

**NYS Dept of Education Nursing Program Survey**

**Department of Nursing - Associate Degree Program**

Name \_\_\_\_\_ EMPLID \_\_\_\_\_

Gender \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

Dear Nursing Applicants:

To assist us with our report to the state Department of Education and Federal grants, please indicate your ethnic/cultural background on this form under the appropriate status: Full time (12+ credits) or Part time (less than 12 credits). Additionally, please note if you have been awarded a degree in Licensed Practical Nurse (LPN) and/or any other post-secondary degree Associate level or higher.

Race / Ethnicity	Full Time 12+ Credits	Part Time < 12 Credits
<b>African American (Non-Hispanic)</b>		
<b>White (Non-Hispanic)</b>		
<b>Hispanic</b>		
<b>Asian or Pacific Islander</b>		
<b>Native American</b>		
<b>Unknown or Other</b>		

Please check all awarded degrees that apply:

- LPN**
- Associate**
- Bachelor's**
- Master's**
- Post Masters or higher**