

Request for Additional Disk Space

1. Full Name (Last, First): _____

2. NetID (all lowercase): _____

3. Status (Check One): Faculty ___ Staff ___ Student ___ Other ___

4. Date (mm/dd/yyyy): _____

5. Amount of additional disk space needed: _____

6. Why do you need this extra disk space?

7. For which course(s) and/or research is this extra disk space needed?

8. **For student requests**

a) The name of the computer system where you need the additional space: _____

b) The name and signature of the professor who teaches the above course(s):

Name (Printed)

Signature