



Student Organization Webspace Request Form

Requestor:

Full Name: _____ NetID: _____

Telephone Number: _____

University Department: _____

Email Address: _____

Classification: **Faculty** **Staff** **Student** **Owner**

Webspace Information:

Student Organization for which Webspace is requested:

Estimated disk space required: _____ MB (eg. 30MB)

Desired URL (eg. http://name.org.msstate.edu/)

Webmaster Account to be Added: **Owner** **Webmaster**

Full Name: _____ NetID: _____

Telephone Number: _____

University Department: _____

Email Address: _____

Classification: **Faculty** **Staff** **Student**

I agree to ensure that the contents of the archive do not violate any applicable laws or policies.

_____	_____
Requestor's Signature	Date
_____	_____
Organization's Faculty Advisor Signature	Date

Organization's Faculty Advisor Name (please print)	
_____	_____
Center for Student Involvement Representative	Date

For Help Desk Use Only Ticket Number