

Part One A

Students who have decided that St. Olaf is their first-choice college should apply under the Early Decision admission program. This allows candidates to receive an admission decision in December and to be guaranteed their first choice of housing. This process is appropriate for transfer students only if they have completed one full year of academic work.

Carefully read the requirements below, sign the *Early Decision Agreement* statement and return it to the Admissions Office. The admissions staff will be happy to discuss any questions or concerns you may have about Early Decision or what an acceptance under Early Decision represents.

CANDIDATES FOR EARLY DECISION MUST:

1. Have all parts of the *Application for Admission* in by Nov. 15 of the senior year.
2. Take the ACT and/or the SAT no later than October of the senior year.
3. If financial assistance is sought, submit the *2004–05 CSS Profile* (using estimated 2003 tax figures) no later than Dec. 15, 2003. Further information on the *CSS Profile* can be found by visiting www.collegeboard.com. Early Decision students must also file a *FAFSA*, using actual tax information, after Jan. 1, 2004, to finalize their award.
4. Send a \$300 non-refundable enrollment deposit within 10 days of acceptance or receipt of a financial aid decision. A second \$300 payment will be required by May 1, 2004, to confirm your enrollment.

EARLY DECISION AGREEMENT

As a candidate for Early Decision, I agree that:

1. St. Olaf is my first-choice college, and I will enroll if accepted.
2. I am not submitting an Early Decision application to any other school.
3. Upon acceptance, I will withdraw any applications initiated at other schools and will not initiate any new applications.
4. I will submit this form, signed by my school counselor, my parents and me, as part of my application.
I also understand that my application will be incomplete without this signed form.

I wish to be a candidate for Early Decision and agree to fulfill the requirements outlined above.

Applicant's Name (please print)

Applicant's Signature

Date

THE APPLICANT AND I HAVE DISCUSSED THE REQUIREMENTS OF EARLY DECISION AT ST. OLAF AND WE FULLY UNDERSTAND THEM.

Counselor's Name (please print)

Counselor's Signature

Date

Parent(s) Name(s) (please print)

Parent(s) Signature(s)

Date

PLEASE LIST THE COURSES YOU ARE TAKING IN THE FIRST TERM OF YOUR SENIOR YEAR.

_____	_____
_____	_____
_____	_____
_____	_____

WHEN DID YOU BEGIN YOUR COLLEGE SEARCH?

- Spring sophomore year Summer before junior year Fall junior year Spring junior year
 Summer before senior year Fall senior year Other _____

HAVE YOU VISITED ST. OLAF COLLEGE?

If so, when _____

Type of Visit: individual group church MPCW athletic music Junior Day other _____

WHEN DID YOU DECIDE TO APPLY UNDER EARLY DECISION?

- Spring sophomore year Summer before junior year Fall junior year Spring junior year
 Summer before senior year Fall senior year Other _____

WHAT FACTORS LED YOU TO APPLY UNDER EARLY DECISION RATHER THAN EARLY ACTION OR REGULAR DECISION?