Physician's Certification & Borrower Acknowledgement of Obligation

2026-2027

WICHITA STATE UNIVERSITY
FINANCIAL AID AND SCHOLARSHIPS

Borrower Acknowledgement of Obligation

Student's Name (Last, First, MI) _____ myWSU ID _____

INSTRUCTIONS >>>
The National Student Loan Data System (NSLDS) indicates that you have one or more loans discharged because of a total and permanent disability. Before you can receive additional federal student loans, this form must be completed and returned to the Office of Financial Aid & Scholarships.

Would you like to be considered for a Federal Title IV student loan?
Please read carefully and place an "X" on one of the responses below. Follow the instructions that correspond to your response and sign at the bottom of the page.

☐ **No, I do not wish to receive Federal Title IV student loans. I wish to apply for the Pell Grant only. I understand that submission of this form does not automatically make me eligible for a Pell Grant. Do not complete page 2 of this form.**
>>>Some examples of why you would not be eligible for a Pell Grant are: You are a graduate student, you have already received your first bachelor's degree, you do not have a qualifying Student Aid Index (SAI), or you have reached your Pell Lifetime Eligibility Usage (LEU).

☐ **Yes, I wish to be considered for Federal Title IV student loans. Please have your physician complete the Physician's Certification on the second page of this form.**
You must read and initial to certify each section below:

1. _____ I am aware that the new Federal Student Aid loan cannot later be discharged for any present impairment unless it deteriorates so that I am again permanently disabled.
2. _____ I am aware that collection activity will resume on any loans in a conditional discharge period.
    a. _____ If I am attempting to obtain new loans within the three-year conditional discharge period, I acknowledge that the suspension of collection activity on the conditionally discharged loan will be lifted. (For Veterans Disability Discharge, there is no conditional discharge period)
    b. _____ In addition, the suspension of collection activity on the conditionally discharged loan must be lifted before I (the borrower) can receive the new loan. (This means that the old loan is no longer conditionally discharged and you are responsible for repaying it.)
    c. _____ Unless my condition substantially deteriorates, the old loan cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.
3. _____ My physician will complete page 2 of this form. The Physician's Certification states that I have the ability to engage in substantial gainful activity and am sufficiently physically recovered from my previous condition to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan I am seeking. **Only a Doctor of Medicine or Doctor of Osteopathy who is legally authorized to practice in your state may complete this form.**

STUDENT CERTIFICATION AND SIGNATURE>>>

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined $20,000, receive a prison sentence, or both.
Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation

_____ _____
Student's Signature Date
Typed Signature cannot be accepted

myWSU ID _____

Physician's Certification

PHYSICIAN'S INSTRUCTIONS>>>

General Information

This form is used to obtain a physician's certification and a borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be cancelled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Loan Programs: Direct Loans, PLUS Loans for Parent, PLUS Loans for Graduate Students, Consolidation Loans, and Federal Perkins Loans.

Definition of Total and Permanent Disability

To be totally and permanently disabled, the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability. The physician is to assess the impact of the borrower's disability on his or her ability to earn income in light of what the borrower would normally be able to earn if he or she were not disabled. If the disability appears to have a significant adverse effect on the borrower's earnings potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition. If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for Title IV (federal) student aid.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C 522a) required that an agency provide the following notice to each individual whom is asks to supply information.

The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 409 4k and 22 U.S.C. 2601. **Source: U.S. Department of Education, "Physician Certification and Borrower's Acknowledgement of Obligation," 7-99 (L-54).*

- ➔ The principal purpose of this information requested is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician.
- ➔ The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating the possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in a denial of the borrower's new loan request.
- ➔ The information is necessary to process requests for new Federal Loans Programs.

PHYSICIAN'S CERTIFICATION >>> TO BE COMPLETED BY CERTIFYING OFFICIAL

Physician's Certification. Refer to Physician's Instructions above. (Check One)

- ☐ In my professional medical judgment of the patient/borrower, I cannot certify that he/she is able to engage in substantial gainful activity and can attend school.
- ☐ I certify that in my professional medical judgment, the patient/borrower is able to engage in substantial gainful activity and can attend school.

  >>>Date borrower became able to work and earn wages (MM/DD/YYYY): _____ /_____ /_____

_____	_____
Name of Physician (Last, First, MI)	**Physician's Address (City, State, Zip)**
_____	_____ _____
Physician's Signature	**Date** **Phone Number**
_____	_____
State of Legal Authorization to Practice Medicine	**Medical License Number**