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____________

2016-2017 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 combines 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 All Move On When Ready students will be responsible for all state-required courses and the state-required assessments associated with these courses taken through the MOWR program.

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 removal from the MOWR program, and may affect the student’s high school graduation requirements. MOWR program courses will become part of the student’s high school and college permanent transcripts.

Yes/No The eligible MOWR students must inform the high school counselor, in writing, of any course changes during the semester/quarter.

Yes/No MOWR expectations and responsibilities have been shared by the school counselor and all student and 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.

CONTINUED ON BACK

Georgia Department of Education
Richard Woods, Georgia's School Superintendent
II. Move On When Ready Semester/Quarter of Participation: This document is required each semester/quarter (Select only one)______ Fall 2016 _______ Spring 2017

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

<table>
<thead>
<tr>
<th>Name of College/Postsecondary Institution Contact Person</th>
<th>Contact Phone Number</th>
<th>Contact Email</th>
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III. Move On When Ready (MOWR) course(s) to be taken

[ ] Part Time (Move On When Ready)
[ ] Full Time (Move On When Ready)

<table>
<thead>
<tr>
<th>College/Postsecondary Institution Course Name and Course Number</th>
<th>Corresponding High School Course Number</th>
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IV. Full Time (Alternate Graduation Option)

[ ] Associate’s Degree
[ ] Technical College Diploma
[ ] Two (2) Technical College Certificates (TCCs)

Program Study/Major___________________________________________________________

Anticipated Completion Date___________________________________________________

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

V. Move On When Ready Participation Signatures

Student Name Printed_________________________________________________________

Student Signature____________________________________________________________

Phone Number_________________________ Email___________________________

Parent/Guardian Name Printed_________________________________________________

Parent/Guardian Signature_____________________________________________________

Phone Number_________________________ Email___________________________

School Counselor Name Printed________________________________________________

School Counselor Signature___________________________________________________

Phone Number_________________________ Email___________________________