



Funding Options Statement

FA 2025 and SP 2026– P3,4 students

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

Class of: _____

For the 2025-2026 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, College of Pharmacy. **(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 - Monthly Payment Plan (Third party) – Please **select one**:
 - ☐ Tuition and Fees
 - ☐ Tuition, Fees plus Health Insurance
- ☐ Private Educational Loan

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

_____ ***I authorize CNU College of Pharmacy 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 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 Pharmacy of my intentions to fulfill my financial obligations to the University for the 2025-2026 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: _____