

Request for Rider
Additional Professional Liability Insurance Coverage

This form should be used **only** by students planning a senior elective at a location requiring more than our usual Medical Student Malpractice coverage (\$10,000/\$30,000). Bring this completed request form to the Office of Academic Affairs, or mail it to us at 4301 W. Markham, Slot 603; 72205

Student Name: _____

Pager: _____ Home tel #: _____

Address: _____

Off-Campus Elective Information

Title of Course: _____

Full School/Institution Name: _____

Attn: _____

Address: _____

Dates: _____

Amount of Coverage Required: _____

Approved by Dean's Office: _____

Date Approved: _____