



# FUNDING OPTIONS STATEMENT

## FALL 2024 & SPRING 2025 M1 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 Medicine (CNUCOM). **(Please check the option that apply to you only):**

### Options:

- Cash Payment:
  - Semester payment – in full (one payment a semester)
  - TuitionEase - Monthly Payment Plan (Third party) – Please **select one**:
    - Tuition and Fees
    - Tuition and Fees plus 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 (money) 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 (money) 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.

### Student Statement:

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 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: \_\_\_\_\_