

# Auburn University

Department of Risk Management and Safety

11C Ingram Hall

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## Student Professional Liability Insurance Application

STUDENT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Auburn University Department Supervisor \_\_\_\_\_

AU Dept. Super. Phone # \_\_\_\_\_ AU Department/College \_\_\_\_\_

Student Address:

Street, or P.O. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Internship Title \_\_\_\_\_

(Or description of duties) \_\_\_\_\_

Contact Person at Internship Facility \_\_\_\_\_

Phone # for Contact Person at Internship Facility \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Note to Students: Return this completed form to the person within your department or college who is coordinating your internship.