



# FUNDING OPTIONS STATEMENT

SU 2026 FA 2026 SP 2027 BSN TERM 1,2,3,4,5,6,7,8,9 STUDENTS

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Class of: \_\_\_\_\_

I intend to use the following selection payment methods to meet my financial obligations at California Northstate University's Bachelor of Sciences in Nursing (BSN) program for 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 only**:
  - ☐ 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 CNUBSN 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** CNUBSN to retain any excess funds in my student account.

**Student Statement:** This statement is a commitment to fulfill financial obligation at CNUBSN program 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: \_\_\_\_\_