



AUGUSTA UNIVERSITY

MOVE ON WHEN READY PROGRAM COURSE REGISTRATION FORM

1	Review the course offerings through the Schedule of Classes on the Registrar's website (http://www.augusta.edu/registrar). Complete this worksheet with the assistance of your high school guidance counselor. Please list multiple options for each course in case your first choice is not available at the time of registration
2	Please email the completed form to academicadvisement@augusta.edu . (University Hall Suite 262). Changes to your schedule must be approved by your high school counselor before they can be made by the Office of Academic Advisement.

Your JagID Number: _____

MOVE ON WHEN READY (Student will receive high school and college credit; courses paid by GSFC)		
CRN	Course Name & Section Letter	Enter Course time range per day in the space below.
Course Request Number	(example: ENGL1101P)	M-Mon T-Tues W-Wed R-Thurs F-Fri S-Sat
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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I verify that the courses selected above match the approved courses on my Participation Agreement.

By signing this form I fully understand and approve my course schedule. I agree that I will not change my approved schedule unless approved by my high school guidance counselor. I approve that the above courses are a part of the MOWR approved course list and that the courses listed above align with the courses listed on my MOWR Participation Agreement. Once my schedule is complete, I will notify my high school counselors of the exact session and times.

Student Name (please print): _____

Student Signature/date: _____

High School (please print): _____