Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B.I.S. PROGRAM ACADEMIC CONTRACT**

**Emphasis Area #1 \_\_\_\_\_Professional Sales\_\_\_\_\_\_\_\_\_\_\_**

**Dept. or Discipline**

In consultation with the emphasis area department chair, or advisor, list the required B.I.S. courses for this area of emphasis. Indicate which of those courses you have completed, and which you still need to take. This emphasis area must contain a minimum of **18** semester hours.

**Required**

1. PS 1143 Fundamental Selling Techniques 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

2. PS 2603 Advanced Selling Techniques 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

**Choose any 4 classes (12 credits) from the follow courses…**

1. PS 3103 Sales Personalities and Profiles 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

2. PS 3203 Customer Service Techniques 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

3. PS 3303 Technology in Sales 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

4. PS 3363 Contract and Sales Negotiations 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

5. PS 3563 Principles of Sales Supervision 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

6. PS 3803 Sales Proposals 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

7. PS 3903 Sales Presentation Strategies 3 \_\_\_\_

Course number and prefix Course title Credit hours Grade

The minimum grade requirement is C with all of the above 6 courses being required.

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I have worked through this contract with the student. I **recommend** this student for the B.I.S. Program.

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Dept Chair signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.I.S. Coordinator Signature Date