

# Akamai University

## Course Registration Form Extramural Program

### STUDENT INFORMATION

Name of Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

### COURSE ENROLLMENT

Course Code \_\_\_\_\_

Course Name \_\_\_\_\_

Course Credits \_\_\_\_\_

Instructor \_\_\_\_\_

### PAYMENT OF TUITION

Course Credits Total \_\_\_\_\_

@ \$150 per credit

Total Tuition \_\_\_\_\_

\_\_\_\_\_ Check or Bank Draft Attached in the Amount of \_\_\_\_\_

\_\_\_\_\_ Charge My Credit Card

Card Type    Visa \_\_\_\_\_    MasterCard \_\_\_\_\_    American Express \_\_\_\_\_

Card Number \_\_\_\_\_    Date of Expiration \_\_\_\_\_

Name and Address as it Shows on Credit Card Statement

**AGREEMENTS**

I understand that the Akamai University does not discriminate on the basis of race, color, national and ethnic origin related to all rights, privileges, programs, and activities generally accorded and made available to applicants or students at the school. I understand that the University gives preference in admissions to those students who demonstrate a high potential for success in completing the desired program through self-motivated study.

Akamai University is not accredited by an accrediting agency recognized by the United States Secretary of Education. Note: In the United States, many licensing authorities require accredited degrees as the basis for eligibility for licensing. In some cases, accredited colleges may not accept for transfer courses and degrees completed at unaccredited colleges, and some employers may require an accredited degree as a basis for eligibility for employment.

**REGISTRATION INSTRUCTIONS**

Students enroll for each course by completing and sending this form with full tuition to the Office of the Registrar at the address below. Each new course enrollment should be initiated at least four weeks prior to the expected start date to permit the instructor adequate notice for preparation.

Office of the Registrar  
Akamai University  
193 Kino`ole Street  
Hilo, HI 96720 USA  
Tel: 1 (808) 934-8793  
Fax:1 (808) 443-0445  
[information@akamaiuniversity.us](mailto:information@akamaiuniversity.us)

By my signature below, I am certifying that the information and documents submitted are complete, true and accurate to the best of my knowledge. I grant permission to Akamai University to confirm all information submitted as part of my application and registration. I acknowledge that if it is verified at any time that I have in any way misrepresented myself, I may be suspended from the University and any degrees or credits awarded may be rescinded with no refund of fees or tuition. I further agree that all materials submitted as part of the coursework I will undertake will be wholly my own work, unless otherwise stated by referencing and citations.

**APPROVALS**

**Student Signature**            X

**Date**

**University Approval**

**Date**