

## Move On When Ready Private College Verification Form

*All information sections to be completed by either a representative from the participating private college or high school. Once form is completed, signed by either a college or high school representative, a copy is to be sent to the Georgia Department of Education MOWR*

College Identification/School Code #  
\_\_\_\_\_

	Semester/Year
	High School and System Name
	Private College Name
	College Address

High School SS or ID No.

Student's Full Name and Date of Birth

# College Hours

High School GTID Number

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

Total College Semester Cost of Tuition, Fees, Books

\$ \_\_\_\_\_

Total GaDOE's MOWR Payment: \$ \_\_\_\_\_ per semester

Private College  
Representative

\_\_\_\_\_  
Printed Name and Title

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

**Move On When Ready Private College  
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**High School Counselor**

The students on this form  
have been verified as  
enrolled MOWR students  
and all information given as  
being correct.

\_\_\_\_\_

**Counselor Printed Name**

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Counselor Signature**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

**High School Phone Number**

\_\_\_\_\_

**Superintendent or Designee and Title (Print)**

\_\_\_\_\_

**Superintendent or Designee (Signature)**

\_\_\_\_\_

**Date**

Email completed form to [gmealer@doe.k12.ga.us](mailto:gmealer@doe.k12.ga.us)

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