

**CARDIOVASCULAR TECHNOLOGY  
GROSSMONT COLLEGE**

**INITIAL STUDENT SURVEY**

*The information requested on this survey form is for statistical purposes only and will be held in strict confidence. The information you supply will be used to complete required state and federal reports, and may be used to apply for grants and/or scholarships. Please complete all sections of the form.*

**STUDENT IDENTIFICATION**

\_\_\_\_\_  
(Last Name) (First) (M.I.) (Student ID Number)

\_\_\_\_\_  
(Street Address/Apt. Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone Number) (Cell Phone Number)

\_\_\_\_\_  
(E-Mail Address)

City and State of residence prior to enrollment in the CVT Program at Grossmont College if different from above.

\_\_\_\_\_  
(City) (State)

**STATISTICAL INFORMATION**

**1. Age Group**

- \_\_\_\_\_ 18 - 25
- \_\_\_\_\_ 26 - 35
- \_\_\_\_\_ 36 - 45
- \_\_\_\_\_ 46 - 55
- \_\_\_\_\_ 55+
- \_\_\_\_\_ Not Reported

**2. Gender**

- \_\_\_\_\_ Male \_\_\_\_\_ Female

3. **Ethnicity - Check only one of the following:**

- Black (Not of Hispanic)
- White (Not of Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other/Unknown

4. **Marital Status**

- Married  Single

5. **Do you consider yourself a "head of household" in that you are directly responsible for the support of someone other than yourself?**

- Yes  No

6. **If the answer to #5 is yes, how many individuals are dependent upon you for their support?**

\_\_\_\_\_

7. **Previous Education** - Please check all categories which describe your previous educational achievement.

- High School/GED + Prerequisites for CVT
- Associate Degree - Emphasis: \_\_\_\_\_
- Bachelor's Degree - Emphasis: \_\_\_\_\_
- Master's Degree - Emphasis: \_\_\_\_\_
- Doctorate - Emphasis: \_\_\_\_\_

8. **Courses completed at Grossmont College** - Indicate courses completed at Grossmont College.

- Chemistry
- Anatomy
- Physiology
- English
- Math
- Electrocardiography (ROP/CTE)

9. **Travel Distance** - Please indicate the approximate mileage from your residence to the Grossmont College campus.

- \_\_\_\_\_ 0 - 10 Miles
- \_\_\_\_\_ 11 - 20 Miles
- \_\_\_\_\_ 21 - 30 Miles
- \_\_\_\_\_ 31 - 40 Miles
- \_\_\_\_\_ > 40 Miles

10. **Previous Allied Health employment/experience** - Please list the job title and approximate length of employment in any previous Allied Health Profession.

Profession: \_\_\_\_\_

Years Experience: \_\_\_\_\_

11. **How did you learn of the existence of the Cardiovascular Technology Program at Grossmont College?**

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**Thank you very much! The information you have provided will assist the College in preparing statistical reports, planning future academic programs, and applying for state and federal monies in the form of grants and scholarships.**