

The Move On When Ready (MOWR) Paper Application should only be completed by Home Study students or students who **do not** have a social security number *only*. All other students must submit an electronic MOWR application. A new application must be completed and submitted each term, i.e. fall, winter, spring or summer, you plan to enroll in college with MOWR.

Part I: To be Completed by Student and Parent/Guardian

(Part II to be completed by a high school official and Part III to be completed by a college official)

***Denotes required fields**

Scan and email **completed application** to MOWR@gsfc.org OR fax to 770.724.9249 OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084

*Student _____
Last First Middle

*Student's SSN: _____ OR Student does not have SSN

*Student's Date of Birth: _____

*Home Address: _____
City State Zip Code

*Home Telephone Number: (____) _____

*Email Address: _____

*School Currently Attending in Georgia: Public High School Private High School Home Study Program

*Name of High School/Home Study Program _____

*Name of Postsecondary Institution You Plan to Attend _____

Please read the following certification statement and sign below: CERTIFICATION, AUTHORIZATION AND AGREEMENT

I/we certify that the information reported above and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge. I/we authorize release and exchange of information between the Georgia Student Finance Authority, educational institutions, and educational state agencies, and agree that such information exchanged may include financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I/we understand that any willfully false statements made for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both. I/we also understand that any refund of fees, paid under Part III below, resulting from withdrawal from a postsecondary institution, will be returned to the Georgia Student Finance Authority. Further, I/we authorize the postsecondary institution, named in Part III, to forward a transcript of grades to the high school, named in Part II, for the school term(s) named in Part III.

I agree to allow the postsecondary institution I attend to send my high school or home study program one academic transcript at the end of the term.

*Student's Signature Date

*Print Student's Name

*Parent/Guardian's Signature Date

*Print Parent/Guardian's Name

Part II: To be Completed by the High School/Home Study Program *Denotes required fields

 *Student Name SSN or Verified No SSN *Term/Year

Approved, classified as a Dual Credit Enrollment student, and scheduled to graduate in _____ (mm/yyyy)

Currently Attending in **Georgia**:

*Grade Level: Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)
 Public High School Private High School Home Study Program

*Name of High School/Home Study Program _____

*High School ETS-CEEB/Home Study Code _____

Home Study code assigned by GSFC upon receipt of the required MOWR Participation Agreement. Applications received without a Participation Agreement on file will not be processed until the required Participation Agreement is received and processed.

The student and the parent/guardian have been advised about participation in the Move On When Ready Program and the pursuit of postsecondary coursework and credit while in high school. It is understood by all that the attempted postsecondary courses/credit will be part of the student's academic history. The postsecondary course and credit is to be substituted for the following high school courses and part of the high school transcript. Refer to the Move On When Ready Course Directory found at www.GAfutures.org for approved courses.

*High School Course Number	*High School Course Name

 *Print Name of Certifying Official *Signature of Certifying Official Date

 *Telephone Number *Email Address

Part III: To be Completed by the Postsecondary Institution *Term/Year _____

*Postsecondary Institution: _____ Title IV School Code: _____

*Postsecondary Institution Course Number	*Postsecondary Institution Course Name	*Hours	*Campus ~

Campus ~ (1) Online (2) At High School (3) At Postsecondary Institution (4) Other

 *Print Name of Postsecondary Official *Signature of Postsecondary Official Date

 *Telephone Number *Email Address