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

SMART Scholarship

Science, Mathematics & Research for Transformation

Degree Level Change Request

Awardee Type:
☐ Retention
☐ Recruitment

EMAIL COMPLETED/SIGNED FORM TO:
smart@nps.edu

Policy Statement: Participants are responsible for completing the degree in the field of study for which they received funding. Sponsoring Facilities choose Participants primarily based upon the Participant's proposed degree and field of study as set forth on the application and award. Modification of a Participant's degree and/or field of study constitutes a material change and is only granted in exceptional circumstances. A change in the degrees/field of study that will extend a Participant's graduation date will not be approved.

SECTION 1 – Participant Information

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

SECTION 2 – Initial Scholarship Award Information

Current Academic Institution:	**City/State:**
Degree Level Funded by SMART: ☐ BS ☐ BS/MS ☐ MS ☐ MS/PhD ☐ PhD	**Proposed Degree Level:**
Original Degree Completion Date:	**Original Degree Conferral Date:**
Will this request impact your Graduation Date? ☐ Yes ☐ No	**If yes, you must submit an Award Length Change Request.**
Reason for Request:	

SECTION 3 – Statement of Understanding

By signing this form I understand that approval of my Degree Level Change Request is determined on a case-by-case basis and at the discretion of the SMART Program Office. I also understand that if my request is rejected and I change my degree 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 the following documents to this request:**

1) **proof that your approved academic institution will accept your requested change of degree; and**
2) **statement of support from your Sponsoring Facility that you can and will be hired after degree completion with the new degree.**

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, if applicable.** ☐ **Documentation is complete for SMART Program Manager.**

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

☐ **APPROVED** ☐ **REJECTED**

SMART Program Manager Signature:	**Date:**