



Registered as Alathea Skills Training and Higher Education College

PO Box 849
Siyabuswa 0472
Office: 27(0)13-973-3440
Email: arthur_alard@yahoo.com
www.alatheabiblecollege.com
084-415-NPO

THIS FORM IS TO BE COMPLETED BY YOUR PASTOR, OR DESIGNATED CHURCH LEADER.

WHEN COMPLETED, IT MUST BE PLACED IN A SEALED ENVELOPE AND FORWARDED TO THE PRINCIPAL.

APPLICANT'S NAME _____

REFEREE INFORMATION

NAME _____ POSITION _____

ADDRESS _____

PHONE _____ MOBILE _____ EMAIL _____

GENERAL INFORMATION

1. **HOW LONG HAVE YOU KNOWN THE APPLICANT?** _____

2. **DESCRIBE WHICH MINISTRY THE APPLICANT SERVES IN WITHIN THE CHURCH AND FOR HOW LONG** _____

3. **DO YOU RECOMMEND THIS APPLICANT FOR ADMISSION TO BECOME A STUDENT AT ALATHEA BIBLE COLLEGE?**

YES NO (PLEASE EXPLAIN)

4. **ANY ADDITIONAL INFORMATION OR COMMENTS**

SIGNED _____ DATE _____