



# GRAND CANYON UNIVERSITY™

## 2019-2020 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 \_\_\_\_\_ (MM/DD/YYYY).

**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 \_\_\_\_\_ (MM/DD/YYYY).

\_\_\_\_\_  
Signature of M.D. or D.O. M.D. D.O. Date (MM/DD/YYYY)

\_\_\_\_\_  
(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 **2019-2020** 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 (MM/DD/YYYY)

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