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Ρ	ha	se	1	Anr	ıual	l Re	port
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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://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		in SMART participant not being compliant with SMART policy and subject to possible dismissal.
The Phase 1 Annual Report tracks and projects completi	ion of degree require	bmit a Phase 1 Annual Report no later than 1 June each award year during phase 1. ments, projects number of internships, projects work start date, discloses outside discloses study abroad activities, and reports SSPP achievements and activities. All
SECTION 1 – Updated Contact Information		
Name (LAST, First, MI):	(Cohort Year:
Phone:	E	Email:
Sponsoring Service:	S	Sponsoring Facility (SF):
SECTION 2 – Academic Information		
Academic Institution:		
Academic Calendar System: Semester	Quarter Y	ear Round
Advisor Name:	Δ.	Advisor Email:
Date Degree Work Began:	C	Degree Title (ex. Computer Science or Electrical Engineering):
Degree Level Sought: BA BS	S BS/M	S MA MS PhD
Graduation Project Requirement: Di Required	issertation	Thesis ☐ Final Project/Report/Paper ☐ No Project
Research/Project Title (if applicable):		
Research/Project Summary (if applicable):		
Transfer Credits <u>Accepted</u> by University (if applica	ble):	
The 'Minimum Credits Hours Planned (per term)		or greater than the 'Number of Credits Required for Full-Time Status (per sted 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' i	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**:
** Degree conferral date - date on which a degree is bestowed upon a	an individual. This is set forth	generally occurs prior to degree conferral and is not set forth on official transcripts. on the official transcript reflecting the degree earned and may occur after degree completion. is true and correct. A participant's Phase 1 Annual Report may change during the
Participant Signature Dat	te Adv	visor's Signature Date



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SECTION 3 – Course Listing

Section Instructions:

- List courses by term, using one table per term. Start and End Dates = Month and Year 1.
- List all courses, past, present, and future through degree completion for the degree funded. 2.
- 3.
- Enter grades for courses already completed.

 Topinships will be completed, if applicable.

4. 5.	For each course, indicate the					
	R=Required/No Substitution		P=Prereguisite	9		
	ED=Elective Necessary to M		s END = Elective	NOT Necessary to	Meet Degree Re	quirements
6.	The final Phase 1 Annual Re	port does not require an	advisor's signature.			
Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE	•	CREDIT	GRADE
CODE					HOURS	
Term/Year:		Start Date:		End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.		COURSE TITLE		CREDIT HOURS	GRADE
Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
CODE					HOURS	
				_	l .	I
Term/Year:		Start Date:		End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.		COURSE TITLE		CREDIT HOURS	GRADE
Ta (Va a		Chart Data:		Ford Date:		
Term/Year: REQUIREMENT	DEPT/COURSE NO.	Start Date:	COURSE TITLE	End Date:	CREDIT	GRADE
CODE	DEPT/COURSE NO.		COURSE TITLE		HOURS	GRADE
				·		
Participant Name	2		,	Advisor Initials:		

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Term/Year:		Start Date:		End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.		COURSE TITLE		CREDIT HOURS	GRADE
CODE					1100113	
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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	DEPT/COURSE NO.	Start Date.	COURSE TITLE	Eliu Date.	CREDIT	GRADE
CODE	DEI I/COOKSE NO.		COOKSE TITLE		HOURS	GIADE
Term/Year:		Start Date:		End Date:		
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		+				1
Term/Year:		Start Date:		End Date:		
REQUIREMENT CODE	DEPT/COURSE NO.		COURSE TITLE		CREDIT HOURS	GRADE
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l		1			1	1
Participant Nam	e		A	Advisor Initials: _		



