

APC Waive Application Form

ATTENTION:

Please complete and return this fee waiver form if you are unable to financially support the APC for any other reason.

Complete form and mail it to the editorial office for review and consideration. We will contact you by e-mail with a decision within 2-3 weeks. Please send this application form by e-mail at your earliest convenience in order not to delay the publishing process of your accepted manuscript.

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

INSTITUTION:

CITY:

EMAIL ADDRESS:

MANUSCRIPT INFORMATION

MANUSCRIPT TITLE:

MANUSCRIPT ID:

CORRESPONDING AUTHOR:

TYPE OF WAIVER REQUESTED:

INDICATE THE AMOUNT YOU CAN
PAY:

REASON FOR WAIVER APPLICATION

UNABLE FINANCIALLY SUPPORT
APC:

SCIENTIST LOW-MIDDLE INCOME
COUNTRY:

OTHER*:

*BRIEF EXPLANATION: