



# Financial Options Statement

## Fall 2024-Spring 2025-CDM1 students

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Class of: \_\_\_\_\_

For the 2024-2025 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, College of Dental Medicine. **(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 (Third party) –Monthly: Please **select one**:
    - ☐ Tuition and Fees
    - ☐ Tuition, Fees, and Health Insurance
- ☐ Military Scholarship:
- ☐ Navy
  - ☐ Army
  - ☐ Air Force

- ☐ Private Educational Loan

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:** **Authorization to pay future charges.**

\_\_\_\_\_ ***I authorize CNU College of Dental to retain all credit balance on my student's account to apply toward my future Tuition and Fees charges.*** I further understand that I ***will not receive a disbursement check for living expense purposes.*** I also understand that I may revoke this authorization anytime by submitting this form to the Student Financial Aid Office.

\_\_\_\_\_ ***I want all credit balance on my student's account to be issued to me only after all current academic year Tuition and Fees charges have been paid.*** I do not authorize California Northstate University College of Dental to retain any credit balance on my student's account.

### Section C: Student Statement

I understand that by signing below I am informing California Northstate University, College of Dental Medicine of my intentions to fulfill my financial obligations to the University for the 2024-2025 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: \_\_\_\_\_