

GENERAL REFERENCE



Alliance Theological Seminary
One South Boulevard • Nyack, NY 10960
800-541-6891

Please fill out the top section and present to an individual who has known you for over one year and is not a relative.

TO BE COMPLETED BY THE APPLICANT:

Program:

- M.Div
- MPS
- MA
- Non-Degree

Campus:

- Nyack, NY
- New York City
- Online

Enrollment Date:

- Fall, 20_____
- Spring, 20_____
- Summer, 20_____

Mr. _____
 Mrs. LAST NAME FIRST NAME MIDDLE INITIAL PREFERRED
 Miss _____
 Ms. ADDRESS, CITY, STATE, ZIP D.O.B. (mm/dd/yy)
 Dr. _____
 Rev. HOME PHONE CELL PHONE E-MAIL ADDRESS

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 THE REFERENCE:

The above named applicant is applying for admission to ATS. Upon completion, please mail, email or fax as indicated on the back of this form. 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? (circle on scale)

| | | | | |
|--------|-------------|-----------|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Casual | Fairly Well | Very Well | | |

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

| Academic Rating | Below Average | Average | Above Average | Outstanding | Do Not Know |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Written Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbal Expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scholarship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creative Qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growth-Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Analytical Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Synthesis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Communication in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Character Rating | Below Average | Average | Above Average | Outstanding | Do Not Know |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warmth of Personality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Receive Correction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction to Setbacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ministry Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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? | Definitely No | Yes | | | Unable to Judge |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Minor | Moderate | Significant | |
| Anxious/Fearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Self-Esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual Need for Approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Angry/Hostile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushy/Aggressive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manipulative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shy/Seclusive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hasty/Impulsive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overly Sensitive to Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 ATS:

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

Mr. _____
 Mrs. FULL NAME _____
 Miss _____
 Ms. POSITION ORGANIZATION/CHURCH _____
 Dr. _____
 Rev. STREET ADDRESS, CITY, ST, ZIP _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

Nyack/ATS Alumnus? Yes No

Would you like to receive information about Nyack? If yes, please check which programs: Undergrad Degree Completion
 MA Counseling MBA MS Organizational Leadership MS Education MSW Seminary DMin

Signature _____ Date _____

Return to: ATS Admissions
 1 South Blvd.
 Nyack, NY 10960

Fax to: 845-358-3047

Scan and email to: admissions.grad@nyack.edu