



# FINANCIAL OPTIONS STATEMENT

## FALL 2017 M2, M3, M4 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 Medicine. *(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 Select IV Private Educational Loan

I understand that by signing below I am informing California Northstate University, College of Medicine 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: \_\_\_\_\_