



Financial Aid Office  
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2025-2026  
Borrower Eligibility Certification Form  
Previously Discharged Loans  
First Time Borrower at UM

Name: \_\_\_\_\_

UM ID#: 790 \_\_\_\_\_

UM E-Mail: \_\_\_\_\_

Phone#: \_\_\_\_\_

I have attached a certification from a doctor of medicine or osteopath who is legally authorized to practice in Montana that I am able to engage in substantial gainful activity. The phrase "substantial gainful activity" means that I am sufficiently physically recovered to be capable of attending school, successfully completing my program and securing employment in order to repay the new loan (s).

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_