



FUNDING OPTIONS STATEMENT

FALL 2024 AND SPRING 2025 CHS1 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 Health Sciences. **(Please check all that apply. Please note that you are not required to utilize all payment options selected):**

Section A. Payment Options

Cash Payment:

- Semester payment – in full

- TuitionEase – Monthly Payment Plan (Third party) – Please **select one**:
 - Tuition and Fees
 - Tuition, Fees plus Health Insurance

- Private Educational Loan

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

- _____ *I authorize CNU College of Medicine to retain all credit balance (money) 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 (money) 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 Medicine 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 Health Sciences 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: _____