GATEWAY COLLEGE
OF EVANGELISM

Personal Reference Form

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Confidentiality Waiver

I am authorizing the release of the following information to be considered in my application for admission to Gateway College of Evangelism and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed or faxed to Gateway College of Evangelism by this individual.

Student's name (please print) _____ Signature of student _____ Telephone _____

Address _____ City _____ State _____ Zip _____

	Excellent	Above Average	Average	Below Average	Inadequate opportunity to observe
Dependability					
Respect for authority					
Motivation					
Leadership ability					
Ability to get along with others					
Consideration for others					
Sense of responsibility					
Care of financial obligations					
Honesty and integrity					
Appearance					
Emotional stability					
Christian dedication					

Relationship to student: _____

Additional comments: _____

(Use the back side of this form if needed)

Name (please print) _____ Signature _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____