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

SMART Scholarship

Science, Mathematics & Research for Transformation

Internship/Site Visit Waiver Request

Awardee Type:
☐ Retention
☐ Recruitment

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

Type of Waiver Request:
☐ Internship Waiver Request
☐ Site Visit Waiver Request

Policy Statement – Internship: All multi-year Participants are required to complete summer internships. The internship requirement is waived only in very rare circumstances. A Participant's request for a waiver of the summer internship requirement will not be reviewed or considered until the Participant has completed at least one (1) summer internship at his/her Sponsoring Facility. Determinations regarding waiver requests are made on case-by-case basis and at the discretion of the SMART Program Office. Requests are considered for a single summer internship period at a time. If a subsequent waiver is needed, a separate request must be submitted to the SMART Program Office.

Policy Statement – Site Visit: All Participants who receive funding for one academic year or less are required to complete a site visit with their Sponsoring Facility. Because One-Year Participants do not complete summer internships, the site visit provides the opportunity for Participants to meet his/her mentor, future supervisors and co-workers, obtain access requirements to the facility, discuss post-graduation service job duties and expectations, and become familiar with the local area. Determinations regarding waiver requests are made on case-by-case basis and at the discretion of the SMART Program Office. Requests are considered for a single site visit period at a time.

SECTION 1 – Participant Information

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

SECTION 2 – Request Details/Information

Degree Level Funded by SMART: ☐ BS ☐ BS/MS ☐ MS ☐ MS/PhD ☐ PhD	**Field of Study:**
Degree Completion Date*:	**Degree Conferral Date**:**
Do you plan to make a site visit in place of the internship requirement? ☒ Yes ☐ No ☐ N/A	
Will this waiver impact your Graduation Date? ☐ Yes ☐ No	**If yes, you must submit an Award Length Change Request.**
Were you previously employed at SF? ☐ Yes ☐ No	
You must attach the following to this request (regarding any reason for a waiver request): **(1) Signed letter from you, the participant, explaining (in detail) the reason for the waiver request.** **(2) Statement of support from your Sponsoring Facility confirming your waiver is required.** **For specific reasons for waiver request (see below), there are additional documents required.**	
Attending Additional Courses? ☐ Yes ☐ No ☐ N/A	**If yes, you must submit a letter from your academic advisor confirming that the course(s) could not be taken any other term. You must also submit an Additional Tuition Request.**
Conducting Required Research? ☐ Yes ☐ No ☐ N/A	**If yes, you must submit a signed letter from your research advisor confirming the research requirement. You must also submit an Additional Tuition Request, if applicable.**
Personal/Medical Reason? ☐ Yes ☐ No	**If yes, you must complete a Leave of Absence Request.**

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

SECTION 4 – Statement of Understanding

By signing this form I understand that approval of my request for a waiver 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 decide not to attend the internship or site visit requirement 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 required documentation listed in Section 2.**

Participant Signature:	**Date:**

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

SECTION 5 – 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:**