**Virtual Private Server (VPS) Service Request Form**

**To: Director of Computer Center**

(MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

Position ................................................... Phone ext. ............................ Email: ...............................................@msu.ac.th

would like to request server virtual private server service with following details:

1. **Objectives**

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1. **Goals, outcome and KPIs related to VPS request**

|  |  |  |
| --- | --- | --- |
| **Goals, outcome and KPIs** | **Unit** | **Estimation** |
|  |  |  |
|  |  |  |

Project duration and usage ..................... years ...................... months

1. **Needed information for service request consideration.**

* **Service type**

Web Server Database Server Application Server

Other .............................................

* **Operating System**

Windows Server 2008 / 2012 CentOS Ubuntu

Other .............................................

* **Storage**

100GB 200GB

*(Adminitrator estimates the storage amount used accordingly to the carried-out services)*

* **Domain Name Server**

Name Server………………………….. ( domain : msu.ac.th ) not-registered DNS

*(Administrator names the server’s domain name according to the university’s DNS service format)*

* **Distribution of service**

Internet (all network) Intranet ONLY (within the university’s network)

1. **Administrator and responsible person**
2. (MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

Position ............................................ Phone ext. ............................

Email: ...............................................@msu.ac.th

1. (MR./ MRS./ MS./ MISS) ............................................ Faculty / Division ........................................................

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I, herein, will be responsible for transaction log, server maintenance, data backup, antivirus system and have proper protective measure against data hacking and check on data storage and type. All measures will strictly follow Computer-related Crime Act B.E. 2550 (2007) as amended by the Computer-related Crime Act (No. 2) B.E. 2560 (2017), and I will be promptly ready to provide information upon university network administrator’s request.

I understand the conditions to requested service, therefore, sign as evidence.

.................................................... Signature of inquirer

(….....………………………..……………)

Date ............................................

.................................................... Signature of verifier

(….....………………………..……………)

Head of Division

Date ............................................

|  |  |
| --- | --- |
| **Head of Network Division’s comment** | **For Director of Computer Center’s**  **consideration** |
| Please approve  Please do not approve due to .................................................................................................  ............................................... Signature  (….....………………………..……………)  Date ........................................................ | Approve  Do not approve due to .................................................................................................  ............................................... Signature  (….....………………………..……………)  Date ........................................................ |