Equipping God’s Servants to Bring Hope & Healing into Broken Lives through Professional Christian Counseling.

Alliance Graduate School of Counseling seeks to provide a comprehensive counseling education that is grounded in the social sciences within the context of a theologically evangelical Christian view of epistemology, human nature and healing. We believe that the Bible provides us with significant foundational perspectives on human personality, pathology and healing.

Alliance Graduate School of Counseling sees psychospiritual healing as ultimately the work of God’s grace, wisdom and love communicated through the vehicle of a competent and sensitive counselor.

Our Core Values are:
- Belief in the centrality and authority of the Holy Scriptures as the source, foundation and guide to Truth.
- Recognition of the essential and primary place of God (Father, Son and Holy Spirit) in the healing process as the source of health and healing.
- Consistent and continuing commitment by the counselor to maintain a personal walk with God through the practice of spiritual disciplines such as Bible study, prayer, fasting and biblical meditation.
- Maintenance of self-care (physical, spiritual, emotional and relational) for the counselor’s own well-being.
- Importance of participation and service in the local church and its worldwide mission.
- Commitment to an open-universe model of epistemology and therapeutic intervention, integrating theory, research and practice, with respect for and utilization of both the empirical and the supernatural.
- Adherence to the highest ethical standards of the counseling profession and the Christian faith.
- Fundamental respect for people in their ethnic, socio-economic, religious and gender diversity.
- Importance of life-long continuing education in counseling, psychology and theology beyond the master’s degree in counseling.
- Commitment to the advancement of the counseling field and in particular, Christian counseling, through such activities as participation in professional association, excellence in scholarship and education of the broader Christian community.

Accreditation: Middle States Association of Colleges and Secondary Schools; Programs are registered with Board of Regents of the State of New York
Seeking: CACREP Accreditation

Campuses: Nyack, NY and New York City, NY

Program Duration:
- MA Mental Health Counseling: 66 Credits, 2 years if full-time, 3-5 years part-time
- MA Marriage and Family Therapy: 61 credits, 2 years if full-time, 3-4 years part-time

Entrance Requirements:
- 3.0 GPA
- 3 Psychology Courses:
  - Mental Health Counseling:
    - General Psychology
    - Abnormal Psychology
    - Theories of Personality
  - Marriage and Family Therapy:
    - Counseling Theories
    - Developmental Psychology or Family Studies
- 2 Psychological assessments (MMPI-2 and MCMI-3)

Counselor Licensing Info:
- Each state has specific requirements for licensing. The benefits for licensing within your state include establishment of a minimum standard with regulations, as well as options for third party billing. New York, New Jersey, Pennsylvania and Connecticut have counseling licenses, and the curriculum at AGSC does meet their requirements. The general requirements are:
  - Minimum of an MA in Counseling or Marriage and Family therapy with at least 60 credits
  - Passing Score on a Standardized Counselor Exam
  - Additional hours of practice after receiving certificate (varies by state)

PLEASE NOTE that not all states have a professional counseling license.

Alliance Graduate School of Counseling
Nyack Campus
1 South Blvd. Nyack, NY 10960
800.541.6891
APPLICATION PROCEDURES

Thank you, for your interest. You have just made the first step in your journey here at Alliance Graduate School of Counseling. We are looking forward to receiving your application. Please use this as a guide to help you complete your application. Each piece of information we receive is carefully reviewed as we seek to help you discern God’s calling.

Please use the following check list as you complete your application:

**DEGREE-SEEKING:**
- □ Application Form
- □ MA Mental Health Counseling
  - □ $35.00 Non-Refundable Application Fee
  - □ Christian Experience Statement
  - □ Calling to Counsel Questions
  - □ Pastoral Reference Form
- □ MA Marriage and Family Therapy
  - □ Academic Reference Form
  - □ General Reference Form
  - □ Signed Statement of Faith/Standard of Conduct
  - □ Official Baccalaureate Transcript with minimum GPA 3.0
  - □ MMPI-2 Psychological Assessment
  - □ MCMI-3 Psychological Assessment
  - □ Official Transcripts Showing Completion of:
    - □ General Psychology
    - □ Abnormal Psychology
    - □ Theories of Personality
    - □ Counseling Theories
    - □ Abnormal Psychology
    - □ Developmental Psych. or Family Studies
  - □ Immunization Records

