New Website Request Form

Requester Name: Click here to enter text.

Requester Dept. or Lab: Click here to enter text.

Requester Email: Click here to enter text.

Requester PI or Supervisor (names & email addresses): Click here to enter text.

Web developers (names & email addresses): Click here to enter text.

Requested web site name: (e.g.: <http://mysite.c2b2.columbia.edu>) Click here to enter text.

If the requested website is a non-Columbia website provide the following information:

Site name: Click here to enter text.

Where the website is registered: Click here to enter text.

Expiration date: Click here to enter text.

HTTP/HTTPS Support:

HTTP HTTPS Both

Always reroute users to https: Yes No

Will the website have dynamic content: Yes No

Will the website use a framework: Drupal MediaWiki Other: Click here to enter text.

Will the website use custom code: PHP Python CGI

Others: Click here to enter text.

Specific modules/packages required: Click here to enter text.

Website scheduled tasks needed: Click here to enter text.

Website file sharing: Yes No (if yes) Estimated file size: Mechanism used:

Website email requirements: Sending (outside ARCS) Website needs a mailbox

Cluster access required: Yes No

Website system requirements (on the web server): Click here to enter text.

Number of sub processes: Click here to enter text. Memory: Click here to enter text.

Database requirement: MySQL Postgres SQLite Other(specify): Click here to enter text.

Will direct access to website files be required for anyone other than your web developers? Please supply user or group names and access required. Click here to enter text.

Are there any web security requirements that may not be handled by your web framework such as:

Password authentication against the ARCS or Columbia domain: ARCS Columbia NA

Restrictions to specific groups or users: (Please specify) Click here to enter text.

An .htaccess style account database managed directly by you: Yes No

Will this website contain the following data:

HIPAA type data containing patient health information (PHI) Yes No

Personally Identifiable Identification (PII) (e.g.: names, social security, address) Yes No

Please specify any other additional requirements not specified on this form: Click here to enter text.

**Note: Please attach this form to a service request along with written approval by your supervisor or PI.**