

Fall 2018 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, 2018.

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, fax to 718-409-7465 or mail to SUNY Maritime College, Admissions Processing, 279A Broadway, Albany, NY 12204-2755