MISSISSIPPI STATE UNIVERSITY™
INFORMATION TECHNOLOGY SERVICES

MSU Subdomain Request Form

Fully Qualified Subdomain Requested (name.org or name.com):

_____

Domain Name to IP Address Mapping: _____

Purpose and Detailed Description of Subdomain/Site:

_____

_____

_____

Period of Time Needed: _____

Requesting University Department:

Full 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):   **Date**

Contact Person Within Requesting Department

_____
Signature   **Date**

Telephone Number: _____   Email Address: _____

Anticipated Users of the Subdomain/Site:

_____

For Service Desk Use Only   Incident

*Forms are to be returned to Information Technology Service Desk located at 108 Allen Hall, Mail Stop 9697, or you can EMail the form to **servicedesk@msstate.edu**.*