



Academic Year: 2022-2023

Academic Year Dates: 6/27/2022 through 5/19/2023

Instructions: Complete and sign this form. Upload the signed form to Self-Service Banner with a copy of your physician's certification.

Student Name: _____ Banner ID: _____

I, _____, acknowledge that by signing this statement, I am aware that I cannot discharge any Federal Direct student loan(s) borrowed for the 2022-2023 academic year based upon my prior documented disability.

I am providing a physician's certification, which states that I have the ability to engage in substantial gainful activity.

My signature on this form affirms that I agree with my physician's assessment; that I am sufficiently physically recovered and capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan(s) I will borrow.

Student Signature _____ Date: _____

Upload all documents to [Banner Self-Service](#). See [instructions](#) for more details.