



# FUNDING OPTIONS STATEMENT

## FALL 2025 & SPRING 2026 M1 STUDENTS

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

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

For the 2025-2026 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University College of Medicine (CNUCOM). **(Please check the option that apply to you only):**

### Options:

- ☐ Cash Payment:
- ☐ Semester payment – in full (one payment a semester)
- ☐ 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

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS: **Authorization to pay future charges.**

\_\_\_\_\_ ***I authorize CNU College of Medicine to retain all credit balance (money) on my student's account to apply toward my future Tuition and Fees charges.*** I further understand that I ***will not receive a disbursement check for living expense purposes.*** I also understand that I may revoke this authorization anytime by submitting this form to the Student Financial Aid Office.

\_\_\_\_\_ ***I want all credit balance (money) on my student's account to be issued to me only after all current academic year Tuition and Fees charges have been paid.*** I do not authorize California Northstate University College of Medicine to retain any credit balance on my student's account.

**Student Statement:** I understand that by signing below I am informing California Northstate University, College of Medicine of my intentions to fulfill my financial obligations to the University for the 2025-2026 academic year. Additionally, I reserve the right at any time to make changes to this information by providing the University with written notification of such changes.

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