

Withdrawal Form of Manuscript

Name of Manuscript

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Withdrawal Reasons of Manuscript

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Information about the Author/s

Title	Name-Surname	Institution	Signature

As the responsible author, on behalf of all author/s;

I accept and undertake

1. that I cannot submit our manuscript to another journal for review unless withdrawal request is approve.
2. that I will to work in collaboration with the editorial board fort he withdrawal process.

Sorumlu Yazarın

<i>Name</i>		<i>Signature</i>	
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<i>Phone</i>		<i>e-mail</i>	