



FUNDING OPTIONS STATEMENT

FALL 2024 AND SPRING MHA2 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 Master of Healthcare Administration (MHA). **(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 – Monthly Payment Plan (Third party): Please **select one**:
 - Tuition and Fees
 - Tuition, Fees, plus Health Insurance
- Private Educational Loan

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

I authorize California Northstate University MHA **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 CNU Master of Healthcare Administration to retain any credit balance on my student's account.

Student Statement:

I understand that by signing below I am informing California Northstate University, Master of Healthcare Administration (MHA) 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: _____