



GLOKALde Reviewer's Form

Title of Manuscript:

PART A: Editorial Office Only

SECTION A

Reviewer's Name:	
E-Mail:	
Telephone:	
Manuscript Title:	
Date Sent To Reviewer:	
Date Expected From Reviewer:	

PART

B: Editor/Reviewer Only

SECTION II: Comments per Section of Manuscript

General comment:	
Introduction:	
Methodology:	
Results:	
Discussion:	
Bibliography/References:	
Others:	
Decision:	

SECTION III - Please rate the following: (1 = Excellent) (2 = Good) (3 = Fair) (4 = poor)

Originality:	
Contribution To The Field:	
Technical Quality:	
Clarity Of Presentation :	
Depth Of Research:	

SECTION IV - Recommendations: (Kindly Mark With An X)

Accept As Is:	
Requires Minor Corrections:	
Requires Moderate Revision:	
Requires Major Revision:	
Submit To Another Publication Such As:	
Reject On Grounds Of (Please Be Specific):	

SECTION V: Additional Comments

Please add any additional comments (Including comments/suggestions regarding online supplementary materials, if any):

Editor/Reviewer's Name and Title(s)

Signature: _____ **Date:** _____