

2025-2026 Clemson University Doctoral Dissertation Completion Grants

Application: Student Information Form

Last Name: _____ First Name: _____

Clemson Email Address: _____

Clemson CUID#: _____

Doctoral Degree Program: _____

College: _____

Department: _____

Date first enrollment as a doctoral student at Clemson University (mm/yyyy): _____

Anticipated graduation date (mm/yyyy): _____

Please attach the following items to this form as a single PDF document (please make certain your name appears on each page of the application materials requested below):

Dissertation Description: Please write a brief (approximately 200 words) lay description of your dissertation topic.

Productivity: Please provide a list of your scholarly productivity (e.g., publications, performances, book chapters). These materials may be at any stage of preparation (e.g., prepared, submitted, under review, in press, or published).

Growth & Benefits Statement: Please prepare a brief description (~150 words) describing how you have grown as a person (engagement, involvement, service) and how your research will benefit society.

Barriers to Completion: Please write a brief description of how this support will allow you to complete your degree (e.g., what barriers will this support help you to overcome?).

Completion Plan: Please share a detailed plan and timeline for completing your dissertation to include what remains of completing your research, a general sense of defense date (could be the month), and graduation.

Current Financial Support: Please outline your current financial support, please include assistantships, fellowships, scholarships, and other forms of financial support. (Use the table on last page)

Past Financial Support: Please use the table on the last page to list your past financial support while at Clemson.

Budget Justification: Please append a detailed budget justification for each major expense to this application. The justification should include dollar totals, should be reasonable, and should explain how you will use the resources you have requested above. If support for travel is requested, please provide a detailed explanation of how travel will support your dissertation. Travel is subject to university restrictions. Students must be present in the United States for the duration of this award.

Unofficial Transcript: Please attach a PDF copy of your unofficial transcript.

Application is Due: Monday, May 12, 2025, 5PM.

Submit to VPR@clemson.edu

*****If application is submitted by the student, please copy your advisor when you submit it.**

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Application: Budget Form

Budget requested: Please use the spaces below to enter the total requested for this award. If you are seeking stipend support, please be aware the **maximum total** you can request is \$10,000 for a single long semester (fall or spring) or \$16,000 for spring and summer semesters [**\$10,000 for spring and \$6,000 for summer for a total of \$16,000**]. To support as many students as possible, we do not offer support for two long semesters (fall and spring). Please indicate if GAD is requested (**Please Note: stipend must be requested to receive GAD**). This award will not cover meals or per diem. International students must be present in the US to be eligible for stipend and GAD.

Applicant's Name (First and Last Name): _____

1) Graduate stipend requested: Please fill in the amount & select one option. Semesters must be consecutive.

\$ _____ Fall 2025 Spring 2026 Summer 2026 Spring/Summer 2026

2) GAD is sponsored tuition remission requested. It will be applied to the semester you select above.

3) TRAVEL Domestic travel expenses. (*Please include a detailed explanation of how travel will support the completion of your dissertation in your attached budget justification*): Not needed

\$ _____

4) WAGES Hourly employees total \$ support for part-time, temporary employees to provide expertise/support for the completion of your dissertation: Not needed

\$ _____

If you will be paying hourly wages, is the person you intend to hire hourly, a Clemson University student or employee? Yes No *If yes, Please mark* Student Employee

5) SUPPLIES OR OTHER (Include items and cost): No supplies needed

\$ _____

6) TOTAL AMOUNT REQUESTED:(Stipend, Travel, Wages, Supplies) \$ _____
(Do not include GAD in this total)

2025-2026 Clemson University Doctoral Dissertation Completion Grants Application: Advisor and Department Chair Affirmation

Applicant's Advisor Information:

Applicant's Name (*First and Last Name*): _____

Advisor Full Name: _____

Advisor's Email Address: _____

Advisor's Department: _____

Department Financial Contact Name: _____

Department Purchasing Contact Name: _____

If the applicant has been supported on a sponsored project(s) but will be losing sponsored project support, please provide those project(s) account number(s) here: _____

If you or your department plans to supplement the requested stipend for this applicant, please briefly describe the type of support offered and total amount of support: _____

Applicant's Advisor Affirmations:

I support the application for a Doctoral Dissertation Completion Grant submitted by

_____ (please enter applicant's name)

I affirm the above-named applicant will graduate in (mm/yyyy) _____.

I affirm the above-named applicant is in good standing with Clemson University. Affirm Not Affirm

Advisor's Signature

Date

Applicant's Signature

Date

In the event that this Fellowship is not awarded, I will work with the Department Chair and/or College Dean to secure support for this student.

Advisor's Signature

Date

Applicant's Department Chair Affirmations:

I support the application for a Doctoral Dissertation Completion Grant submitted by

_____ (please enter applicant's name) In the event this application is not chosen to receive a Doctoral Dissertation Completion Award, the student will be supported by what mechanism(s)(please choose one for each semester the student has requested support):

Fall 2025GTA GRA GGA N/A Other _____**Spring 2026**GTA GRA GGA N/A

Other _____

Summer 2026GTA GRA GGA N/A

Other _____

I affirm the applicant (enter applicant's name) _____ is in good standing with Clemson University.

Department Chair's Signature**Date**

2024-2025 Clemson University Doctoral Dissertation Completion Grants

Application: Financial Support Information

Applicant's First & Last Name _____

Current Financial Support and Forward:

Semester - Fall, spring, summer	Year	Type of Support	Number of Hours	Funding Amount

Past Financial Support During Graduate Years:

Semester - Fall, spring, summer	Year	Type of Support	Number of Hours	Funding Amount