

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
African American (Non-Hispanic)		
White (Non-Hispanic)		
Hispanic		
Asian or Pacific Islander		
Native American		
Unknown or Other		

Please check all awarded degrees that apply:

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