

# ACADEMIC REFERENCE



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:

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Organizational Management | <input type="checkbox"/> AGSC |
| <input type="checkbox"/> MS Education              | <input type="checkbox"/> MSOL |
| <input type="checkbox"/> MBA                       | <input type="checkbox"/> DMIN |
| <input type="checkbox"/> MA                        |                               |

### Campus:

- |  |  |
|--|--|
| <input type="checkbox"/> Nyack, NY     | <input type="checkbox"/> Fall, 20_____   |
| <input type="checkbox"/> New York City | <input type="checkbox"/> Spring, 20_____ |
|  | <input type="checkbox"/> Summer, 20_____ |

### Enrollment Date:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ PREFERRED \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ D.O.B. (mm/dd/yy) \_\_\_\_\_

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 Nyack College/Alliance Theological Seminary. 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? \_\_\_\_\_

How well do you know the applicant? (circle on scale)

What is the nature of your relationship?  Teacher  Friend  Mentor  
 Colleague  Employer  Other \_\_\_\_\_

1	2	3	4	5
Casual		Fairly Well		Very Well

Please keep in mind (and check) the comparison group you use to rate the applicant:  College Seniors  First Year Grad Students  Professional Educator  Other \_\_\_\_\_

Academic Ability	Below Average	Average	Above Average	Outstanding	No Chance to Observe
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"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character	Below Average	Average	Above Average	Outstanding	No Chance to Observe
Integrity/Loyalty	<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"/>
Empathy	<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"/>
Ministry Potential (for AGSC and DMIN applicants only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Complete for MS Education applicants ONLY:

Overall intellectual ability and effectiveness as an educator:  lowest 15%  middle 50%  upper 10%  upper 5%  upper 1%

It would greatly help us in our selection process if you would elaborate in an attached letter on the intellectual or personality assets and/or liabilities which would influence the person's training and practice in professional education.

**Complete for AGSC and DMIN applicants ONLY:**

<b>Do you observe the following attitudes within the applicant?</b>	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"/>

**For ALL applicants:**

**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:**

Some talented individuals make mediocre scholastic records. Is the applicant's scholastic record an accurate index of his or her scholastic ability?  Yes  No  Don't know

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  Seminary  DMin

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Fax to:** 845-358-3047

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