

University of Idaho
SHIP Special Circumstance Enrollment Form

I would normally be ineligible for the University of Idaho Student Health Insurance Program (SHIP) but I do want to enroll in SHIP and qualify under the provision below:

I am in the final academic year for completion of a degree, but enrolled in less than the required 4 credit hours on the Moscow campus OR 8 credit hours at a UI Center. I was covered by SHIP during the immediately preceding semester.

I am concurrently enrolled on one of the UI campuses and another state of Idaho college or university for a total of 8 or more credits. I am enrolled in:

UI Credits: Campus: **AND** Other Credits: Campus:

I am enrolled in a combination of 8 or more online and on-campus courses.

I am participating in an internship program through the UI Cooperative Education Office. I was covered by SHIP during the immediately preceding semester. Attached is a copy of the documentation from Cooperative Education showing my internship program.

I am taking an approved leave of absence and have attached a copy of the approval letter from the Dean of Students. I was covered by SHIP during the immediately preceding semester. I understand that I am only eligible to purchase SHIP for one academic semester under the leave of absence provision.

Other: Attach supporting documentation from department, medical provider, or other approved sponsor.

Reason:

STUDENT NAME:

STUDENT ID NUMBER:

EMAIL ADDRESS:

PHONE NUMBER:

SIGNATURE:

DATE: