

**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. Roots, General Manager

\_\_\_\_\_  
Signature Date