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

SMART Scholarship

Science, Mathematics & Research for Transformation

Leave of Absence Request

Awardee Type:
☐ Retention
☐ Recruitment

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

Policy Statement: Participants are responsible for maintaining full-time status in their approved academic institutions. Participants may request a leave of absence from the Program if the Participant, a member of the Participant's immediate family, or a dependant of the Participant has a medical condition or other personal issue requiring the Participant to take a leave of absence. All Program funding and benefits will be suspended during a leave of absence. The leave of absence will not absolve the Participant of nor reduce the length of his/her post-graduation service commitment.

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

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:**
Proposed Dates of Leave:	
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 request for a leave of absence from the SMART Program 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 undertake a leave of absence 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. I also understand that if my request is approved, all tuition, cash award, and benefits will be suspended during the leave. I also understand that a leave of absence does not absolve me of my post-graduation service commitment.

Please Check:

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

☐ **I have attached a letter from my academic institution on official letterhead confirming the academic institution will approve the requested leave of absence; and my academic institution will permit me to re-enroll after the leave is complete.**

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:**