Please complete this form online, then print and sign using blue or black ink. No electronic signatures accepted.

DISPRM

WESTERN MICHIGAN UNIVERSITY

STUDENT NAME: _____

WIN: _____

DAYTIME PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WMU Student Financial Aid
1903 W Michigan Ave
Kalamazoo MI 49008-5337
(269) 387-6000
finaid-info@wmich.edu

DISABILITY NOTICE FOR PERMANENT DISCHARGE

According to information we received from the National Student Loan Data System (NSLDS), you have loans that were cancelled because of total and permanent disability and you are ineligible to receive federal or state financial aid funds unless certain conditions are met. Your completed form must be received in our office at least **30 days** prior to your last date of enrollment for the academic year you are requesting aid. Delays in processing your application may result in a reduction or loss of financial aid awards. If you have any questions or need assistance, please call Bronco Express at (269) 387-6000.

If you do not want to borrow a federal student loan, sign and date here and submit this form to the financial aid office.

STUDENT SIGNATURE: _____ **DATE:** _____

If you want to borrow a federal student loan, you must return this form with your name and WIN and complete the Student Certification below. A legally licensed physician must also complete the Physician Certification below, stating you have the ability to engage in substantial gainful activity and can attend school.

STUDENT CERTIFICATION

I, the student, am requesting consideration for federal student loans. I certify I do not have at the present time an illness or injury which would prohibit me from being able to work and earn money or go to school. I am aware the federal student loans cannot be cancelled at a later time on the basis of any present impairment unless the condition substantially deteriorates.

STUDENT SIGNATURE: _____ **DATE:** _____

PHYSICIAN CERTIFICATION

The student listed above is requesting consideration for federal student loans. You are being asked to certify that the student is able to engage in substantial gainful activity.

I am a (check one) ☐ doctor of medicine, ☐ doctor of osteopathy legally authorized to practice in the state of _____ and my professional license number issued by that state is _____. I certify, to the best of my professional judgment, the student does not have an illness or injury that would prohibit the student from being able to work and earn money or go to school indefinitely.

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PHYSICIAN PRINTED NAME: _____ **PHONE:** _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.