



# Financial Options Statement

## Fall 2025-Spring 2026-CDM 2,3,4 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 College of Dental Medicine 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**
- Military Scholarship:
  - Navy
  - Army
  - Air Force
  - Other \_\_\_\_\_
- Private Educational Loan

### Authorization: Please select one of the following Options below.

\_\_\_\_\_ This statement indicates that I authorize CNU College of Dental Medicine to keep any credit balance (excess funds) in my student'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's tuition and fees are paid.** By this, I specify that I do not authorize CNU College of Dental Medicine to retain any excess funds in my student's account.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_