



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)
