



California State University, Stanislaus

Office of Nursing Science 1 –S225
One University Circle, Turlock, CA 95382

Phone: 209-667-3141
Fax: 209-667-3690

STATISTICAL DATA FORM

The following information will be used for accreditation and 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
Spring Fall
Year _____

Date of Birth _____

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 Administration
 Masters in Gerontological Nursing Masters in Family Nurse Practitioner

HOW DID YOU LEARN OF OUR PROGRAM?

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

* Completion of this form is optional