



# Phase 1 Annual Report

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.

**PRINCIPLE PURPOSE(S):** To track and project completion of degree requirements, project numbers of internships, project work start date, disclosures, and reports SMART Scholarship Program Participants achievements and activities.

**ROUTINE USES:** 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://dpclid.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://dpclid.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

**Instructions:** SMART Scholarship Program Participants (SSPPs) complete and submit a Phase 1 Annual Report no later than 1 June each award year during phase 1. The Phase 1 Annual Report tracks and projects completion of degree requirements, projects number of internships, projects work start date, discloses outside funding, discloses outside employment, discloses health insurance information, discloses study abroad activities, and reports SSPP achievements and activities. All information must be typed.

SECTION 1 – Updated Contact Information	
Name (LAST, First, MI):	Cohort Year:
Phone:	Email:
Sponsoring Service:	Sponsoring Facility (SF):

SECTION 2 – Academic Information	
Academic Institution:	
Academic Calendar System:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Year Round
Advisor Name:	Advisor Email:
Date Degree Work Began:	Degree Title (ex. Computer Science or Electrical Engineering):
Degree Level Sought:	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD
Graduation Project Requirement: Required	<input type="checkbox"/> Dissertation <input type="checkbox"/> Thesis <input type="checkbox"/> Final Project/Report/Paper <input type="checkbox"/> No Project
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 Annual Report is true and correct. A participant's Phase 1 Annual Report may change during the course of study.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



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
6. The final Phase 1 Annual Report does not require an advisor's signature.

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

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

Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



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

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

Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



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

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Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



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

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Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



SECTION 4 – Health Insurance Information	
Did you purchase health insurance for this award year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance Source:	<input type="checkbox"/> Academic Institution <input type="checkbox"/> Private/Other
Was SMART funding sufficient to cover the insurance cost?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please state the cost of your health insurance for this award year.	

SECTION 5 – Employment Information	
Did you accept employment this award year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the employment with your SF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name:	
Employer Address and Phone:	
Number of Hours per Week:	Dates of Employment:
Description of employment position(s), duties, and reasons employment was accepted:	
Description of employment position and duties:	Description of why employment was accepted:

Is the employment with your SF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name:	
Employer Address and Phone:	
Number of Hours per Week:	Dates of Employment:
Description of employment position(s), duties, and reasons employment was accepted:	
Description of employment position and duties:	Description of why employment was accepted:

Is the employment with your SF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name:	
Employer Address and Phone:	
Number of Hours per Week:	Dates of Employment:
Description of employment position(s), duties, and reasons employment was accepted:	
Description of employment position and duties:	Description of why employment was accepted:

SECTION 6 – Outside Funding Information	
Did you accept funding outside of the SMART program this award year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Funding Source:	
Funding Amount Received:	Frequency of Funding (per term/per year):
Description of why outside funding was accepted:	

Funding Source:	
Funding Amount Received:	Frequency of Funding (per term/per year):
Description of why outside funding was accepted:	



<b>Funding Source:</b>	
<b>Funding Amount Received:</b>	<b>Frequency of Funding (per term/per year):</b>
Description of why outside funding was accepted:	

**SECTION 7 – Academic Interest**

Provide a one-line synopsis of your topic of academic interest: (ex: Computer Science with an emphasis on artificial intelligence and cognitive science)

Summarize the reason for your pursuit of the above topic of interest: (provide answer in paragraph form using a maximum of 1200 characters/approximately 200 words)

**SECTION 8 – Professional and Academic Goals**

Discuss how your academic and professional goals relate to the mission of your SF. If you are a graduate level participant and your thesis/dissertation research is aligned with the work being done at your SF, please discuss: (provide answer in paragraph form using a maximum of 1200 characters/approximately 200 words)

Discuss how SMART is helping you achieve your academic and professional goals: (provide answer in paragraph form using a maximum of 1200 characters/approximately 200 words)

**SECTION 9 – Foreign Travel**

Did you participate in any foreign travel this past year?  YES  NO

Location of Foreign Travel:

Dates of foreign travel \_\_\_\_\_ Date of Return: \_\_\_\_\_

Did you participate in a study abroad program this award year?  YES  NO

Location of Study-Abroad Program:

Dates of Study-Abroad Program: \_\_\_\_\_ Academic Credits Earned from Study-Abroad Program: \_\_\_\_\_

Description of why the study-abroad is beneficial to your degree pursuit:



**SECTION 10 – Accomplishments**

**Section Instructions:** List accomplishments you have achieved during this award year.

<b>Accomplishment Title:</b>	<b>Date:</b>
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Type of Accomplishment:  Community Service  Honors/Recognition  Patent  Presentation  Publication  Research  Other

**Summary of Accomplishment:**

<b>Accomplishment Title:</b>	<b>Date:</b>
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Type of Accomplishment:  Community Service  Honors/Recognition  Patent  Presentation  Publication  Research  Other

**Summary of Accomplishment:**

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<b>Accomplishment Title:</b>	<b>Date:</b>
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Type of Accomplishment:  Community Service  Honors/Recognition  Patent  Presentation  Publication  Research  Other

**Summary of Accomplishment:**

**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.