**New Innovations Resident Supplement Override Change Request Form**

This request is to make a change to a supplement that has already been approved. All items must be completed before the request can be reviewed. Once all required information is completed and the form is signed please return to GME to obtain final approval. Save as a PDF file and email completed form to [ms.gme@uth.tmc.edu](mailto:ms.gme@uth.tmc.edu)

1. Trainee Name: Enter Resident Name  Resident/Fellow  Visitor
2. Program: Choose a Program

Effective Dates of Change/Override: From: Select start date To: Select end date

Please enter a brief justification for the requested change(s):

Click here to enter text.

Name of person completing form: Click here to enter text.

Title: Click here to enter text.

Signature of person approving form:

(Double click signature box)



For GME use only:

Received/Reviewed by: Click here to enter text.

Date: Select date

Entered by: Click here to enter text.

Date: Click here to enter text.