

LAFAYETTE

Office of Admissions, 118 Markle Hall, Easton, PA 18042
(610) 330-5100 ■ FAX (610) 330-5355 ■ www.lafayette.edu

FORM 6: 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 College under the Early Decision Plan, I am obligated to enroll. Upon notification of admission to Lafayette, I will pay a nonrefundable \$500.00 tuition deposit within 30 days **and withdraw any applications I may have submitted to other institutions.**

Signature: _____ Date: _____

Please print name: _____

Parent or Legal Guardian Signature _____ Date: _____

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 18042-1770