



# FUNDING OPTIONS STATEMENT

FALL 2026 AND SPRING 2027 CHS 1,2,3,4 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 College of Health Sciences in the 2026-2027 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**

Other \_\_\_\_\_

☐ Private Educational Loan:

## **Authorization:** Please select one of the following options below.

- \_\_\_\_\_ This statement indicates that I authorize CNU College of Health Sciences 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 CNU College of Health Sciences to retain any excess funds in my student's account.

**Student Statement:** This statement is a commitment to fulfill my financial obligation at CNU College of Health Sciences for the 2026-2027 academic year. I acknowledged my right to modify this commitment by providing the university a new completed form of the changes. My signature below is essentially agreeing to pay the required tuition and fees for the academic year.

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