



Date _____

Student Data

This information is required by the Board of Registered Nursing and is to be kept on file while you are a student in the Associate Degree Nursing Program.

Student ID# _____
Student Name: _____
Address: _____
Email: _____
Phone: _____ Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home

Do you have Partnership in Access to College Education (PACE) accommodations?
 No Yes *If yes, please attached a copy of your PACE accommodations.*

Ethnic Background

- | | |
|--|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> South Asian (e.g., Indian, Pakistani, etc.) | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian | |