



FUNDING OPTIONS STATEMENT

FALL 2023 MHA STUDENTS

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

Class of: _____

For the 2023-2024 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, Master of Healthcare Administration (MHA). **(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, MHA 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, MHA 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, Master of Healthcare Administration (MHA) of my intentions to fulfill my financial obligations to the University for the 2023-2024 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: _____