



Form #2.1

Revision Request Form

No: Date: .. / .. /

Dear Dr.

Academic Rank:

Specialization:

You are kindly requested to review the modifications supposedly made by the researcher according to your comments, and to submit your final evaluation within a period not exceeding two weeks from the date mentioned above. Thank you for your cooperation.

Research Title:

Research Title (in Arabic):

Journal Editor in Chief

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Paper Revision Questionnaire

A. Final Evaluation		
1.	Eligibility for Publication	<input type="checkbox"/> Accept (the researcher has adhered to the reviewer's comments)
		<input type="checkbox"/> Reject (the researcher has not adhered to the reviewer's comments)

B. Reviewer Section		
Reviewer Name	Signature:	Date:
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C. Graduate Studies & Scientific Research Section	
Journal Editor in Chief Comments	
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Date:	Journal Editor in Chief
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