



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, 2026: _____

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)**
