

TECHNICAL MANUSCRIPT REVIEW FORM

Title/Draft No.		Author(s)
		Project Officer/Organization/Address
Date Review Requested	Date Review Required	
Type of Publication/Audience		
Review Coordinator (e.g., PO, TIM, Supervisor)		

You are asked to review and comment on the attached manuscript. Feel free to make notations on the manuscript as well as in comments section below, particularly regarding your recommendations for revisions. If you are unable to review the manuscript by the required date above, please return it now. Your suggestions for alternate or additional reviewers will be welcomed.

SUMMARY RATING			RECOMMENDATIONS
Please rate the manuscript as follows:	Satisfactory	Unsatisfactory	
Content and scope	_____	_____	___ (1) Acceptable as is
Organization and presentation	_____	_____	___ (2) Acceptable after minor revision
Quality of data and validity of analytical techniques	_____	_____	___ (3) Acceptable after major revision
Soundness of conclusions	_____	_____	___ (4) Not acceptable
Editorial quality	_____	_____	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> If you have checked either 3 or 4, please specifically state reason(s) in the comments space below.
Other (specify)	_____	_____	
_____	_____	_____	
_____	_____	_____	

Reviewer's Signature
Date

Comments: *(Use extra sheets if needed.)*