

GRAND CANYON UNIVERSITY

## 2018-2019 Certification of the Borrower's Condition Form

## This certification is to be completed by the student (borrower) and certified by the student's physician regarding the student's present condition.

Physician Section: Please read and complete one of the following certification statements listed below.					
l,effective(Month		_(name of borrower)	has the abilit		essional judgment, the student ge in substantial gainful activity
OR					
I,activity effective(I	(name	of borrower) has no	<b>t improved</b> to		nal judgment, the condition(s) of to engage in substantial gainful
			M.D.	D.O.	
Signature of M.D. or D.O.					Date
(Print or type) Name of M.D. o	or D.O.				Medical License Number
Address (Street, City & Zip)					Telephone Number

**Borrower Section:** Please read the statement below and sign.

I, \_\_\_\_\_\_\_\_ (name of borrower), understand that any **new** loan(s) or TEACH grant that is awarded by Grand Canyon University within this **current** award year of **2018-2019** cannot later be discharged for any present impairment unless my present condition deteriorates. I also understand that if my prior loan(s) was conditionally discharged and three years have not elapsed, I will resume payment(s) on the old loan(s) and unless my condition substantially deteriorates the old loan(s) cannot be discharged in the future for any impairment present when I began the conditional discharge or when I am receiving any new loan(s) or TEACH grant. I am also aware that if a defaulted loan(s) was conditionally discharged, payment will resume on it, and I must make satisfactory repayment arrangements with my lender before receiving any new loan(s).

(Print or type) Borrower's Name

Borrower's GCU Student Number

Signature of Borrower

Date

NOTE: HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED