



# 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 along with a 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](mailto:rmcgrads@wafc.com), AND [wafc.consortium@gmail.com](mailto:wafc.consortium@gmail.com) AND [rmc@wafc.com](mailto: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) BA107			
2. Business Technology (Computer Applications) BA 132			
3. Business Communication* BA 156 (Oral/Written presentation skills combined)			
4. Principles of Management BA 115			
5. Principles of Marketing BA 114			
6. Human Resources Management 7. BA 106			
8. Financial Management/Budgeting* BA 120			
9. Retail Management BA 118 (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 70% match to the WAFC required course outcomes.*

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

**Signature:** \_\_\_\_\_ **Phone #:** 562-860-2451 ext. 2767 **Date:** \_\_\_\_\_

# CERRITOS COLLEGE



## Petition for Certificate of Achievement

Student ID Number \_\_\_\_\_

### Retail Management Certificate

Semester \_\_\_\_\_

Year \_\_\_\_\_

Academic Plan / Major \_\_\_\_\_

*PRINT NAME CLEARLY & EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA*

First Name

Middle Name

Last Name

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Message Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

List of other colleges attended: \_\_\_\_\_

***Do NOT write below this line (STAFF USE ONLY)***

Subject Requirements Still to be Met:

<u>Course Name</u>	<u>Units in Progress</u>	<u>Incomplete Units</u>
<b>Total Units</b>		

Comments:

Academic Plan (Major Code)

\_\_\_\_\_

Major \_\_\_\_\_ Catalog Year: \_\_\_\_\_

**Units & Grade Summary:**

<u>SEMESTER ENDING</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>GPA</u>

Comments:

Evaluator Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**A & R Staff Use Only**

- Degree Name
- Pending
- Certificate Posted
- Matriculated
- Postcard Sent
- Certificate Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Status of Petition:**     
 Approved      Denied      Withdrawn  
                                           

Graduation Evaluator

Date

# CERRITOS COLLEGE



## Petition for Certificate of Achievement

Student ID Number \_\_\_\_\_

### Business Essentials Certificate

Semester \_\_\_\_\_

Year \_\_\_\_\_

Academic Plan / Major \_\_\_\_\_

*PRINT NAME CLEARLY & EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA*

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Message Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

List of other colleges attended: \_\_\_\_\_

**Do NOT write below this line (STAFF USE ONLY)**

Subject Requirements Still to be Met:

<u>Course Name</u>	<u>Units in Progress</u>	<u>Incomplete Units</u>
<b>Total Units</b>		

Comments: \_\_\_\_\_

Academic Plan (Major Code)

\_\_\_\_\_

Major \_\_\_\_\_ Catalog Year: \_\_\_\_\_

**Units & Grade Summary:**

<u>SEMESTER ENDING</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>GPA</u>

Comments: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**A & R Staff Use Only**

- |                                             |                                                            |
|---------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Degree Name        | <input type="checkbox"/> Postcard Sent                     |
| <input type="checkbox"/> Pending            | <input type="checkbox"/> Certificate Mailed ____/____/____ |
| <input type="checkbox"/> Certificate Posted |                                                            |
| <input type="checkbox"/> Matriculated       |                                                            |

**Status of Petition:**     
 Approved      Denied      Withdrawn  
                                           

Graduation Evaluator \_\_\_\_\_

Date \_\_\_\_\_