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Term/Year:		Start Date:		End Date:	End Data:		
REQUIREMENT	DEPT/COURSE NO.	Start Date.	COURSE TITLE	Liid Date.	CREDIT	GRADE	
CODE	21. 1, COORDE 110.		COUNTE TITLE		HOURS	CIUIDE	
Term/Year:		Start Date:		End Date:			
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE	
CODE					HOURS		
					+		
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Term/Year:		Start Date:		End Date:			
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE	
CODE					HOURS		
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		T		1			
Term/Year:	2527/221/2257112	Start Date:		End Date:		20105	
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE	
CODE					HOURS		
Term/Year:		Start Date:		End Date:			
REQUIREMENT	DEPT/COURSE NO.	Start Date.	COURSE TITLE	Liiu Date.	CREDIT	GRADE	
CODE	DE. 17 COOKSE 110.		COUNTY TITLE		HOURS	GIU IDE	
			·				
					+ +		
Term/Year:		Start Date:		End Date:			
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE	
CODE					HOURS		
					+		
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					+		
Participant Name	e		A	Advisor Initials: _			



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Town Moore			e: End Date:			
Term/Year:	DEDT/COLUDE NO	Start Date:	COLUDER TITLE	End Date:	CDEDIT	CDADE
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
CODE					HOURS	
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Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
CODE					HOURS	
Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
CODE	,				HOURS	
Term/Year:		Start Date:		End Date:		
	DERT/COURSE NO	Start Date.	COLUDES TITLE	Ellu Date.	CDEDIT	CDADE
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
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Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
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Term/Year:		Start Date:		End Date:		
REQUIREMENT	DEPT/COURSE NO.		COURSE TITLE		CREDIT	GRADE
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SECTION 4 – Health Insurance Information			
Did you purchase health insurance for this award year?	YES NO		
Insurance Source: Academic Institution Private	e/Other		
Was SMART funding sufficient to cover the insurance cost?	YES NO		
Please state the cost of your health insurance for this award year.			
SECTION 5 – Employment Information			
Did you accept employment this award year? YES	□NO		
Is the employment with your SF? YES NO			
Employer Name:			
Employer Address and Phone:			
Number of Hours per Week:	Dates of Employment:		
Description of employment position(s), duties, and reasons emplo			
Description of employment position and duties:	Description of why employment was accepted:		
bescription of employment position and address.	bescription of why employment was accepted.		
Is the employment with your SF? YES NO			
Employer Name:			
Employer Address and Phone:			
Number of Hours per Week:	Dates of Employment:		
Description of employment position(s), duties, and reasons emplo	yment was accepted:		
Description of employment position and duties:	Description of why employment was accepted:		
Is the employment with your SF? YES NO			
Employer Name:			
Employer Address and Phone:			
Number of Hours per Week:	Dates of Employment:		
Description of employment position(s), duties, and reasons emplo	l · ·		
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? YES NO		
Funding Source:			
Funding Amount Received:	Frequency of Funding (per term/per year):		
Description of why outside funding was accepted:	requests or analing (per term) per year).		
best-phon of they outside randing was accepted.			
Funding Source:			
Funding Amount Received:	Frequency of Funding (per term/per year):		
Description of why outside funding was accepted:	1 - 1/2 - Other or The Lead.		



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Funding Source:
Funding Amount Received: Frequency of Funding (per term/per year): Description of why outside funding was accepted:
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)
characters/approximatery 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)
The state of the s
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)
CECTION O. Farraign Turned
SECTION 9 – Foreign Travel
Did you participate in any foreign travel this past year?
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:
2001. priori or mity and order to your degree partons.



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SECTION 10 – Accomplishments	
Section Instructions: List accomplishments you have achieved during this award year.	
Accomplishment Title:	Date:
Type of Accomplishment: Community Service Honors/Recognition Patent Present	ation Publication Research Other
Summary of Accomplishment:	
Accomplishment Title:	Date:
Type of Accomplishment: Community Service Honors/Recognition Patent Present	ation Publication Research Other
Summary of Accomplishment:	
Accomplishment Title:	Date:
Type of Accomplishment: Community Service Honors/Recognition Patent Present	ation Publication Research Other
Summary of Accomplishment:	
Accomplishment Title:	Date:
Type of Accomplishment: Community Service Honors/Recognition Patent Present	ation Publication Research Other
Summary of Accomplishment:	
Accomplishment Title:	Date:
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Type of Accomplishment: Community Service Honors/Recognition Patent Present	ation Publication Research Other
Summary of Accomplishment:	
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, Dir