SMART Educational Work Plan

OMB No.
OMB approval expires

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2192a, Science, Mathematics, and Research for Transformation (SMART) Defense Education Program; 5 U.S.C. 3304, Competitive service examinations; 20 U.S.C. 17, National Defense Education Program; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSES: To record a SMART Participant's educational work plan as a prerequisite for funding.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. To academic institutions for the purpose of providing progress reports for applicants and participants; to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1966 (31 U.S.C. 3701(a)(3)). The purpose of this disclosure is to aid in the collection of outstanding debts owed to the Federal government, typically to provide an incentive for debtors to repay delinquent Federal government debts by making these debts part of their credit records;

Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries Disclosure Routine Use, Disclosure When Requesting Information Routine Use, Disclosure of Requested Information Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found Online at: http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx

The applicable Privacy Act System of Records Notice is DUSDA 14, Science, Mathematics, and Research for Transformation (SMART) Information Management System, found at http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570592/dusda-14.aspx

DISCLOSURE: Voluntary; however, failure to provide the requested information could result in SMART participant not being compliant with SMART policy and subject to possible dismissal.

Awardee Type:
- ☐ Retention
- ☐ Recruitment

Instruction: This Educational Work Plan (EWP) is a prerequisite to funding. Include all courses required for your funded degree, including all past, current, and future courses/research hours until degree completion. Transcripts, academic calendars and other substitutions are not accepted.

SECTION 1 – Awardee Information

Name (LAST, First, MI):	**Cohort Year:**
Phone:	**Email:**

SECTION 2 – Academic Information

Academic Institution:

Academic Calendar System: ☐ Semester   ☐ Quarter   ☐ Year Round

Advisor Name:	**Advisor Email:**
Date Degree Work Began:	**Degree Title (ex. Computer Science or Electrical Engineering):**

Degree Level Sought: ☐ BA   ☐ BS   ☐ BS/MS   ☐ MA   ☐ MS   ☐ PhD

Graduation Project Requirement: ☐ Dissertation   ☐ Thesis   ☐ Final Project/Report/Paper   ☐ No Project Required

Research/Project Title (if applicable):

Research/Project Summary (if applicable):

Transfer Credits Accepted by University, if applicable:

The 'Minimum Credits Hours Planned (per term)' must be equal to or greater than the 'Number of Credits Required for Full-Time Status (per term)' listed below.

Number of Credits Required for Full-Time Status (per term):	**Minimum Credit Hours Planned (per term):**

The 'Number of Credits Listed in this Plan' must be equal to or greater than the 'Total Credits Required for Degree' listed below.

Number of Credits Listed in this Plan:	**Total Credits Required for Degree:**
Degree Completion Date*:	**Degree Conferral Date**:**

Notes: *** Degree completion date** - date on which an individual completes all degree requirements. This generally occurs prior to degree conferral and is not set forth on official transcripts.

** Degree conferral date - date on which a degree is bestowed upon an individual. This is set forth on the official transcript reflecting the degree earned and may occur after degree completion.

By signing below I certify that the information contained in this Educational Work Plan is true and correct.

_____   _____

Participant Signature   **Date**

SMART Educational Work Plan, revised 2015

SECTION 3 – Course Listing

Section Instructions:

1.   List courses by term, using one table per term. Start and End Dates = Month and Year
2.   List all courses, past, present, and future through degree completion for the degree funded.
3.   Enter grades for courses already completed.
4.   Note when the summer internships will be completed, if applicable.
5.   For each course, indicate the appropriate requirement code as follows:
     R=Required/No Substitution Allowed   P=Prerequisite
     ED=Elective Necessary to Meet Degree Requirements   END = Elective NOT Necessary to Meet Degree Requirements

Term/Year:		Start Date:	End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:	End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:	End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:	End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:	End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

SSPP Initials: _____

SMART Educational Work Plan, revised 2015

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

SSPP Initials: _____

SMART Educational Work Plan, revised 2015

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**		**CREDIT HOURS**	**GRADE**

SSPP Initials: _____

SMART Educational Work Plan, revised 2015

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

Term/Year:		Start Date:		End Date:	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE

SSPP Initials: _____

SMART Educational Work Plan, revised 2015

Definitions:

Retention – Retention participants are individuals who are employed in a permanent civilian position by the sponsoring facility at the time of award.

Recruitment – Recruitment participants are individuals who are not employed in a permanent civilian position by the sponsoring facility at the time of award.

Cohort – A "cohort" refers to the group of the participants who received a SMART award in a particular year. For example, participants who received a SMART award in 2011 are part of the 2011 cohort.

Instructions: Please complete the Educational Work Plan (EWP) before answering the questions below. If a question does not apply to your situation, please mark "N/A" in the notes column.

SECTION 1 – Awardee Information

Name (LAST, First, MI):	Cohort Year:
Phone:	Email:

SECTION 2 – Scholarship Award Information

Answer Each Question			Notes
1. Does your degree level match your award information?	☐Yes	☐No	
2. Does your field of study match your award information?	☐Yes	☐No	
3. Does your degree completion date match your award information?	☐Yes	☐No	
4. Did you verify your degree conferral date with your school?	☐Yes	☐No	
5. Have you been admitted to, or are you enrolled in, the school listed on your award?	☐Yes	☐No	
6. Did you verify your school's academic calendar system (semester/quarter)?	☐Yes	☐No	
7. Do you understand your requirement to submit official transcripts within 30 days of the completion of each academic term?	☐Yes	☐No	

SECTION 3 – Detailed Degree Information

Answer Each Question			Notes
1. Is your degree title a Technology degree (i.e. EET or MET)?	☐Yes	☐No	
2. Is your degree title an Arts degree (i.e. BA or MA)?	☐Yes	☐No	
3. Is your degree primarily an online or distance learning degree?	☐Yes	☐No	
4. Are you completing a dissertation/thesis project?	☐Yes	☐No	
5. Have you discussed aligning your dissertation/thesis with sponsoring facility?	☐Yes	☐No	
6. How many summer internships are you attending?	_____		
7. How many years are you funded for your degree?	_____		
8. How many total years do you need to complete your degree (including internships)?	_____		
9. Did you confirm all transferred courses were accepted by your school and count towards your degree?	☐Yes	☐No	
10. Did consider prerequisites, scheduling sequences, and course availability when making your EWP?	☐Yes	☐No	
11. Does your EWP reflect full-time enrollment?	☐Yes	☐No	

Agency Disclosure Notice

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 OMB Control Number: 0704-0466. Respondents should be aware that notwithstanding any other provisions of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

SSPP Initials: _____

SMART Educational Work Plan, revised 2015