

**Application for Credit Transfer Review
Bachelor of Arts in Genealogical Studies Program
Akamai University**

By my signature below, I hereby verify that _____ participated in the
(FULL NAME OF PARTICIPANT)
course/workshop/skill building track of _____
(NAME OF ACTIVITY)
at _____ sponsored by _____
(LOCATION OF ACTIVITY) (NAME OF SPONSORING ORGANIZATION)
and successfully completed participation on the date of _____
(DATE OF COMPLETION)

Signature of Instructor _____ Date of Signature _____

Instructor's Academic and Professional Qualifications:

Student/Instructor Notes:

NOTE: To complete this application for credit review with Akamai University, participants must attach to this form the relevant post course paper or project and the course syllabus. Documentation should be send by post to the University headquarters at the following address:

Akamai University
193 Kino`ole Street
Hilo, Hawaii 96720 USA