



# Funding Options Statement

## Fall 2025 and Spring 2026 MPS1,2 students

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Class of: \_\_\_\_\_ Student ID: \_\_\_\_\_

I intend to use the following selection payment methods to meet my financial obligation for California Northstate University Master of Pharmaceutical Sciences (MPS) 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 authorize CNUMPS 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.** I specify that I do not authorize CNUMPS to retain any excess funds in my student’s account.

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

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