



# FINANCIAL OPTIONS STATEMENT

## FALL 2018 CHS1 STUDENTS

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Class of: \_\_\_\_\_

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 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 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: \_\_\_\_\_