Demographic Form for the Master of Science in Nursing
University of North Carolina Wilmington School of Nursing

Please identify the option for which you seek admission:
Family Nurse Practitioner ______
Post-Master's Certificate Family Nurse Practitioner ______
Nurse Educator ______
Post-Master's Certificate in Nursing Education ______

Name

Last                                                         First                                        Middle

Residence:
Address

Street

City                                         State       Zip                          County                   Country

Employment:
Address

Street

City                                         State       Zip                          County                   Country

Home Phone ( ) ___________________________ Work Phone ( ) ___________________________

Social Security Number* ____________________________
*Disclosure of your Social Security number is purely voluntary. It will be used for administrative purposes only, as your assigned identification number.

Gender** ________Male        ________Female

Birthdate** (Month/Day/Year) ____________________________
**Information requested only for reporting purposes.

Semester/Year of Expected Entrance ____________________________

Full Time (or)  Part Time

1. Do you have demonstrable computer skills, including ability to use electronic mail, a web browser, and a word processing program? ________Yes   ________ No

Do you own a computer? ________Yes   ________ No

If Yes, indicate type, amount of RAM, size of hard-drive, modem capabilities, programs installed, etc.

______________________________________________

______________________________________________
2. Do you have access to a computer in close proximity to where you will study?
   _____ Yes   _____ No   e-mail address ____________________________

3. The Federal government requires institutions of higher education receiving federal assistance to report
   minority group student enrollments. The information requested here will assist in meeting this
   requirement and will provide statistical data for the university. Please check the appropriate line:
   _____ American Indian or Alaskan Native   _____ White (Not of Hispanic Origin)
   _____ Black (Not of Hispanic Origin)   _____ Asian or Pacific Islander
   _____ Hispanic   _____ Other (Specify)

4. Is English your first (native) language? _____ Yes _____ No.
   What language(s), other than English do you speak? __________

5. Sigma Theta Tau membership, as an undergraduate? _____ Yes _____ No.
   Other honorary membership(s) (Specify) ____________________________

NURSING EXPERIENCE:

1. Do you currently hold an active license to practice as a Registered Nurse? _____ Yes _____ No.
   If Yes; what state(s)? ____________________________
   If Yes; Certificate number(s)? ____________________________
   Years of RN experience. Full Time ___________ Part Time __________

2. Type of agency in which you work/have worked: (Within the past two years, check all that apply.)
   Community Health Center   Physician’s Office
   County Health Department   Rural Health Clinic
   Hospital   School
   Occupational Health   School of Nursing
   Migrant Health Clinic   Nursing Home
   Other (Specify) ____________________________

3. Population served/Nature of experience: (Check all that apply.)
   Infants; # of years _______.   Adults; # of years _______.
   Children; # of years _______.   Elderly/Older Adults; # of years _______.
   Women; # of years _______.   Pregnant Women; # of years _______.
   Adolescents; # of years _______.

4. Percentage of medically underserved and/or minority population(s) served: (Check all that apply.)
   Low income _______%.
   African Americans _______%.
   Native Americans _______%.
   Elderly _______%.
   Hispanics _______%.
   Migrants _______%.
Other (Specify) _______ %.

I certify that the information on this survey is complete.

**APPLICANT'S SIGNATURE** __________________________ Date ________________.

**Please return completed Survey Form to address below or email to**
[sun@uncw.edu](mailto:sun@uncw.edu):

Student Services Coordinator
UNCW School of Nursing
601 South College Road
Wilmington, NC 28403-5995

(Up-dated 2/09)   

*End*