

USCA

UNIVERSITY SALES CENTER ALLIANCE

Advancing the Sales Profession Through Teaching, Research and Outreach

**PROFESSIONAL
SALES INSTITUTE***Illinois State University***CERTIFIED SALES STUDENT PROGRAM
APPLICATION FORM**

[Completed applications should be submitted by April 1st of Applicants Senior Year]

(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		<input type="radio"/> Yes	<input type="radio"/> No		
2		<input type="radio"/> Yes	<input type="radio"/> No		
3		<input type="radio"/> Yes	<input type="radio"/> No		
4		<input type="radio"/> Yes	<input type="radio"/> No		
5		<input type="radio"/> Yes	<input type="radio"/> No		
6		<input type="radio"/> Yes	<input type="radio"/> 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		<input type="radio"/> Yes	<input type="radio"/> No		
2		<input type="radio"/> Yes	<input type="radio"/> No		
3		<input type="radio"/> Yes	<input type="radio"/> No		
4		<input type="radio"/> Yes	<input type="radio"/> No		
5		<input type="radio"/> Yes	<input type="radio"/> No		
6		<input type="radio"/> Yes	<input type="radio"/> No		
Total Extracurricular Points (Min = 50)					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS SUBMITTED:_____
(Student's Signature)_____
(Date)_____
(Michael C. Boehm, Executive Director – Professional Sales Program)_____
(Date)