



New York Medical College
Office of the University Registrar

Ethnicity Data Form

Your statement to the following question is voluntary, but federal civil rights legislation and implementing regulations require this institution to submit counts of the student body by these categories. **No personal identification is used when submitting these reports.** Your cooperation, therefore while voluntary, is essential to the accurate reporting of this information. Thank you for your time and cooperation.

NAME (Last, First) _____

STUDENT ID NUMBER _____

Gender: Male Female

Date of Birth: _____

Please check which school(s) you are in:

School of Health Sciences & Practice

Basic Medical Sciences

School of Medicine

RACIAL/ETHNIC BACKGROUND

_____ **HISPANIC/LATINO (of any race) -- Please specify below**

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **PUERTO RICAN**

_____ **MEXICAN AMERICAN**

_____ **OTHER (Cuban, Central or South American or Spanish Culture or origin)**

FOR NON-HISPANIC/LATINO ONLY, PLEASE CHECK AS MANY AS APPLY:

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**

A person having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliation or community recognition.

_____ **ASIAN**

A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent. This includes people from China, Indian, Japan, Korea, the Philippines Islands and Vietnam.

_____ **BLACK/AFRICAN AMERICAN**

A person having origins in any of the black racial groups of Africa.

_____ **NATIVE HAWAIIAN**

A person having origins in any of the original peoples of Hawaii.

_____ **OTHER PACIFIC ISLANDER**

A person having origins in any of the original peoples of Guam, or other Pacific Islands.

_____ **WHITE**

A person having origins in any of the original peoples of Europe, North Africa, or in the Middle East.

_____ **OTHER/SPECIFY** _____

_____ **I DECLINE TO RESPOND**

STUDENT'S SIGNATURE _____

DATE _____

7/09 Office of the Registrar

Office Use Only

Processed by: _____

Date: _____