



# FUNDING OPTIONS STATEMENT

## FALL 2026-SPRING 2027 M1,2,3,4 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 Medicine in the 2026-2027 academic year. **(Please check only the options that align with your actual plan).**

### Options:

☐ Cash Payment:

☐ Semester payment – in full

☐ TuitionEase – Monthly Payment Plan (Third party) – Please **select one**:

☐ Tuition and Fees

☐ Tuition, Fees and Health Insurance

☐ Military Scholarship:

☐ Navy

☐ Army

☐ Air Force

☐ Private Educational Loan

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

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

**Student Statement:** This statement is a commitment to fulfill financial obligation at CNU College of Medicine 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 essentially agreeing to pay the required tuition and fees for the academic year.

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