

Name of College Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Contact Email \_\_\_\_\_

Student Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student's School System \_\_\_\_\_

Student's High School \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Student GPTC ID# \_\_\_\_\_

Student's GPTC Email Address \_\_\_\_\_

## 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 the 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 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.  |
| 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. S106. This mandatory training information will be provided to all state-required coursework and any state-required assessments associated with these courses.                                 |

## 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 \_\_\_\_\_



## MOWR FINANCIAL AID INSTRUCTIONS

Go to [www.gacollege411.org](http://www.gacollege411.org).

*Note: These instructions are for students taking MOWR courses.*

### STEP 1 - Student

- Log into GAcademy411.org
  - If you do not have an account on GAcademy411.org, you must [Create an Account](#)
  - Last Name, Social Security Number and Date of Birth must be included in your GAcademy411 profile to access the application. You must also have elected to share your personal information by selecting that profile setting.
- Once your profile is complete, click [Financial Aid Planning Tab](#)
- Click [Scholarships](#) (located in the green area)
- Scroll to the bottom and under "Grants", click [MOVE ON WHEN READY PROGRAM](#).
- Click [MOWR online Application](#).
- Click [Add New Application](#) to complete the ACCEL Application Form (Last Name, Social Security Number and Date of Birth must be included in your GAcademy411 profile to access the application. You must also have elected to share your personal information by selecting that profile setting.)
- Click Submit - Step 1 is complete!! Your information will be processed for your counselor to complete their portion.

**Please print 2 copies of your confirmation page  
Keep one for your records and submit the 2<sup>nd</sup> copy to a Financial Aid Representative**

### STEP 2 -Counselor

- Once you have completed your portion of the application, tell your counselor, so they can complete their portion of the application.
- Inform the counselor to email the High School Coordinator (refer to heading for counselor information) so he/she can inform the financial department of the transaction.

### Step 3 – Technical College

- Once the counselor has submitted their portion of the online application, it will be sent to the financial aid department for processing.

**FORGOT YOUR PASSWORD IN GACOLLEGE411?**  
If you forget your password, call the Technical Support line at 1-800-468-6927.





# MOWR STUDENT SCHEDULE CHANGE REQUEST FORM

Semester/ Year: \_\_\_\_\_

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Schedules have been prepared based on student and school requests. We have worked to provide schedules that will maximize opportunities for student achievement. Schedule changes may be granted on an individual need basis with approval from the high school counselor. Please be aware that some schedule changes may be possible due to our class scheduling procedures: classes will be closed due to low enrollment or classes will be closed due to maximum seat capacity.

- REASON FOR REQUEST:     Failed Prerequisite Class  
                                    Took During Last Semester  
                                    Other

If Other:

\_\_\_\_\_

\_\_\_\_\_

CHANGE FROM:

CRN	Class Abbreviation & Number

CHANGE TO:

CHOICES	CRN	Class Abbreviation & Number
1 <sup>ST</sup>		
2 <sup>nd</sup>		

Student Signature: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

MOWR Coordinator Signature: \_\_\_\_\_

*The Georgia Piedmont Technical College does not discriminate on the basis of race, color, national origin, gender, age or disability.*

*Dr. Debra Gordon, Title IX Coordinator*

*The ADA/Section 504 Coordinator: Lisa Peters, Director Special Services*

*Associate Vice President*

*Building A, Room 157*

*Building A, Room 103A*

*Phone: (404) 297-9522, ext. 1154*

*Phone: (404) 297-9522, extension 1176 Email: [gordond@gptc.edu](mailto:gordond@gptc.edu)*

*Email: [petersl@gptc.edu](mailto:petersl@gptc.edu)*



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## Move on When Ready Textbook Policy

As per the new Move on When Ready Act, effective July 1, 2015, the Georgia Piedmont Technical College MOWR book policy has been created to reflect the guidelines.

On April 10, 2015, Governor Debit signed Senate Bill (SB) 132 into law with an elective date of July 1, 2015. SB 132, also known as the 'Move on When Ready Act' streamlines the existing dual enrollment programs (Accel, HOPE Grant (or dual enrollment, and Move on When Ready) into one program with one funding source. These guidelines are intended to supplement the program information provided in SB 132 and the MOWR program regulation provided by the Georgia Student Finance Commission (GSFC).

### Book Loan Program

Beginning fall 2015, the Georgia Piedmont Technical Bookstore(s) will loan required textbooks to each student enrolled in the Move On When Ready Program each semester, with the agreement that the textbooks will be returned to GPTC at the end of each semester. You will need to bring the textbook loan form with sheet with your class schedule listed.

**Should students fail to return or damage the issued books, they will be assessed a fine of up to \$75.00 or the cost of the book minus the book allowance, whichever is less.**

Students who do not remit payment to Georgia Piedmont Technical College will have a financial hold placed on their account. Having this hold on the student's account will prevent:

- 1. The student from acquiring his or her schedule for the next semester; and**
- 2. The student from requesting any Georgia Piedmont Technical College transcripts vital for future college applications.**

All students and parents must sign below acknowledging an understanding of the new MOWR Textbook Policy prior to receiving any textbooks. This form should be completed and returned to your MOWR advisor as soon as possible. This policy acknowledgement form only needs to be signed once to cover the student's entire MOWR tenure at Georgia Piedmont Technical College. Failure to sign and return this form will result in the non-issuance of Georgia Piedmont Technical College textbooks.

