

**CERTIFICATE OF ACCEPTANCE
UNIVERSITY COUNCIL OF ADVISORS MEMBERSHIP**

AKAMAI UNIVERSITY

Having reviewed the Council Guidelines and the programs and policies of Akamai University and finding the University worthy of advisement and recognition, I hereby accept the University's invitation to participate as a member of the University Council.

NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
TELEPHONE	
FAX	
EMAIL ADDRESS	
COMPANY	
POSITION	
LICENSES/CERTIFICATIONS	
HIGHEST DEGREE	
NAME OF COLLEGE	
MEMBERSHIPS	
AWARDS AND HONORS	
PUBLICATIONS	
SIGNATURE	DATE

Current CV or resume and transcript of highest degree and licenses attached