

Area Editor's Decision Form

Title of Manuscript:

Area Editor and Decision

Area Editor's Full Name:

Area:

Decision: Accept (), Reject (), Neutral ()

Received Date:

Accepted Date:

Comments (Please give, if necessary, additional comments or suggestions.)

Please send this form to the Editor-in-Chief with the followings:

1. Manuscript
2. First Reviewer's Form
3. Second Reviewer's Form (if any)
4. Third Reviewer's Form (if any)