Science, Mathematics, and Research for Transformation (SMART) Scholarship Phase 1 Annual Report	*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 track academic progress, project completion of degree requirements, and to gather SMART Scholar achievements, activities, and other disclosures necessary for ensuring successful progress and completion of SMART Scholarship requirements.

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://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=KO2ZkLWhxB3QCZoRTEIMFA%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 2 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, at 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: SMART Scholars complete and submit a Phase 1 Annual Report no later than 1 June each award year during Phase 1. The Phase 1 Annual Report tracks academic progress, project completion of degree requirements, and to gather SMART Scholar achievements, activities, and other disclosures necessary for ensuring successful progress and completion of SMART Scholarship requirements.

SECTION 1 – Awardee Information

Name *(Last, First, Middle Initial)*:	**Cohort Year:**
Phone:	**Email:**
Sponsoring Component:	**Sponsoring Facility (SF):**

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)*:

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 Annual Report is true and correct. A scholar's Phase 1 Annual Report responses may change during the course of study.

Scholar Signature: _____	**Advisor Signature:** _____
Date *(YYYYMMDD)***:** _____	**Date** *(YYYYMMDD)***:** _____

SECTION 3 – Course Listing

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

6. The final Phase 1 Annual Report does not require an advisor's signature.

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)***:**

REQUIREMENT CODE	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	GRADE

Scholar Initials: _____ **Advisor 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)*:		
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**	**CREDIT HOURS**	**GRADE**

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)*:		
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**	**CREDIT HOURS**	**GRADE**

Scholar Initials: _____ **Advisor 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)*:		
REQUIREMENT CODE	**DEPT/COURSE NO.**	**COURSE TITLE**	**CREDIT HOURS**	**GRADE**

Term/Year:	Start Date *(YYYYMMDD)*:	End Date *(YYYYMMDD)*:		
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Term/Year:	Start Date *(YYYYMMDD)*:	End Date *(YYYYMMDD)*:		
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Scholar Initials: _____ **Advisor Initials:** _____

Term/Year:	Start Date *(YYYYMMDD)*:	End Date *(YYYYMMDD)*:		
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Scholar Initials: _____ **Advisor 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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Term/Year:	Start Date *(YYYYMMDD)*:	End Date *(YYYYMMDD)*:		
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Scholar Initials: _____ **Advisor Initials:** _____

Term/Year:	Start Date *(YYYYMMDD)*:	End Date *(YYYYMMDD)*:		
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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**

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

Scholar Initials: _____ **Advisor Initials:** _____

SECTION 4 – Health Insurance Information

Did you purchase health insurance for this award year?	☐ Yes	☐ No
Insurance Source:	☐ Academic Institution	☐ Private/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 – Outside Employment Information *(Not including an internship with approved Sponsoring Facility)*

Did you accept outside employment this award year?	☐ Yes	☐ No
Is the employment federally funded *(e.g., directly with federal agency, with an organization that is funded by the federal government, etc.)***?**	☐ Yes	☐ No
Employer Name:		
Employer Address:		**Suite Number:**
City:	**State:**	**Zip Code:**
Phone Number:	**Number of Hours per Week:**	**Dates of Outside Employment:**
Description of Outside Employment Position and Duties:	**Description of Why Outside Employment was Accepted:**	
Is the employment federally funded *(e.g., directly with federal agency, with an organization that is funded by the federal government, etc.)***?**	☐ Yes	☐ No
Employer Name:		
Employer Address:		**Suite Number:**
City:	**State:**	**Zip Code:**
Phone Number:	**Number of Hours per Week:**	**Dates of Outside Employment:**
Description of Outside Employment Position and Duties:	**Description of Why Outside Employment was Accepted:**	
Is the employment federally funded *(e.g., directly with federal agency, with an organization that is funded by the federal government, etc.)***?**	☐ Yes	☐ No
Employer Name:		
Employer Address:		**Suite Number:**
City:	**State:**	**Zip Code:**
Phone Number:	**Number of Hours per Week:**	**Dates of Outside Employment:**
Description of Outside Employment Position and Duties:	**Description of Why Outside Employment was Accepted:**	

SECTION 6 – Outside Funding Information

Did you accept outside funding this award year?	☐ Yes	☐ No
Funding Source:		
Funding Amount Received:	**Frequency of Funding** *(per term/per year)***:**	
Description of why outside funding was accepted:		
Did you accept outside funding this award year?	☐ Yes	☐ No
Funding Source:		
Funding Amount Received:	**Frequency of Funding** *(per term/per year)***:**	
Description of why outside funding was accepted:		
Did you accept outside funding this award year?	☐ Yes	☐ No
Funding Source:		
Funding Amount Received:	**Frequency of Funding** *(per term/per year)***:**	
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 and its applicability to your SF's mission *(Provide answer in paragraph form using a minimum of 450 characters/approximately 75 words and a maximum of 1200 characters/approximately 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 scholar, and your thesis/dissertation research is aligned with the work being done at your SF, please discuss *(Provide answer in paragraph form using a minimum of 600 characters/100 words and a maximum of 1200 characters/approximately 200 words)***.**

Discuss how The SMART Program is helping you achieve your academic and professional goals *(Provide answer in paragraph form using a minimum of 600 characters/approximately 100 words and a maximum of 1200 characters/approximately 200 words)***.**

SECTION 9 – Foreign Travel/Study Abroad*

***Note: all scholars must notify their SF POC and respective SF security manager at least 30 days prior to foreign travel.**

Did you participate in any foreign travel this past year?	☐ Yes	☐ No
Location(s) of foreign travel:		
Date(s) of foreign travel:	**Date(s) of Return:**	
Did you participate in a study abroad program this award year?	☐ Yes	☐ No
Location(s) of Study-Abroad Program:		
Date(s) of Study-Abroad Program:	**Academic Credits Earned from Study-Abroad Program:**	
Description of why the study-abroad is beneficial to your degree pursuit:		

SECTION 10 – Accomplishments

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment:

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment:

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment:

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment:

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment:

Section Instructions: List accomplishments you have achieved during this award year.

Accomplishment Title: | **Date** *(YYYYMMDD)*:

Type of Accomplishment: ☐ **Community Service** ☐ **Honors/Recognition** ☐ **Patent** ☐ **Presentation** ☐ **Publication** ☐ **Research** ☐ **Other**

Summary of Accomplishment: