

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 by submitting the nonrefundable \$750 enrollment deposit by the published deadline and to 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	e-named student is applying.
Signature:	Date:
Please Print Name:	
Title:	
Secondary School:	
School Telephone: School Fax:	
Diago submit the completed document one of these years.	
Please submit the completed document one of these ways: Mail this document to: Fax this document	ment to

610-330-5355

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Office of Admissions

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