VIRTUAL WEB SITE REQUEST

Virtual web site resides on the Alpha. Requests will be granted on a first come first serve basis. Use blue or black pen to fill out this form. For faculty/staff only.

Responsible party:

________________________  ______________________  ______________________
First Name                Last Name                Phone

Campus:  ____________________  Department:  ____________________

Purpose:  __________________________________________________

Preferred name for the virtual web site:  ______________________________________________

Responsible Users on Alpha.fdu.edu for this virtual web site (√ to add, × to remove):

<table>
<thead>
<tr>
<th>Add/Remove</th>
<th>Alpha Username</th>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
</tr>
</thead>
</table>

Approval of Department head or chairperson:

________________________  ______________________
Please Print Name                Signature

Responsible party assuming responsibility for this virtual web site:

________________________  ______________________
Signature                Date

Computer Center Use Only.

Created by:  ____________________  Date:  __________  Virtual Web:  ____________________

Revised 12/2000