

LAFAYETTE COLLEGE

Office of Admissions, 118 Markle Hall, Easton, PA 18042
(610) 330-5100 ■ Fax: (610) 330-5355 ■ admissions@lafayette.edu

EARLY DECISION PLAN AGREEMENT

(Must be submitted by all candidates seeking early decision)

Please consider me for admission to Lafayette College as an Early Decision candidate. I understand that if I am admitted to Lafayette under Early Decision, I am obligated to enroll. Upon notification of admission to Lafayette, I will submit a nonrefundable \$750 enrollment deposit to Lafayette within 10 days and withdraw applications I have submitted to other institutions.

Signature: _____ Date: _____

Please Print Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Please Print Full Name: _____

TO BE COMPLETED BY THE COUNSELOR:

I am aware of the provisions of the Lafayette College Early Decision Plan for which the above-named student is applying.

Signature: _____ Date: _____

Please Print Name: _____

Title: _____

Secondary School: _____

School Telephone: _____ School Fax: _____

Submit to:

Office of Admissions
118 Markle Hall
Lafayette College
Easton, PA 18042