

Auburn University

Auburn University, Alabama 36849-5104

Risk Management & Safety
316 Leach Science Center

Telephone: (334)844-4533
Fax: (334)844-4942

Student Professional Liability Application

Name: _____ Phone Number: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Internship Title: _____

AU Department/College Coordinating the Internship: _____

Auburn Faculty Member Coordinating Internship: _____

Description of Duties: _____

Name of Facility where Internship will be performed: _____

Contact Person: _____

Address: _____ Fax Number: _____

City/State/Zip: _____ Phone Number: _____

Student Signature

Date

Note to Students: Return this completed form to the person within your department or college, who is coordinating your internship. The student will be billed by Auburn University's Bursar's Office for the cost of the insurance.