

2020-2021 Eligibility Reinstatement Request Following Disability Discharge

Name: _____

Date of Birth: _____ **MSU Denver ID #:** _____

E-mail: _____ **Phone Number:** _____

I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.

Signature: _____ **Date:** _____

The U.S. Department of Education has indicated you are in the process of applying for or have received a Total and Permanent Disability (TPD) discharge on a TEACH Grant and/or federal student loan(s). Students whose prior TEACH Grant or loan(s) have been discharged due to a TPD must first obtain a physician's certification that they now have the ability to engage in substantial gainful activity prior to obtaining any additional federal student loan funds. Students must also sign a statement acknowledging that any new federal student loans cannot later be discharged for any present impairment unless it deteriorates so that they are again totally and permanently disabled. Additionally, any students holding previously discharged loans still within the post-discharge monitoring period must resume payment on the old loans before receiving new federal student aid loan funds.

Your eligibility for Federal Direct Loans cannot be determined until you submit this form and all required documentation to the Office of Financial Aid and Scholarships. This form must be received by our office at least 3 weeks prior to the end of the semester for which you are requesting Direct Loan consideration. Forms submitted without all required documents will be considered incomplete and will not be processed. **Please fill out form legibly and in blue or black ink.**

STUDENT STATEMENT AND AGREEMENT

As a student requesting future Federal Direct Loan disbursements you acknowledge and agree to all of the following statements by signing this form and agree to provide the supporting documentation as indicated:

- I acknowledge that any new student loans cannot be discharged on the basis of any condition present when the loan is made, unless that condition substantially deteriorates.
- I acknowledge that I must reaffirm any loans previously discharged under TPD still within the post-discharge monitoring period.
- I understand that any loans previously discharged under TPD will be reinstated and collection will resume. I understand that new loans will be held until all previously discharged loans are in good standing. If a defaulted loan was discharged and then reaffirmed, or was

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conditionally discharged and payment resumed on it, I understand that I must make satisfactory repayment arrangement before I can receive a new loan.

- I further understand that unless my condition substantially deteriorates, any previously discharged loans cannot be discharged again in the future for any impairment present when I began the conditional discharge or when I applied for a new loan.
- I have obtained certification from a licensed physician confirming my ability to engage in substantial gainful activity. **(Physician certification is provided on the next page of this form and must be completed by a physician before submitting this form to the Office of Financial Aid and Scholarships).**

NOTE: PHYSICIAN MUST COMPLETE REMAINDER OF FORM!

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

Instructions for Physician:

- Please use blue or black ink while completing this form.
- If you make changes or revisions to any part of the form, please initial these items.
- Please return the completed form to the applicant.

General Information:

- This form is used to obtain a physician's certification and a borrower's acknowledgement that the borrower is able to engage in substantial gainful activity in order to allow the borrower to secure and repay Federal Direct Stafford Loans (subsidized and unsubsidized) and/or Parent PLUS 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 has to assess the impact of the borrower's disability on the borrower's ability to earn income in light of what the borrower would normally be able to earn if not disabled. If the disability appears to have a significant adverse effect on the borrower's earning 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 regain eligibility for Title IV (federal) student aid.

Physician's Certification: (Check One **ONLY**)

I certify that, in my professional medical judgment, the patient/borrower named above **is able to** engage in substantial gainful activity and can attend school.

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

I am a doctor of medicine/osteopathy/osteopathic medicine. I am legally authorized to practice in the state of _____, and my professional license number is _____ . (Subject to verification through state records)

Physician's Signature (please ink sign)

Date

Physician's Printed Name

Phone

Address: _____

