Financial Options Statement
Fall 2023 – CDM1 students

First Name: _____Middle Name:_____Last Name:_____

Class of:_____

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: _____