FUNDING OPTIONS STATEMENT

SPRING 2025 AND FALL 2025 MHA1 STUDENTS

First Name: _____Middle Name:_____ Last Name:_____

Class of:_____

I intend to use the following selection payment methods to meet my financial obligation for California Northstate University Master of Healthcare Administration (MHA) in the 2025-2026 academic year. *(Please check only the options that align with your actual plan).*

Payment Options:

- **Cash Payment:**
  - ☐ Semester payment – in full
- TuitionEase Monthly Payment Plan (Third party) Please **select one**:
  - ☐ Tuition and Fees
  - ☐ Tuition and Fees plus ***Health Insurance***

☐ Private Educational Loan

Authorization: Please select one of the following options below.

_____ This statement indicates that I authorizes CNUMHA to keep any credit balance (excess funds) in my studen's account to cover future charges. **I acknowledge that I will not receive any disbursement check for living expense. However, I retain the right to cancel this authorization any time by submitting the appropriate form to the Student Financial Aid Office.**

_____ This statement indicates that **I wish to receive all remaining balance (money) once my financial obligations for the current academic year'stuition and fees are paid.** I specifying that I do not authorize CNUMHA to retain any excess funds in my student's account.

Student Statement: This statement is a commitment to fulfill financial obligation at CNUMHA for the 2025-2026 academic year. I acknowledged my right to modify this commitment by providing the university a new commpleted form of any changes. My signature below is essentially agreeing to pay the required tuition and fees for the academic year.

Signature: _____Date: _____