

All pages of this packet must be filled out and sent back to the publication coordinator Lagene Taylor with your submission of the manuscript. If you have any questions, please contact her at 509-335-2823 or lagene@wsu.edu.

Manuscript Proposal Form

The author submits this completed form with brief abstract attached about the intended publication to the program director before writing the manuscript. The program director will give permission to write an official numbered publication for WSU Extension.

Please complete all sections of the form.

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How will this publication differ from and be more effective than other print/non-print sources of similar information? _____

What funding sources will pay for the printing of this manuscript (i.e., grants, Extension funds, departmental budget, etc.)? Specify. _____

Please provide a list of possible peer reviewers for this publication. _____

Author signature

Date signed

Please forward this form to your program director for review and approval.

Please review this approval form. This form authorizes the author to write the above listed manuscript. Approval of writing the manuscript does not guarantee the publication will be approved for publishing or funding.

Program Director

Date signed

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To be completed in full, signed and submitted with publishing request forms for production of media materials

Publication name _____

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Description of Material:	
Purposed Use:	
File Under Heading:	

Human or Animal Research

Date _____

Title of Manuscript _____

1. Were human or animal subjects used during the research described in this publication?
 Yes Please proceed to question 2.
 No Please sign the certification at the bottom of the form.

2. Did the Institutional Review Board (IRB) or the Institutional Animal Care and Use Committee (IACUC) approve this research?
 Yes Please attach a copy of the approval letter and sign the certification at the bottom of this form.
 No Stop. Read the statements below.

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I have read the above information and certify that the information provided is accurate and correct.

Author signature

Date signed

Blind Peer Review Process

Form A

This form is for the peer review process. The author completes the first section and forwards it to the program director to initiate the peer review process.

This section to be completed by the author.

Date _____ Primary Author _____

Title of Manuscript _____

Has this information been printed or distributed in any format already? If yes, how, when and by whom?

Author signature

Date signed

Please forward this form to your program leader for review and approval.

This section to be completed by the Program Director

Please assigns three peer reviewers to review this publication. Each reviewer should receive a copy of the Peer Review Process Form B with a hard copy of the written manuscript. A date should be assigned as to when you expect the reviews to be completed.

Reviewers' names	Date Sent
1. _____	_____
2. _____	_____
3. _____	_____

Program Director

Date signed

Peer Review Process Form B

Title _____

Intended audience _____

Reviewer's name _____ Phone _____

Date submitted for review _____ Date due back to Sender _____

Publication should be reviewed for the criteria.

- Accuracy and technical merit.
- Appropriateness for target audience(s).
- Degree of understanding and clarity.

REVIEWER'S RECOMMENDATION (Initial one of the following. Write your comments on this sheet and on the manuscript, where appropriate. (Return form and manuscript to the Program Leader)

Suitable after
revisions

Suitable without
revisions

Not suitable
for publication

Comments: _____

(Use other side of this sheet if more space is needed.)

Reviewers' Signature

Date returned

Pesticide Review Process

Title _____

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Reviewer's name _____ Phone _____

Changes Needed:

Page # _____

Page # _____

Page # _____

Page # _____

Page # _____

Page # _____

Page # _____

Use other side of this sheet if more space is needed.)

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