**NON-DEGREE**
- □ Application Form
- □ $35.00 Non-Refundable Application Fee
- □ Christian Experience Statement
- □ Calling to Counsel Questions
- □ Pastoral Reference Form
- □ General Reference Form
- □ MMPI-2 Psychological Assessment
- □ Official Baccalaureate Transcript with minimum GPA 3.0
- □ Official Masters Degree Transcript in Counseling (see catalog for further details)
- □ Immunization Records

**INTERNATIONAL STUDENT**
- □ Complete the requirements for your desired program and submit the following:
  - □ TOEFL score: 220 CBT or 83 IBT. School Code: 2560
  - □ International Bachelors Degree Transcript submitted to World Education Services
  - □ Affidavit of Support
  - □ Visa and Passport copies of you and any family members moving with you

Alliance Graduate School of Counseling reserves the right to request a personal interview with any applicant.

Computer Literacy

Students in the Graduate programs will use an online environment for a portion of their learning. Technology skills are necessary for successful completion of the program. Applicants to the program should be able to: send and receive e-mail, open or send an e-mail attachment, conduct research using the Internet, use Microsoft Word, and download files. Students are required to have access to a computer and the Internet.

Notice of Nondiscriminatory Policy

Alliance Graduate School of Counseling does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.

The Family Education Rights and Privacy Act

The Family Education Rights and Privacy Act of 1974 permits enrolled college and seminary students access to certain credentials in their files. Because of the importance of preserving the confidentiality of letters of recommendation, the Family Education Rights and Privacy Act permits an educational institution to suggest that an applicant may waive his or her right of access to letters of recommendation. Signing such a waiver is not required as a condition of admission, receipt of financial aid from, or receipt of any other services or benefits from AGSC. In order that the institution may have valid recommendations, it is suggested that the applicant consider waiving his or her right to see such letters of recommendation. Please be assured that letters of recommendation (along with transcripts and your own application) are used solely to determine an applicant’s qualification for admission. Alliance Theological Seminary & Alliance Graduate School of Counseling will furnish (upon the applicant’s request) the names of all individuals supplying references. However, the identity of those to whom he or she gives reference forms is generally known to the applicant. Signing the waiver statement on the reference form is all that is necessary on your part.
## 1. Application Information

**Application For:**
- ☐ Full Time (12+ Credits)
- ☐ Part Time

**Enrollment Date:**
- ☐ Fall, 20_______
- ☐ Spring, 20_______
- ☐ Summer, 20_______

**Classification:**
- ☐ New Student
- ☐ Transfer from: ______________
- ☐ Readmission (After 3 years)
- ☐ Date of Last Attendance: 
- ☐ Yes ☐ No ☐ Non-Degree Student

### CAMPUS:
- ☐ Nyack, NY
- ☐ New York City

**Graduate Housing (Nyack Campus only):**
- ☐ Yes ☐ No

## 2. Degree Information

**Master of Arts:**
- ☐ Mental Health Counseling
- ☐ Marriage & Family Therapy*

* Nyack Campus only

## 3. Personal Information

**Title:**
- ☐ Mr.
- ☐ Mrs.
- ☐ Miss
- ☐ Ms.
- ☐ Dr.
- ☐ Rev.

**Last Name:** ____________________________ **First Name:** ____________________ **MI:** ____________ **Preferred:** __________________

**Maiden Name/Previous Name:** ____________________________________________________________________________________

**SS#:** ______________________________ **Date & Place of Birth:** ______________________________ **Gender:**
- ☐ Male
- ☐ Female

**Race/Ethnicity (requested for federal reporting, but optional):**
- ☐ Hispanic/Latino
- ☐ Yes ☐ No

- Choose one or more of the following:
  - ☐ Black or African American
  - ☐ Asian
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ American Indian or Alaska Native
  - ☐ White

**US Citizenship:**
- ☐ Yes ☐ No

**Country of Citizenship:** __________________________________________________________________

**Visa Status:**
- (If you are presently in the US please send a copy of your visa with your application)

**Is English your primary language?**
- ☐ Yes ☐ No

**Primary Language:** ____________________________

**Have you ever served in the military?**
- ☐ Yes ☐ No

**Dates of Service ______________________________________________________

**Do you expect to use veteran’s benefits in your training?**
- ☐ Yes ☐ No

**Have you ever been dismissed from an academic institution?**
- ☐ Yes (explain on separate sheet) ☐ No

**Have you ever received professional counseling?**
- ☐ Yes (explain on separate sheet) ☐ No

**List significant work/volunteer experience which may relate to your graduate training: ______________________________________________________

