



# GRAND CANYON UNIVERSITY™

## 2020-2021 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).

M.D.

D.O.

\_\_\_\_\_  
Signature of M.D. or 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** Federal Student Aid (FSA) loan(s) or TEACH grant that is awarded by Grand Canyon University within this **current** award year of **2020-2021** cannot later be discharged for any present impairment unless my present condition deteriorates. I understand that if my prior FSA 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 FSA loan(s) or TEACH grant. I am also aware that if a defaulted FSA loan(s) was conditionally discharged, payment will resume on it, and I must make satisfactory repayment arrangements with my lender before receiving any new FSA loan(s). Lastly, I understand that it is my responsibility to understand the impact to any other benefits I receive by completing this document.

\_\_\_\_\_  
(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**