



**MISSISSIPPI STATE**  
**UNIVERSITY**  
*Information Technology Services*

**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** \_\_\_\_\_