**Marital Status:**
- ☐ Married
- ☐ Single
- ☐ Separated (explain on separate sheet)
- ☐ Divorced
- ☐ Widowed

**Spouse’s Name:** ____________________ **Number of Children:** ______ B ______ G

## 4. Address Information

**Current Mailing Address:**
- Street: ______________________________________________________________________________
- City: ____________________________ **State:** __________________ **Zip:** ________________
- Phone Numbers: ________________________________ ☐ H ☐ W ☐ C ☐ H ☐ W ☐ C
- E-Mail Address: __________________________________________________________________________________________

**Permanent Mailing Address (if different from above):**
- Street: ______________________________________________________________________________
- City: ____________________________ **State:** __________________ **Zip:** ________________
- Phone Numbers: ________________________________ ☐ H ☐ W ☐ C ☐ H ☐ W ☐ C

## 5. References

Please fill out the top section of each reference form and present to an individual who has known you for over one year and is not a relative, along with a postage paid envelope for the campus you are applying to.

**Pastoral Reference:**
- Address: ____________________________ Phone: ____________________________

**Academic Reference:**
- Address: ____________________________ Phone: ____________________________

**General Reference:**
- Address: ____________________________ Phone: ____________________________
6. Educational Background
List ALL academic institutions you have attended since high school. You are responsible for having official transcripts sent directly from each institution to the Office of Admissions. Please Note: A preliminary admission decision may be made on the basis of the work you have completed. However, you must have a final transcript showing the conferral of your degree sent to AGSC before your initial enrollment.

School: ________________________________________________________ City/State: ____________________________
Degree Received: ____________________________________________ Academic Program: _______________________
Dates Attended: ____________________________________________ Date Graduated: __________________________

School: ________________________________________________________ City/State: ____________________________
Degree Received: ____________________________________________ Academic Program: _______________________
Dates Attended: ____________________________________________ Date Graduated: __________________________

School: ________________________________________________________ City/State: ____________________________
Degree Received: ____________________________________________ Academic Program: _______________________
Dates Attended: ____________________________________________ Date Graduated: __________________________

7. Church Information
Name of Church you currently attend: __________________________________________ Denomination: ________________
Address of Church: ___________________________________________________________________________________________
City: ______________ State: __________ Zip: __________
Phone Number of Church: ________________ How long have you attended this church? ______________
Name of Pastor: ______________________________________________________________________________________________
Contact Person for Church: ______________________________________________________________________________________
Are you a member? □ Yes □ No
Have you confessed Jesus Christ as your Savior and Lord? □ Yes □ No If yes, when?: ____________________________

8. Additional Information
Where did you hear about Nyack/Alliance Graduate School of Counseling?

□ Alumni: ____________________________ □ Parent(s) □ Internet/Nyack Website
□ Faculty: ____________________________ □ Student(s): ____________ □ Pastor: ____________________________
□ Magazine/Newspaper Ad: ______________ □ Radio Station: ____________ □ Direct Mailing
□ Other: ____________________________

Who/What influenced you to apply? ______________________________________________________________________________

9. Applicant’s Signature Required
I affirm that the information set forth in my application and any materials I provide pertaining to my admission and/or financial aid are true and complete. I agree that if, in the judgement of Nyack, any misrepresentation or omission has been made in this application or related materials, such misrepresentation/omission of information shall be sufficient cause for rejection prior to admission and dismissal if I am admitted as a student.

Signature: ____________________________ Date: ____________________________
10. Christian Experience Statement

Please type a Christian Experience Statement in 1-2 pages, using the following two questions as a guideline.

Please include your name, address, phone number, date of birth, program you are applying for at the top of your essay.

1. Have you accepted Jesus Christ as your personal Savior? If yes, please state your conversion experience, fundamentals of your personal faith and present pattern of personal growth as a Christian.

