

Indicate to which program you are applying:

- BSN ABSN MEPN GEPN
 Master of Nursing/Master of Science Post-Master's
 Graduate Certificate in Advanced Practice Nursing DNP PhD

OPTIONAL APPLICANT DATA
(For Statistical Purposes Only)

The following information is requested for statistical purposes only, so that the School of Nursing may monitor the effectiveness of its recruitment and outreach programs. The following information **will not be used in admission decisions. Completion of the information is voluntary; a decision not to provide information will not result in any adverse treatment of your application.**

1. What is your gender?

- Male Female

2. What is your date of birth?

_____ Mo./ Dy./Yr.

3. Ethnicity. (Check all of the following that apply).

- | | | | |
|---|--|--|--|
| <input type="radio"/> Black or African American | <input type="radio"/> Asian American | <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Spanish/Hispanic |
| <input type="radio"/> Native American | <input type="radio"/> Asian Indian | <input type="radio"/> Guamanian | <input type="radio"/> Cuban |
| _____ (Name of Enrolled or Principal Tribe) | <input type="radio"/> Chinese | <input type="radio"/> Hawaiian | <input type="radio"/> Mexican, Mexican-American, Chicano |
| <input type="radio"/> Caucasian | <input type="radio"/> Filipino | <input type="radio"/> Samoan | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Eskimo | <input type="radio"/> Japanese | <input type="radio"/> Other: _____ (Specify) | <input type="radio"/> Other: _____ (Specify) |
| <input type="radio"/> Aleut | <input type="radio"/> Korean | | |
| | <input type="radio"/> Vietnamese | | |
| | <input type="radio"/> Other: _____ (Specify) | | |

Other Ethnicity: _____ (Specify)

4a. In what context are you planning to apply your nursing education following completion of your program? (Check all that apply).

- | | | |
|---|----------------------------------|-----------------------------|
| <input type="radio"/> Academic setting | <input type="radio"/> Inpatient | <input type="radio"/> Rural |
| <input type="radio"/> Medically under-served | <input type="radio"/> Outpatient | <input type="radio"/> Urban |
| <input type="radio"/> Private practice or independent (please specify) _____ | | |
| _____ | | |
| <input type="radio"/> As part of an organization (please specify) _____ | | |
| _____ | | |
| <input type="radio"/> Other (please specify) _____ | | |
| _____ | | |
| <input type="radio"/> At this time, I am not sure what setting I am interested in working in. | | |

4b. In what location are you planning to apply your nursing education following completion of your program?

- Seattle Washington State United States (specify state, if known) _____
 International (specify Country, if known) _____