



FINANCIAL OPTIONS STATEMENT

FALL 2018 CHS2, CHS3, CHS4 STUDENTS

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

Class of: _____ Student ID: _____

For the 2018-2019 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):*

- Semester payment – in full
- TuitionEase Payment Plan – Monthly: Please select one of the following:
 - Tuition and Fees
 - Tuition, Fees and Health Insurance
- Sallie Mae - Please select one of the following:
 - Smart Option Private Educational Loan
 - Parent Private Educational Loan
- Student Loan Finance Corporation (SLFC) - Please select one of the following:
 - iHelp Private Educational Loan
 - iHELPSelect IV Private Educational Loan **(PMPB only)**
 - iHELPSelect – FX5 Private Educational Loan **(PMPB only)**
 - TriStar Bank- FX5 Private Educational Loan **(PMPB only)**

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 2018-2019 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: _____