

Change of Authorship Request Form 1/3

Use this form to make changes to the list of authors in a submitted manuscript

Please provide the current information for the manuscript in question:

Manuscript # _____ Title: _____

CURRENT Authors list (Please provide current list in the order shown in manuscript)

Author #	First Name(s)	Last Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Justification for Change:



Change of Authorship Request Form 2/3

Use this form to make changes to the list of authors in a submitted manuscript

PROPOSED Authors list (Provide new list in the order that it should appear in manuscript)

Author #	First Name(s)	Last Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		



INTERNATIONAL SCIENTIFIC INFORMATION, INC.

150 BROADHOLLOW RD., SUITE 114, MELVILLE, NY 11747, U.S.A.
PHONE: +1 (631) 470 9640 +1 (631) 629 4328
E-MAIL: OFFICE@ISI-SCIENCE.COM WWW.ISI-SCIENCE.COM



Change of Authorship Request Form 3/3

Use this form to make changes to the list of authors in a submitted manuscript

DECLARATION OF AGREEMENT

ATTENTION

ALL authors, unchanged, added, or removed, MUST sign this declaration.

"I agree to the proposed new authorship shown above, and the change as indicated below"

NC- Unchanged, Add - Author being added, Removed - Author being removed

#	First Name(s)	Last Name	NC	Add	Removed	Signature	Date
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Signature: **Date:**

