REVIEW FORM

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| **ID number** | **17XY** |
| **Title of paper** |  |
| **Authors** |  |

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|  | **Detailed assessment** (please fill “X”) | **YES** | **NO** |
| 1. | Is the problem discussed in the article clearly presented? |  |  |
| 2. | Does the article present an original achievement of the author(s)? |  |  |
| 3. | Is the structure of paper appropriate? |  |  |
| 4. | Is the cited literature appropriate? |  |  |
| 5. | Are the language, style of work and terminology correct? |  |  |
| 6. | Are figures and tables appropriate? |  |  |
| 7. | Are conclusions corresponding to the presented results? |  |  |

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| **Overall assessment** (please fill “X” in just one case) | **YES** |
| Accept without revisions |  |
| Accept with minor revisions |  |
| Accept with major revisions |  |
| Reject |  |

**Detailed comments:**