2. Present a personal biography including a discussion of significant events and influences which have helped develop your present values and approach to life. What is God’s call upon your life? How do you see the Alliance Graduate School of Counseling fitting into God’s call on your life? What do you visualize your ministry/profession looking like five years after graduation? Include any additional information you would like to mention if you were talking to us personally about your calling and ministry goals.

11. Calling to Counsel

Your answers to the questions below will help us get to know you and evaluate your writing skills. Please type your answer in 1-5 complete sentences on a separate sheet of paper.

Calling to Counsel:
Please type the answer to each question in paragraph format on a separate sheet of paper.

1. Why do you want to become a professional counselor?

2. What kind of calling for counseling ministry has God given to you?

3. What attributes/personal qualities do you have that cause you to believe you will make an effective therapist?

4. How do you need to grow as a person in order to be a competent counselor?

5. Have others regularly sought you out for counsel or affirmed that they think you should consider becoming a counselor?

12. (OPTIONAL) Spouse’s Statement, if applicable.

Describe your perspective on your spouse’s decision to apply to Alliance Graduate School of Counseling.

Include any concerns you might have that pertain to his/her decision.
AGSC is committed to a thoroughly evangelical Christian view of humanity and the world.

We Believe:
There is one God, who is infinitely perfect, existing eternally in three persons: Father, Son, and Holy Spirit. Jesus Christ is true God and true man. He was conceived by the Holy Spirit and born of the Virgin Mary. He died upon the cross, the just for the unjust, as a substitutionary sacrifice, and all who believe in Him are justified on the ground of His shed blood. He arose from the dead according to the Scriptures. He is now at the right hand of the Majesty on high as our great High Priest. He will come again to establish His kingdom of righteousness and peace. The Holy Spirit is a divine person, sent to indwell, guide, teach, empower the believer and convince the world of sin, righteousness, and judgment.

The Old and New Testaments, inerrant as originally given, were verbally inspired by God and are a complete revelation of His will for the salvation of man. They constitute the divine and only rule of Christian faith and practice.

Man was originally created in the image and likeness of God; he fell through disobedience, incurring thereby physical and spiritual death. All men are born with a sinful nature, are separated from the life of God, and can be saved only through the atoning work of the Lord Jesus Christ. The portion of the impenitent and unbelieving is existence forever in conscious torment; and that of the believer, in everlasting joy and bliss. Salvation has been provided through Jesus Christ for all men; and those who repent and believe are born again of the Holy Spirit, receive the gift of eternal life, and become the children of God.

It is the will of God that each believer should be filled with the Holy Spirit and sanctified wholly, being separated from sin and the world and fully dedicated to the will of God, thereby receiving power for holy living and effective service. This is both a crisis and a progressive experience wrought in the life of the believer subsequent to conversion. Provision is made in the redemptive work of the Lord Jesus Christ for the healing of the mortal body. Prayer for the sick and anointing with oil are taught in the Scriptures and are privileges for the church in this present age.

The church consists of all those who believe on the Lord Jesus Christ, are redeemed through His blood, and are born again of the Holy Spirit. Christ is the Head of the Body, the church, which has been commissioned by Him to go into all the world as a witness, preaching the gospel to all nations.

The local church is a body of believers in Christ who are joined together for the worship of God, for edification through the Word of God, for prayer, fellowship, the proclamation of the gospel, and observances of the ordinances of baptism and the Lord’s Supper. There shall be a bodily resurrection of the just and the unjust; for the former, a resurrection unto life; for the latter, a resurrection unto judgment.

The second coming of the Lord Jesus Christ is imminent and will be personal, visible and premillennial. This is the believer’s blessed hope and is a vital truth which is an incentive to holy living and faithful service.

Statement of Faith

Have you read, and are you in agreement with the Statement of Faith printed above?

☐ Yes ☐ No (If not, explain any differing views on a separate sheet)

Signature ___________________________ Date ___________________________
Print Name ___________________________
# Alliance Graduate School of Counseling

## Academic Reference Form

Please fill out the top section and present to an individual who has known you for over one year and is not a relative, along with a postage paid envelope for the campus you are applying to.

### To be Completed by the Applicant

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<th>PROGRAM</th>
<th>CAMPUS</th>
<th>ENROLLMENT DATE:</th>
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<td>[ ] Nyack, NY Campus</td>
<td>[ ] Fall, 20________</td>
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<td>[ ] Marriage &amp; Family Counseling</td>
<td>[ ] New York City Campus</td>
<td>[ ] Spring, 20______</td>
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Title: [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. [ ] Dr. [ ] Rev.

