

Documented Retail Work Experience

Retail Merchandising & Management Program

University of Wisconsin-Stout

Student: _____ SS# _____ (for employer's use)
ID# _____ Email Address _____

The above named student has completed
_____ hours of retail work experience under
my supervision.

Signed: _____ Date: _____
Supervisor's Name _____
(please print)

Name of store: _____
Address: _____

Telephone: _____

Return form by mail to:

Dr. Kathleen Maglio
University of Wisconsin-Stout
JHTW 281G
Menomonie, WI 54751