Alabama State Department of Education
Move on When Ready (MOWR)
Parent/Student Counseling Acknowledgement Form

Student Name: _____

Student ID: _____

Name of High School:_____

Entering Grade: ☐ 11 ☐ 12 **Academic Year**: _____

High School Diploma Pathway: _____

Postsecondary Institution: _____

Eligibility Certification

- ☐ GPA ≥ 3.25 (unweighted)
- ☐ Demonstrated academic readiness
- ☐ Required counseling completed

Approved /Planned Courses

Course Prefix/Number	Course Title	Term	Credit	HS Course Equivalent

By signing below, the student and parent/guardian acknowledge receipt of required Move on When Ready counseling and understanding of all program responsibilities under *Alabama Administrative Code Chapter 300-4-16*.

Student Signature: _____ **Date**: _____

Parent/Guardian Signature: _____ **Date**: _____

School Counselor Signature: _____ **Date**: _____

Updated April 1, 2026