**Reward Request Form**

Date ....... Month ........................Year.................

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* 1. First Name – Last Name......................................................................................................................................
  2. Affiliate: (Department/ Division) .................................... Faculty/ College/ Institute..................................
  3. Authorship of Article 🞎 Corresponding Author 🞎 Co-Corresponding Author

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(\*Please attach journal quartile information.)

2.1 Title of Article............................................................................................................................................................

2.2 Publication Journal...................................................................................................................................................

2.3 Types of Article  Original Article  Review Article  
 2.4 Subject Category Related to the Article...............................................................................................................

➂ Consent

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