

**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: \_\_\_\_\_