



Funding Options Statement 3yrs program SU 2026, FA 2026, and SP 2027– P1 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 Pharmacy 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 Pharmacy 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 CNU College of Pharmacy to retain any excess funds in my student account.

Student Statement: This statement is a commitment to fulfill my financial obligation at CNU College of Pharmacy for the 2026-2027 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: _____