



**Student Financial Services**

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469  
 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: [finances@uwm.edu](mailto:finances@uwm.edu)

**Please Complete Either Side 1 or Side 2**

**Reinstatement of Federal Loan Eligibility  
Student Statement A**

I wish to borrow federal student loan(s) and/or TEACH Grant funds for the

\_\_\_\_\_ academic year. Therefore, I hereby affirm that any loan(s) or TEACH Grant service obligation in a conditional discharge period, as well as any new loan(s) or service obligation, cannot later be canceled on the basis of any present impairment, unless my condition substantially deteriorates to the extent that the definition of total and permanent disability is again met. I also acknowledge that **collection activity will resume on any loans in a conditional discharge period (unless I was determined disabled by the VA due to a service-connected disability).**

Campus ID Number: \_\_\_\_\_ Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to the above statement, if you wish to borrow loans or receive a TEACH grant, you must have a physician certify the following section. **The physician certification is a one-time requirement.** If you have provided a physician statement in prior years, please initial here: \_\_\_\_\_

**Section 2 – Physician’s Certification**

**Instructions for Physician:** You are being asked to complete and sign this form to certify that the above person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling impairment or condition has substantially improved.

\_\_\_\_\_ I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful (work for pay) activity.

\_\_\_\_\_ In my professional medical judgment of the patient/borrower named above, I **cannot** certify that he/she is able to engage in substantial gainful activity.

Date Borrower became able to work and earn wages: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Professional Registration: \_\_\_\_\_ Physician’s license number: \_\_\_\_\_

Signature of Physician (M.D. or D.O): \_\_\_\_\_ Date: \_\_\_\_\_



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### Declining New Loans

#### Student Statement B

I **do not** wish to borrow federal student loan(s) for the \_\_\_\_\_ academic year. Therefore, I hereby instruct the Office of Financial Aid Administration to consider me for all other aid funds excluding federal loans.

Campus ID Number: \_\_\_\_\_ Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_