



**SMART Scholarship Program
Request for Change of Sponsoring Facility**

COMPLETE AND FORWARD TO:

Naval Postgraduate School
SMART Scholarship Program Office
1 University Circle
Herrmann Hall – Room 061
Monterey, CA 93943
Phone: (831) 656-3384

Policy Statement: Participants are responsible for completing their internship and post-graduation service commitments with their Sponsoring Facility (SF). Participants are notified of their SF at the time of award and are responsible for contacting the SF prior to accepting the award to ensure that they are compatible. A Participant’s request for a change in his/her assigned SF is determined at the discretion of the SMART Program Office and the Sponsoring Service and will not be considered for multi-year Participants until the Participant has completed at least one (1) summer internship period with the SF. Requests for a change of SF for a one-year Participant will not be considered unless the request originates from the SF, rather than the Participant. If the match between SF and Participant is not viable, the SMART Program Office will attempt to find alternative placement for the Participant, but such placement is not guaranteed.

SECTION 1 – Participant Information

Name:	Phone:
Address Line 1:	
Address Line 2:	
City:	State:
Zip:	Email:

SECTION 2 – Initial Scholarship Award Information

Academic Institution:	City/State:
Degree Funded by SMART:	Field of Study Funded by SMART:
Degree Completion Date:	Degree Conferral Date:
Reason for Request:	

SECTION 3 – Original Sponsoring Service Information

Approval of this Organization Required: Yes No _____ Initials, SMART Program Office

Original Sponsoring Service:	
Original Sponsoring Service Point of Contact (POC) Name:	
POC Title:	POC Email:
POC Phone:	POC Fax:
STATEMENT OF UNDERSTANDING: By signing this form I hereby certify that the Original Sponsoring Service understands and agrees that the Participant described in Section 1 will no longer be sponsored by the Original Sponsoring Service, that the Participant will not provide internship or post-graduation service to the Original Sponsoring Service or the Original SF. I further certify that I have the authority to execute this document on behalf of the Original Sponsoring Service.	
Signature:	Date:

SECTION 4 – Original Sponsoring Facility Information

Approval of this Organization Required: Yes No _____ Initials, SMART Program Office

Original SF:	
Original SF POC Name:	
POC Title:	POC Email:
POC Phone:	POC Fax:
STATEMENT OF UNDERSTANDING: By signing this form I hereby certify that the Original SF understands and agrees that the Participant described in Section 1 will no longer be sponsored by the Original SF, that the Participant will not provide internship or post-graduation service to the Original SF. I further certify that I have the authority to execute this document on behalf of the Original SF.	
Signature:	Date:



SECTION 5 – New Sponsoring Service Information

Approval of this Organization Required: Yes No _____, Initials, SMART Program Office

New Sponsoring Service:	
POC Name:	
POC Title:	POC Email:
POC Phone:	POC Fax:
STATEMENT OF UNDERSTANDING: By signing this form I hereby certify that the New Sponsoring Service agrees to sponsor the Participant described in Section 1 under the SMART Scholarship Program. I further certify that the New Sponsoring Service understands and agrees that it is required to provide said Participant with: (1) full-time, post-graduation employment; (2) a mentor; and (3) if Participant is a multi-year awardee a structured internship during the summer months between spring and fall academic terms. I further certify that I have the authority to execute this document on behalf of the New Sponsoring Service.	
Signature:	Date:

SECTION 6 – New Sponsoring Facility Information

Approval of this Organization Required: Yes No _____ Initials, SMART Program Office

New Sponsoring Facility:	
POC Name:	
POC Title:	POC Email:
POC Phone:	POC Fax:
Mentor Name:	Mentor's Title:
Mentor's Phone:	Mentor's Email:
STATEMENT OF UNDERSTANDING: By signing this form I hereby certify that the New SF agrees to sponsor the Participant described in Section 1 under the SMART Scholarship Program. I further certify that the New SF understands and agrees that it is required to provide said Participant with: (1) full-time, post-graduation employment; (2) a mentor; and (3) if Participant is a multi-year awardee, a structured internship during the summer months between spring and fall academic terms. I further certify that I have the authority to execute this document on behalf of the New SF.	
Name:	Date:

SECTION 7 – Statement of Understanding

By signing this form I understand that approval of my request for a change of Sponsoring Facility is determined on a case-by-case basis and at the discretion of the SMART Program Office and the Original Sponsoring Service. I also understand that if my request is rejected, I will be required to complete my post-graduation service and internship commitments with the Original Sponsoring Facility. I further agree and understand that if I fail to complete my post-graduation and/or internship commitments as required under my Service Agreement, 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 this form has no force or effect unless and until all required approval signatures are completed.

Please Check:

I accept these terms

I do not accept these terms

Participant Signature	Date:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
SMART Program Manager Signature:	Date: