



**Vincennes University
Financial Aid Office**

Physician's Certification Form

For reinstatement of borrower's student loan eligibility after earlier discharge of loans due to total and permanent disability

Directions to borrower: Give this form to your physician to be completed. The physician must be a licensed doctor of medicine or doctor of osteopathy. Mail or submit the completed certification form along with the borrower acknowledgement form to the financial aid office at Vincennes University.

Directions to physician: Please complete the information below. This patient/borrower was previously certified to be totally and permanently disabled. In completing and signing this form you are certifying that the patient/borrower's condition has now sufficiently improved to permit him or her to engage in substantial gainful activity. This means that he or she is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician's Certification

I, _____, certify that the impairment
Physician's Name

of _____ has improved sufficiently to
Patient/borrower's Name

allow the patient/borrower to engage in substantial gainful activity, as defined above in the directions.

The patient/borrower regained the ability to engage in substantial gainful activity on or about

_____.
Date (mm/dd/yyyy)

Physician's Signature

Date

Physician's Printed Name

Physician's License Number

Physician's Office Telephone Number