



FUNDING OPTIONS STATEMENT

FALL 2020 CHS1 STUDENTS

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

Class of: _____

For the 2020-2021 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, College of Health Sciences. **(Please check all that apply. Please note that you are not required to utilize all payment options selected):**

Options:

- ☐ Cash Payment:
 - ☐ Semester payment – in full
 - ☐ TuitionEase Payment Plan –Monthly: Please **select one** of the following:
 - ☐ Tuition and Fees
 - ☐ Tuition, Fees, and Health Insurance
- ☐ Private Educational Loan

Authorization:

Authorization to pay future year charges (PLEASE SELECT ONE OF THE FOLLOWING):

_____ I authorize California Northstate University, College of Health Sciences to retain any credit balance, and apply such to future charges, which could include tuition and fees. I further understand that I will not receive a disbursement check for the credit balance amount for living expense purposes. I also understand that I may revoke this authorization anytime by submitting a written notice to the Student Financial Aid Office.

_____ I do not authorize California Northstate University, College of Health Sciences to retain any credit balance, instead please issue any credit balance on my account to me only after all current academic year charges have been applied to available funds.

Student Statement:

I understand that by signing below I am informing California Northstate University, College of Health Sciences of my intentions to fulfill my financial obligations to the University for the 2020-2021 academic year. Additionally, I reserve the right at any time to make changes to this information by providing the University with written notification of such changes.

Signature: _____ Date: _____