

The University of Iowa College of Nursing
Young Nurse Leader Program

Applicant Information:

Name: _____

Mailing Address: _____

Cell Phone #: _____

Email Address: _____

Anticipated Graduation Date (Month, Year): _____

Please attach a Signed Transcript release form to this application (to release your academic record to the YNL advisory committee).

Faculty Endorsement: This endorsement confirms this student's potential for clinical leadership in nursing.

_____ Date: _____

_____ Date: _____

Please email your application and attachments to:

Lindell Joseph (maria-joseph@uiowa.edu) and Dan Lose (daniel-lose@uiowa.edu)