



Funding Options Statement

Fall 2026 and Spring 2027 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 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**
- ☐ Military Scholarship:
 - ☐ Navy
 - ☐ Army
 - ☐ Air Force
- ☐ 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 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 account.

Student Statement: This statement is a commitment to fulfill financial obligation at CNUMPS for the 2026-2027 academic year. I acknowledge 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: _____