



COLLEGE OF BEHAVIORAL & SOCIAL SCIENCES

Room 3100, Morrill Hall
College Park, Maryland 20742-9231
301.405.1670 TEL 301.314.9869 FAX

OACS | OFFICE OF ACADEMIC COMPUTING SERVICES

OACS Virtual Hosting Request Form

Departmental Information:

Department: \_\_\_\_\_ Financial Point of Contact (POC): \_\_\_\_\_
Requestor: \_\_\_\_\_ Financial POC Phone Number: \_\_\_\_\_
Requestor Phone Number: \_\_\_\_\_ FRS Number to be Charged: \_\_\_\_\_
Requestor Email Address: \_\_\_\_\_ Service Contract Start Date: \_\_\_\_\_
IT Point of Contact: \_\_\_\_\_ Request Date: \_\_\_\_\_

Technical Information:

Departmental Personnel Requiring Administrative Server Access:

\_\_\_\_\_

Application(s) to Be Run on Department's VSH:

\_\_\_\_\_

Application Support Vendor: \_\_\_\_\_

Vendor Approval of Hyper-V VSH Configuration (Explicit Approval): \_\_\_\_\_

Specific Folders on Data Drive to Be Backed Up: \_\_\_\_\_

\_\_\_\_\_

Services to Be Monitored: \_\_\_\_\_

\_\_\_\_\_

Department IT Personnel to Be Notified: \_\_\_\_\_

Hourly Schedule of Alerts: \_\_\_\_\_

Note: Please Attach a Copy of the Application Support Contract with Vendor

**Service Agreement Authorization Approvals:**

**Department:**

\_\_\_\_\_  
Department Head or Designee

**OACS:**

\_\_\_\_\_  
Director

**BSOS Deans Office:**

\_\_\_\_\_  
Carolyn A. Schupbach or Designee

\_\_\_\_\_  
Amanda J. Pickles or Designee