

Research Publications Fees Support Form

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Applicant Name:	Date:
Department:	College:
PUBLICATION DETAILS	
Publication title:	
Published/accepted date:	Submission Date:
DOI:	
Applicant order among authors:	
Mention all authors (in order):	
JOURNAL DETAILS	
JOURNAL ISSN:	
JOURNAL NAME:	
THE JOURNAL IS REFEREED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
THE JOURNAL IS SPECIALIZED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
THE JOURNAL IS: ISI <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/>	
<i>I pledge that this publication has not been filled and will not be filed to any other incentive form at FBSU</i>	
Applicant (Signature/Name and Date):	
DECISION OF THE DEANSHIP SCIENTIFIC RESEARCH	
RECOMMENDATION OF THE DEAN OF SCIENTIFIC RESEARCH:	APPROVE <input type="checkbox"/> REJECT <input type="checkbox"/>
DECISION OF THE DEANSHIP OF SCIENTIFIC RESEARCH COUNCIL:	APPROVE <input type="checkbox"/> REJECT <input type="checkbox"/>
Incentives Amount:	
Dean's Signature:	Date:

Handwritten signature and date in blue ink.