

EARLY DECISION CONTRACT

Applicant's Signature

I have determined that Stetson University is my first choice and am requesting an early decision on my application for admission. I understand that I may apply to other colleges, but must withdraw these applications if I am accepted to Stetson University. I also understand that if I am accepted, I must pay the required non-refundable deposit within two weeks of my admission to Stetson.

Signature	Date
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Name: _____ S.S. #: _____

Address: _____

City, State, Zip _____

Parent or Guardian Signature

I am aware of the provisions of the Stetson University Early Decision Contract for which the above named student is applying.

Signature	Date
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Name: _____

Address: _____

City, State, Zip: _____

Counselor's Signature

I am aware of the provisions of the Stetson University Early Decision Contract for which the above named student is applying.

Signature	Date
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Name: _____ Title: _____

School: _____