



Corporate Novell System (CNS)
User Account Move Form

Novell Userid: _____

User's First Name: _____

User's Last Name: _____

Old Container: _____

New Container: _____

Date Required By: _____

Requesting Authority Name: _____

Requesting Authority Title: _____

Requesting Authority Phone Number: _____

Requesting Authority E-Mail Address: _____

Old Container Administrator Name: * _____

New Container Administrator Name: * _____

Does the user require access to the Old Container after the Date Required By? No Yes

If yes, provide a reason and length of time, if applicable. (Example: The user has two jobs and will continue to work in both Containers)

* - If the Old or New Container is administered by Shared Services, please indicate Shared Services as the appropriate Container Administrator contact.

Please submit form to

IST Help & Solutions Centre
123 Fletcher Argue
University of Manitoba
Ph: 474-8600 Email: support@umanitoba.ca
Fax: 474-7515