

Reviewers' final Recommendation

The authors have been given time to make improvements to their papers and have responded to your review. Please consider their response and the changes they have made and reevaluate your recommendation to the Chair.

***Required**

1. Email *

2. First name of the reviewer *

3. Title of the first Paper you reviewed *

Be sure to enter the full title, as some papers have similar names.

4. Would you like to change your recommendation for the first Paper? *

Mark only one oval.

☐ Yes *Skip to question 5*

☐ No *Skip to question 6*

Reviewers' final Recommendation: First Paper

5. Overall Evaluation *

Mark only one oval.

- ☐ 3 (strong accept)
- ☐ 2 (accept)
- ☐ 1 (borderline paper, but has merits that outweigh flaws)
- ☐ -1 (borderline paper, but the flaws may outweigh the merits)
- ☐ -2 (reject)
- ☐ -3 (strong reject)

Reviewers' final Recommendation

6. Title of the second Paper you reviewed *

Be sure to enter the full title, as some papers have similar names.

7. Would you like to change your recommendation for the second Paper? *

Mark only one oval.

- ☐ Yes *Skip to question 8*
- ☐ No

Reviewers' final Recommendation: Second Paper

8. Overall Evaluation *

Mark only one oval.

- ☐ 3 (strong accept)
- ☐ 2 (accept)
- ☐ 1 (borderline paper, but has merits that outweigh flaws)
- ☐ -1 (borderline paper, but the flaws may outweigh the merits)
- ☐ -2 (reject)
- ☐ -3 (strong reject)

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