

## Publication Fees Request Form

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Faculty name:

Degree:

Department:

Specialty:

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The Article Title:

The Journal Name/ Impact factor:

The Date of Publication:

Fees requested :

If the research work was approved by the IRB (Please attach the approval letter)

Please attach a copy of the article:

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Approval of The Department Council:

Date:

Approval of The Chair, SRU:

Date:

Approval of The Deanship Scientific Research Council:

Date: