

Application for the Certificate in Professional Sales

Name (Last, First, Middle)		10 Digit ASU ID#	Daytime Phone #
Certificate Campus Tempe	Certificate College BA	Major	Expected Graduation Date
Certificate Catalog Yr	Certificate Code BAPRSCERT	Certificate Title: Certificate In Professional Sales	

- ADD Certificate (in progress with certificate requirements)
- REMOVE Certificate (no longer pursuing certificate)
- COMPLETED Certificate (all certificate requirements have been completed)
Semester all requirements were completed:

Courses Used To Fulfill Certificate Requirements

Course Prefix & No.	Course Title	Semester/Yr	Credit Hrs	Grade
MKT 300 / 303	Marketing and Business Performance			
MKT 370	Professional Sales and Relationship Management			
MKT 410	Sales and Sales Management			
ELECTIVES (2)	From Electives list - MGT 430, MKT435, MKT484, MKT493, (MKT 441 or MKT 460)			
MKT__				
MKT__				

I have reviewed a degree audit report showing the requirements for the certificate listed on this form. Completion of the undergraduate certificate requirements is verified using the Degree Audit Reporting system (DARS) and/or by approval from the academic unit. I understand that it is my responsibility to meet these requirements.

Student Signature	Date	Certificate Coordinator Signature	Date
College/Academic Unit Approval	Date		

Submit applications to:
Obi Duru
W. P. Carey School of Business,
Tempe, AZ 85287-3406
obi.duru@asu.edu