

Alliance Theological Seminary
Doctor of Ministry
Church or Organization Reference Form

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, along with a postage paid envelope.

To be Completed by the Applicant:

PROGRAM

Doctor of Ministry

CAMPUS

Nyack, NY Campus

ENROLLMENT DATE:

Fall, 20 _____

Spring, 20 _____

Summer, 20 _____

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

Last Name: _____ First Name: _____ MI: _____ Preferred: _____

Street: _____ Apt: _____ City: _____ State: _____ Zip _____

Phone Numbers: _____ H W C _____ H W C

E-Mail Address: _____ DOB: _____

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 Reference:

The above named applicant is applying for admission to ATS. Upon completion, mail this in the postage-paid envelope provided by the Applicant as soon as possible. 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. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?

Yes No Do Not Know

2. How long did the applicant serve your church/organization? _____

2. In what capacity did he/she serve? _____

4. Indicate the specific area in which your church/organization benefited from the applicant's leadership.

5. In social relationships, the applicant is: Sought Out Well Received Tolerated

6. Please describe any positive and/or negative home factors which might affect the applicant's success in the Doctor of Ministry program for which they are applying.

7. Do you have any reservations with regard to the applicant's decision to pursue further education at a Doctor of Ministry level 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
Christian Character	<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"/>
Ministry Potential	<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"/>
Servant's Heart	<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"/>
Social Maturity	<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"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<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 - Doctor of Ministry Program:

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: _____

ATS or AGSC Alumnus? Yes No

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

Signature: _____ Date: _____

Alliance Theological Seminary
1 South Blvd · Nyack, NY 10960
800.541.6891

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.