

Name of Student \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name of Student's School System \_\_\_\_\_

Student's High School \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

**Move On When Ready Student Participation Agreement**

The Move On When Ready (MOWR) program provides opportunities for eligible students in grades 9-12 to enroll part- or full-time in postsecondary institutions and take college courses to earn both high school and college credit. Effective July 1, 2015, the Move On When Ready program combined all previous Georgia dual-credit programs into one program entitled Move On When Ready, repealing all conflicting laws.

**Note: Copies of this completed form must be provided to the students, parents/guardians, and respective postsecondary institution(s).**

**Note: This completed form should not be forwarded to the Georgia Department of Education or the Georgia Student Finance Commission.**

**I. Move On When Ready (MOWR) Requirements (Completed by Parents/Guardians)**

*(Please circle Yes, No, or NA)*

- Yes/No      The student's Individual Graduation Plan has been updated to reflect the plan of study through the MOWR program.
  
- Yes/No      The student participant and his/her parents or guardians acknowledge that dropping any classes before the end of the semester/quarter or not following program rules and regulations may result in a (F) failure grade, removal from the MOWR program, and may affect the student's high school graduation requirements. MOWR courses will become part of the student's high school and college permanent transcripts.
  
- Yes/No      The eligible MOWR students must contact the high school counselor for approval before any course changes can be made during the semester/quarter.
  
- Yes/No      MOWR expectations and responsibilities have been shared by the school counselor and all student and the parent/guardian questions/concerns have been addressed.
  
- Yes/No      The parent/guardian acknowledges that the U.S. Department of Education requires that all post-secondary institutions provide training on sexual assault awareness and prevention under Title IX, 4 C.F.R. §106. This mandatory training information will be provided to all MOWR students by the post-secondary institution at no cost.
  
- Yes/No /NA      A student participating in the Alternate Graduation Option through MOWR must have completed all state-required coursework and any state-required assessments associated with these courses that are taken at the high school and not through MOWR.

I, \_\_\_\_\_, hereby grant permission for the college/university to release information about my (Student Name – Please Print)

enrollment and grades, including class schedules and transcripts, to my high school counselor or principal, for the purpose of verifying my high school graduation requirements.

This release will remain in effect throughout my enrollment as a Move on When Ready student.

**II. Move On When Ready Semester/Quarter of Participation: This document is required each semester/quarter (Select only one)**

\_\_\_\_\_ Summer 2016                      \_\_\_\_\_ Fall 2016                      \_\_\_\_\_ Winter 2017                      \_\_\_\_\_ Spring 2017

I have applied or plan to apply as a MOWR student to the following College/Postsecondary Institution(s):

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**III. High School Courses To Complete Through MOWR-- Final Schedule Will Be Based On College Availability**

\_\_\_\_\_ Part Time (Move On When Ready)                      \_\_\_\_\_ Full Time (Move On When Ready)

High School Course Number and Name	Term(s) Course May Be Taken

**IV. Only For Students Pursuing Alternate Graduation Option- Check Below**

- \_\_\_\_\_ Associate's Degree
- \_\_\_\_\_ Technical College Diploma
- \_\_\_\_\_ Two (2) Technical College Certificates (TCCs)

Program Study/Major \_\_\_\_\_

Anticipated Completion Date \_\_\_\_\_

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**V. Move On When Ready Participation Signatures**

Student Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

School Counselor Name Printed \_\_\_\_\_ Date \_\_\_\_\_

School Counselor Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_