



MSU Subdomain Request Form

Fully Qualified Subdomain Requested: (e.g. name.msstate.edu)

Domain Name to IP Address Mapping: _____

Purpose and Detailed Description of Subdomain/Site:

Period of Time Needed: _____

Requesting University Department:

Name: _____

Department: _____

Address: _____

Telephone Number: _____

Email Address: _____

Name of Organization (if different from Department):

Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Department Head Name (Please Print): _____

Contact Person Within Requesting Department

Name: _____

Phone: _____ Email: _____

Anticipated Users of the Subdomain/Site:

For Help Desk Use Only **Ticket Number** _____