



SCIENCE, MATHEMATICS, AND RESEARCH FOR TRANSFORMATION (SMART) SERVICE AGREEMENT AMENDMENT 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 service agreement amendment for an individual receiving a SMART scholarship.

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 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://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 and subject to possible dismissal.

Instructions - SMART Scholarship Program Participants (SPPs) requesting to amend an existing SMART Service Agreement must submit this request. Changes approved pursuant to this Service Agreement Amendment Request modify only the specific terms of the SMART Service Agreement amended.

SECTION 1 - SMART SCHOLARSHIP PROGRAM PARTICIPANT AWARD INFORMATION

Form with fields: Name (LAST, First, MI), Cohort Year, Phone, Email, Awardee Type (Recruitment/Retention), Sponsoring Service, Sponsoring Facility, Location (city/state), Degree Level Funded by SMART (B.S./M.S./Ph.D.), Field of Study, Academic Institution, 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.

SECTION 2 - TYPE OF AMENDMENT (X one) See following pages for instructions and required documentation.

Form with checkboxes for: Academic Institution, Additional Enrollment, Additional Tuition, Award Length Decrease, Award Length Increase, Award Type, Deferral of Phase 2, Degree Level, Field of Study, Full Time Enrollment, Internship, Leave of Absence, Outside Employment, Sponsoring Facility, Stipend Rate Increase, Withdrawal, Other (descriptive term).

SECTION 3 - REQUEST DETAILS (For ALC, complete Revised Degree Completion/Conferral Dates)

Form with fields: Revised Degree Completion Date, Revised Degree Conferral Date.

SECTION 4 - COMPLIANCE - (initial next to each)

Text area for compliance statement: I understand that, if denied, I must comply with the SMART Service Agreement as granted. I understand that, if denied or if I default on any term or condition of this Service Agreement Amendment, I may be dismissed from the program and may be responsible for the prompt refund of all federal funds expended under my award including all stipends, tuition, approved related educational fees, health insurance allowances, book allowances, internship support payments, and any other financial assistance provided by the United States under my award, plus interest on that amount from the date of the award at the prescribed rate under Section 3717 of Title 31, penalties and all other amounts associated with collection. I understand that if I fail to make a prompt refund, the United States may collect such amounts as indebtedness to the United States.

SECTION 5 - CERTIFICATION BY SMART SCHOLARSHIP PROGRAM PARTICIPANT

In signing my SMART Service Agreement Amendment, I certify that all information is true and accurate to the best of my knowledge. I have attached/completed additional requests and/or supporting documentation, as applicable. I understand that approval of my Service Agreement Amendment Request is determined on a case-by-case basis and at the discretion of the SMART Scholarship Program. I certify that I understand that any approved award length increase incurs an additional commensurate service commitment. I certify that I have read and understand the conditions, terms, and requirements of this Service Agreement Amendment and that I will comply with them.

Form with fields: NAME (Last, First, Middle), SIGNATURE, DATE SIGNED (MMDDYYYY)



-----DO NOT WRITE BELOW THIS DOTTED LINE / SMART SCHOLARSHIP PROGRAM USE ONLY-----

SECTION 6 – SMART SCHOLARSHIP PROGRAM REVIEW				
SMART Participant ID number:				
Service Liaison Verification:	<input type="checkbox"/> N/A	<input type="checkbox"/> Attached	<input type="checkbox"/> SF supports	<input type="checkbox"/> SF does not support
Is there a change in award cost associated with this request?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Increase in cost		Amount:
		<input type="checkbox"/> Yes: Decrease in cost		
Cohort Administrator Name:				Date processed:
SMART Program Decision:	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Funding Approved	<input type="checkbox"/> Request Denied	<input type="checkbox"/> ACKNOWLEDGED (FOR WITHDRAWAL ONLY)
		<input type="checkbox"/> Funding Denied		
NAME (Last, First, Title)		SIGNATURE		DATE SIGNED (MMDDYYYY)



Instruction to the SMART Scholarship Program Participant (SSPP):

Instructions for requests to amend the SMART Service Agreement (SSA) are detailed in the chart below. The SAAR is incomplete without the required documentation.

