

# Funding Options Statement

## Fall 2024 and Spring 2025–PsyD2,3,4,5 students

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

Class of: \_\_\_\_\_ Student ID: \_\_\_\_\_

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: \_\_\_\_\_