UNC GREENSBORO
Financial Aid *and* Scholarships

P.O. Box 26170 ▪ Greensboro, NC 27402– 6170 ▪ *Phone:* 336-334-5702▪ *School Code:* 002976
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TPD DISCHARGE BORROWER ACKNOWLEDGMENT AND PHYSICIAN'S CERTIFICATION

Student Name _____ Student ID _____
Last First MI

Only Required for Parent PLUS loan:

Parent Borrower _____
Last First MI

The purpose of this form is to comply with the requirement for borrowers who have been granted a Total Permanent Disability (TPD) discharge of Federal Student Loans or TEACH Grant service obligations by the U.S. Department of Education who wish to return to school and receive additional federal student loans. **TPD discharged student loans do not impact your ability to receive Pell Grant or other eligible financial aid.**

Section A: REQUEST TO REVIEW FEDERAL FINANCIAL AID ELIGIBILITY

SELECT which federal financial aid eligibility review you are requesting, and proceed accordingly:

☐ **I do not want any new federal loans.** Please review my eligibility for other financial aid awards, such as grants.
⇒ You do not need to complete the Federal Loan Borrower Acknowledgement or Physician's Certification sections.
⇒ Sign below and return to the Office of Financial Aid and Scholarships.

Borrower Signature _____ Date_____

☐ **All Federal Aid** – I would like to be reviewed for new federal student loans and other financial aid eligibility.

Check which one applies to you:

☐ **This I my first request after having my previous loans discharged.**

ALL sections on this form must be completed to be eligible for new Federal Direct Loans or TEACH grant.
⇒ Complete the Federal Loan Borrower Acknowledgement Statement section; AND
⇒ Have your physician complete the Physician's Certification section
⇒ Sign on page 2 and return completed form to the Office of Financial Aid and Scholarships

☐ **This is NOT my first request after having my previous loans discharged. I submitted a Physician's Certification for a prior year.**
⇒ Complete the Federal Loan Borrower Acknowledgement Statement section, AND
⇒ Sign on page 2 and return completed form to the Office of Financial Aid and Scholarships.

Section B: FEDERAL LOAN BORROWER ACKNOWLEDGMENT STATEMENT

I, the undersigned, do hereby acknowledge that:

☐ I am a borrower whose prior loan was discharged due to a total and permanent disability (TPD) based on a determination by the U.S. Department of Education. I now wish to take out another FSA Loan or wish to receive another Federal TEACH Grant.

☐ I must obtain a physician's certification that I have the ability to engage in substantial gainful activity and submit it to the UNCG Financial Aid Office along with this form; OR I have submitted a physician's certification for a prior year.

☐ If I request a new FSA Loan or Federal TEACH Grant during my three (3) year Post Discharge monitoring period the terms and conditions of my prior loan(s) that were subject to the discharge will be reinstated.

NOTE: A Total Permanent Discharge based on a determination from the VA due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan.

☐ Pursuant to Department of Education guidelines, any new FSA loan or Federal TEACH Grant obligation that I am awarded cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

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TPD DISCHARGE BORROWER ACKNOWLEDGMENT AND PHYSICIAN'S CERTIFICATION

The individual listed below has previously had Federal Student Aid (FSA) Loans discharged due to permanent and total disability claim approved by the U.S. Department of Education. The borrower is now applying for a new FSA loan or TEACH grant for attendance at The University of North Carolina at Greensboro. Per Department of Education guidelines, the borrower is required to obtain a physician's certification that they have the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Borrower Name* _____
Last First MI

*List parent borrower name if this is for Parent PLUS Loan

PHYSICIAN'S CERTIFICATION OF BORROWER'S SUBSTANTIAL GAINFUL ACTIVITY

- Complete this section only if you are a doctor of medicine or osteopathy legally authorized to practice in a state.
- Type or print in dark ink. All fields must be completed, if applicable. Your signature date must include month, day, and year (mm-dd-yyyy).

If you make any changes to the information you provide in this form, you must initial each change.

I am a doctor of (check one): ☐ medicine ☐ osteopathic medicine	
State of Professional Registration: _____	Professional Registration Number:_____

Note: If the individual is able to work, and earn money in any capacity in any field of work, even if only on a limited basis, you must indicate that the individual *is* capable of engaging in substantial gainful activity.

I certify that, in my best professional judgment, the individual identified above is _____/ is not _____ capable of engaging in substantial gainful activity.

I understand that an individual who is currently able or who is expected to be able to work and earn money in *any* capacity in *any* field of work, even on a limited basis, does not have a total and permanent disability as determined by the U.S. Department of Education.

_____ _____
Physician's Signature (a signature stamp is not acceptable) Date (mm-dd-yyyy)

_____
Printed Name of Physician (first name, middle initial, last name)

_____
Street Address City State Zip

_____ _____ _____
Telephone Fax Email Address (optional)

WARNING: *Any person who knowingly and willingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U. S. Criminal Code and 20 U.S.C 1097.*

BORROWER SIGNATURE

By signing this statement, I acknowledge and agree to the terms established by the U.S. Department of Education with regard to total and permanent disability discharge of federal loans and TEACH Grant service obligations and will provide the information requested. **I understand that reinstatement of Title IV financial aid is not guaranteed.**

Borrower Signature _____ Date _____
(Parent borrower signature if this is for Parent PLUS Loan)