

## Research Publications Fees Support Form

|                      |           |                 |               |
|----------------------|-----------|-----------------|---------------|
| Form #:              | SR-600-F1 | Revision #:     | 01            |
| Accessibility level: | A         | Effective date: | Feb. 10, 2021 |

|                                                                                                                            |  |                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------|--|------------------|----------------------------------------------------------|
| Applicant Name:                                                                                                            |  | Date:            |                                                          |
| Department:                                                                                                                |  | College:         |                                                          |
| <b>PUBLICATION DETAILS</b>                                                                                                 |  |                  |                                                          |
| Publication title:                                                                                                         |  |                  |                                                          |
| Published/accepted date:                                                                                                   |  | Submission Date: |                                                          |
| DOI:                                                                                                                       |  |                  |                                                          |
| Applicant order among authors:                                                                                             |  |                  |                                                          |
| Mention all authors (in order):                                                                                            |  |                  |                                                          |
| <b>JOURNAL DETAILS</b>                                                                                                     |  |                  |                                                          |
| 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"/>                       |  |                  |                                                          |
| <b><i>I pledge that this publication has not been filled and will not be filed to any other incentive form at FBSU</i></b> |  |                  |                                                          |
| Applicant (Signature/Name and Date):                                                                                       |  |                  |                                                          |
| <b>DECISION OF THE DEANSHIP SCIENTIFIC RESEARCH</b>                                                                        |  |                  |                                                          |
| 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:            |                                                          |