



MCPHS
UNIVERSITY

Boston	(T) 617.732.2864	(F) 617.732.2082
Worcester	(T) 508.373.5633	(F) 508.890.7987
Manchester/Online	(T) 603.314.1729	(F) 603.314.0213

2026 - 2027 Federal Loan Discharge Form

Student Name _____ MCPHS ID _____

Step 1: Student Signature

By signing this form, I acknowledge that any loans I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Student Signature

Date

Step 2: Physician's Certification: To be completed by a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in a U.S. state.

By completing the information below and signing, I certify the following: In my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

Typed or printed name of physician: _____

U.S. state in which physician is legally authorized to practice: _____

Physician's license number: _____

Physician Signature _____ Date _____

Please return completed form to the Office of Student Financial Services