

# Graduate School of Management Ethnic Data Form



Please complete this section accurately. This section will be retained in the graduate admission office and will not be sent to your department where the decisions on admissions are made.

The information on racial/ethnic status and sex is requested to meet the requirements of the United States Department of Education and assist Kent State University in its reporting. Institutions of higher education receiving federal assistance must report this information to the Department of Education. It will not be possible to complete your admission until this information is received.

\_\_\_\_\_  
Last Name First Name Middle Name

To which program are you applying?

- |  |   |
|--|---|
| <input type="checkbox"/> MBA                           | <input type="checkbox"/> M.A. in Economics  |
| <input type="checkbox"/> M.S. in Accounting            | <input type="checkbox"/> Special Non-Degree |
| <input type="checkbox"/> M.S. in Financial Engineering | <input type="checkbox"/> Transient          |
| <input type="checkbox"/> Ph.D.                         |   |

Race/Ethnic Data:

- |   |  |
|---|--|
| <input type="checkbox"/> African-American                   | <input type="checkbox"/> Native American       |
| <input type="checkbox"/> Hispanic American                  | <input type="checkbox"/> Caucasian American    |
| <input type="checkbox"/> Asian or Pacific Islander American | <input type="checkbox"/> Choose not to respond |

New federal guidelines require the collection of the following ethnic data:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Choose not to respond |
|---|---|--|

Citizenship Data:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Foreign Visa Holder | <input type="checkbox"/> Permanent Resident |
|---------------------------------------|--|---|

If you are a permanent resident, please indicate number and date on your Green Card:

\_\_\_\_\_ \*\*Also include a copy of both front and back of your Green Card.  
Number Date

Sex (please check one):  Male  Female

Last four digits of Social Security Number: **XXX – XX –** \_\_\_\_\_

Applicants with physical, psychological or learning disabilities who may require special assistance are urged to contact:

Office of Student Accessibility Services  
DeWeese Health Center, Ground Floor  
Kent, OH 44242-0001  
Phone: Voice/TTY 330-672-3391  
Fax: 330-672-3763

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