Amendment Request	Instruction	Required Documentation
<input type="checkbox"/> Academic Institution	SSPPs who request to change their awarded Academic Institution or whose Sponsoring Facilities request them to change.	<ol style="list-style-type: none"> Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change; Documentation that the new institution accepts you into the program; and Submit a Revised Degree Completion Plan.
<input type="checkbox"/> Additional Enrollment	<p>Applies to:</p> <ol style="list-style-type: none"> Year-round enrollment and/or completion of coursework required by program/institution. Required coursework during summer or winter terms without tuition. Elective coursework during summer or winter terms without tuition. 	<ol style="list-style-type: none"> If the coursework and/or enrollment is required for degree completion, and cannot be taken another time, provide a letter on official university letterhead from your research advisor, academic advisor, or appropriate dean of the academic institution confirming the need; If the course can be taken during the Fall/Spring term, provide written statement explaining the extenuating circumstances for this request; and Documentation verifying there is no cost associated with this request.
<input type="checkbox"/> Additional Tuition	<p>Applies to:</p> <ol style="list-style-type: none"> Year-round enrollment and/or completion of coursework required by program/institution. Required coursework during summer or winter terms. Elective coursework during summer or winter terms. 	<ol style="list-style-type: none"> If the coursework and/or enrollment is required for degree completion, and cannot be taken another time, provide a letter on official university letterhead from your research advisor, academic advisor, or appropriate dean of the academic institution confirming the need; If the course can be taken during the Fall/Spring term, provide written statement explaining the extenuating circumstances for this request; and Include documentation of the cost associated with this request.
<input type="checkbox"/> Award Length Decrease	SSPPs who request to decrease their award length are recommended to do so one term prior to the proposed degree completion date.	<ol style="list-style-type: none"> Letter on official letterhead from a research advisor, academic advisor, or appropriate dean of your academic institution: <ol style="list-style-type: none"> Confirming the new date which you will have completed all educational requirements for your degree completion. Confirmation of a new conferral date; Signed personal statement detailing the circumstances causing the decrease in degree completion and confirmation that you have discussed the need for the change with the SF; and Submit the Revised Degree Completion Plan.
<input type="checkbox"/> Award Length Increase	SSPPs who request to increase their award length are recommended to do so one term prior to the original degree completion date.	<ol style="list-style-type: none"> Letter on official letterhead from a research advisor, academic advisor, or appropriate dean of your academic institution confirming: <ol style="list-style-type: none"> Extenuating circumstance that caused the delay in degree completion including dates and steps taken to mitigate risks; Steps remaining prior to degree completion and when those milestones will be met; and confirmation that you are capable of completing the degree in accordance with the proposed award length change. Signed personal statement detailing: <ol style="list-style-type: none"> Extenuating circumstances causing the delay in degree completion, including dates; Steps taken to mitigate risks and/or manage the issue causing the delay; Steps remaining prior to degree completion; Confirmation that you have discussed the need for the change with the SF; and Confirmation if outside funding sources are assisting in funding the remainder of the degree. Submit the Revised Degree Completion Plan.
<input type="checkbox"/> Award Type	<p>Applies to:</p> <p>SSPPs who are directed to change their program status from Recruitment to Retention or Retention to Recruitment.</p>	<ol style="list-style-type: none"> Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change;



