

MEDPREP Applicant Demographic Data Form

Demographic information is collected for statistical purposes only. The information on this form is not part of your application for MEDPREP admission and will not be used to make admissions decisions.

Name and Contact Information

First Name

Middle Name

Last Name

Suffix

Email

Phone

I. Gender Identity

a. **Gender Identity** *(Answer this based on the gender with which you identify, which may or may not be the sex you were assigned at birth).*

If

If other please describe

b. **Pronouns** *Please select the set of pronouns you want people to use to refer to you*

If other please describe

II. Ethnic Self-Identification

Hispanic, Latino or of Spanish Origin Yes No

If YES/other, please describe your preferred ethnic self-identification

III. Racial Self-Identification (you may select more than one)

American Indian or Alaskan Tribal Nation Affiliation

Asian If other, please describe

Black or African American If other, please describe

Native Hawaiian or Other Pacific Islander

White

Other