

Student Name: _____

Student ID #: _____
(8 digits)



Student Financial Aid
University of Missouri

Physician Certification

The above referenced student borrower was previously determined to be totally and permanently disabled and received a discharge of their student loans because of this classification. The student borrow is requesting additional federal student loans from the U.S. Department of Education. For the student to be considered for additional loans, we are required to obtain a physician certification.

I certify that _____ (Student Name) improved sufficiently to allow the borrower/patient to engage in substantial gainful activity.

Substantial gainful activity is defined as the borrower/patient's ability to work and earn money

The patient/borrower regained the ability to engage in substantially gainful activity as of:

Physician's Printed Name: _____

Physician's Signature: _____

Physician's Phone Number: _____ Date: _____

I am a doctor of (check one): ☐ medicine ☐ osteopathy