

Waiver Request Form

The purpose of this form is to get detailed information about the applicant. Requests will be assessed on a case-by-case basis. The waiver request will normally be answered within one week of the application date. Save your entries and send the completed form to the Publishing Process Manager.

Accepted Manuscript Title:

Applicant details

Scientific Title:

Affiliation:

Full Name:

Position:

Co-authors (include all your co-authors)

Scientific Title:

Affiliation:

Full Name:

Position:

Scientific Title:

Affiliation:

Full Name:

Position:

CONTACT

E-mail:

Web link:

Telephone:

Country/State:

Have you already collaborated with IntechOpen as an author/editor/reviewer?

If you cannot make the payment due to lack of funding from the University/Centre/Laboratory you are affiliated with, provide us with an official statement.

NOTE: All fields MUST be completed otherwise your application will not be considered. If question is not applicable, enter n/a. For additional co authors and/or the official statement from the University, please send it by email to the Publishing Process Manager.

