## Science, Mathematics, and Research for Transformation (SMART) Scholarship Revised Degree Completion Plan

OMB NO. 0704-0466 OMB approval expires 20251231

## 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 revisions to a SMART Scholar's degree completion plan.

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 <a href="https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=KO2ZkLWhxB3QCZoRTEIMFA%3d%3d">https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=KO2ZkLWhxB3QCZoRTEIMFA%3d%3d</a>

**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 one 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 <a href="mailto:whs.mbc.alex.esd.mbx.dd-dod-informationcollections@mail.mil">whs.mbc.alex.esd.mbx.dd-dod-informationcollections@mail.mil</a>. 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.

| INSTRUCTION: SMART scholars submit a Revised Degree provide a more detailed timeline for degree completion. Cor  | completion Plan to accompany                                  | y a SMART Service Agreement Amendment Request in order to the instructions, as applicable.  |  |  |  |
|--|---|---|--|--|--|
| SECTION 1 – Recruitment Awardee Information  |   |   |  |  |  |
| Instructions: Graduate and Undergraduate level scholars rec  | questing an Award Length Char                                 | nge (ALC) or Leave of Absence (LOA) complete the section below.   |  |  |  |
| Requirement  | Date (YYYYMMDD)   | Notes   |  |  |  |
| Revised Degree Completion Date: *  |   |   |  |  |  |
| Revised Degree Conferral Date: **  |   |   |  |  |  |
| Notes: * Degree Completion Date – date on which an indiviforth on official transcripts.  ** Degree Conferral Date – date on which a degree and may occur after degree completion.      | dual completes all degree requis bestowed upon an individual. | irements. This generally occurs prior to degree conferral and is not set.  This is set forth on the official transcript reflecting the degree earned. |  |  |  |
| SECTION 2 - Graduate Degree Requirements   |   |   |  |  |  |
| Instructions: Graduate level scholars complete the section be completion including, but not limited to: thesis/dissertation expublishing requirements, and candidacy/qualifying exams. | elow. In reverse chronological diting, defense a              | order, reflect all requirements that are to be met prior to degree pplication date, committee appointments, proposal submittals,                      |  |  |  |
| Re   | equirements Prior to Degree                                   | Completion  |  |  |  |
| Requirement  | Date (YYYYMMDD)   | Notes   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
| SECTION 3 - Coursework Summary   |   |   |  |  |  |
| Instructions: Graduate and undergraduate scholars seeking below. Full time enrollment is required for each term.   | an award length increase, acad                                | demic institution change, or a Leave of Absence complete the section  |  |  |  |

| For award length increases, state the number of additional terms required for degree completion: |  |  |  |  |  |
|--|--|--|--|--|--|
| Number of credits required for degree completion:  | Number of credits remaining for degree completion: |  |  |  |  |
|  |  |  |  |  |  |

Academic Calendar System: Semester Quarter Year-Round

| Term<br>(Spring/Summer/Fall/Winter) | Start Date<br>(YYYYMMDD) | End Date<br>(YYYYMMDD) | Credits<br>Required | Enrollment Only? * | Course Title |
|-------------------------------------|--------------------------|------------------------|---------------------|--------------------|--------------|
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |
|                                     |                          |                        |                     | Yes No             |              |

| <b>Term</b><br>(Spring/Summer/Fall/Winter) | Start Date<br>(YYYYMMDD) | End Date<br>(YYYYMMDD) | Credi<br>Requi | ts<br>red Enrolli | ment Only? * | Course Title                    |
|--|--------------------------|------------------------|----------------|-------------------|--------------|---------------------------------|
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               | ☐ No         |                                 |
|  |                          |                        |                | Yes               |              |                                 |
|  | ou are requesting to r   | maintain enrollment v  |                |                   |              | mainder of your degree program. |
| Scholar Signature:                         |                          |                        | A              | dvisor Signat     | ure:<br>     |                                 |
| Date (YYYYMMDD):                           |                          | D                      | ate (YYYYMM    | DD):              |              |                                 |