

JOURNAL OF NEPHROLOGY NURSING ARTICLE WITHDRAWAL FORM

Title of the Article:			
Reasons for Article W	ithdrawal:		
Full Name(s) and	d Institution(s) of Auth	or(s) (In the Order List	ed in the Article):
Title	Name-Surname	Institution	Signature



As the corresponding author on behalf of all authors:

- 1- I accept and undertake that unless the withdrawal request for our work, whose copyrights were transferred to the Journal of Nephrology Nursing at the submission stage, is approved by the editorial board, I cannot submit our work to another journal for evaluation,
- 2- I accept and undertake that I will work in cooperation with the editorial board/board of editors throughout the withdrawal process.

Of the Corresponding Author:

Name-Surname:	
Phone:	
e-mail:	
Signature:	