



Titan Time Schedule change request form

Date of request: _____

_____ would like to change his Titan Time assignment on
 (Student Name)

Day 1 Day 2 Both Days
 (please circle)

The proposed changes are reflected in the schedule below:

Date	Room	Teacher	Course	Date	Room	Teacher	Course
3/13				3/14			
3/20				3/21			
3/27				3/28			
4/10				4/11			
4/17				4/18			

The following signatures must be obtained in order for this request to be processed:

 (current Day 1 teacher)

 (Date)

 (current Day 2 teacher)

 (Date)

 (new Day 1 teacher)

 (Date)

 (new Day 2 teacher)

 (Date)

Approved Not Approved

 (Administrator)

 (Date)

Any student with a grade of D, F or I **will not** be allowed to change to Titan Choice during the current cycle.