Last Name: ____________________________ First Name: ____________________ MI: ____________ Preferred: __________________

Street: ____________________________ Apt: ______ City: ______________________ State: ______ Zip ______________________

Phone Numbers: __________________________________

H   W C __________________________________

E-Mail Address: ________________________________________________________________

DOB: ______________________________

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

Signature:____________________________________________________________________ Date:______________________________

### To be Completed by Reference:

The above named applicant is applying for admission to AGSC. Upon completion, mail this in the postage-paid envelope provided by the Applicant as soon as possible. We value your comments, and ask that you provide a full and candid report so that fair consideration may be given to the applicant.

How long have you known the applicant? ____________________________________________

What is the nature of your relationship? [ ] Teacher [ ] Mentor [ ] Colleague [ ] Employer [ ] Other: __________________________

How well do you know the applicant? (check on scale) 1 2 3 4 5

Casually Fairly Well Very Well

How would you rate this person in the following areas? (please put a check in the appropriate box)

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<th>Academic Rating</th>
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<th>Above Average</th>
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Some talented individuals have mediocre scholastic records. Is the applicant’s scholastic record, as you know it, an accurate index of her/his scholastic ability? □ Yes □ No □ Do Not Know
Please explain briefly:

Do you have any reservations about the applicant’s decision to pursue a seminary or counseling education at this time in her/his life?
□ Yes (Please comment on a separate sheet) □ No

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<th>Yes</th>
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If there is any additional information you think will assist us in the evaluation process, please provide such information below.

Title: □ Mr. □ Mrs. □ Miss □ Ms. □ Dr. □ Rev.
Full Name: ____________________________________________
Position: ____________________________________________
Organization/Church: ____________________________________________
Street: ____________________________________________
City: ____________________________ State: ____________ Zip ____________
Phone Numbers: ____________________________ H W C E-Mail Address: ____________________________________________
Nyahk Alumnus? □ Yes □ No
Would you like to receive information on AGSC for your files? □ Yes □ No

Signature: ____________________________________________ Date: ____________

Your evaluation of this candidate for admission to AGSC:

For Academic Promise:
□ Not Recommended □ Recommended without Enthusiasm □ Strongly Recommended □ Enthusiastically Recommended

For Character and Personal Promise:
□ Not Recommended □ Recommended without Enthusiasm □ Strongly Recommended □ Enthusiastically Recommended

Overall Recommendation:
□ Not Recommended □ Recommended without Enthusiasm □ Strongly Recommended □ Enthusiastically Recommended

Alliance Graduate School of Counseling does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.
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<th>CAMPUS</th>
<th>ENROLLMENT DATE:</th>
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</thead>
<tbody>
<tr>
<td>Mental Health Counseling</td>
<td>Nyack, NY Campus</td>
<td>Fall, 20</td>
</tr>
<tr>
<td>Marriage &amp; Family Counseling</td>
<td>New York City Campus</td>
<td>Spring, 20</td>
</tr>
</tbody>
</table>

Title:  
- Mr.  
- Mrs.  
- Miss  
- Ms.  
- Dr.  
- Rev.

Last Name: ____________________________ First Name: ____________________ MI: ____________ Preferred: __________________

Street: ____________________________ Apt: ______ City: ______________________ State: ______ Zip ______________________

Phone Numbers: __________________________________
- H  
- W  
- C  

E-Mail Address: ________________________________________________________________

DOB: ______________________________

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

Signature:______________________________________________________________________ Date:______________________________

### To be Completed by Reference:

The above named applicant is applying for admission to AGSC. Upon completion, mail this in the postage-paid envelope provided by the Applicant as soon as possible. We value your comments, and ask that you provide a full and candid report so that fair consideration may be given to the applicant.

