

**The University of Iowa College of Nursing
Young Gerontological Nurse Clinician Program**

Applicant Information:

Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Campus Address: _____

Campus Phone: _____

Anticipated Graduation Date: _____

Hometown Newspaper: _____

To this application, please attach a Signed Transcript release form (to release your academic record to the YGNCP advisory committee).

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

_____ Date: _____

_____ Date: _____

Send or bring your application and attachments to:

Barbara Kyles RN, MBA YGNCP director

Room 376 College of Nursing Building

barbara-kyles@uiowa.edu

Application deadlines:

December 1 for spring enrollment in the YGNC Program

May 1 for fall enrollment in the YGNC Program