

2016-2017 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.

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Physician Section	on: Please read and con	nplete one of the following certificat	ion statements listed below.	
I, (ph (nam effective (Month), (Date)		(name of borrower) has the a	ohysician), certify that, in my best professional judgment, the studen me of borrower) has the ability to engage in substantial gainful activity Day), (Year).	
	OR			
	(na	me of borrower) has not improve	best professional judgment, the condition(s) of definition defined to allow him to engage in substantial gainfu	
activity effective	e (Month), __	(Day), (Year)		
Signature of Physician (M.D. or D.O)			Date	
(Print or type) P	hysician's Name		Medical License Number	
Address (Street,	, City & Zip)		Telephone Number	
Borrower Sect	tion: Please read the	statement below and sign.		
Grand Canyon impairment un discharged and substantially de conditional disc was conditional	University within this less my present cond three years have no eteriorates the old loar harge or when I am reconstructions.	ic current award year of 2016-2017 lition deteriorates. I also understated the elapsed, I will resume payment (a(s) cannot be discharged in the future to the elapsed in the future elapsed and I must man the elapsed in the sume on it, and I must man the elapsed in the elapsed	new loan(s) or TEACH grant that is awarded by 7 cannot later be discharged for any present and that if my prior loan(s) was conditionally s) on the old loan(s) and unless my conditionare for any impairment present when I began the rant. I am also aware that if a defaulted loan(s) ake satisfactory repayment arrangements with my	
(Print or type)	Borrower's Name	Borrower's GCU S	Student Number	
Signature of Pe	orrowor	Date		

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