



GRAND CANYON UNIVERSITY™

2015-2016 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.

I, _____ (physician), certify that, in my best professional judgment, the student _____ (name of borrower) has the ability to engage in substantial gainful activity effective _____ (Month), _____ (Day), _____ (Year).

OR

I, _____ (physician), certify that, in my best professional judgment, the condition(s) of _____ (name of borrower) has **not improved** to allow him to engage in substantial gainful activity effective _____ (Month), _____ (Day), _____ (Year).

Signature of Physician (M.D. or D.O)

Date

(Print or type) Physician's Name

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 or TEACH grant that is awarded by Grand Canyon University within this **current** award year of **2015-2016** cannot later be discharged for any present impairment unless my present condition deteriorates. I also understand that if my prior loan 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) can't 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 was conditionally discharged, payment will resume on it, and I must make satisfactory repayment arrangements with my lender before receiving any new loans.

(Print or type) Borrower's Name

Borrower's GCU Student Number

Signature of Borrower

Date

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