

Students who have received federal student aid (FSA) funds for which they are obligated to repay but have their repayment obligations canceled (discharged) due to disability must complete this form to request FSA to be awarded. To request federal grants only, students must complete Sections A, B, and D. To request federal loans, students must also have his/her physician complete Section C. To be eligible for FSA, borrowers must meet general FSA eligibility requirements.

After this form has been completed, please submit it to Financial Aid either by mail, in person at Bayley Hall, or upload to the online document center using the following secure site: https://setonhall.formstack.com/forms/financial_aid_office_document_submission

Section A: Student Information

Student Name: _____ University ID (CWID): _____

Last 4 Numbers of Social Security Number: _____ Cell Phone: _____

Current Street Address: _____ City _____

State: _____ Zip Code: _____ Student Email Address: _____

Section B: Federal Student Aid Request

Please check the box that describes the types of Federal Student Aid you would like to apply for at Seton Hall University.

- ☐ Federal grants only (skip section C and complete Section D) *Undergraduate students only
- ☐ Federal grants and federal loans (1st submission, physician certification attached). * Complete both Section C and Section D
- ☐ Federal grants and federal loans (Subsequent submission, physician certification already on file AND have not discharged any additional federal loans). * Skip Section C and complete Section D.

Note: If less than three (3) years have passed since the date of your loan discharge, you may need to resume payment on your discharged loan(s) or acknowledge that you are once again subject to the terms of the TEACH Grant agreement to serve.

Section C: Physician Certification for Federal Loan Eligibility

Instructions for Physician: You are asked to certify that the student named in Section A above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a level of work performed for pay that involves doing significant physical or mental activities or a combination of both." The student named in Section A, for whom you are completing this certification, has previously had one or more FSA funds discharged due to disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment that was expected to continue for a long and indefinite period of time.

In my professional opinion, I certify the STUDENT named in Section A is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Signature of Physician (M.D. or D.O.): _____ Date: _____

Section D: Student Certification

I acknowledge that I have previously had one or more FSA funds discharged due to a disability. I understand if I request to be considered for federal loans and new loans are awarded to me, I must repay these new loans, and they may not be canceled on the basis of any impairment present at the time the new loans are made unless my impairment substantially deteriorates as determined by my physician.

Student's Signature: _____ Date: _____