

**EARLY DECISION AGREEMENT**

Applicant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email address: \_\_\_\_\_

By applying early decision, you are making a **binding** commitment to enroll at the College of Charleston if admitted. You may apply to other schools, but you may only apply to **one** school as an early decision candidate. If the College of Charleston is your first choice school, and you plan to attend regardless of your financial aid package or scholarship awards—then early decision is right for you. Students considering a gap-year are not eligible.

**You must submit all standardized test scores, all high school transcripts, and the signed Early Decision Agreement on or before November 1.**

You'll receive your decision by December 1. Early decision candidates may be admitted, waitlisted, deferred or denied admission. Applicants who are waitlisted, deferred or denied admission will be released from their binding commitment. At which point, they may consider other schools.

*Please complete the form below and email it to [admprocessing@cofc.edu](mailto:admprocessing@cofc.edu) on or before November 1:*

As an early decision candidate for admission at the College of Charleston, I agree to each of the following (initial each line):

- \_\_\_\_\_ I certify that I have read, understand, and agree to the College of Charleston's above stated binding early decision policy.
- \_\_\_\_\_ I understand that my high school transcript and standardized test scores must be received by November 1, 2018.
- \_\_\_\_\_ If admitted, I agree to withdraw all other applications and decline all other acceptances; I will not initiate new applications to other schools.
- \_\_\_\_\_ If admitted, I will enroll at the College of Charleston in fall 2019 and submit my non-refundable deposit by January 1, 2019.
- \_\_\_\_\_ I understand that any violation of these terms can result in the revocation of my admission.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN**

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Name \_\_\_\_\_ Email \_\_\_\_\_ Signature \_\_\_\_\_

**SCHOOL COUNSELOR**

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Name \_\_\_\_\_ Email \_\_\_\_\_ Signature \_\_\_\_\_