My signature below indicates that I understand the new state Move on When Ready (MOWR) Book Policy and will adhere to the policies set forth in this agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MOWR STUDENT WITHDRAWAL FORM

Semester/ Year: \_\_\_\_\_

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Select One: \_\_\_\_\_ Withdrawal from all courses      \_\_\_\_\_ Withdrawal from one or more courses

List Course Information below:

CRN	Course Abbreviation & Number	Credit Hours	Grade (W or WF)	Last Date of Attendance ( Required if student has attended class)

Reason for Withdrawal: \_\_\_\_\_

Student Signature: \_\_\_\_\_

HS Counselor Signature: \_\_\_\_\_

MOWR Coordinator Signature: \_\_\_\_\_

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*Dr. Debra Gordon, Title IX Coordinator*

*Dean of Academic Programs Building A, Room 103A*

*Phone: (404) 297-9522, extension 1176 Email: [gordond@gptc.edu](mailto:gordond@gptc.edu)*

*The ADA/Section 504 Coordinator: Lisa Peters, Director Special Services*

*Building A, Room 157*

*Phone: (404) 297-9522, ext. 1154*

*Email: [petersl@gptc.edu](mailto:petersl@gptc.edu)*



# Student Information Release Authorization

## Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's rights of access to records and the confidentiality of student information. In accordance with federal law and College policy, we generally will not share student academic information (apart from directory information) with third parties, including parents or spouses, without student consent.

This form allows students to grant parents, guardians, spouse, and/or other access to their education records maintained by Georgia Piedmont Technical College.

All permissions granted will stay in effect until revoked by student.

Note: This form pertains to all academic records, including financial information associated with those records. This form does not pertain to medical records or inquires. Please return this form to the Office of the Registrar, 495 N Indian Creek Drive Clarkston, GA 30021; FAX (404) 294.3424; or e-mail scanned copy to registrar@gptc.edu

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ SSN (LAST 4 DIGITS) \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

## Third-party Information

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT ADDRESS (STREET, APT, CITY, STATE, & ZIP) \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

## PURPOSE OF RELEASE

Academic  Financial  All  Other

## INFORMATION TO BE RELEASED

## Authentication

When the party named above contacts Georgia Piedmont Technical College campus, he/she will be asked to authenticate his/her identity by providing a special identifier code. You, the student, should create this identifier and provide it to your third party contract. Do not choose an identifier that could easily be guessed. If your third party contract is not able to correctly provide the five digit identifier, Georgia Piedmont Technical College, will not release any information from your record. If you forget or misplace your five digit identifier, Georgia Piedmont Technical College can only provide it to you by sending it to your email address on file, upon request.

### Identifier Code Requirements:

IDENTIFIER CODE \_\_\_\_\_ {The identifier code must include exactly two (2) letters and three (3) numbers (e.g. HT515)}

## Authorization

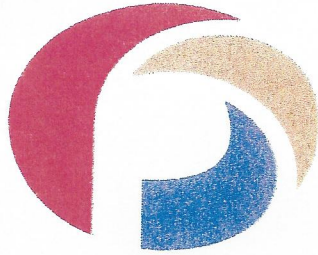
By signing below, I consent that Georgia Piedmont Technical College may disclose and discuss confidential information from my education record with the individuals listed in reference to the purpose of release:

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ DATE \_\_\_\_\_

## Revoke Authorization (To revoke a prior Authorization to Release only)

By signing below, I hereby revoke any prior authorization for Georgia Piedmont Technical College to disclose my education record information with individuals listed above, effective immediately.

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ DATE \_\_\_\_\_



# GEORGIA PIEDMONT TECHNICAL COLLEGE

## GPTC MOWR FREE TRANSCRIPT REQUEST

**Instructions:** Complete the following information. Fill out an additional request if a second copy is to be sent to another address. Please allow 10-15 days for receiving institution. No transcript will be furnished for any student whose financial obligations to Georgia Piedmont Technical College have not been satisfied. Hand-carried transcripts are not normally accepted by receiving institutions. *Every attempt is made to properly mail requests, but the institution can assume no responsibility for final delivery.*

Student 900 Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First: \_\_\_\_\_ Last (Present): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How many transcripts have you requested this semester? \_\_\_\_\_

**ATTENTION:** Grades are posted to student records approximately 5 days after the close of each semester. Do you wish this request to be processed?

As soon as possible

After current grades are posted?

Print complete name and address of receiving institution

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Dr. Debra Gordon, Title IX Coordinator*

*Dean of Academic Programs Building A, Room 103A*

*Phone: (404) 297-9522, extension 1176 Email: [gordond@gptc.edu](mailto:gordond@gptc.edu)*

*Grievance procedures providing for resolution of alleged student discrimination under these Acts may be obtained from the Title IX Coordinator at the DeKalb Campus.*

*The ADA/Section 504 Coordinator: Lisa Peters, Director Special Services*

*Building A, Room 157*

*Phone: (404) 297-9522, ext. 1154*

*Email: [petersl@gptc.edu](mailto:petersl@gptc.edu)*





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# MOWR Course Request Form

High School: \_\_\_\_\_

Counselor(s): \_\_\_\_\_

## Courses Requested

Summer 20__	Fall 20__	Spring 20__

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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