



MIAMI UNIVERSITY  
Application for Tenure and/or Promotion

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A. RECOMMENDATION FOR **PROMOTION** TO:

**Associate Professor**

**Professor**

B. RECOMMENDATION FOR CONFERRAL OF **TENURE**:

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**NAME:** \_\_\_\_\_

**DEPARTMENT(S):** \_\_\_\_\_

**CAMPUS(ES):** \_\_\_\_\_

**CURRENT ACADEMIC RANK:** \_\_\_\_\_

1. YEARS OF SERVICE IN PRESENT RANK AT MIAMI AS OF MAY, 2023: \_\_\_\_\_

Month and Year Present Rank Awarded: \_\_\_\_\_

Number of Years at Same or Higher Rank Elsewhere: \_\_\_\_\_

Number of Years Waived (Policy Library): \_\_\_\_\_ (include documentation)

Number of Years Extension Granted (Policy Library): \_\_\_\_\_ (include documentation)

2. Highest Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Institution: \_\_\_\_\_

3. Number of Years' Experience in Full-Time Employment : \_\_\_\_\_

Higher Education: \_\_\_\_\_

Other Education: \_\_\_\_\_

Other Employment: \_\_\_\_\_

4. Number of Years at Miami: \_\_\_\_\_

Date of Initial Miami Contract: \_\_\_\_\_

<b>Signatures:</b>	<b><u>Recommended by:</u></b>	<b><u>Not Recommended by:</u></b>	<b><u>Date:</u></b>
<b>Divisional Dean</b>	_____	_____	_____
<b>Department Chair</b>	_____	_____	_____
<b>Regional Dean (if Req'd)</b>	_____	_____	_____