



FINANCIAL OPTIONS STATEMENT

FALL 2016 M2 M3 M4 STUDENTS

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

Student ID: _____ Class of: _____

For the 2016-2017 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):

- Semester payment – in full
- TuitionEase Payment Plan
- Sallie Mae Smart Option 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 2016-2017 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: _____