

Name:
ID:
2026-27 Disability Cert (735)

Western Illinois University
Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390
Phone: 309/298-2446
FAX: 309/298-2353
Financial-aid@wiu.edu

Date:

Additional information is needed to continue processing your 2026-27 financial aid application. Return this form with the information below:

BORROWER'S CERTIFICATION

My Federal Family Education Loan Program (FFELP), or Federal Direct Loan, was canceled due to my total and permanent disability. My condition has since that time improved sufficiently to permit me to engage in substantial gainful activity. Under Title IV funding, substantial gainful activity is defined as "sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment".

I AGREE to obtain a certification from a physician that my condition has improved and that I am able to engage in substantial, gainful activity.

I ACKNOWLEDGE that any new loans(s) cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

I UNDERSTAND that a new certification must be signed for each future loan.

Please check one of the following:

- Please process my federal student loan eligibility. I have attached the required physician certification statement.
- I do not want federal student loans processed for the 2026-27 school year. Physician statement is not needed if this box is checked.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:
List loan aid codes processed with this certificate: ____ Sub ____ Unsub ____ Susa

Wkfl:

Name:
ID:
2026-27 Disability Cert (735)

Western Illinois University

Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390
Phone: 309/298-2446
FAX: 309/298-2353
Financial-aid@wiu.edu

PHYSICIAN'S CERTIFICATION

PATIENT NAME: _____

The above named individual was certified to be totally and permanently disabled. Under Title IV funding, total, and permanent disability is defined as 'the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.'

I hereby certify that the above referenced patient's condition is now such that they are able to engage in substantial gainful activity. Under Title IV funding, substantial gainful activity is defined as "sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment". I understand that the patient may sign a statement that any new Federal Direct Loan they receive cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

Type or print diagnosis of patient's present medical condition:

When did the patient become medically able to attend school or seek gainful employment?

Type or print the name and address of physician:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

CERTIFICATION/LICENSE NUMBER: _____

DATE LICENSE ISSUED: _____

Return to WIU Financial Aid Office, Sherman Hall 127, 1 University Circle, Macomb, IL 61455