

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"/> MA AJCO | <input type="checkbox"/> DMIN |
| <input type="checkbox"/> MSW | |

Campus:

- Nyack, NY
 New York City

Enrollment Date:

- Fall, 20____
 Spring, 20____
 Summer, 20____

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 <i>(for AGSC and DMIN applicants only)</i>	<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:

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"/>

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 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