

Manuscript Review Request Form

Title: _____

Author(s) _____ Department(s) _____

CRIS Project #: _____ Field of Study: _____

Publication In:

MAFES Bulletin _____ Information Bulletin _____ Research Report _____

Information Sheet _____ Technical Bulletin _____ Departmental Publication _____

Journal (Name) _____

Proceedings _____

Other (Specify) _____

Subject Matter Reviewers

AT LEAST THREE REVIEWERS WITH ONE OUTSIDE REVIEWER.

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