

**OFFICE OF SPORTS FACILITIES
REQUEST FOR BLOCK SCHEDULE CHANGE**

Facility: _____

Temporary change Summer Fall Winter Spring

Permanent change Summer Fall Winter Spring

Day/s: Sun. Mon. Tue. Wed. Thur. Fri. Sat

Times: From: _____:_____ am pm To: _____:_____ am pm

Academic Year: 20____/____

Reason for change:

BLOCK CURRENTLY HELD BY

Intercollegiate Athletics

Recreation IM Classes Clubs Open Rec.

Unblocked

Block Requested By (Program Name) _____ (Please Print)

Requestor Name: _____ Date: ____/____/____

Unit Director of Requestor (Sign): _____ Date: ____/____/____

 Approved Denied _____ Date: ____/____/____

Unit Director, block time holder

Approved Denied _____ Date: ____/____/____

Sports Facilities Director