

**COMMITTEE ON RANK AND TENURE
LE MOYNE COLLEGE
Syracuse, NY 13214-1399**

Name _____ Department _____

Recommendation requested for:

- Promotion in rank
- Promotion in rank with tenure
- Tenure only

Waiver

The person who requests this recommendation, by signing in the appropriate place below, indicates whether he or she waives his or her right of access to the recommendation. *Persons submitting recommendations, however, are reminded that administrative or legal process beyond the control of Le Moyne College may compel disclosure of recommendations at some future time.*

Confidential: According to policies as stated in the *Le Moyne College Faculty Handbook*, I waive my right to read and review this recommendation.

Signature: _____ Date: _____



Non-Confidential: According to policies as stated in the *Le Moyne College Faculty Handbook*, I retain my right to read and review this recommendation.

Signature: _____ Date: _____

PLEASE ATTACH RECOMMENDATION TO THIS FORM

Signature: _____ Date: _____

Name: _____ Title: _____

Institutional affiliation: _____

Address: _____

Phone/Electronic Address(es): _____