

**Science, Mathematics, and Research for Transformation (SMART) Scholarship  
Educational Work Plan**

OMB NO. 0704-0466  
OMB approval expires  
YYYYMMDD

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 4093, Science, Mathematics, and Research for Transformation (SMART) Defense Education Program; 10 U.S.C. 133a, Under Secretary of Defense for Research and Engineering; DoD Directive 5137.02, Under Secretary of Defense for Research and Engineering (USD(R&E)); DoD Instruction 1025.09, Science, Mathematics, and Research for Transformation Defense Education Program.

**PURPOSE:** To record a SMART awardee's educational work plan as a prerequisite for funding.

**ROUTINE USES:** While the information requested on this form is primarily intended to be used internally, in certain circumstances it may be necessary to disclose this information externally, pursuant to 5 U.S.C. 552a(b)(3), including: to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal Government when necessary to accomplish an agency function, or, to academic institutions for the purposes of providing progress reports for applicants and participants. A complete list of routine uses may be found in the applicable Privacy Act System of Records Notice, DUSDA 14, Science, Mathematics, and Research for Transformation (SMART) Information management System, found at <https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=K02ZkLWhxB3QCZoRTEIMFA%3d%3d>

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in SMART scholar being non-compliant with SMART policy, and subject to possible dismissal.

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, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil). 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.

**Award Type:**  Recruitment  Retention

Retention - Retention scholars are individuals who are employed in a full-time permanent or renewable term civilian position by the sponsoring facility at the time of award.

Recruitment - Recruitment scholars are individuals who are not employed in a full-time permanent or renewable term civilian position by the sponsoring facility at the time of award.

Cohort - A "cohort" refers to the group of the participants who received a SMART award in a particular year. For example, participants who received a SMART award in 2021 are part of the 2021 cohort.

**INSTRUCTIONS:** This Educational Work Plan (EWP) is a prerequisite to funding. Include all courses for your funded degree, including all past, current, and future courses/research hours until degree completion. Transcripts, academic calendars, and other substitutions are not accepted.

**SECTION 1 – Awardee Information**

**Name** (Last, First, Middle Initial):

**Cohort Year:**

**Phone:**

**Email:**

**SECTION 2 – Academic Information**

**Academic Institution:**

**Academic Calendar System:**  Semester  Quarter  Year-Round

**Advisor Name:**

**Advisor Email:**

**Date Degree Work Began** (YYYYMMDD):

**Field of Study** (ex. Computer Science, Electrical Engineering, etc.)

**Approved Degree Level to be Pursued:**  BS  BS/MS  MS  PhD

**Graduation Project** (Response Required):  Dissertation  Thesis  Final Project/Report/Paper  No Project Required

**Research/Project Title** (if applicable):

N/A  TBD

**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 (YYYYMMDD):*	Degree Conferral Date (YYYYMMDD):**

**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 Educational Work Plan is true and correct.**

Awardee Name:	
Awardee Signature:	Date (YYYYMMDD):

**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. Recruitment Awardees: Note when each summer internship will be completed.
5. For each course, indicate the appropriate requirement code as follows:

R=Required/No Substitution Allowed  
ED=Elective Necessary to Meet Degree Requirements

P=Prerequisite  
END = Elective NOT Necessary to Meet Degree Requirements

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

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

Awardee Initials: \_\_\_\_\_

Term/Year:		Start Date (YYYYMMDD):		End Date (YYYYMMDD):	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE
Term/Year:		Start Date (YYYYMMDD):		End Date (YYYYMMDD):	
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Awardee Initials: _____					

Term/Year:		Start Date (YYYYMMDD):		End Date (YYYYMMDD):	
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Awardee Initials: _____					

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

Awardee Initials: \_\_\_\_\_

Term/Year:		Start Date (YYYYMMDD):		End Date (YYYYMMDD):	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE
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Term/Year:		Start Date (YYYYMMDD):		End Date (YYYYMMDD):	
REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE		CREDIT HOURS	GRADE
Awardee Initials: _____					

**SECTION 4 – Scholarship Award Information**

Answer Each Question		Notes
1. Does - the degree level that you are pursuing match your award information, per your Service Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your field of study match your award information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does your degree completion date match your award information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did you verify your degree conferral date with your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you been admitted to, or are you enrolled in, the school listed on your award?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you verify your school's academic calendar system ( <i>semester/quarter</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you understand your requirement to submit official transcripts within 30 days of the completion of each academic term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 5 – Detailed Degree Information**

Answer Each Question		Notes
1. Is your degree title a Technology degree ( <i>i.e., Electrical Engineering Technology or Mechanical Engineering Technology</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is your degree title an Arts degree ( <i>i.e., BA or MA</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is your degree primarily an online or distance learning degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you completing a dissertation/thesis project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you discussed aligning your dissertation/thesis with sponsoring facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How many SMART summer internships are you attending?		
7. How many years are you funded for your degree?		
8. Are all of your planned SMART internships detailed above in Section 3 ( <i>Course Listing</i> ) of this document?	<input type="checkbox"/> Yes	
9. How many remaining years do you need to complete your degree ( <i>including SMART internships</i> )?		
10. Does your answer to number 9 match the years listed in number 7 and on your approved Service Agreement? ( <i>If no, please contact your Scholar Coordinator to discuss an award adjustment</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did you confirm all transferred courses were accepted by your school and count towards your degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Did you consider prerequisites, scheduling sequences, and course availability when making your EWP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does your EWP reflect full-time enrollment for all terms, as required by SMART Program policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Awardee Initials:** \_\_\_\_\_