

CONSENT FORM FOR REVIEWERS



**International Journal of
Multilingualism and Languages for
Specific Purposes**
P-ISSN: 2992-0310 E-ISSN: 2992-0426

Université d'Oran2 Mohamed Ben Ahr



Associate Editor's Name		
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List of Reviewers proposed:		
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Purpose
This consent form outlines the responsibilities and expectations for reviewers of manuscripts submitted to **IJMLSP JOURNAL**. 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.
I am a Reviewer, appointed by the Editor-in-Chief.
The Associate Editor's name:
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 **IJMLSP JOURNAL**

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 **IJMLSP JOURNAL**. 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: IJMLSP.Journal@gmail.com, IJMLSP.Journal@univ-oran2.dz

	Signature	Date
Associate Editor	/...../.....

