SMART
SCIENCE, MATHEMATICS & RESEARCH FOR TRANSFORMATION
PART OF THE NATIONAL DEFENSE EDUCATION PROGRAM

SMART Scholarship

Science, Mathematics & Research for Transformation

Academic Institution Change Request

Awardee Type:
☐ Retention
☐ Recruitment

EMAIL COMPLETED FORM TO:
smart@nps.edu

Policy Statement: Participants are expected to complete their studies at the academic institution for which he/she received funding. Participants who wish to transfer academic institutions after their award is funded are responsible for obtaining prior written approval from the SMART Program Office.

SECTION 1 – Participant Information

Name (LAST, First, MI):	**Cohort Year:**
Phone:	**Email:**
Sponsoring Service:	**Sponsoring Facility:**
Facility POC Name:	**Facility POC Email:**

SECTION 2 –Scholarship Award Information

Current Academic Institution:	**City/State:**
Proposed Academic Institution	**City/State:**
Degree Level Funded by SMART: ☐ BS ☐ BS/MS ☐ MS ☐ MS/PhD ☐ PhD	**Field of Study:**
Degree Completion Date:	**Degree Conferral Date:**
Will this change impact your graduation date? ☐ Yes ☐ No	**If yes, you must submit an Award Length Change Request.**
Description of why a change in academic institution is needed:	

Transfers of academic institutions that will result in a change of the degree for which you received funding under SMART will not be approved.

SECTION 3 – Statement of Understanding

By signing this form I understand that approval of my Academic Institution Change Request is determined on a case-by-case basis at the discretion of the SMART Program Office. I also understand that if my request is rejected and I transfer academic institutions without prior approval of the SMART Program Office, I may be dismissed from the program and be responsible for the prompt reimbursement of any and all funds expended under the program by the U.S. Government on my behalf.

Please Check:

☐ **I accept these terms.** ☐ **I do not accept these terms.**

☐ **I have attached 1) a letter of acceptance from Proposed Academic Institution; and 2) written documentation from a Research Advisor, Academic Advisor, Registrar, or appropriate Dean of the Proposed Academic Institution confirming that the Proposed Academic Institution will accept the transfer of ALL credit hours necessary for completion of your degree in accordance with the degree completion and conferral dates set forth on your SMART award.**

☐ **The proposed change of academic institution DOES NOT change the degree/field of study for which I have received SMART funding.**

☐ **The proposed change of academic institution DOES NOT require me to take Summer (or out-of-term) courses.**

☐ **The proposed change of academic institution WILL NOT result in delaying my degree completion or conferral date.**

Participant Signature:	**Date:**

----------***DO NOT WRITE BELOW THIS DOTTED LINE / SMART PROGAM OFFICE USE ONLY***----------

SECTION 4 – SMART Program Office Review

☐ **Attached Service Liaison Verification Letter.** ☐ **Documentation is complete for SMART Program Manager.**

Cohort Administrator Name:	**Cohort Administrator Signature:**	**Date:**

☐ **APPROVED** ☐ **REJECTED**

SMART Program Manager Signature:	**Date:**