
 1000 Galvin Rd S  
 Bellevue, NE 68005  
 PH: (402) 557-5216; FAX: (402) 557-5421  
 Email: [finaid@bellevue.edu](mailto:finaid@bellevue.edu)

Western Nebraska Community College will serve as the federal aid funding institution.

**NOTE:** Consortium agreements must be completed **by the 10<sup>th</sup> day of classes for each semester** in which you wish to receive financial aid.

<b>(1) TO BE COMPLETED BY STUDENT</b>
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Name: \_\_\_\_\_ Student ID# / Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

<b>Enrollment term:</b>	<b>WNCC program:</b>	
____ Fall 20____	____ Associate of Arts	____ Associate of Occupational Studies
____ Spring 20____	____ Associate of Science	____ Certificate
____ Summer 20____	____ Associate of Applied Science	____ Diploma

**Bellevue University enrollment information:**

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

Check if interested in ordering your consortium books from WNCC's Buddy's Books & Bistro. You will receive an email notification when the credits have been approved.

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: \_\_\_\_\_

<b>(2) TO BE COMPLETED BY BELLEVUE UNIVERSITY FINANCIAL AID OFFICE/OFFICIAL</b>
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Tuition/Fees \$ _____	<b>Enrollment period:</b>	_____ to _____
Room/Board \$ _____		M/D/Y                      M/D/Y
Books/Supplies \$ _____		

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: \_\_\_\_\_

<b>(3) TO BE COMPLETED BY WNCC REGISTRAR'S OFFICE</b>
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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: \_\_\_\_\_

<b>(4) Financial aid credits entered:</b> _____	<b>Date:</b> _____
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