

MOVE ON WHEN READY ADMISSIONS APPLICATION

*(Both Sides **MUST** Be Completed)*

Social Security Number _____ Date _____

Last Name _____ First Name _____ MI _____
(as it appears on your social security card) (as it appears on your social security card)

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Telephone () _____ Cell Phone () _____

Date of Birth _____

Email Address _____

Citizenship Status

- United States Citizen
- Resident Alien
- Non-Resident Alien
- Undocumented Alien
- Other Non-US Citizen

Optional:

1. Gender: Male Female
2. Are you Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)? Yes No
3. Check one or more: American Indian or Alaskan Native Asian Black or African American
 White Native Hawaiian/Pacific Islander

Emergency Contact Person: Name _____ Phone () _____

Relationship _____ Street Address _____

City _____ State _____ Zip _____

Program/Enrollment Selection

- MOWR Core MOWR Technical Programs

****Please refer to insert for program available in your area.**

Program name: _____

Semester you intend to enroll: Fall Spring Summer Year: _____

****Graduating seniors are not eligible for MOWR enrollment during the summer following graduation.**

- Campus or site you would like to attend: Carroll Coweta Douglas LaGrange Murphy
(Not all programs are offered at all campuses.) Online Learning Franklin Greenville

High School Education

High School _____ City _____ State _____

What year do you plan to graduate? _____

Have you taken any of these exams within the last five (5) years? ASSET COMPASS ACT SAT

First Generation College Student

Did your father graduate from college? Yes No Unknown

Did your mother graduate from college? Yes No Unknown

Military Information

Please select those that apply to your current status: Active Army Active Marine Active Navy
 Active Coast Guard Military Veteran Military National Guard Military Reservist

If you are a dependent/spouse of a military service member, please select those that apply to the military service member: Active Army Active Marine Active Navy Active Coast Guard
 Military Veteran Military National Guard Military Reservist

My signature on this application is my acknowledgement of and agreement with the statements that follow:

- Foregoing information contained in this application is true and correct.
- Misrepresentation or omission of information will be sufficient cause for rejection or dismissal.
- I intend to abide by the rules and regulations of WGTC.
- All materials submitted for application become the property of West Georgia Technical College and will not be returned to me.

Applicant's Signature _____ Date _____

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 _____

2015-2016 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).

I. Move On When Ready (MOWR) Requirements (Completed by Parent/Guardian)
(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 US 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.
- Yes/No /NA A student participating in the Alternate Graduation Option through MOWR must have completed all state-required coursework and any state-required assessments associated with these courses.

II. Move On When Ready Semester/Quarter of Participation: This document is required each semester/quarter (Select only one)

_____ Fall 2015 _____ Winter 2016 _____ Spring 2016 _____ Summer 2016

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

Name of College/Postsecondary Institution Contact Person _____

Contact Phone Number _____ Contact Email _____

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III. Move On When Ready (MOWR) Courses to be taken

 Part Time (Move On When Ready)

College/Postsecondary Institution Course Name and Course Number

Corresponding High School Course Number

 Full Time (Move On When Ready)

College/Postsecondary Institution Course Name and Course Number

Corresponding High School Course Number

IV. Full Time (Alternate Graduation Option)

- Associate's Degree
- Technical College Diploma
- Two (2) Technical College Certificates (TCCs)

Program Study/Major _____

Anticipated Completion Date _____

V. Move On When Ready Participation Signatures

Student Name Printed _____ Date _____

Student Signature _____

Phone Number _____ Email _____

Parent Name Printed _____ Date _____

Parent Signature _____

Phone Number _____ Email _____

School Counselor Name Printed _____ Date _____

School Counselor Signature _____

Phone Number _____ Email _____