How long have you known the applicant? __________________________________________________________________________

What is the nature of your relationship?  
- Teacher  
- Friend  
- Mentor  
- Colleague  
- Employer  
- Other: ____________

How well do you know the applicant? (check on scale) 1 2 3 4 5  
- Casually  
- Fairly Well  
- Very Well

How would you rate this person in the following areas? (please put a check in the appropriate box)

#### Academic Rating

<table>
<thead>
<tr>
<th>Area</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Do Not Know</th>
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</thead>
<tbody>
<tr>
<td>Written Expression</td>
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<tr>
<td>Verbal Expression</td>
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<td>Scholarship</td>
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<tr>
<td>Self-Discipline</td>
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<tr>
<td>Growth-Potential</td>
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<tr>
<td>Analytical Thinking</td>
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<td>Synthesis</td>
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<tr>
<td>Written Communication in English</td>
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<tr>
<td>Oral Communication in English</td>
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#### Character Rating

<table>
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<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Do Not Know</th>
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<tbody>
<tr>
<td>Integrity</td>
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<td>Leadership</td>
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<td>Self-Confidence</td>
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<td>Warmth of Personality</td>
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<tr>
<td>Sense of Humor</td>
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<td>Concern for Others</td>
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<td>Diligence</td>
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<td>Emotional Maturity</td>
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<td>Personal Initiative</td>
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<tr>
<td>Reaction to Setbacks</td>
<td></td>
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<tr>
<td>Ministry Potential</td>
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</tbody>
</table>
Some talented individuals have mediocre scholastic records. Is the applicant's scholastic record, as you know it, an accurate index of her/his scholastic ability?  

Yes  No  Do Not Know

Please explain briefly:

Do you have any reservations about the applicant's decision to pursue a seminary or counseling education at this time in her/his life?  

Yes (Please comment on a separate sheet)  No

Do you observe the following attitudes within the applicant?  

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Definitely No</th>
<th>Yes</th>
<th>Minor</th>
<th>Moderate</th>
<th>Significant</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Anxious/Fearful</td>
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<tr>
<td>Dependent</td>
<td>□</td>
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<tr>
<td>Low Self-Esteem</td>
<td>□</td>
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<tr>
<td>Unusual Need for Approval</td>
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<tr>
<td>Angry/Hostile</td>
<td>□</td>
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<tr>
<td>Pushy/Agressive</td>
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<tr>
<td>Manipulative</td>
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<tr>
<td>Shy/Seclusive</td>
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<tr>
<td>Hasty/Impulsive</td>
<td>□</td>
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<tr>
<td>Overly Sensitive to Criticism</td>
<td>□</td>
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<tr>
<td>Other (Please Specify)</td>
<td>□</td>
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</tbody>
</table>

If there is any additional information you think will assist us in the evaluation process, please provide such information below.

Your evaluation of this candidate for admission to AGSC:

For Academic Promise:

<table>
<thead>
<tr>
<th>Recommendation Level</th>
<th>Not Recommended</th>
<th>Recommended without Enthusiasm</th>
<th>Strongly Recommended</th>
<th>Enthusiastically Recommended</th>
</tr>
</thead>
</table>

For Character and Personal Promise:

<table>
<thead>
<tr>
<th>Recommendation Level</th>
<th>Not Recommended</th>
<th>Recommended without Enthusiasm</th>
<th>Strongly Recommended</th>
<th>Enthusiastically Recommended</th>
</tr>
</thead>
</table>

Overall Recommendation:

<table>
<thead>
<tr>
<th>Recommendation Level</th>
<th>Not Recommended</th>
<th>Recommended without Enthusiasm</th>
<th>Strongly Recommended</th>
<th>Enthusiastically Recommended</th>
</tr>
</thead>
</table>

Title:  □ Mr.  □ Mrs.  □ Miss  □ Ms.  □ Dr.  □ Rev.
Full Name: ____________________________________________
Position: ____________________________________________ Organization/Church: ____________________________
Street: ____________________________________________ City: ____________________________ State: ____________ Zip __________
Phone Numbers: ____________________________  □ H  □ W  □ C  E-Mail Address: ____________________________

Nyah Alumnus?  □ Yes  □ No
Would you like to receive information on AGSC for your files?  □ Yes  □ No

Signature: ____________________________________________ Date: ____________________________

Alliance Graduate School of Counseling
Nyack Campus
1 South Blvd, Nyack, NY 10960
800.541.6891

Alliance Graduate School of Counseling does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.
Alliance Graduate School of Counseling
Pastoral Reference Form

Please fill out the top section and present to a Pastor, Elder or Ministry Leader in the church you currently attend who has known you for at least one year and is not a relative, along with a postage paid envelope.

