



Retention Work Schedule

EMAIL COMPLETED FORM TO:
smart@nps.edu

Retention Part Time Employment Policy: The SMART Program does not require Retention (RT) Participants to continue to work for their Sponsoring Facility (SF) during pursuit of the degree funded. However, most RT Participants continue to work part-time for their SF during their award. If a RT Participant wishes to continue to work for the SF during the academic year, he or she must submit this form on or before 1 October of every academic year. RT Participants are expected to work less than full-time prior to completion of all degree requirements, including thesis or dissertation writing. Full-time employment is strongly discouraged as it does not permit sufficient time to successfully complete full-time studies. If a RT Participant is not meeting program requirements, the SPO may require the RT Participant to temporarily or permanently reduce the number of hours worked or stop working entirely during the academic year. These determinations are made on a case-by-case basis and at the discretion of the SMART Program Office.

| 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 | |
|--|------------------------|
| 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 – Sponsoring Facility Information | |
|---|--------------------------|
| Mentor/Supervisor name: | Mentor/Supervisor email: |

| SECTION 4 – School Schedule | |
|------------------------------------|--|
| Academic Credit Hours Fall Term: | |
| Work Hours per week - Fall Term: | |
| Academic Credit Hours Spring Term: | |
| Work Hours per week -Spring Term: | |

| SECTION 5 –Additional Information/Remarks |
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| SECTION 6 – Statement of Understanding | |
|--|-------|
| By signing below I agree that all information provided is true and accurate to the best of my knowledge. | |
| Participant Signature: | Date: |

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

| SECTION 7 – SMART Program Office Review | | |
|---|---------------------------------|-------|
| <input type="checkbox"/> Documentation is complete and has been reviewed. | | |
| Cohort Administrator Name: | Cohort Administrator Signature: | Date: |