

**Fall 2016 Early Decision Agreement**

Please complete the information below if you would like to be considered for Early Decision.

**Print Legibly:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Early Decision Agreement**

I understand that early decision is a binding agreement. I understand if I am accepted to Maritime College, I am obligated to submit a \$100 deposit and Statement of Intention to attend Maritime as well as withdraw my application from other colleges by January 15, 2016.

Signature of the Applicant/Student: \_\_\_\_\_ Date: \_\_\_\_\_

As the Parent/Guardian, I will ensure the applicant/student abides by the agreement outlined above.

Signature of the Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As the Guidance Counselor, I have advised the applicant/student to abide by the agreement outlined above.

Signature of the Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL THREE SIGNATURES ARE REQUIRED FOR PROCESSING.**

Please return the signed form to [admissions@sunymaritime.edu](mailto:admissions@sunymaritime.edu), fax to 718-409-7465 or mail to SUNY Maritime College, Admissions Processing, 279A Broadway, Albany, NY 12204-2755