



Certified Retail Analyst Application

RETAIL & SUPPLIER EDUCATION

Last Name

First Name

Middle Initial

Address

City

State

Zip

E-Mail Address (must have valid e-mail address)

Date of Birth

Daytime Phone Number

Cell Number

Prerequisite Computer Class Information:

Please indicate the CRA prerequisite classes and semester you will be attending.

Class 1: Certified Retail Analyst

- ☐ XCMP 9034, CRA Intro to Microsoft Office 2013
☐ Spring ☐ Summer ☐ Fall
☐ Computer Challenge Test
Score _____

AND

Class 2: Certified Retail Analyst

- ☐ XCMP 9037, Advanced Excel and Access for Retail
☐ Spring ☐ Summer ☐ Fall
☐ XCMP 9037 Waiver test
Score _____

Education / Highest:

- ☐ High School
☐ Associates Degree
☐ Bachelor Degree
☐ Master's Degree

Current Occupation: _____

Current Employer: _____

How did you learn about the program? _____

For Workforce Development Use Only

- | | |
|---------------------------------------|---|
| ☐ English Comp | ☐ College Algebra |
| ☐ Transcript | ☐ Microsoft Office & Excel Certificate of Completion |
| ☐ Compass Test | ☐ CISQ 1103 Challenge Test |



CRA REGISTRATION FORM

RETAIL & SUPPLIER EDUCATION

Mail to: NWACC Workforce & Economic Development
One College Drive
Bentonville, AR 72712

Email To: retail@nwacc.edu
In person: 1100 SE Eagle Way, Bentonville
(M-F, 8am – 4:00pm)

Student ID No. _____ (assigned by NWACC)

Last Name First Name Middle Name (if any)

Home Address

City State Zip

Cell Phone Day Phone Evening Phone

Date of Birth (REQUIRED)

E-mail address (REQUIRED)

Have you previously attended NWACC? ☐ Yes ☐ No

Former Last Names (if any): _____ Gender: ☐ Male ☐ Female

Are you currently working toward a Certified Retail Analyst Certificate? ☐ Yes ☐ No

How did you hear about us? _____

Please Enroll Me In:

Course Number	Course Name	Start Date	Day(s)	Time	Cost

Total Tuition _____

PAYMENTS:

Checks are made payable to NorthWest Arkansas Community College.

Credit Card/Debit Card: ☐ **Company Name, if Corporate Credit Card:** _____

Check: ☐ **If Company check, include name:** _____ **Check No.** _____

Cash: ☐ **Payment Plan (Email Address Required):** ☐ **Letter of Intent-PPD Only:** ☐ (attach to registration)

OPTIONAL INFORMATION: (used for research purposes): **Employer:** _____

Primary reason for attendance: ☐ Advancement in current job/career ☐ Train for new job/career ☐ Enter/re-enter job market

☐ Personal enrichment ☐ Licensure ☐ Earn a certificate ☐ Improve job skills ☐ Other _____

Race: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black/African, non-Hispanic ☐ Hispanic/Latino/Chicano

☐ Native Hawaiian or other Pacific Islander ☐ White, non-Hispanic

Highest Educational Level Attained: ☐ Less than a high school diploma ☐ High school diploma or GED ☐ Associate's degree or certificate ☐ Some college ☐ Bachelor's degree ☐ Master's degree or higher

Registration completed/checked by:

(NWACC Employee)

Date _____

Office Use Only:

Contract _____ Company Name _____

Registrar _____ Date _____

Cashier _____ Date _____

Inv. Date _____ Inv. # _____