



MIAMI UNIVERSITY

Application for Tenure and/or Promotion

A. RECOMMENDATION FOR PROMOTION TO:

Associate Professor

| Professor

B. RECOMMENDATION FOR CONFERRAL OF TENURE: Yes / No

NAME: _____

DEPARTMENT(S): _____

CAMPUS(ES): _____

CURRENT ACADEMIC RANK: _____

1. YEARS OF SERVICE IN PRESENT RANK AT MIAMI AS OF MAY, 2027: _____

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 (as of May 2027): _____

Date of Initial Miami Contract: _____

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