		<ol style="list-style-type: none"> 2. Statement of support from sponsoring facility, confirming the need for the change; and 3. If changing from RC to RT, SF confirms the ability to accept a MIPR, disburse SMART funds to the participant, and understands the processes associated with a RT participant.
<input type="checkbox"/> Deferral of Phase 2	SSPPs requesting to defer completion of the service commitment in order to pursue a degree outside of the SMART program.	<ol style="list-style-type: none"> 1. Signed personal statement: <ol style="list-style-type: none"> a. Detailing the extenuating circumstances of the request, including timelines for the deferral period and confirmation that all other aspects of the award will not change; b. Confirming the understanding that transcripts are due to the SPO and the facility at the close of each academic term and that a Revised Degree Completion Plan is due at the start of each academic year during the deferral; and c. Confirmation that you have discussed the need for the change with the SF; 2. Statement of support from sponsoring facility confirming the change will not impact the ability to hire the participant upon completion of the deferral period; and 3. Submit Draft Educational Work Plan.
<input type="checkbox"/> Degree Level	SSPPs requesting to change their degree level from PhD to MS or MS to BS when part of a dual degree program.	<ol style="list-style-type: none"> 1. Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change; and 2. Statement of support from sponsoring facility, confirming the need for the change.
<input type="checkbox"/> Field of Study	SSPPs requesting to change their field of study.	<ol style="list-style-type: none"> 1. Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change; and 2. Statement of support from sponsoring facility, confirming the need for the change.
<input type="checkbox"/> Full Time Enrollment	SSPPs who request to waive the Full Time Enrollment policy for one (1) academic term.	<ol style="list-style-type: none"> 1. Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change and confirmation that the request only applies to one term; and 2. Attach confirmation on official letterhead from the academic advisor confirming you will still complete your degree as awarded if enrollment is decreased.
<input type="checkbox"/> Internship	<u>Waiver Request:</u> Requests for a waiver are considered for a single internship period at a time. A waiver of the internship requirement does not reduce the length of a SSPP's service commitment.	<ol style="list-style-type: none"> 1. Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change; and 2. Statement of support from sponsoring facility, confirming the internship period is approved to be waived or alternatively timed.
	<u>Alternative Internship Timing:</u> Requests for an off-cycle internship are considered for a single internship period at a time.	
<input type="checkbox"/> Leave of Absence	LOAs that require an absence from school: <ol style="list-style-type: none"> 1. Personal or family medical 2. Military activation 	<ol style="list-style-type: none"> 1. Attach confirmation on official letterhead that the academic institution : <ol style="list-style-type: none"> a. Approves your requested leave of absence and that the institution will allow you to re-enroll after the leave is complete (if applicable); and b. Confirming your degree completion and conferral dates.
	LOAs that do not require an absence from school: <ol style="list-style-type: none"> 1. Award Length Change Request denial (if directed) 2. Past 5 year funding cap 	<ol style="list-style-type: none"> 1. Signed personal statement: <ol style="list-style-type: none"> a. Submit transcripts at the close of each term; b. Submit the Annual Report each June until the period of leave is complete; and 2. Submit a Revised Degree Completion Plan.
<input type="checkbox"/> Outside Employment	SSPPs who request to waive the Outside Employment policy.	Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change.
<input type="checkbox"/> Sponsoring Facility	SFs who wish to re-assign a SSPP or SSPPs who lose sponsorship of their SF for reasons that would not warrant	<ol style="list-style-type: none"> 1. Signed personal statement detailing the circumstances of the request, including confirmation



	dismissal.	that all other aspects of the award will not change.
<input type="checkbox"/> Stipend Rate Increase	<p><u>Cohorts 2008-2011</u> may request an increase in the stipend rate for additional qualifications earned in the form of a conferred STEM degree funded by SMART or by passing qualifying examinations or equivalent requirements for acceptance as a permanent Ph.D. candidate.</p> <p><u>Cohorts 2012 forward</u> may request an increase in the stipend rate for additional qualifications earned in the form of a conferred STEM degree funded by SMART.</p>	<p><u>Cohorts 2008-2011</u> submit documentation from your academic institution confirming conferral of STEM degree funded by SMART or confirmation that by passing qualifying examinations or equivalent requirements for acceptance as a permanent Ph.D. candidate.</p> <p><u>Cohorts 2012 forward</u> submit documentation from your academic institution confirming the conferral of the STEM degree funded by SMART.</p>
<input type="checkbox"/> Withdrawal	SSPPs notify the SMART Program prior to withdrawal.	Brief statement in Section 3 is requested. No additional documentation is required.
<input type="checkbox"/> Other	SSPPs that have general requests not specifically outlined above.	<ol style="list-style-type: none"> Signed personal statement detailing the circumstances of the request, including confirmation that all other aspects of the award will not change; and Any applicable documentation.

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.