

## **EARLY DECISION CONTRACT**

I understand that in applying to Sacred Heart University through the Early Decision program:

• Sacred Heart University is my first choice.

Withdraw all other college applications.

Parent/Guardian Name (Print)

Guidance Counselor Name (Print)

- I am not permitted to file any other college applications for Early Decision.
- I shall enroll at Sacred Heart University if accepted under the Early Decision Program, provided sufficient financial aid is available.

Submit my non-refundable enrollment deposit by the deadline stated in my letter of admission.

- Failure to abide by Early Decision regulations will nullify my offer of admission from Sacred Heart University.
- An interview is required. (If you have not interviewed with an admissions representative, please call 203-371-7881 to schedule an appointment.)
- Receipt of this signed contract by the Office of Undergraduate Admissions is required before my application will be considered.

If admitted to Sacred Heart University, and enrollment is financially feasible, I agree to:

Applicant Name (Print)	Applicant Signature	Date
ave discussed the above student's rights and noithment to enroll at Sacred Heart University states.	responsibilities under the Early Decision program	n, including the

Parent/Guardian Signature

Guidance Counselor Signature

Date

Date

Please print and complete this form. Return completed form via email to enroll@sacredheart.edu or by mail to:
Sacred Heart University
Office of Undergraduate Admissions
5151 Park Avenue,
Fairfield, CT 06825-1000