

Please sign and return this document to confirm your choice to apply Early Decision.

Instructions:

1. Review this document carefully to understand the stipulations for applying Early Decision and to confirm your choice to apply Early Decision.
2. Sign and return this form to the Office of Admissions through one of these methods:

By mail to:

Cleveland State University College of Law
Office of Admissions
1801 Euclid Ave. LB 138
Cleveland OH 44115

By Email to:

law.admissions@csuohio.edu

By Fax to:

216.687.6881

EARLY DECISION CONFIRMATION

1. By submitting an Early Decision application, applicants are making a binding commitment to attend CSU College of Law if admitted to the law school;
2. Candidates who apply Early Decision to CSU College of Law may not apply for early decision consideration at another law school;
3. Candidates agree that if admitted to CSU College of Law under Early Decision, they will withdraw their applications from all other law schools;
4. Candidates may not initiate any additional law school applications once notified of Early Decision admission to CSU College of Law;
5. Candidates admitted under Early Decision are not eligible for deferral;
6. Early Decision applicants may be admitted, admitted through the Legal Careers Opportunity Program (LCOP), denied, or held for consideration through the regular rolling admissions process;
7. Applicants who are not admitted through the Early Decision process are not bound by this Early Decision agreement.

Please select which Early Decision option through which you will apply:

Early Decision I for Fall 20__

Application Deadline: November 15
Decision Notification: December 15
Deposit Due: December 29

Early Decision II for Fall 20__

Application Deadline: January 1
Decision Notification: January 31
Deposit Due: February 14

I accept and understand the terms and conditions of Cleveland State University College of Law's Early Decision program as outlined herein. I request to have my application considered under the Early Decision program.

Printed Name

Signature

LSAC Account Number:

Date