

CONSENT FORM FOR REVIEWERS



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Reviewer's Name	
University/institution/Country	
E mail Address used via ASJP	
Mobile Number	+

Purpose

This consent form outlines the responsibilities and expectations for reviewers of manuscripts submitted to **Traduction et Langues**. By signing this form, I agree to serve as a reviewer for the journal and adhere to the guidelines set below.

I certify that:

- ☐ I am a Reviewer, appointed by an Associate Editor, and I have accepted membership and collaborated through ASJP.
- ☐ I am both a Reviewer and an Associate Editor. I accepted the membership and have reviewed manuscripts through ASJP.
- ☐ I am a Reviewer, appointed by the Editor-in-Chief following a proposal from an Associate Editor. I accepted the membership and have reviewed manuscripts through ASJP.
- ☐ The Associate Editor's name or the Editor-in-Chief's name

Member Responsibilities

As a reviewer, I agree to:

- Review assigned manuscripts promptly and provide objective, thorough, and constructive feedback;
- Keep all manuscript information, including authors' identity, confidential;
- Declare any potential conflicts of interest, including personal, financial, or professional relationships with the authors or other parties involved in the manuscript;
- Commit to conducting the review fairly and objectively, without bias or conflict of interest. If any potential conflicts arise, I disclose them to the editorial office immediately.
- Provide my feedback within the agreed-upon timeframe to facilitate a smooth review process.

Duration of Service: My term on the editorial board will begin on date I accepted to be a member of **TRANSLANG Journal** via ASJP.

Withdrawal: I may withdraw from the editorial board at any time by providing written notice to the editor-in-chief.

Agreement: By signing below, I acknowledge that I have read and understood the responsibilities and expectations of my role as a reviewer for **Traduction et Langues**. I consent to serve in this capacity and agree to adhere to the journal's policies.

- This Form must be completed and signed, or by e-mailing a scanned copy of the signed original to: translang.journal@univ-oran2.dz, translang.journal@gmail.com, ghaniaouahmiche@gmail.com

	Signature	Date
REVIEWER		

