

## Race/Ethnicity

Your completion of this form will be appreciated. Submission of this Information is **voluntary** and it will have no effect on the review of your application. The data collected will be used only for statistical and program management purposes. The OMB control number for this collection is 0648-0568.

### PRIVACY ACT INFORMATION

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.

AUTHORITY - Section 7201 of title 5 of the U.S. Code and Section 2000e-16 of title 42 of the U.S. Code.

### PURPOSE AND ROUTINE USES

The information is used only management and assessment of program performance. Your response will not affect the review of your application.

*Check all that apply*

## Ethnicity

Are you Hispanic or Latino?

Yes

No

## Race

Black or African-American

White

Asian

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Decline to Answer

# Date of Birth

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## PURPOSE AND ROUTINE USES

The information is used to assess program performance and may be used to verify undergraduate degree completion and subsequent enrollment in graduate programs. Your response will not affect the review of your application.

Month

Day

Year

Decline to Answer