

# PROFESSIONAL/ GENERAL 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"/> ATS  | <input type="checkbox"/> MSOL |
| <input type="checkbox"/> Church Management         | <input type="checkbox"/> AGSC | <input type="checkbox"/> MSW  |
| <input type="checkbox"/> Healthcare Management     | <input type="checkbox"/> MBA  |                               |
| <input type="checkbox"/> MS Education              |                               |                               |

### 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? (check 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"/>
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"/>

### Character

Integrity/Loyalty	<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"/>
Judgement	<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"/>
Empathy	<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"/>
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"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry Potential (for ATS & AGSC applicants only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Teaching Ability Complete for MS Education applicants ONLY:

Content Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Educational Theorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Envisions & Creates a Positive Learning Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Complete for ATS and AGSC 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 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

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  MBA  MS Organizational Leadership  MS Education  MSW  
 Church Management  Healthcare Management  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