



FUNDING OPTIONS STATEMENT

FALL 2024 AND SPRING MHA1 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 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 – 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 California Northstate University MHA **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.

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 CNU Master of Healthcare Administration to retain any credit balance on my student's account.

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 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: _____