



PLEASE COMPLETE EITHER SIDE 1 OR SIDE 2

Reinstatement of Federal Loan Eligibility

STUDENT STATEMENT A

M205N

Mellencamp Hall, Room 162
P.O. Box 469
Milwaukee, WI
53201-0469
414 229-4541 phone
414 229-5699 fax
finaid@uwm.edu

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: _____



Declining New Loans

STUDENT STATEMENT B

M185N

I do NOT wish to borrow federal student loan(s) for the _____ academic year. Therefore, I hereby instruct the financial aid office to consider me for all other aid funds excluding federal loans.

Campus ID Number: _____ Print Student Name: _____

Student Signature: _____ Date: _____