



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: _____

By checking this box, I confirm completion of the [RMC Graduate Survey](#) as requested below.

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 Community College to apply for the college-issued certificate (approved by WAFC).
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. Provide verification that all classes taken were WAFC-approved and were completed with a grade of "C-" or better using one of the two options listed below:
 - Option A: Legibly fill-in course information on Page 2 and acquire the signature of the RMC Program faculty/advisor at the approved college you attended.
 - Option B: Provide a copy of your College Retail Management Certificate along with 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 Company RMC Coordinator/Human Resources:

Your signature below confirms you have:

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

Signature: _____ Date: _____

(WAFC APPROVES WET OR ELECTRONIC SIGNATURE.)

Title: _____ For: _____

(COMPANY NAME)

To Process from company HR Department to WAFC:

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.

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

WAFC Generic Course Title:	Top line: Name of College Attended	Grade Rec'd	Semester/Year Completed
	Bottom: Corresponding Course# & 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. <i>Retail Management</i> (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 (wet or electronic) signature below confirms the details regarding the coursework (listed above) are accurate. If needed to prove course and grade accuracy (per instruction #4), I have attached the college certificate and appropriate college transcripts.

Student: _____
(PLEASE PRINT OR TYPE NAME HERE)

Signature: _____ Date: _____
(WAFC APPROVES WET OR ELECTRONIC SIGNATURE.)

TO BE COMPLETED BY COLLEGE RMC PROGRAM 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 70% match to the WAFC required course outcomes.

College Rep's Name/Title: _____ for: _____
(PLEASE PRINT OR TYPE NAME/TITLE HERE) (COLLEGE NAME)

Signature: _____ Phone #: _____ Date: _____
(WAFC APPROVES WET OR ELECTRONIC SIGNATURE.)