



# Funding Options Statement

## Fall 2024 and Spring 2025–PsyD2,3,4,5 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 Psychology. (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 only
    - ☐ Tuition, 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 Pharmacy 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 resubmitting 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 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 Psychology of my intentions to fulfill my financial obligations to the University for the 2023-2024 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: \_\_\_\_\_