

CERTIFIED SALES STUDENT PROGRAM APPLICATION FORM

(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	
(HOME NUMBER)		(WORK PHONE)		(E-MAIL ADDRESS)	
CAMPUS MAILING ADDRESS					
PERMANENT MAILING ADDRESS					
COURSE CRITERIA MET AND/OR SCHEDULED TO BE COMPLETED					
COURSE NAME AND NUMBER	POINTS	COMPLETED		GRADE	SEMESTER & YEAR SCHEDULED TO COMPLETE
1		Yes	No		
2		Yes	No		
3		Yes	No		
4		Yes	No		
5		Yes	No		
6		Yes	No		
Total Course Points Earned (Min = 50)					
EXTRACURRICULAR CRITERIA MET AND/OR SCHEDULED TO BE MET					
DESCRIPTION OF ACTIVITY	POINTS	COMPLETED		SEMESTER & YEAR SCHEDULED TO COMPLETE	
1		Yes	No		
2		Yes	No		
3		Yes	No		
4		Yes	No		
5		Yes	No		
6		Yes	No		
Total Extracurricular Points (Min = 50)					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS SUBMITTED:

_____ (Student's Signature)

_____ (Date)

_____ (University Sales Center Alliance (USCA) Representative)

_____ (Date)