4.18.19 Form RM17

	REQUE	ST FOR STUDENT I	PROFESSIONAL LIA	ABILITY COVER	AGE	
[.	Date of Request:					
II.	Requested by:					
	Name					
	Phone #					
	Email					
	Department					
	Campus Course Name			Course #		
TTT	Activities to be Doube	numed by Student(s)	duning this oytownshi	n DIFACE DE (SDECIEIC	
111.	Activities to be Perio	Activities to be Performed by Student(s) during this externship. PLEASE BE SPECIFIC				
IV.	Listing of Students to be Covered:		*Attach separate excel listing with the below format			
	Listing of Students t	o be Covereu.	"Attacii separati	e excel fishing with	the below format	
					Externship	
	First Name	Last Name	Email Address	PUID#	Facility	
. 7	C 4 1 Fee	4. (D.P. W.)				
V.	Coverage to be Effect	tive (Policy Year):				
	Class Start Date:		Class End Date:			
				_		
IV.	Funding Source:		For Risk Mgmt Use Only			
	IO#			RM#		
				_		
	WBSE #					

Please e-mail or file-locker to Lisa Fortner for processing:

lyfortne@purdue.edu