



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, 2025: \_\_\_\_\_

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

Number of Years Employed at Miami: \_\_\_\_\_

2. Highest Degree: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

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

<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>	_____	_____	_____