



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, 2024: _____

Month and Year Present Rank Awarded: _____

Number of Years Employed at Miami: _____

2. Highest Degree: _____

Date Awarded: _____

Institution: _____

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