



California State University, Stanislaus

Office of Nursing Science 1 –S225
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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 _____ Date of Birth _____
Spring Fall
Year _____

GENDER: Male Female Other (specify) _____ Decline to state

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 _____
- FILIPINO**
- OTHER** (specify) _____
- 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