Before completing this form, please consult the instructions for early decision applicants on the college's website. The early decision agreement is required only for candidates who have chosen to apply via the binding early decision plan to their first-choice institution.

College name		Deadline	Early decision 🗌 Early decision 2	
		mm/dd/yyyy		
Have you been a candidat	e for admission to this college	in any previous year? 🛛 Yes 🗌 No		
Student section				
Legal name				
First/given	Middle	Last/family/sur (Enter name exactly	as it appears on official documents.) Suffix	
Date of birth	Email	C/	CAID (Common App ID)	
Address				
Number and street		Apartment number City/t	own	
County	State/province	Country	ZIP/postal code	
Current secondary/high s	chool		CEEB code	

Instructions

If the student is accepted under an early decision plan, the student must promptly withdraw the applications submitted to other colleges and universities and make no additional applications to any other university in any country. If the student is an early decision candidate and is seeking financial aid, the student need not withdraw other applications until the student has received notification about financial aid from the admitting early decision institution.

For more information about the early decision plan, please refer to Common App's guiding principles.

Student signature

Full name

I wish to be considered as an early decision candidate at:	
	College name

I have read and understand my rights and responsibilities under the early decision process. I also understand that with an early decision offer of admissions, this institution may share my name and my early commitment with other institutions.

Signature	Date	
		mm/dd/yyyy
Counselor signature		
As the counselor, I have advised the student to abide by the early decision commitment outlined above.		
Full name		
Signature	Date	

mm/dd/yyyy

Parent/legal guardian signature

As the parent/legal guardian, I will ensure the student abides by the early decision commitment outlined above.

Signature _____ Date _____

Please send this form directly to each college admission office. Do not send this form to Common App.