



OFFICE OF
FINANCIAL AID

Certification of Loan Discharge Form

CFDIS | Loan Discharge Form

Students who have received federal student aid (FSA) funds for which they are obligated to repay but have their repayment obligations canceled (discharged) due to disability must complete this form to request FSA to be awarded. To request federal grants only, students must complete Sections A, B, and D. To request federal loans, students must also have his/her physician complete Section C. To be eligible for FSA, borrowers must meet general FSA eligibility requirements.

After this form has been completed, please submit it to Enrollment Services by mail, fax, or by using the **Upload Financial Aid Document** link located on the Enrollment Services Forms and Resources page at <https://www.wright.edu/enrollment-services/forms-and-resources/forms#financial>

Section A: Student Information

Student Name: _____ University ID (UID): _____
Social Security Number: _____ Cell Phone: _____
Current Street Address: _____
City: _____ State: _____ Zip: _____
Student Email Address: _____

Section B: Federal Student Aid Request

Please check the box that describes the types of Federal Student Aid you would like to apply for at Wright State University.

- ☐ Federal grants only (skip section C and complete Section D) ***Undergraduate students only**
- ☐ Federal grants and federal loans (never provided physician certification). * Complete both Section C and Section D
- ☐ Federal grants and federal loans (previously provided physician certification AND have not discharged any additional federal loans). * Skip Section C and complete Section D.

Note: If less than three (3) years have passed since the date of your loan discharge, you may need to resume payment on your discharged loan(s) or acknowledge that you are once again subject to the terms of the TEACH Grant agreement to serve.

Section C: Physician Certification for Federal Loan Eligibility

Instructions for Physician: You are asked to certify that the student named in Section A above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking." The student named in Section A, for whom you are completing this certification, has previously had one or more FSA funds discharged due to disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment that was expected to continue for a long and indefinite period of time.

In my best professional judgment, I certify the STUDENT named in Section A is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Additional Comments _____

Physician Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Signature of Physician (M.D. or D.O.): _____ Date: _____

Section D: Student Certification

I acknowledge that I have previously had one or more FSA funds discharged due to a disability. I understand if I request to be considered for federal loans and new loans are awarded to me, I must repay these new loans and they may not be canceled on the basis of any impairment present at the time the new loans are made unless my impairment substantially deteriorates as determined by my physician. **Do not type or use a mouse to sign. Please print and then sign using a pen.**

Student's Signature: _____ Date: _____