



California State University, Stanislaus

Office of Nursing DBH 260
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STATISTICAL DATA FORM

The following information will be used for accreditation and the State Board of Registered Nursing statistical reports only. The data is confidential. It is unlawful to discriminate against you on the basis of this information.

Full Name _____ Semester Application is for _____ Date of Birth _____
Spring Year _____

GENDER: Male Female

RACE / ETHNICITY: (Please select only one)

- BLACK:** African origin; not of Hispanic origin
- ASIAN:** Far Eastern, Southeast Asian, or Indian Origin
 - Chinese Japanese Korean Vietnamese
 - Asian Indian Cambodian Laotian Other _____
- PACIFIC ISLANDER:** Hawaiian Islands or Pacific Island origin
 - Hawaiian Guamanian/Chamorro Samoan Other _____
- HISPANIC:** Spanish/Latin-American/Latino
 - Cuban Mexican Mexican-American/Chicano Puerto Rican
 - Other _____
- CAUCASIAN**
- AMERICAN INDIAN:** Indian origin Native to the Americas with cultural identification
 - Aleut Eskimo Native American: Tribe/Nation _____
 - Other _____
- FILIPINO**
- OTHER NON-WHITE**
- DECLINE TO STATE**

CHECK THE PROGRAM FOR WHICH YOU HAVE APPLIED: (select only one)

- Masters in Nursing Education
- Masters in Gerontological Nursing

HOW DID YOU LEARN OF OUR PROGRAM?

- CSU, Stanislaus Outreach Office
- Colleague, Friend, Alumni or Relative
- Hospital
- Other _____
- Advertising (source) _____
- CSU Nursing Department
- Another college's nursing program