

GRAND CANYON UNIVERSITY™

2027-2028 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 **2027-2028** 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