**REVIEWING FORM**

|  |  |
| --- | --- |
| **Name of author:** | NAME SURNAME OF AUTHORS |
| **Title of the paper:** | TITLE OF THE PAPER |
| **Reviewing system** (filled in by reviewer)**:****1** – excellent (accept)**2** – very good (accept with the minor corrections)**3** – average (accept with the major corrections)**4** – fair (accept only after corrections and repeated review)**5** – poor (reject) |
| **Criterion**  | **Score**  |
| Title |  |
| Abstract |  |
| Scientific importance of thematic  |  |
| Originality  |  |
| Tables, Figures, Equations |  |
| Citations  |  |
| References  |  |
| **Final recommendation**  |  |
| **Additional comments and explanations:** |
| -XXXXXXX |

Date of paper review: X.XX.2019