



# Internship Report for Recruitment Participants

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 record a SMART Participant’s internship experience within 14 days of the conclusion of the internship.

**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.

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<http://dpcl.d.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://dpcl.d.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.

**Instructions:** All multi-year recruitment participants who completed an internship must complete and submit an Internship Report no later than 14 days of the conclusion of the internship.

| SECTION 1 – Participant Information |                           |
|-------------------------------------|---------------------------|
| Name (LAST, First, MI):             | Cohort Year:              |
| Phone:                              | Email:                    |
| Sponsoring Service:                 | Sponsoring Facility (SF): |
| Supervisor Name:                    | Supervisor Email:         |
| Mentor Name:                        | Mentor Email:             |
| Internship Start Date:              | Internship End Date:      |

Please type answers in paragraph form using a maximum of 1200 characters/approximately 200 words.

| SECTION 2 – Internship Structure and Work Performed   |
|---|
| In what ways was your SF prepared for your internship?  |
| Summarize the general work you performed on your own and with your mentor/supervisor during the internship. |
| When you begin working for your SF, how will your duties be different from your internship duties?          |



**SECTION 3 – Ability to Apply Knowledge and Skills**

What skills or knowledge from your field of study were utilized during your internship?

In what ways were your professional skills expanded during your internship?

**SECTION 4– Internship Support Payments and Overall Experience**

How sufficient were the internship support payments in supporting your ability to attend the internship?

Describe one aspect of your internship you would change.

Describe your favorite moment or aspect of your internship.

**SECTION 5 – Follow Up**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Would you like your Cohort Administrator (CA) to contact you about any issues/comments/concerns regarding your internship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Agency Disclosure Notice

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