

Early Decision Agreement Form

Endicott College is pleased to offer an Early Decision Application Plan for students who know the College is their first choice. Early Decision is **a binding agreement**, which means that if you are admitted under this application plan you will enroll at Endicott College and withdraw all other applications submitted to other institutions. The below information is required for your Early Decision Application to be completed and reviewed.

Please note that students seeking to apply for financial aid with the Early Decision Application Plan, should plan to submit their Free Application for Federal Student Aid (FAFSA) by December 1. This will allow the College to share a full cost of attendance with or soon following the admission decision.

| Student first name: | Student last name: | |
|---|--|--|
| Date of birth: | Email address: | |
| Current secondary/ high school | : | |
| | Student Agreement & Signatu | re |
| | wish to apply as an Early Decision can derstand the responsibility of applying a | |
| Student Signature: | | Date: |
| | Counselor Agreement & Signate | ure |
| As the counselor, I, Decision Application Plan with th | have reviewed the binding ag ne student. | reement information about the Early |
| Counselor Signature: | | Date: |
| F | Parent/Legal Guardian Agreement & S | Signature |
| | have reviewed the ne student and understand the commitmeter th | e necessary information about the Early nent as noted in the above information. |

Parent/Legal Guardian Signature: _____ Date: _____