To be Completed by the Applicant

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>CAMPUS</th>
<th>ENROLLMENT DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mental Health Counseling</td>
<td>☐ Nyack, NY Campus</td>
<td>☐ Fall, 20__</td>
</tr>
<tr>
<td>☐ Marriage &amp; Family Counseling</td>
<td>☐ New York City Campus</td>
<td>☐ Spring, 20__</td>
</tr>
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<td>☐夏季, 20__</td>
<td></td>
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</tr>
</tbody>
</table>

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Rev.

Last Name: ____________________________  First Name: ____________________  MI: ____________  Preferred: __________________

Street: ____________________________  Apt: ______  City: ______________________  State: ______  Zip ______________________

Phone Numbers: __________________________________

H ☐  W ☐  C ☐

E-Mail Address: ________________________________________________________________  DOB: ______________________________

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

Signature:______________________________________________________________________  Date:______________________________

To be Completed by Reference:

The above named applicant is applying for admission to AGSC. Upon completion, mail this in the postage-paid envelope provided by the Applicant as soon as possible. We value your comments, and ask that you provide a full and candid report so that fair consideration may be given to the applicant.

1. How long have you known the applicant? _____________________________________________

2. What is the nature of your relationship?
   ☐ Pastor  ☐ Elder  ☐ Ministry Leader: ____________________________  ☐ Other: ____________________________

3. How well do you know the applicant? (check on scale)  1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
   ______________________________

4. To the Best of your knowledge has the applicant made a personal commitment to Jesus Christ?
   ☐ Yes  ☐ No  ☐ Do Not Know

5. To what extent is the applicant engaged in the activities of your church?
   ☐ Not Involved  ☐ Somewhat Involved  ☐ Involved  ☐ Very Involved

6. To the best of your knowledge does the applicant show evidence of a vital growing relationship with Jesus Christ?

7. In your opinion does the applicant have attitudes or habits which are not consistent with mature Christian faith and practice?

8. What is the applicant’s spiritual influence in your church?  ☐ Positive  ☐ Negative  ☐ Neutral

9. In social relationships, the applicant is:  ☐ Sought Out  ☐ Well Received  ☐ Tolerated

10. To your knowledge does the applicant smoke, drink, or use habit forming drugs? Please Comment.

11. Please describe positive and/or negative home factors which might affect the applicant’s success in the program they are applying for?

12. Do you have any reservations with regard to the applicant’s decision to pursue a seminary or counseling education at this time in her/his life?  ☐ Yes (Please Comment Below)  ☐ No
If there is any additional information you think will assist us in the evaluation process, please provide such information below.

<table>
<thead>
<tr>
<th>How would you rate this person in the following areas? (please put a check in the appropriate box)</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
<th>Do Not Know</th>
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<tbody>
<tr>
<td>Cooperation</td>
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<td>Reliability/Responsibility</td>
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<td>Motivation</td>
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<td>Disposition</td>
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<td>Emotional Stability</td>
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<td>Concern for Others</td>
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<td>Appearance</td>
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<tr>
<td>Christian Character</td>
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If there is any additional information you think will assist us in the evaluation process, please provide such information below.

Your evaluation of this candidate for admission to AGSC:

For Academic Promise:
- [ ] Not Recommended
- [ ] Recommended without Enthusiasm
- [ ] Strongly Recommended
- [ ] Enthusiastically Recommended

For Character and Personal Promise:
- [ ] Not Recommended
- [ ] Recommended without Enthusiasm
- [ ] Strongly Recommended
- [ ] Enthusiastically Recommended

Overall Recommendation:
- [ ] Not Recommended
- [ ] Recommended without Enthusiasm
- [ ] Strongly Recommended
- [ ] Enthusiastically Recommended

Title: [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. [ ] Dr. [ ] Rev.
Full Name: ____________________________________________
Position: ____________________________________________
Organization/Church: __________________________________
Street: ____________________________________________
City: __________________________ State: ____________ Zip __________
Phone Numbers: ______________________________________
[ ] H [ ] W [ ] C E-Mail Address: _______________________
Nyah Alumnus? [ ] Yes [ ] No
Would you like to receive information on AGSC for your files? [ ] Yes [ ] No

