

**INDIANA HARBOR BELT RAILROAD CONTINUING EDUCATION
CLASS REQUEST FORM FOR PARTICIPATION APPROVAL**

Date: _____

To: _____, Department Head

NAME: _____

EMPLOYEE NO. _____

POSITION: _____

WORK LOCATION: _____

TELEPHONE NO.: _____

DEGREE: _____

MAJOR: _____

CREDITS TO DATE: _____

TOTAL CREDITS REQUIRED: _____

EXPECTED COMPLETION: _____

COLLEGE: _____

TITLE OF COURSE: _____

CREDIT HOURS: _____

TERM DATE: _____

TUITION COST: _____

APPROVED

Received Date

Department Head

Signature Date

APPROVED

Received Date

Mgr Regulatory Compliance

Signature Date

APPROVED

Received Date

J. Wright, General Manager

Signature Date