



## Educational Work Plan

Awardee Type:

- Retention  
 Recruitment

**EMAIL COMPLETED/SIGNED FORM TO:**

[smart@nps.edu](mailto:smart@nps.edu)  
Due no later than 1 October

EWP Type:

- Initial Plan  
 Annual Plan  
 Revised Plan (for Degree Completion & Conferral Date Change Request)

**Policy Statement:** Participants must complete and submit an Educational Work Plan to the SMART Program Office no later than 1 October for every year they are funded by the program. **The SMART Program Office requires that each Participant submit an EWP listing all courses that are required for their current degree; this includes past, current, and future courses/research hours until graduation. The EWP is a tool that the SMART Program Office uses to track the students full-time status enrollment and the progress made toward degree completion.**

**Note:** We will not accept any substitutions for this form. Substitutions include, but are not limited to unofficial/official transcripts, copy of academic calendar, and any other lists of classes that are not included in this EWP format.

### SECTION 1 – Participant Information

<b>Name (LAST, First, MI):</b>	<b>Cohort Year:</b>
<b>Phone:</b>	<b>Email:</b>

### SECTION 2 –Scholarship Award Information

<b>Degree Level Funded by SMART:</b> <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MS <input type="checkbox"/> MS/PhD <input type="checkbox"/> PhD	<b>Field of Study:</b>
<b>Degree Completion Date *:</b>	<b>Degree Conferral Date **:</b>
<b>Academic Term (check one):</b> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Year Round	

**Notes:** \* - Degree completion date is the date on which an individual completes all requirements to obtain a degree. This date generally occurs prior to the degree conferral date and is not set forth on the official transcript.  
\*\* - Degree conferral date is the date on which a degree is bestowed upon an individual. This date is set forth on the official transcript reflecting the degree earned and may occur after degree the completion date.

### SECTION 3 – Academic Institution Information

<b>Academic Institution:</b>	
<b>Advisor Name:</b>	<b>Advisor Email:</b>

### SECTION 3 – Detailed Degree Information

<b>Date Degree Work Began:</b>	<b>Degree Title (ex. Computer Science or Electrical Engineering):</b>
<b>Degree Level Sought:</b> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MS/PhD <input type="checkbox"/> PhD	
<b>Graduation Project Requirement:</b> <input type="checkbox"/> Dissertation <input type="checkbox"/> Thesis <input type="checkbox"/> Final Project/Report/Paper <input type="checkbox"/> No Project Required	
<b>Is your graduation project aligned with your Sponsoring Facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Are you planning to attend school full-time until graduation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Number of Summer Internships:</b> <input type="checkbox"/> Zero (0) <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <input type="checkbox"/> Three (3) <input type="checkbox"/> Four (4)	
<i>Please be sure to note approximately when the summer internships will be taken; the internships are required every summer in the Program. There are extra boxes for terms in Section 4, Course Listings.</i>	
<b>Transfer Credits <u>Accepted</u> by University, if applicable:</b>	
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.	
<b>Number of Credits Required for Full-Time Status (per term):</b>	<b>Minimum Credit Hours Planned (per term):</b>
The 'Number of Credits Listed in this Plan' must be equal to or greater than the 'Total Credits Required for Degree' listed below.	
<b>Number of Credits Listed in this Plan:</b>	<b>Total Credits Required for Degree:</b>

By signing below I certify that the information contained in this Educational Work Plan is true and correct. It is understood that a student's educational plan may change during his/her course of study. When changes occur, it is the responsibility of the SMART Scholarship/Fellowship recipient to notify the SMART Program Office via submittal of an updated Educational Work Plan.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Educational Work Plan (Continued)

**SECTION 5 – Course Listing**

**Section Instructions:**

1. Please 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 you are pursuing.
3. Enter grades for courses already completed.
4. Note when the summer internships will be taken. There are extra boxes for terms in Section 4, Course Listings.
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

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

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

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

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

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

Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



**Educational Work Plan (Continued)**

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

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

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

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Participant Name \_\_\_\_\_

Advisor Initials: \_\_\_\_\_



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

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**Educational Work Plan (Continued)**

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Participant Name \_\_\_\_\_

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