UFHealth
UNIVERSITY OF FLORIDA HEALTH

University of Florida J. Hillis Miller Health Center Self-Insurance Program (UF SIP)

Extra-Curricular Student Activity (ECSA) Approval Form

For non-practicum activity, professional liability protection is available in an amount up to $1,000,000 per occurrence for pre-approved extra-curricular student activities.

This section is to be completed by the student and then submitted for the Dean's signature.

Student Name: _____

UF Identification Number: _____

College: _____

Date(s) of the ECSA: _____

Name and Address of Entity Providing the ECSA:

_____

_____

_____

Name and Contact Information of the ECSA Supervisor:

_____

_____

_____

Description of the ECSA:

_____

_____

_____

_____ **(Attach Additional Sheet if Necessary)**

I, _____, certify that the information set forth above is true to the best of my knowledge and belief:
(Print Student Name)

_____ _____
Student's Signature Date

CONFIRMATION

I have reviewed the information set forth above and confirm that the student is actively enrolled in a course of study or training program with the University of Florida College of _____, and that his/her participation in the Extracurricular Student Activity set forth above enhances and broadens the student's studies and training program with said college.

_____ _____
Dean's Name & Signature **Date**

Please scan and email the completed form to the UF Self-Insurance Program (ufisosip@mail.ufl.edu). The completed form is to be sent to the Self-Insurance Program prior to the start date of the ECSA.