

Sales Leadership Center
Certificate of Professional Sales (CPS)
Executive Officer of Business College
Professional Student Organization
Verification Form

CPS

Certificate of Professional Sales

Student Name: _____ CWID: _____

Name of Student Organization: _____

Duration of Involvement: **Start Date:** _____ **End Date** (or "present"): _____

Title of Position: _____

Student Organization's Staff Advisor Contact Information:

Staff Advisor Name: _____

Phone: _____ Email: _____

Provide a brief summary of your duties and responsibilities as an executive officer.

Attach a typed one-page summary to this form.

I, _____, submit this form as successful completion of the Executive Officer of Business College Professional Student Organization listed above.

Student Signature: _____ **Date:** _____

The undersigned representative indicates student completion of the above listed Executive Officer of Business College Professional Student Organization.

Representative Signature: _____ **Date:** _____