



Site Visit Travel Request

Note: This form is for Recruitment
Participants only

EMAIL COMPLETED/SIGNED FORM TO:
smart@nps.edu
Due no later than 1 March

Policy Statement: All One-Year Recruitment Participants are required to complete a Site Visit with their SF. Participants must coordinate Site Visit start and end dates directly with their SF by contacting their mentor/Facility POC no later than 1 October. Participants completing Site Visits at alternative times must contact their mentor/Facility POC no later than three (3) months prior to the Site Visit. At this time, Participants must work with the SF to establish mutually agreeable dates for the Site Visit. Participants whose Academic Address is 50 miles or more from the SF location, are eligible for Site Visit travel funding from the SPO. Eligibility is determined solely based upon the Participant's Academic Address. A Participant's Permanent Address is not taken into consideration when determining eligibility for Site Visit travel funding. Participants must submit a completed Site Visit Travel Expense Reimbursement Request, including ALL applicable receipts no later than 30 days after completion of the Site Visit. Additional information can be found in the Participant Handbook.

SECTION 1 – Participant Information

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

SECTION 2 – Scholarship Award Information

Current Academic Institution:	City/State:
Degree Level Funded by SMART: <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MS <input type="checkbox"/> MS/PhD <input type="checkbox"/> PhD	Field of Study:
Degree Completion Date:	Degree Conferral Date:

SECTION 3 – Location Information

Current Academic Institution:	
Academic Address:	
City/State:	Zipcode:
Sponsoring Facility:	
Sponsoring Facility Address:	
City/State:	Zipcode:

SECTION 4 – Travel Dates

Check-In Date at Hotel:	Check-Out Date at Hotel:
First Day at Sponsoring Facility:	Last Day at Sponsoring Facility:

SECTION 5 – Departure Travel Information

City of Departure:	
City of Departure Location:	<input type="checkbox"/> Permanent <input type="checkbox"/> Academic
Airport/Train Station Code:	

SECTION 6 – Arrival Travel Information

City of Arrival:	
City of Arrival Location:	<input type="checkbox"/> Facility <input type="checkbox"/> Other
Airport/Train Station Code:	
If Other, please state location:	

SECTION 7 – Return Travel Information

City of Return:	
City of Return Location:	<input type="checkbox"/> Permanent <input type="checkbox"/> Academic
Airport/Train Station Code:	
If Other, please state location:	

SECTION 8 – Mode of Transportation

Expected Mode of Transportation to/from SF and Academic Address:	<input type="checkbox"/> Air <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Bus
Are you expecting to drive a privately owned vehicle (POV)?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the amount of miles you are driving round trip:	
Do you plan to rent a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following car rental information:	
Rental Company:	
Rental Company Phone:	
Total Estimated Rental Car Expense:	
If using Hertz, the SMART Customer Discount Program (CDP) number is 1877925. Please be sure to present your CAC and provide this CDP. Using the CDP, will allow ALL Participants to receive the government rate/discount, including Participants between 18 to 24 years old.	
City of Return Location:	<input type="checkbox"/> Home <input type="checkbox"/> School

