## University of Idaho

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## **CHANGE OF SUPERVISOR FORM**

Requested Change Of Supervisor For Department Of :
New Supervisor name:
Phone:
New Supervisor Vandal ID number:
Job number(s) in charge of:
If this person's name will be initial contact please complete this box
Address Building and room number:
Please complete this information so we can de-activate previous supervisor
Name of previous supervisor: Vandal ID number:

OTHER CHANGES OR EXPLANATION FOR ABOVE CHANGES: