



FINANCIAL OPTIONS STATEMENT

FALL 2017 CHS2, CHS3, CHS4 STUDENTS

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

Class of: _____ Student ID: _____

For the 2017-2018 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
- Sallie Mae Smart Option Private Educational Loan
- Sallie Mae Parent Private Educational Loan
- iHELP Loan Private Educational Loan
- IHelp Select IV 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 2017-2018 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: _____