

Publication Request

I am requesting funding for:

Publication

Please complete the following information:

First Name: John

Last Name: Doe

Class Year: 2027

E-mail Address: jdoe@rowan.edu

Phone: (555) 555-5555

Publication Details:

Title of manuscript:

(enter name of manuscript)

Name of Journal:

Journal of Orthopaedic & Sports Physical Therapy

First or second author:

First

Publication Fee Details

Publication fee:

\$1,200

Please upload your publication invoice.

(UPLOAD: journal acceptance email or invoice showing publication fee)

TOTAL COST:

\$1,200

I have reached out or plan to reach out to other clubs for additional funding:

Yes

Confirmed Additional Funding Awards:

Planning to reach out to Research Club and R-SIGN for additional support related to academic research and publication funding