TO BE COMPLETED BY THE APPLICANT:

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

Campus:  
- Nyack, NY  
- New York City

Enrollment Date:  
- Fall, 20__  
- Spring, 20__  
- Summer, 20__

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 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.

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)  
- 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 at Alliance Theological Seminary.

12. Do you have any reservations with regard to the applicant's decision to pursue a seminary education at this time in her/his life?  
- Yes (please comment below)  
- No

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

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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

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Nyack/ATS Alumnus?  [ ] Yes  [ ] No
Would you like to receive information on ATS/AGSC for your files?  [ ] Yes  [ ] No

Signature _________________________________________________ Date __________________________________________

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Return to: ATS Admissions
Fax to: 845-358-3047
Scan and email to: admissions.ats@nyack.edu

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Alliance Theological Seminary does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.