LINDENWOOD
UNIVERSITY

Dear Student,

If a borrower whose loan is discharged through total and permanent disability wishes to take out another FSA loan, he must obtain a physician's certification that he has the ability to engage in substantial gainful activity, and he must sign a statement that he is aware the new FSA loan can't later be discharged for any present impairment unless it deteriorates so that he is again totally and permanently disabled.

"Substantial gainful activity" generally describes a situation in which the borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.

Please upload documents through the **"UPLOAD Document"** box in the student portal My Documents ***"Document Center"*** area.

*Please list your student ID as Document name.

Sincerely,

Lindenwood University
Student Financial Services
209 S. Kingshighway
St. Charles, MO 63301
Phone: (636) 949-4923
Fax: (636) 949-4924

LINDENWOOD
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I, _____, understand that since I have had
(Print Name)

loans previously discharged, any new FSA loan(s) may not be discharged for any present impairments, unless said impairment substantially deteriorates to the extent that the condition of total and permanent disability is met.

This signed statement is required to satisfy eligibility requirements to receive federal Title IV student aid.

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_____ _____

Student Signature Date

_____ _____

Student Name(Printed) Student ID # or SSN

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PHYSICIAN'S CERTIFICATION

Federal regulations require that, in order to qualify for additional Direct Loans, a statement must be signed by a borrower who has prior FFELP/Direct Loans canceled due to a total and permanent disability. This statement must acknowledge that new Direct Loans cannot be canceled based on the borrower's present condition. Regulations also require that the borrower's physician certify that the condition that caused the loan(s) to be canceled is no longer an impairment to gainful activity.

INSTRUCTIONS: You are being asked to complete and sign this form to certify that your patient's condition has improved to the extent that he/she is able to engage in substantial gainful activity. You may complete this form only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state and the patient meets the criteria stated below.

My patient, _____, was certified to be Totally and Permanently Disabled. As a result, I understand that FFELP/Direct Loan(s) for the above patient were canceled. Federal regulations define ***Totally and Permanently Disabled*** as "the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death."

I hereby certify that the above-referenced patient's condition is now such that he/she is able to engage in substantial gainful activity. I understand that the patient must sign a statement that any new Direct Loan he/she receives cannot be canceled in the future on the basis of any impairment present when the new Direct Loan is made, unless that impairment substantially deteriorates.

The area below must be *entirely completed* to be acceptable for consideration.

Print or type name of physician_____

Physician's license number _____

Address _____

Telephone number _____ Email_____

Signature of physician: _____ Date: _____

Lindenwood University
Attn: Student Financial Services
209 S. Kingshighway
St. Charles, MO. 63301