



# FUNDING OPTIONS STATEMENT

## FALL 2024 NONEDEGREE 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 Health Sciences. **(Please check all that apply. Please note that you are not required to utilize all payment options selected):**

### Section A. Payment 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 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.*

### Section C: Student Statement

I understand that by signing below I am informing California Northstate University, College of Health Sciences 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: \_\_\_\_\_