



Florida International University College of Medicine Self-Insurance Program (FIU 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: \_\_\_\_\_

FIU 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 Florida International University 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 BOTH the FIU Self-Insurance Program (fiuisosip@mail.ufl.edu) and to Carolina Pilla, Graduate Medical Education Coordinator, FIUHWCOM (cpilla@fiu.edu). The completed form is to be received by both parties prior to the start date of the ECSA.