



MIAMI UNIVERSITY
Application for Tenure and/or Promotion

A. RECOMMENDATION FOR **PROMOTION** TO:

Associate Professor

| Professor

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

NAME: _____

DEPARTMENT(S): _____

CAMPUS(ES): _____

CURRENT ACADEMIC RANK: _____

1. YEARS OF SERVICE IN PRESENT RANK AT MIAMI AS OF MAY, 2026: _____

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: _____

Signatures:

Recommended by:

Not Recommended by:

Date:

Divisional Dean

Department Chair

**Regional Dean
(if Req'd)**
