



WAFC Retail Management Certificate

WAFC Partner Application for Industry Certification

Name: _____ Employee I.D. _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

Employer: _____ Store/Facility #: _____ Hire date: _____

Position held: _____ Immediate Supervisor: _____

* * * * *

Instructions to applicant:

Note: You are applying for the Industry Certification in Retail Management (WAFC). This credential is only available to students who have successfully completed the Retail Management Certificate Program through a WAFC-approved community college. You will need to involve the Retail Management Certificate representative from your community college to ensure your coursework is approved.

1. Contact your WAFC-approved community college to apply for the college-issued certificate.
2. Complete the Retail Management Certificate Graduate Survey (Website link below)
<https://retailmanagementcertificate.com/for-graduates/take-graduate-survey/>
3. Complete both pages of this certificate application.
4. Using one of the two options below, provide verification that all classes taken were WAFC-approved and were completed with a grade of "C" or better:
 - Option A: Legibly fill-in course information on Page 2 of this application and acquire the signature of the RMC Program faculty/advisor at the approved college you attended.
 - Option B: Legibly fill-in course information on Page 2 of this application and provide a copy of your College Retail Management Certificate and an official copy of your college transcript.
5. Submit the completed application and documentation to your Human Resources Department for approval and issuance of the WAFC Certificate. *We recommend retaining copies of all documents for your records.*

Instructions to Human Resources:

Your signature below confirms you have:

1. Reviewed the application and documentation provided (certificate & transcripts, if applicable).
2. Confirmed the applicant has successfully completed the WAFC Retail Management Certificate coursework with a passing grade of "C" or better.
3. Confirmed the applicant has completed the WAFC Graduate Survey.

Signature: _____ Date: _____

Title: _____ For: _____

(COMPANY NAME)

To Process:

1. Submit an electronic copy of this application and its attachments to the WAFC at rmcgrads@wafc.com, AND rmc@wafc.com for final approval of new graduate. *Maintain the original in your HR Department for your records.*
2. Upon WAFC approval of application, plan a recognition event to present certificate.

Retail Management Certificate

WAFC Partner Application for Industry Certificate

TO BE COMPLETED BY STUDENT, or COLLEGE, or HR DEPARTMENT:

WAFC Generic Course Title:	Name of College Attended	Grade Rec'd	Semester/Year Completed
	Corresponding Course and Title/#		
1. Human Relations in Business (or Organizational Behavior)			
2. Business Technology (Computer Applications)			
3. Business Communication* (Oral/Written presentation skills combined)			
4. Principles of Management			
5. Principles of Marketing			
6. Human Resources Management			
7. Financial Management/Budgeting*			
8. Retail Management (Capstone Project Course)			

*Students who started the program prior to 2013 may complete the Business Communication requirement with a combination of Oral/Written Communications. These students may also complete the Financial Management requirement with a combination of Business Math and Accounting.

My signature below confirms the detail regarding the coursework (listed above) is accurate, to the best of my knowledge. If needed to prove course and grade accuracy (per instruction #4), I have attached the college certificate and appropriate college transcripts.

Student: _____
(PLEASE PRINT NAME HERE)

Signature: _____ **Date:** _____

TO BE COMPLETED BY COLLEGE REPRESENTATIVE

The above-named student has completed the courses listed above with a passing grade of "C" or better. Further, I have confirmed that, to the best of my knowledge, the outcomes for each course are at least a 75% match to the WAFC required course outcomes.

College Rep's Name/Title: _____ **of:** _____
(PLEASE PRINT NAME HERE) (COLLEGE NAME)

Signature: _____ **Phone #:** _____ **Date:** _____