



Move On When Ready Program Application

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 postsecondary institution official)

Send a copy of this completed application to: GSFC, 2082 East Exchange Place, Tucker, GA 30084.

Student _____
Last First Middle

Student's SSN _____ Student's Date of Birth _____

Address _____
City State Zip Code

Telephone Number (_____) _____

Email Address _____

School Currently Attending in Georgia:

- Public High School
- Private High School
- Home Study Program
- Other _____

Name of High School _____

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 Commission, 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 Commission. 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

Print Student's Signature

Date

Parent/Guardian's Signature

Print Parent/Guardian's Name



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Part II: To be Completed by the High School or Home Study Program

Student Name _____ SSN _____ School Term _____

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

Grade Level: Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)

Currently Attending in **Georgia**:

Public High School Name of High School _____
 Private High School
 Home Study Program High School ETS/CEEB Code (if accredited) _____
 Other _____

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 Approved Course Directory found at www.GAfutures.org for available offerings.

High School Course Name	High School Course Number

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 Name	Course Number	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 _____