



Financial Options Statement

Fall 2023 –CDM2,3,4 students

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

Class of: _____ Student ID: _____

For the 2023-2024 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, College of Dental Medicine. **(Please check all that apply. Please note that you are not required to utilize all payment options selected):**

Options:

- ☐ Cash Payment:
- ☐ Semester payment – in full
 - ☐ TuitionEase Payment Plan –Monthly: Please **select one** of the following:
 - ☐ Tuition and Fees
 - ☐ Tuition, Fees and Health Insurance
- ☐ Military Scholarship:
- ☐ Navy
 - ☐ Army
 - ☐ Air Force
- ☐ Private Educational Loan

Section B. Authorization

Authorization to pay future year charges (PLEASE SELECT ONE OF THE FOLLOWING):

- _____ I authorize California Northstate University, College of Dental Medicine to retain any credit balance, and apply such to future charges, which could include tuition and fees. I further understand that I **will not receive** a disbursement **check for the credit balance amount for living expense purposes.** I also understand that I may revoke this authorization anytime by submitting a written notice to the Student Financial Aid Office.
- _____ I do not authorize California Northstate University, College of Dental Medicine to retain any credit balance, **instead please issue any credit balance on my account to me** only after all current academic year charges have been applied to available funds.

Section C: Student Statement

I understand that by signing below I am informing California Northstate University, College of Dental Medicine of my intentions to fulfill my financial obligations to the University for the 2023-2024 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: _____