

\*Parent/Guardian's Signature

## **Move On When Ready Program Application**

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 OandD@asfc.org OR fax to 770.724.9249 OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084 First Middle \*Student's SSN:\_\_\_\_\_\_OR Student does not have SSN \*Student's Date of Birth: \*Home Address: 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. \*Print Student's Name \*Student's Signature Date

\*Print Parent/Guardian's Name



\*Telephone Number

## **Move On When Ready Program Application**

*Student Name	SSN or □ Verified No SSN *Term/Year			
Approved, classified as a Dual Credit Enrollment s	student, and scheduled to graduate in	(	mm/yyyy)	
Currently Attending in Georgia:				
*Grade Level:	pphomore (10 <sup>th</sup> )	☐ Senior (12 <sup>th</sup> )		
Public High School	☐ Private High School	☐ Home Study Prog	ram	
*High School ETS-CEEB/Home Study Code Home Study code assigned by GSFC upon receipt of Agreement on file will not be processed until the rec	-		ved without a	Participation
The student and the parent/guardian have been advised a and credit while in high school. It is understood by all that t postsecondary course and credit is to be substituted for till Ready Course Directory found at <a href="https://www.GAcollege411.org">www.GAcollege411.org</a> for	he attempted postsecondary courses/credit will he following high school courses and part of t	be part of the student's acad	demic history. T	he
*High School Course Number	*High School Course Name			
	. <b>L</b>			
*Print Name of Certifying Official	*Signature of	Certifying Official	Dat	e
*Telephone Number	*Email Address			
Part III: To be Completed by the Postse	condary Institution *Term/Yea	ar.		
*Postsecondary Institution:				
*Postsecondary Institution Course Number	*Postsecondary Institution Course	Name	*Hours	*Campus 1
Campus ~ (1) Online (2) At High School (3)	At Postsecondary Institution (4) Ot	her		
Campus (1) Omine (2) At high School (3)	At Postsecondary institution (4) of	ilei		

\*Email Address