

## EARLY DECISION AGREEMENT

**ONLY FOR EARLY DECISION CANDIDATES** You, your parent(s) or guardian(s), and your high school guidance counselor **MUST** sign the statement below to apply for the Early Decision plan. An application for Early Decision without the completed Early Decision Agreement is considered incomplete and will not be reviewed for admission.

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**NOTE:** You are urged not to apply under Early Decision if you are uncertain about signing this commitment.

I am applying to St. Louis College of Pharmacy as my first-choice school and am prepared to make a commitment to the Early Decision plan. As an Early Decision candidate, I understand that my binding commitment, if admitted, is to enroll at St. Louis College of Pharmacy. I agree that I will not apply to any other institutions under an Early Decision plan. Furthermore, I will withdraw all Regular Decision applications and will make no subsequent applications to other institutions if accepted into the Early Decision plan at St. Louis College of Pharmacy.

I understand that I will be required to submit a nonrefundable \$500 deposit to reserve my space in the first-year class. (It is not necessary to submit a deposit with this agreement form. A deposit will be requested at the time you receive your official notice of acceptance.)

I have discussed St. Louis College of Pharmacy's Early Decision Agreement with my parent(s)/guardian(s) and high school guidance counselor. By signing below, we acknowledge that we fully understand and will abide by the conditions set forth above.

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| APPLICANT'S NAME (PRINT) | APPLICANT'S SIGNATURE | DATE |
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| PARENT'S/GUARDIAN'S NAME (PRINT) | PARENT'S/GUARDIAN'S NAME | DATE |
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| HIGH SCHOOL GUIDANCE COUNSELOR'S NAME (PRINT) | HIGH SCHOOL GUIDANCE COUNSELOR'S SIGNATURE | DATE |
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Please return this form along with a current official transcript to:

Office of Admissions  
Enrollment Services  
St. Louis College of Pharmacy  
4588 Parkview Place  
St. Louis, MO 63110-1088