

WAFC Partner Application for Industry Certification

| Name: | ame: Employee I.D | | nployee I.D |
|---|---|--|--|
| Home Address: | | Cit | y: |
| State: | Zip: | Phone: | |
| Email Address: | | | |
| Employer: | | Store/Facility #: | Hire date: |
| Position held: | | Immediate Supervis | or: |
| By checking this box, | confirm completion of | of the <u>RMC Graduate</u> | Survey as requested below. |
| Instructions to ap | plicant: | | |
| | ve successfully complet y college. You will need | ed the Retail Managem to involve the Retail M | |
| "C-" or better using one of Option A: Legibly Program faculty/a Option B: Provide copy of your colle 5. Submit the completed ap | agement Certificate Gracettificate.com/for-gradethis certificate applicational classes taken were Vof the two options listed fill-in course informational dvisor at the approved a copy of your College transcript. | aduate Survey (Websi luates/take-graduate-son. VAFC-approved and webelow: n on Page 2 and acquecollege you attended. Retail Management (| ite link below). Survey/ were completed with a grade of the signature of the RMC Certificate along with an official |
| Instructions to Hu | man Resources: | | |
| Your signature below confirm 1. Reviewed the application 2. Verified the applicant has coursework with a passing g 3. Verified the applicant has | and documentation pro successfully completed rade of "C-" or better. | d the WAFC Retail Ma | |
| Signature: | | Date: | |
| (WAFC APPROV Title: | ES WET OR ELECTRONIC SIG | SNATURE.) For: | (COMPANY NAME) |
| | | | (COMPANY NAME) |

To Process from company HR Department to WAFC:

- Submit an electronic copy of this application and its attachments to the WAFC at <u>RMCgrads@wafc.com</u>, AND <u>RMC@wafc.com</u> 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 Certification

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

| WAFC Generic Course Title: | Top line: Name of College Attended | | Semester/Year |
|---|--|-------------|-----------------|
| WAI o denene dodi se Title. | Bottom: Corresponding Course# & Title | Rec'd | Completed |
| Human Relations in Business | | | |
| (or Organizational Behavior) | BA 107 - Human Relations in Business | | |
| 2. Business Technology | | | |
| (Computer Applications) | BA 132 - Computer Applications for Managers | | |
| 3. Business Communication* | | | |
| (Oral/Written/presentation skills combined) | BA 156 – Motivational Presentation Skills for Mgrs | | |
| | _ | | |
| 4. Principles of Management | BA 115 - Management of Business | | |
| | - | | |
| 5. Principles of Marketing | BA 114 - Marketing | | |
| | 9 | | |
| 6. Human Resources Management | BA 106 - Human Resource Management | | |
| | | | |
| 7. Financial Management/Budgeting* | BA 120 - Mgt-Acct and Internal Control | | |
| 8. Retail Management | | | |
| (Capstone Project Course) | BA 118 - Retail Management | | |
| | 13 may complete the Business Communication require | | |
| | ts may also complete the Financial Management requ | irement wit | h a combination |
| of Business Math and Accounting. | | | |
| My (wet or electronic) signature below | v confirms that the detail regarding the cours | ework (li: | sted above) is |
| | and grade accuracy (per instruction #4), I ha | | |
| certificate and appropriate college tra | | | • |
| 0. 1 . | | | |
| Student: | ODINT OD TYPE NAME HERE) | | |
| (PLEASE I | PRINT OR TYPE NAME HERE) | | |
| Signature: | Date: | | |
| (WAFC APPROVES WET OF | R ELECTRONIC SIGNATURE.) | | |
| mo | 1 = C= D= D= C= V= N = T = T | | |
| TO BE COMPLETED BY COI | LEGE REPRESENTATIVE | | |
| The above-named student has compl | eted the courses listed above with a passing | ı arade o | f "C" or hetter |
| | best of my knowledge, the outcomes for eac | | |
| 70% match to the WAFC required cou | • | | |
| · | | | |
| College Rep's Name/Title: | | Cerritos | |
| (PL | EASE PRINT OR TYPE NAME/TITLE HERE) | (COLLE | GE NAME) |
| Signature: | Phone #: | Date: | |
| (WAFC APPROVES WET OR ELECT | RONIC SIGNATURE.) | | |