#### **OFFICE OF ADMISSION AND FINANCIAL AID**





# Early Decision Candidate's Agreement

## **EARLY DECISION CONTRACT**

The Davidson community realizes that applying Early Decision represents a thoughtful commitment that Davidson is your first-choice college. We are pleased that you feel Davidson can help you reach your educational and personal goals. We look forward to getting to know you during the application process.

### **STUDENT AGREEMENT**

I am applying to Davidson College under ar	n Early Decision Plan.	
Plan I application complete by No	ovember 15; notification by December	16
Plan II application complete by Ja	nuary 5; notification by January 31	
I understand that to receive full consideration	on all forms and information must be p	ostmarked by the stated deadline.
As an Early Decision applicant I affirm t	that:	
Davidson is my first-choice colleg	ge.	
• I have not applied Early Decision	to another college or university.	
• If accepted, I will enroll at Davids	son.	
	ediately all applications for admission a may result in my admission to Davidso	
	Name (please print)	
	Student Signature	Date
	Birthdate (mm/dd/yy)	
	High School	
	Applicant Email	
As parent(s)/guardian(s), I/we understand as	nd affirm the commitment of Early Decision	1:
	Parent/Guardian Signature	Date

### **KEEP A COPY FOR YOUR RECORDS.**

 $Please\ submit\ to\ the\ Office\ of\ Admission\ via\ email\ (admission@davidson.edu),$