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, 2027: _____

   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)	_____	_____	_____