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## **Recruitment Internship Request**

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.

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: <a href="http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx">http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx</a>

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

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

**INSTRUCTION:** All multi-year participants complete internships with their sponsoring facility (SF) each year the award crosses a summer period. Internships are between 8 and 12 weeks unless the SF requests a different length. Participants work with their SF to coordinate internship start and end dates that are agreeable to the SF. Additional information can be found in the Participant Handbook.

the Participant Handbook.					
SECTION 1 – Participant Information					
Name (LAST, First, MI):	Cohort Year:				
Phone:	Email:				
Degree Level Funded by SMART:  BS BS/MS MS PhD	Field of Study:				
Degree Completion Date:	Degree Conferral Date:				
SECTION 2 – Internship Information					
Sponsoring Facility:					
First Day at Sponsoring Facility:	Last Day at Sponsoring Facility:				
Facility POC Name:	Facility POC Phone:				
Facility POC Email:					
Do You Anticipate Internship-Related Travel Within Your Internship Period? Yes No					
If yes, please list the dates and destinations.					
Note: * – Travel during the internship is the financial responsibility of the SF.					
	SECTION 3 – Location Information				
Academic Address Line 1:					
Academic Address Line 2:					
Academic Address Line 2: City/State:	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility:	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1:	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility:	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1:	Zip Code:  Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1: Sponsoring Facility Address Line 2: City/State:	•				
Academic Address Line 2:  City/State:  Sponsoring Facility:  Sponsoring Facility Address Line 1:  Sponsoring Facility Address Line 2:  City/State:  SECTION 4 – Academic Information	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1: Sponsoring Facility Address Line 2: City/State:  SECTION 4 – Academic Information Are you currently on Academic Probation?	Zip Code:				
Academic Address Line 2:  City/State:  Sponsoring Facility:  Sponsoring Facility Address Line 1:  Sponsoring Facility Address Line 2:  City/State:  SECTION 4 – Academic Information	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1: Sponsoring Facility Address Line 2: City/State:  SECTION 4 – Academic Information Are you currently on Academic Probation? Do you anticipate that your cumulative GPA will be below 3.0?	Zip Code:				
Academic Address Line 2: City/State: Sponsoring Facility: Sponsoring Facility Address Line 1: Sponsoring Facility Address Line 2: City/State:  SECTION 4 – Academic Information Are you currently on Academic Probation?	Zip Code:				

Note: \* - The Security Manager Office (SMO) code is a unique identifier for your SF in JPAS. This code is required in order to provide your SF verification of your security clearance and need for access during your internship. To obtain your SF's code and contact information for their security manager, please ask your mentor or facility POC. Your Internship Request is incomplete without this information.

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SECTION 6 – Statement of Understanding				
By signing below I certify that all information prov	vided is true and accura	te to the best of my knowledge.		
Please initial:				
I have attached an email from my	mentor/supervisor/fa	cility POC confirming the dates of my inter	nship.	
I understand that if my cumulative GPA falls below 3.0 after this request is processed, but before I travel, I must notify The SMART Program immediately.				
I understand that if I receive Internship Support Payments and then do not perform my internship, I may be responsible for repaying all Internship Support Payments expended on my behalf.				
Participant Signature:			Date:	
DO NOT WRIT	E BELOW THIS DOTTED	LINE / SMART SCHOLARSHIP PROGAM USE	ONLY	
SECTION 7 – CA Additional Information/Remarks				
SECTION 8 – SMART Program Review				
☐ Verified clearance status ☐ 0	Cleared	Not cleared		
CA action needed				
☐ Verified academic standing ☐ C	GPA above 3.0	GPA below 3.0		
CA action needed	_			
☐ Verified distance between academic address and SF				
☐ Eligible for ISP ☐ Not eligible for ISP				
☐ Verified cohort specific ISP Amount \$ per week				
Termed concresponne for various y	per neek			
Number of Weeks:		Total Amount of ISP funding:		
Payment Date:				
Internship Report Due Date:				
Cohort Administrator Name:	Cohort Administrator	Signature	Date	
Conort Administrator Name:	Conort Auministrator	Signature.	Date:	

Agency Disclosure Notice

The public reporting burden for this collection of information is estimated to average 1 hour 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.