



FINANCIAL OPTIONS STATEMENT

FALL 2019 CHS2 CHS3 CHS4 STUDENTS

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

Class of: _____

For the 2019-2020 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
- SallieMae - Please select one of the following:
 - Smart Option Private Educational Loan
 - Parent Private Educational Loan
- Student Loan Finance Corporation (SLFC)
 - iHelp Private Educational Loan

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 2019-2020 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: _____