

Review Form LAJC

Title: _____

Reception date:

Answer date:

This review forms to be used for all submissions made to the articles section.

Overall evaluation

Please provide a detailed review, including a justification for your scores. Both the score and the review text are required.

	Strong accept	Accept	Weak accept	Borderline paper	Weak reject	Reject	Strong reject
	3	2	1	0	-1	-2	-3
Evaluation							

	Expert	High	Medium	Low	None
	5	4	3	2	1
Reviewer's confidence					

Comments for authors

Please provide feedback for the authors. Please the comments have to be constructive and friendly and can not include any personal remarks to the author.

Confidential remarks for the program committee

If you wish to add any remarks intended only for PC members please write them below. These remarks will only be seen by the PC members having access to reviews for this submission. They will not be to the authors. This filed is optional

Reviewer name:

Signature: _____

Date: _____