



# FUNDING OPTIONS STATEMENT

## FALL 2026 AND SPRING 2027 CHS1,2/PHPB 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 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**
- ☐ 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 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 at any time by submitting the appropriate form to the Student Financial Aid Office.**
- \_\_\_\_\_ This statement indicates that **I wish to receive all remaining balance (funds) once my financial obligations for the current academic year's tuition and fees are paid.** By this, I am specifying 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 form of any changes. My signature below is essentially agreeing to pay the required tuition and fees for the academic year.

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