

**Vincennes University**  
**Student Financial Services Office**  
**Decisions related to prior loan TPD discharge**

**2023-2024**

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Student's printed name

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Student ID #

You have had prior loans discharged due to a **Total and Permanent Disability (TPD)** rating. Please indicate below how you want to proceed. Check the box and follow the instructions.

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☐ **I will not borrow any additional federal direct student loans.**

Sign below and return this page to student financial services and do not complete the physician's certification page.

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Student's signature attesting not to borrow additional loans.

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Date

☐ **I want to borrow additional federal direct student loans.**

Please carefully read the entire list of borrower acknowledgements so that you understand what you are affirming when you sign below. Then have your physician complete and sign the enclosed physician's certification. Return both pages to Student Financial Services.

- ☐ Check this box if you have submitted a physician's certification form to Vincennes University in a prior year. If so, it may not be necessary to submit another one.

**Borrower Acknowledgements**

I acknowledge that I am now applying for one or more new student loans. I previously received one or more student loans which were canceled due to my total and permanent disability. I acknowledge that I now have the ability to engage in substantial gainful activity, which means I am now capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loans. I have requested my physician to certify that my impairment has improved sufficiently so that I now have the ability to engage in substantial gainful activity.

I understand that any new student loans I receive, now or in the future, cannot be canceled due to any impairment which is present at the time I apply for or receive the new student loans unless my physician certifies that the impairment has substantially deteriorated, after I receive the new loans, to the point that I am once again totally and permanently disabled.

I understand that if my new student loans are later discharged, the U.S. Department of Education (the Department) monitors discharged student loans for 3 years. If I fail to meet certain eligibility requirements throughout the monitoring period, the Department will reinstate my obligation to repay the discharged loans.

I understand that total and permanent disability, for purposes of discharging a federal student loan, is defined as the condition of an individual who is unable to work and earn money because of an injury or illness that has lasted or can be expected to last for a continuous period of at least 60 months or because of a service-related disability that makes one unemployable as determined by the U.S. Department of Veteran Affairs.

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Student's signature attesting to borrow additional loans.

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Date

***Vincennes University***  
***Student Financial Services 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, fax, or submit the completed certification form along with the borrower acknowledgement form to the Student Financial Services 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. If you have questions, you can call 812-888-4361 and ask to speak with the director of financial aid or a financial aid counselor.

**Physician's Certification**

I, \_\_\_\_\_, certify that the impairment  
Print Physician's Name

of \_\_\_\_\_ has improved sufficiently to  
Print 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