

REVIEW FORM

Author(s): _____

Title: _____

REVIEWER'S FAMILIARITY WITH THE PAPER'S SCIENTIFIC FIELD (please check):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist	Familiar with the specialization	Familiar with the field	Limited	Layman

REVIEWER'S RECOMMENDATION (please check):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	Acceptance with form changes	Acceptance with content changes	Acceptance with major form and content changes	Rejection

DETAILS (please check):

Criteria	5*	4	3	2	1
Match with the topics of the journal / symposium					
Match between title, abstract, content and references					
The importance / relevance of the work					
Originality / novelty of the method / work					
Technical content / scientific correctness					
Language, clarity, ease of reading / understanding of content					
Structuring / formatting					
Relevance / adequacy of bibliography					

* 5 for very good, 1 for very poor

COMMENTS FOR AUTHOR (S) IN CASE OF AMENDING OR REJECTION:

OTHER SUGGESTIONS:

Date: _____

Signature: _____