



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. **If admitted, you agree to withdraw all other applications, decline all other acceptances, and not initiate new applications to other schools.** If admitted, you must enroll at the College of Charleston by submitting a **nonrefundable enrollment deposit by January 5, 2023.** 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 to apply for Early Decision.

You must submit all high school transcripts, the signed Early Decision Agreement, and your test score(s) (if applicable) on or before October 15.

You'll receive your decision on 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 this form and sign on the following page. 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 and sign on the next page):

_____ 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(s) must be received by October 15, 2022.

_____ I understand that my standardized test score(s) (if I choose to be reviewed using test scores) must be received by October 15, 2022.

_____ 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 by submitting my nonrefundable enrollment deposit by January 5, 2023.

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

STUDENT SIGNATURE _____ **DATE** _____

PRINT PARENT/GUARDIAN NAME _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____

PRINT SCHOOL COUNSELOR NAME _____

SCHOOL COUNSELOR EMAIL _____

SCHOOL COUNSELOR SIGNATURE _____ **DATE** _____