



Application for Social Networking Site

Date _____

Department/Office/Organization: _____

Requestor's Signature: _____

Dean/Vice President Signature: _____

Web Content Coordinator Approval: _____

Social Networking Site Applying for:

Facebook Twitter Other _____

Name of Person(s) responsible for site. _____

Please describe how you plan to use the site. _____

******Please remember that the Web Content Coordinator must be an administrator and or have the password for the requested site. Return this form to Ms. Pamela Cox phcox@vuu.edu ******