



MORSELIFE CAMPUS EDUCATION

Course Registration Form

Name			
Department			
Title			
Supervisor			
Courses Requested	<i>Course #</i>	<i>Date</i>	<i>Time</i>
Briefly describe how you think these courses will improve your performance here at MorseLife?			

Supervisor Approval:

<i>Comments:</i>	
<i>Supervisor - Name</i>	<i>Date</i>
<i>Supervisor - Signature</i>	