

**UNIVERSITY SALES CENTER ALLIANCE (USCA)  
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		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Total Course Points Earned (Min = 50)</b>					
EXTRACURRICULAR CRITERIA MET AND/OR SCHEDULED TO BE MET					
DESCRIPTION OF ACTIVITY	POINTS	COMPLETED		SEMESTER & YEAR SCHEDULED TO COMPLETE	
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Total Extracurricular Points (Min = 50)</b>					

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

\_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(University Sales Center Alliance (USCA) Representative)

\_\_\_\_\_

(Date)