



**2026 NLN EDUCATION SUMMIT
DOCTORAL STUDENT INFORMATION FORM**

TO BE COMPLETED BY THE DOCTORAL STUDENT

Full Name: _____

School in which you are enrolled: _____

Please initial each of the following to indicate agreement:

_____ Yes, I am a fully matriculated doctoral student conducting research in nursing education.

_____ Yes, I commit to attending the entire 2026 NLN Education Summit (Wednesday, Sep. 23 - Friday, Sep. 25), beginning with concurrent session 1 on Wednesday, September 23 at 2:00 pm EDT.

_____ Yes, I am willing to help with special duties as appropriate throughout the general Summit. These are varied and short duties that do not interfere with full Summit participation (e.g., moderating sessions, handing out documents, directional assistance).

Yes, either I or my organization is an NLN member.

Doctoral Student Signature

Date

TO BE COMPLETED BY A FACULTY MEMBER

Please initial each of the following items to indicate your agreement with each statement:

_____ Yes, this is a fully matriculated doctoral student.

_____ Yes, this student has begun conducting research in nursing education.

Faculty Member Signature

Date

Name (Print): _____

Title: _____

Institution: _____

Email completed form to events@nlm.org