

Walden University

Physician's Certification of Borrower's Condition

Student Name: _____
Social Security Number: _____
Student Address: _____
City, State, and Zip Code: _____
Student Telephone Number: _____

Physician: Please complete Section A or Section B only. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

PHYSICIAN ADDRESS MUST BE COMPLETED WITH AN OFFICE STAMP OR FORM WILL BE RETURNED

SECTION A

I certify that, in my best professional judgment, the condition of the person named above **has improved** enough to allow him or her to engage in substantial gainful activity*.

Warning: Previous federal student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional federal financial aid.

Signature of Physician (M.D. or D.O.) Date

(STAMP ONLY) Physician's Name Telephone Number

(STAMP ONLY) Address (Street, City, State and Zip)

Certification/AMA Medical License Number State of Professional Registration

OR

SECTION B

I certify that, in my best professional judgment, the condition of the person named above **has not improved** enough to allow him or her to engage in substantial gainful activity.

Signature of Physician (M.D. or D.O.) Date

(STAMP ONLY) Physician's Name Telephone Number

(STAMP ONLY) Address (Street, City, State and Zip)

Certification/AMA Medical License Number State of Professional Registration

**Substantial gainful activity is described as "a situation in which a borrower is sufficiently recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan the borrower is seeking".*

Please return this form to:

Office of Financial Aid • 650 South Exeter Street • Baltimore MD 21202
800-WALDENU (800-925-3368)
Fax 410-843-6211

Revised 11/02/09