WEST HILLS COLLEGE LEMOORE

B

Student Demographics Sheet

☐ Assoc. Degree of Nursing ☐ LVN-ADN Program ☐ Nurse Assistant Training Program ☐ Medical Assistant

Name: _____
Legal Last Name First Name Middle Name

Social Security # _____ WHCL ID#_____

Primary Language: _____ Additional Languages:_____

Birthdate: _____

Date Entered Program: _____ Date Expected to Graduate: _____

1. Age: (a) 18-25 (b) 26-35 (c) 36-45 (d) 46-55 (e) >56 (f) Info not available

2. Ethnic Background: (a) Native American (b) Asian or Pacific Islander
(c) African American (d) Filipino (e) Hispanic (ab) White, Non-Hispanic (ac) Other
(ad) Unknown

3. ESL (English as a Second Language)? _____Yes _____No

4. Gender: Male_____(a) Female_____(b)

5. Do you receive financial aid? Yes__(a) No__(b)

Type (BOGG Waiver, Workforce, etc.) _____

FOR OFFICE USE ONLY

TEAS VERSION:____ Date Taken:_____ Adj. Score:_____%

Rdg_____% Math_____% Science_____% English_____%

Prerequisite GPA:_____

Cumulative GPA:_____

Total Points:_____

Start Date:_____ Cohort: Class of_____