

**PSYCHOEDUCATIONAL RESEARCH & TRAINING CENTRE
BLOCK BOOKING REQUEST FORM**

Submitted To: Dr. William McKee, Director
 Psychoeducational Research and Training Centre
 Faculty of Education, UBC, 2125 Main Mall

From (Print Name): _____

Class: _____ Section: _____ TERM(S): _____

MEETING DAY(S): _____ TIME: _____

Date of Request: _____

****Instructors are allowed 2hrs per week block booking per 3hr class****

Days requested (circle)	Times Regular Hours: Monday thru Thursday 11 am to 8 pm; Friday & Saturday 11 am to 3 pm	Number of Rooms (Maximum 5)
M T W Th F S		
M T W Th F S		
M T W Th F S		

E-mail: _____

Phone number(s): _____

Signature: _____