



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  
Please explain briefly:

Do you have any reservations about the applicant's decision to pursue seminary education at this time in her/his life?  
 Yes (Please comment on a separate sheet)  No

|                               | Definitely No            | Yes: Minor               | Moderate                 | Significant              | Unable to Judge          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

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

Title:  Mr.  Mrs.  Miss  Ms.  Dr.  Rev.

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization/Church: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  H  W  C E-Mail Address: \_\_\_\_\_

Nyack Alumnus?  Yes  No

Would you like to receive information on ATS for your files?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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