



# Silver State Opportunity Grant (SSOG) Co - Enrollment Agreement

General Information: If you have been awarded the Silver State Opportunity Grant (SSOG) at the institution where you are seeking a degree (your "home" institution), you may qualify to take a portion of your credits at one other SSOG -eligible institution (your "host" institution). The credits you take at both your home institution and your host institution must apply toward your program of study at your home institution. SSOG-eligible institutions are: Nevada State College, College of Southern Nevada, Great Basin College, Truckee Meadows Community College and Western Nevada College .

NOTE : This agreement is for SSOG only and does not include the Millennium Scholarship or other aid you have been awarded at your home institution (including Federal Student Aid such as the Pell Grant). It is your responsibility to complete this form, including obtaining a signature from an academic advisor or counselor at your home institution and submitting the form to the financial aid office at your home institution. It is also your responsibility to follow up with both institutions to ensure that your request has been processed. You must complete a new form each semester that you receive the SSOG grant and intend to meet the 15 -credit requirement through co - enrollment. It is recommended you complete this form prior to the beginning of the semester during which you will be co -enrolled in order to avoid having your SSOG award cancelled by the financial aid office. If your SSOG award is cancelled, completing this form does not guarantee reinstatement.

First Name		Last Name	
Email		NSHE ID#	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:			
Home Institution: <input type="checkbox"/> NSC <input type="checkbox"/> CSN <input type="checkbox"/> GBC <input type="checkbox"/> TMCC <input type="checkbox"/> WNC			
Host Institution: <input type="checkbox"/> NSC <input type="checkbox"/> CSN <input type="checkbox"/> GBC <input type="checkbox"/> TMCC <input type="checkbox"/> WNC			
Enrolled number of credits at home institution:		Program of study at home institution :	
Student Agreement			

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STEP 2: Host Institution Information			
Name of Host Institution			
City		State	Zip Code
Telephone	Fax		
Courses student will be taking at the HOST institution			
Course Number	Course Title	Credit Hours	Requirement or Elective (must be applicable to degree program)
			<input type="checkbox"/> Requirement <input type="checkbox"/> Elective
			<input type="checkbox"/> Requirement <input type="checkbox"/> Elective
			<input type="checkbox"/> Requirement <input type="checkbox"/> Elective

You must visit with an academic advisor/counselor at your home institution prior to submitting this form to the financial aid office at your home institution. Forms submitted without sign off by the academic advisor/counselor will not be processed.

STEP 3: Home Institution      Academic Advisor/Counselor      Statement			
The above listed student chooses to take the above course(s) at _____ the host institution, and the coursework is applicable to the _____ student's degree or certificate program at _____ the home institution. The reason _____ stated by the student for this choice:			
Home Institution	Academic Advisor/Counselor	(PRINT name)	
Home Institution	Academic Advisor/Counselor	Signature	Date
Telephone		Email	

The financial aid office at your home institution will review this agreement and, if approved, forward it to the \_\_\_\_\_ host institution. The completed form must be received by the financial aid office at your home institution no \_\_\_\_\_ later than the \_\_\_\_\_ last day of classes for the semester.

STEP 4: Home Institution      O016 Tc 0.0168 0 Td [(l)-0.7

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**STEP 5: Host Institution Financial Aid Office**

(Please provide the following information and return to the financial aid office at the student's home institution listed on Page 1).

Host Institution Financial Aid Officer (PRINT name)

Host Institution Financial Aid Officer Signature

Date

Telephone

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This agreement ,