

**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
 Physical Education
 Recreation IM Classes Clubs Open Rec.
 unblocked

Requestor: _____ **Date:** ____/____/____

Unit Director of Requestor: _____ **Date:** ____/____/____
Sign

.....
 Approved Denied _____ **Unit Director, block time holder** **Date:** ____/____/____

Approved Denied _____ **Sports Facilities Director** **Date:** ____/____/____

cc: Unit Head – current block holder
Unit Head - requesting