Signature: __________________________________________ Date: ______________

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NY STATE IMMUNIZATION REGULATIONS

MEASLES - **TWO** doses of live measles vaccine (1st given no more than 4 days prior to 1st birthday & 2nd at least 28 days after 1st dose), physician-documented history of disease, or serological evidence of immunity (a blood test showing immunity)

MUMPS - One dose of live mumps vaccine (given no more than 4 days prior to 1st birthday), physician-documented history of disease, or serological evidence of immunity (a blood test showing immunity)

RUBELLA (German Measles) - One dose of live rubella vaccine (given no more than 4 days prior to 1st birthday) or serological evidence of immunity (a blood test showing immunity)

- The Measles, Mumps, Rubella (MMR) vaccine is recommended for all measles doses to provide increased protection against all three diseases.
- If you already had the required vaccinations then you need only get the dates of those shots recorded on the enclosed form and have that signed by your health care provider. An immunization record card, or previous school records, may also serve as proof.
- If you have already had the required vaccinations, but cannot obtain the necessary records, you must have a blood test done to prove your immunity or be re-immunized.
- If you have actually had measles or mumps you need to have your health care provider document when these diseases were contracted and sign the enclosed form.
- If you are physically unable because of a medical condition to receive the vaccinations you must have your health care provider document that and sign the enclosed form.

MENINGOCOCCAL DISEASE
What is meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (thin lining covering the brain and spinal cord.)

Who gets meningococcal disease?
Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the US; between 5 and 15 college students die each year as a result of infection. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?
The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?
High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?
The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?
Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the US. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?
Contact your family physician or your student health service. Additional information is also available on the websites of the NYS Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).
SECTION I. To be completed by STUDENT (or parent/guardian if under age 18)

Last Name: ___________________________ First Name: ___________________________ MI: ________

Phone (cell): ___________________________ Phone (other): ___________________________

Date of Birth: ___________________________ SSN or Student ID#: ___________________________

PROGRAM
- Alliance Theological Seminary
- Alliance Graduate School of Counseling
- Non-Degree
- Master of Science Education

CAMPUS
- Nyack, NY Campus
- New York City Campus

MENINGOCOCCAL MENINGITIS VACCINATION
NYS Public Health Law Section 2167 requires post-secondary students taking 6 credits or more (regardless of age) to complete & return the following form to their respective school. Select ONE of the following:

- I had the meningococcal meningitis immunization within the past 10 years. Date received: ______/_____/______
- I have read the information (see reverse side) regarding meningococcal meningitis disease. I will obtain the immunization within 28 days from my private health care provider (cost will average $75).
- I have read the information (see reverse side) regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will NOT obtain immunization against meningococcal meningitis disease.

Signature __________________________________________________________________ Date: ___________________________

SECTION II. To be completed by HEALTH CARE PROVIDER (or you may submit previous health / school records)

NYS Public Health Law Section 2165 requires post-secondary students taking 6 credits or more to show protection against measles, mumps, and rubella. Students born prior to January 1, 1957 are exempt.

A. M.M.R. - Measles, Mumps, Rubella (If given instead of individual immunizations.)
- Dose 1 - Immunized at 12 months after birth or later. ______/_____/______
- Dose 2 - Immunized at least 30 days after first immunization. ______/_____/______

B1. MEASLES (Rubeola) - Check appropriate box.
- 2 doses: Immunized at 12 months of age or later, and ______/_____/______
- Immunized at least 30 days after the first vaccination ______/_____/______
- Has report of immune titer. Specify date of titer. ______/_____/______
- Had disease; confirmed by office records. ______/_____/______

B2. MUMPS - Check appropriate box.
- Immunized at 12 months of age or later. ______/_____/______
- Has report of immune titer. Specify date of titer. ______/_____/______
- Had disease; confirmed by office records. ______/_____/______

B3. RUBELLA (German Measles) - Check appropriate box.
- Immunized at 12 months of age or later. ______/_____/______
- Has report of immune titer. Specify date of titer. ______/_____/______
- Had disease; confirmed by office records. ______/_____/______

Physician name: ____________________________________________ Physician signature &
Address: ____________________________________________________ STAMP required: ___________________________

City: ___________________________ State: _________ Zip: __________
Phone: ___________________________ Date: ___________________________