

GRAND CANYON UNIVERSITY

## 2017-2018 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),	(Day), (Year).		
	OR			
	(nam		ved	best professional judgment, the condition(s) of to allow him to engage in substantial gainful
		Μ	.D.	D.O.
Signature of M.D. or	D.O.			Date
(Print or type) Name	of M.D. 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 **2017-2018** 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