**Application Form for the Reimbursement of Language Editing Fee**

**Check List**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1 | Published paper is attached |  |  |
| 2 | Name of the University of Sri Jayewardenepura is stated as the corresponding author’s institutional affiliation. |  |  |
| 3 | Corresponding authors email address contains the e-mail domain as ‘sjp.ac.lk’ |  |  |
| 4a | For papers published in indexed journals\*  A document to support the indexing services stated below should be attached\* |  |  |
| 4b | For papers published in any indexed journal\*\*  Documents to support,  1. the indexing services stated below should be attached\*\*  2. the journal has an impact factor of at least one |  |  |
| 5 | Original payment document/s |  |  |

\* Indexed Journal Publication: Recognized Index journals are listed at http://www.isinet.com/journals under:

1. Science Citation Indexed Expanded (™) (Web of Science)

2. Social Sciences Citation Index® (Web of Science)

3. Arts and humanities citation index® (Web of Science), etc.

*and*

4. Elsevier SCOPUS

5. Emerald Insight

6. Cabell’s International

\*\* Any indexed Journal Publication: Any indexed Journal not included in above ([www.isinet.com/journals](http://www.isinet.com/journals) and others). Evidence of the indexing service needs to be submitted.

I hereby confirm that I have informed all the coauthors regarding my reimbursement and that I have not claimed before for the same article.

Applicant Name:

Faculty:

Department:

Signature:

Date: