

Biomedical Engineering Program Sign Up Sheet



Date ____/____/____

Demographic Information

Full Name _____

CSUID ____ - ____ - ____ Email Address _____

Local Phone # (____) _____

Local Address _____

City _____, State _____ Zip _____

Permanent Address _____

City _____, State _____ Zip _____

Female Male

Ethnicity – Please mark all that apply:

(disclosure is *voluntary* and will not be used in a discriminatory manner.)

- American Indian or Alaskan Native
- Anglo, Caucasian, White, not of Hispanic Origin
- Asian, Japanese, Chinese, Vietnamese, Korean, Filipino
- Black, African American, not of Hispanic Origin
- Hispanic, Chicano, Cuban, Puerto Rican, Latino, Mexican American
- Native Hawaiian or other Pacific Islander
- I do not wish to provide this information

Residency Status

- Resident Non- Resident
- Non-Resident (WUE) Non-Resident (WICHE) Resident - Employee

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