



# Funding Options Statement

## FA 2026 and SP 2027– P3,4 4yrs 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: \_\_\_\_\_