



Student Intern Insurance Request Form

Note: Requests must be submitted 15 working days prior to effective date of coverage

Student Information

Student Name: _____

Address: _____

Phone: _____

Email: _____

Enrollment Term: _____

Internship Class/Course Number: _____

Instructor's Name: _____

Instructor's Phone: _____ Email: _____

Internship Site Information

Internship Organization Name: _____

Organization Address: _____

Organization Contact Name / Position Title: _____

Organization Contact Phone: _____

Contact's Email: _____ Fax: _____

Internship Dates

Indicate dates of your internship placement as mm/dd/yyyy

From: _____ To: _____



Attached Required Additional Documents

Due to the CSU's insurance carrier requirements, student interns must submit to Enterprise Risk Management the following documents:

- Offer of internship placement with dates of internship on the internship's business letterhead with a request for evidence of student intern insurance coverage
- A completed internship agreement between the University and the placement
- A copy of student's class schedule as proof of San Francisco State University enrollment during the internship placement period

Evidence of coverage will be sent directly to the internship placement site.

Questions regarding evidence of coverage may be directed to Michael Beatty at (415) 338-1124 or mbeatty@sfsu.edu

My signature acknowledges that I have read and completed this request form and have attached the required documents to request evidence of student intern insurance coverage.

Student Name (Printed) _____

Signature _____ Date _____