

PASTORAL REFERENCE



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.

TO BE COMPLETED BY THE APPLICANT:

Program:

- Mental Health Counseling (Onsite)
- Mental Health Counseling (Online)
- Marriage & Family Counseling (Onsite)

Enrollment Date:

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

<input type="checkbox"/> Mr.	_____			
<input type="checkbox"/> Mrs.	LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED
<input type="checkbox"/> Miss	_____			
<input type="checkbox"/> Ms.	ADDRESS, CITY, STATE, ZIP			D.O.B. (mm/dd/yy)
<input type="checkbox"/> Dr.	_____			
<input type="checkbox"/> 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 AGSC. 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.

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
Casual		Fairly Well		Very Well
4. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?
 Yes No Don't Know
5. To what extent is the applicant engaged in the ministries 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 excessively, 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 counseling education at this time in her/his life? Yes (please comment below) No

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

	Low	Average	High	Do Not Know
Cooperation	<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"/>
Reliability/Responsibility	<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"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<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"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Vitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<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"/>
Christian Character	<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 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

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

Can we contact you about Nyack/ATS events? Yes No

Would you like to receive information about Nyack? If yes, please check which programs:

MA Counseling Seminary DMin MBA MS Organizational Leadership MS Education MSW

Signature _____ Date _____

Return to: Nyack College Admissions
2 Washington Street
New York, NY 10004

Fax to: 212.226.6254

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