



Financial Options Statement

Fall 2026-Spring 2027-CDM 1,2,3,4 students

First Name: _____ Middle Name: _____ Last Name: _____

Class of: _____

I intend to use the following selection payment methods to meet my financial obligation for California Northstate University College of Dental Medicine in the 2026-2027 academic year. **(Please check only the options that align with your actual plan).**

Payment Options:

- ☐ Cash Payment:
- ☐ Semester payment – in full
 - ☐ TuitionEase Monthly Payment Plan (Third Party): Please **select one**.
 - ☐ Tuition and Fees
 - ☐ Tuition and Fees plus **Health Insurance**
- ☐ Military Scholarship:
- ☐ Navy
 - ☐ Army
 - ☐ Air Force
 - Other _____
- ☐ Private Educational Loan

Authorization: Please select one of the following Options below.

- _____ This statement indicates that I authorize CNU College of Dental Medicine to keep any credit balance (excess funds) in my student account to cover future charges. **I acknowledge that I will not receive any disbursement check for living expense.** However, I retain the right to cancel this authorization at any time by submitting the appropriate form to the Student Financial Aid Office.
- _____ This statement indicates that I wish to receive all remaining balance (funds) once my financial obligations for the current academic year's tuition and fees are paid. By this, I am specifying that I do not authorize CNU College of Dental Medicine to retain any excess funds in my student account.

Student Statement: This statement is a commitment to fulfill financial obligation at CNU College of Dental Medicine for the 2026-2027 academic year. I acknowledged my right to modify this commitment by providing the university a new form of any changes. My signature below essentially agreeing to pay the required tuition and fees for the academic year.

Signature: _____ Date: _____