WNCC / UNIVERSITY OF WYOMING CONSORTIUM AGREEMENT

HOME INSTITUTION (degree-granting)	**HOST INSTITUTION**
Western Nebraska Community College **1601 East 27th Street** **Scottsbluff, NE 69361** **PH: (308) 635-6011; Fax: (308) 635-6732** **Email: financialaid@wncc.edu**	**University of Wyoming, Financial Aid** **Dept. 3335, 1000 E. University Avenue** **Laramie, WY 82071-3335** **PH: (307) 766-2116; Fax: (307) 766-3800** **Email: finaid@uwyo.edu**

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

University of Wyoming 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 **University of Wyoming** 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 University of Wyoming and give my permission for University of Wyoming 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 UNIVERSITY OF WYOMING 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 _____ University of Wyoming 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:** _____