

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 high school transcripts, the signed Early Decision Agreement, and if you have not selected "yes" to applying Test Score Optional above, your test score(s) on or before October 15.

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 on or before October 15:

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 must be received by October 15, 2020.

_____ I understand that my standardized test scores (if I choose to be reviewed using test scores) must be received by October 15, 2020.

_____ 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 2021 and submit my non-refundable deposit by January 1, 2021.

_____ I understand that any violation of these terms can result in the revocation of my admission.

STUDENT SIGNATURE _____ **DATE:** _____

PARENT/GUARDIAN

Name

Email

Signature

SCHOOL COUNSELOR

Name

Email

Signature