

**Deliver to:** Student Health Building Room 101 **Mail:** 875 Perimeter Dr MS 4203 Moscow, ID 83844

Email: studentinsurance@uidaho.edu

## **SHIP Special Circumstance Enrollment**

Student Name			
Vandal ID #		Vandal Email	@vandals.uidaho.edu
		ormally not eligible for the Stu sh to enroll and qualify with or	
		ademic year of degree completion l duate credit hours. Student were co	
	Student is concurrently enrolled at UI and another state of Idaho college/university for a total of 12 or more undergraduate or 9 or more graduate credits. Please provide UI class list and other college class list.		
	•	enrolled in a combination of 12 or rend on-campus credits. *Additional obility.	<del>-</del>
	Student is participating i was covered by SHIP in t	in a University of Idaho internship o the preceding semester.	or study abroad program. Student
	Student is taking an approved leave of absence and has attached a copy of the approval letter from the Dean of Students. Student was covered by SHIP during the preceding semester. Student is only eligible to purchase SHIP for one academic semester under the leave of absence provision.		
		ng documentation from departmen se explain the reasoning below:	t, medical provider, or other
Student	: Signature	D	Pate