

University of Idaho

SHIP Special Circumstance Enrollment Form

Return form to SHIP Office: Student Health Building Room 129
Mail to: 875 Perimeter Dr MS 4203; Moscow ID 83844-4203
Fax Number: 208-885-1002 **E-mail:** health@uidaho.edu

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 of degree completion, but enrolled in less than the required 12 undergraduate OR 9 graduate/Law credit hours. 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 12 or more undergraduate OR 9 or more graduate/Law credits. I am enrolled in:

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

I am concurrently enrolled in a combination of 12 or more undergraduate OR 9 or more graduate online and on-campus credits. **Note: Additional documentation may be requested to verify eligibility.*

I am participating in a University of Idaho internship or study abroad program. I was covered by SHIP during the immediately preceding semester.

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:

SHIP ELIGIBILITY WILL BE VERIFIED BEFORE ENROLLMENT IS PROCESSED.