TO BE COMPLETED BY THE APPLICANT:

Program:  
- [ ] Mental Health Counseling  
- [ ] Marriage & Family Counseling

Campus:  
- [ ] Nyack, NY  
- [ ] New York City  
- [ ] Online

Enrollment Date:  
- [ ] Fall, 20___  
- [ ] Spring, 20___  
- [ ] Summer, 20___

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 Casual  
   - [ ] 2 Fairly Well  
   - [ ] 3 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

PASTORAL REFERENCE

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 ____________________________

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

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<th>Area</th>
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<th>Average</th>
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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 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. [ ] Miss [ ] Ms. [ ] Dr. [ ] Rev.  FULL NAME  ORGANIZATION/CHURCH
POSITION
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: AGSC Admissions  Fax to: 845-358-3047  Scan and email to: admissions.grad@nyack.edu
1 South Blvd.
Nyack, NY 10960