Taipei Medical University Application Form for English Academic Manuscript Editing Services

<table>
<tr><td rowspan="2">Applicant Name</td><td></td><td rowspan="2">Title / Position</td><td rowspan="2"></td><td>Affiliation</td><td>☐TMU ☐TMU Hospital
☐Wanfang Hospital
☐Shuang Ho Hospital</td></tr>
<tr><td>Department / Division</td><td></td></tr>
<tr><td>Contact Phone</td><td colspan="3"></td><td>Email</td><td></td></tr>
<tr><td colspan="6">1. Authors' Names (in order of planned publication)：</td></tr>
<tr><td colspan="6">2. Applicant's Author Role：☐First Author ☐Corresponding Author</td></tr>
<tr><td colspan="6">3. Academic Field / Discipline of the Manuscript：</td></tr>
<tr><td colspan="6">4. Manuscript Title：</td></tr>
<tr><td colspan="6">5. Target Journal Name / Country of Publication：</td></tr>
<tr><td colspan="3">6. Article Type：
☐Original article ☐Review article
☐Letter to editor ☐Case report</td><td colspan="3">7. Journal Indexing / Category：
☐SCI ☐SSCI ☐A&HCI</td></tr>
<tr><td colspan="3">8. Editing Version：☐1st Draft ☐2nd Draft
☐Revised ☐Response to reviewers' comments</td><td colspan="3">9.Number of Pages to Edit (Calculated based on A4, 12pt font, double-spaced)：</td></tr>
<tr><td colspan="6">10. Number of Times English Editing Service Has Been Applied For This Manuscript：
☐1st Time ☐2nd Time (Previous Case No.: _____)
☐3rd Time (Previous Case No.: _____) (Limited to Revised versions or Response to reviewers' comments; reviewers' comments must be attached)</td></tr>
<tr><td colspan="6">11. Processing Type (Processing time excludes weekends, national holidays, and dispatch day. Express service is NOT available for first-time submissions)
☐Standard (15 days) ☐Express (7 days) Reason: _____</td></tr>
<tr><td colspan="6">12. Certificate of Editing Required：☐YES ☐NO</td></tr>
<tr><td colspan="6">13. Applicant's Signature or Seal：

Date (YYYY/MM/DD): _____ / _____ / _____</td></tr>
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