Financial Options Statement

Fall 2024-Spring 2025–CDM 2,3,4 students

First Name: _____Middle Name:_____Last Name:_____

Class of:_____

For the 2024-2025 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

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS: Authorization to pay future charges.

_____ ***I authorize CNU College of Medicine to retain all credit balance on my student's account to apply toward my future Tuition and Fees charges***. **I further understand that I *will not receive a disbursement check for living expense purposes*. I also understand that I may revoke this authorization anytime by submitting this form to the Student Financial Aid Office.**

_____ I ***want all credit balance on my student's account to be issued to me only after all current academic year Tuition and Fees charges have been paid.*** **I do not authorize California Northstate University College of Medicine to retain any credit balance on my student's account.**

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 2024-2025 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: _____