



## STUDENT REFERENCE FORM

\_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Name** (Print on the line above)

The person named above desires to be a student at **AFCOE Africa**, and has given your name as a reference. AFCOE Africa is part of the Christian ministry of Amazing Facts, Inc. AFCOE accepts students who have a commitment to Christian service and who will support the principles and practices of the Evangelism Center.

This referral will be kept strictly confidential. Thank you for your time in providing us with your honest appraisal of this applicant. We may also be contacting you by phone or email for additional information or clarification. Please be sure to fill out page number two. You may use an additional page, in answering any of the following questions, or sharing your concerns or comments relating to the applicant's acceptance into AFCOE Africa.

1. How long have you known the applicant? \_\_\_\_\_ (years)
2. What has been your relationship to the applicant?  Teacher  Pastor  Work supervisor  
 Acquaintance  Other (please specify) \_\_\_\_\_
3. What, in your estimation, are the applicant's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In what areas of Christian living and commitment might the applicant need to experiencing growth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have any information about the applicant's life or background which you believe might be of particular concern to AFCOE? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How does the applicant interact (get along) with other people? \_\_\_\_\_  
\_\_\_\_\_

Please continue this evaluation on the next page ➡

