



MIAMI UNIVERSITY

Application for Promotion

RECOMMENDATION FOR PROMOTION TO:

- ☐ Associate Teaching Professor
- ☐ Associate Lecturer
- ☐ Associate Clinical Professor
- ☐ Associate Clinical Lecturer

- ☐ Teaching Professor
- ☐ Senior Lecturer
- ☐ Clinical Professor
- ☐ Senior Clinical Lecturer

NAME: _____

DEPARTMENT(S): _____

CAMPUS(ES): _____

Present Academic Rank:

1. YEARS OF SERVICE IN PRESENT RANK AT MIAMI AS OF MAY, 2020: _____

Month and Year Present Rank Awarded: _____

Number of Years Employed at Miami: _____

2. Highest Degree: _____

Date Awarded: _____

Institution: _____

Signatures:

Recommended by:

Not Recommended by:

Date:

Divisional Dean

Department Chair

**Regional Dean
(if Req'd)**
