

MARYGROVE COLLEGE DISABILITY DISCHARGE LOAN REQUEST FORM 2013-2014

		CT. 10 54 T 411 14 40 50
STUDENT NAME		STUDENT NUMBER
be eligible for the additional loable to engage in gainful active MAY be reinstated and the stulent's approval. In those cases, appe	pans, the student must complete this form ANI ity. Conditionally discharged loans and/or loan dent is strongly encouraged to contact their lend appeal and all documents will be sent to the Totals may take up to 8 weeks to review.	may be eligible for additional federal student loans. To D submit a physician's letter stating that the student is as permanently discharged within the last five (5) years ider/servicer regarding the previously discharged loans. It is and Permanent Disability (TPD) Servicer for appeal
Before requesting student loat thoroughly understand each it		ollowing. Your initial in each box indicates that you
YOUR INITIALS HERE	STATEMENT	
	I confirm that my loans have been permanently or conditionally discharged due to a disability.	
	I understand that I am currently not re conditionally discharged loans.	sponsible for the repayment of permanently or
	I am requesting that I be eligible to par Grant program.	rticipate in the federal student loan and/or TEACH
Letter must be attached to	longer disabled and am able to "engag	an on his/her letter head stating that I am no e in meaningful and gainful activity". <i>Please note:</i>
form.	the physician's statement must include the student's name, SSN and date of birth. If previously submitted to Marygrove College, please check here	
	I understand that if/when I am awarded federal student loans, CONDITIONALLY discharged loans WILL be reinstated and that I will be responsible for the repayment of all reinstated federal student loans, including all interest that has accrued.	
	I understand that reinstated loans will return to the status they were in prior to the discharge. For example, if the loan was in default at the time of discharge, the loan will be reinstated in the default status.	
	I understand that I will not be approved for a disability discharge for the reinstated loans OR the new loans I am requesting.	
	I have had an opportunity to address all questions to a financial aid professional.	
discharged loans and the inter and certify that I have initialed gainful activity. I have had the the Department of Education f student loans i receive. I unde	rest accrued since the time of discharge. I have deach statement as required. I agree with my exportunity to meet and discuss my situation for additional information. I understand that I was restand that the loans cannot be discharged in b	
MY SIGNATURE INDICA	TES THAT I HAVE READ AND UNDERSTAND ALI	L INFORMATION PROVIDED IN THIS DOCUMENT
STUDENT SIGNATURE		DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	FA Professional Signature and Date