

Lawrence Memorial/Regis College
Nursing and Radiography Programs

DEMOGRAPHIC SURVEY OF STUDENTS

The United States Department of Education requests that schools report enrollment by racial and ethnic group. This is required to continue eligibility for federal funds such as student financial aid. Some of the information below is also needed to apply for certain private grants and for the accrediting agencies for the nursing and radiography programs. Information reported is reported in the aggregate only, no names are included.

Name: _____ Date: _____
(Please print)

Preferred Name: _____
(Please print)

1. Age: _____ Date of Birth: _____/_____/_____
Month Day Year I identify my gender as: _____

2. Are you Hispanic or Latino? Yes No

Select one or more of the following races:

- American Indian or Alaska Native Asian Black, or African American
 Native Hawaiian or Other Pacific Islander White Two or more races

3. Are you a member of the U.S. armed services: I am active-duty reserve veteran
U.S. armed services family member: spouse child

4. Marital Status: Single Married Divorced Widowed

5. Has someone in your immediate family graduated from the LMH School of Nursing or from the LM/RC Nursing and Radiography Programs? If so, _____

Name Relationship

6. Do you plan to work while attending school? No Yes
If yes, # of hours/week you will be working when school is in session:
 1-10 11-20 21-30 31-40 greater than 40

7. Degrees held: Certificate Associate Bachelor Master PhD
Field of study/Major: _____

Are you an LPN? Yes No

Nursing: Day Evening/Weekend Radiography: Currently enrolled in Year I

8. Do you currently work for MelroseWakefield Healthcare (MWHC) or Wellforce? Yes No
If yes, please specify which healthcare system _____.

*Please return this form to Jill Kondel, Database Administrator, jkondel@lmh.edu
Lawrence Memorial/Regis College, Medford campus
170 Governors Avenue, Medford, MA 02155*