



Funding Options Statement

Fall 2024 & Spring 2025 – PsyD1 students

First Name: _____ Middle Name: _____ Last Name: _____

Class of: _____

For the 2024-2025 academic year, I plan to utilize the following to satisfy my financial obligation to California Northstate University, College of Psychology. (Please check all that apply. **Please note that you are not required to utilize all payment options selected**):

Options:

- ☐ Cash Payment:
- ☐ Semester payment – in full
- ☐ TuitionEase Payment Plan (Third party) please **select one**:
- ☐ Tuition and Fees
- ☐ Tuition, 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 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 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.

Section C: Student Statement

I understand that by signing below I am informing California Northstate University, College of Psychology of my intentions to fulfill my financial obligations to the University for the 2024-2025 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: _____