

Article Processing Charge (APC) Waiver Request Form

1. Author Information

Category	Detail
Corresponding Author Name	[Full Name]
Institution/Organization	[Institution/Organization Name]
Corresponding Author Email Address	[Email]
Correspondence Address	[Full Address]

2. Manuscript Information

Category	Detail
Manuscript Title	[Title]
Manuscript ID (if applicable)	[Manuscript ID]
Manuscript Type	[Type of Manuscript, e.g., Research, Review, etc.]

3. Reason for Waiver Request

Category	Detail
Financial Constraints	[Describe the financial constraints and budgetary situation.]
Research Quality	[Describe the significant contribution of the research and its potential impact.]
Membership or Collaboration	[Mention if there is membership in or collaboration with a partner organization.]

4. Supporting Documentation

Category	Detail
Financial Constraints Documentation	[Attach evidence of financial constraints, e.g., institutional letter, budget report.]
Membership Documentation	[Attach proof of membership in a partner organization.]
Research Quality Documentation	[Attach documents or evidence of the quality and impact of the research.]

I hereby declare that the information provided in this form is true and accurate. I understand that the decision regarding the waiver request is at the sole discretion of the journal and is final. I also acknowledge that the journal is not obligated to provide reasons if my request is denied. I agree to adhere to the journal's policies and procedures related to APC waivers.

Date: [Date]
Corresponding Author Signature: [Signature or electronic name if required]
Corresponding Author Name: [Full Name]

