



Financial Aid Office
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2024-2025
Borrower Eligibility Certification for New Loan(s)

Previously Discharged Loans
Continuing UM Borrower

Name: _____ UM ID#: 790 _____

UM E-Mail: _____ Phone#: _____

I have previously submitted a certification from a medical doctor or osteopath who is legally authorized to practice in Montana which states that I may engage in substantial gainful activity.

I understand and acknowledge that the new loan for which I am applying cannot be discharged in the future on the basis of any condition existing at the time the new loan(s) is/are made, unless that condition substantially deteriorates so as to render the borrower permanently and totally disabled.

Signature: _____ Date: _____