



Financial Aid Office
Missoula, MT 59812-2232
Phone: (406) 243-5373
Faid@mso.umt.edu

2025-2026
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: _____