Print Reset

MISSISSIPPI STATE UNIVERSITY™
INFORMATION TECHNOLOGY SERVICES

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** _____

Forms are to be returned to Information Technology Help Desk located at 108 Allen Hall, 325-0631 - Fax to 325-8921 or Mail Stop 9697 or you can EMail it to helpdesk@msstate.edu.

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