



Financial Aid Office
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2024-2025
Borrower Eligibility Certification Form

Previously Discharged Loans
First Time Borrower at UM

Name: _____ UM ID#: 790

I have attached a certification from a Doctor of Medicine or osteopath who is legally authorized to practice in Montana that I can engage in substantial gainful activity. The phrase "substantial gainful activity" means that I have physically recovered enough to sufficiently be capable of attending school, successfully completing my program/degree and secure employment to repay the new loan (s).

I also understand and acknowledge that these new loan(s) or TEACH Grant(s) cannot be discharged in the future based on any condition existing now at the time these new loan(s) or TEACH Grant(s) is/are made, unless that condition substantially deteriorates to render me permanently and totally disabled.

Student Signature: _____ Date: _____