#### OFFICE OF ADMISSION AND FINANCIAL AID

DAVIDSON COLLEGE

Box 7156, Davidson, NC 28035-7156 704-894-2230 • 800-768-0380 • fax 704-997-3114

# 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 an	Early Decision Plan.	
Plan I application complete by No	vember 15; notification by December 15	
Plan II application complete by Jan	nuary 6; notification by February 2	
I understand that to receive full consideration	n all forms and information must be postmarked	d by the stated deadline.
As an Early Decision applicant I affirm t	hat:	
<ul> <li>Davidson is my first-choice colleg</li> </ul>	e.	
<ul> <li>I have not applied Early Decision</li> </ul>	to another college or university.	
• If accepted, I will enroll at Davidson.		
	ediately all applications for admission and schola may result in m <b>y</b> admission to Davidson being r	
	Name (please print)	
	Student Signature	Date
	Birthdate (nun/dd/yy)	
	High School	
	Applicant Email	
As parent(s)/guardian(s), I/we understand at	nd affirm the commitment of Early Decision:	
	Parent/Guardian Signature	Date

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

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