WASHINGTON COLLEGE

EARLY DECISION AGREEMENT

For Office Use Only

ID: _____ Date: _____ Time: _____

Please complete this form using blue or black ink.
Submit it in person to the Office of Admissions *or* mail it to:
WC Admission Office / 300 Washington Avenue / Chestertown, MD 21620
or fax to: (410) 778-7287

CONTACT INFO

For non-U.S. citizens, write your name exactly as it appears on your passport.

Last Name (family) | First (given) | Middle (complete) | Suffix

Street Address / PO Box | Apt. #

City or Town | State/Province | Zip/Postal Code | Country

Email | Phone

Date of Birth [MM/DD/YYYY] | **Gender** ☐ Male ☐ Female

ADDITIONAL INFORMATION

From the National Association for College Admission Counseling Statement of Principles and Good Practices:

Early Decision (ED) is the application process in which students make a commitment to a first-choice institution where, if admitted, they definitely will enroll. While pursuing admission under an Early Decision plan, students may apply to other institutions, but may have only one Early Decision application pending at any time.

Please read the following choices carefully and mark **all that apply**.

☐ Washington College is my first-choice institution; if admitted, I will enroll and will withdraw all other college applications.

☐ I do not currently have other Early Decision applications pending.

☐ I have used Washington College's Net Price Calculator, discussed the results with a WC financial aid counselor, and have determined that there are no financial barriers to my enrollment.

or

☐ I have not used Washington College's Net Price Calculator and do not intend to apply for need-based financial aid.

☐ I agree to remit a non-refundable enrollment deposit of $500.00 within thirty (30) days of my date of admission to Washington College.

Student Signature | Date

Parent Signature | Date

Counselor Signature | Date