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## Review Form

Type I are presented papers for The International Conference on Artificial Life and Robotics(ICAROB), past, present, and future. (more than 70% adoption rate)  
Type II are not presented for ICAROB. (more than 40% adoption rate)

Paper Title:

Author(s):

Type of Paper: Type I Type II

Reviewers: Date mailed to reviewers:

Reviewer's name:

**Due Date:**

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Recommendation:

- 1.Publish with no revision
- 2.Publish with minor revisions
- 3.Possibly publish subject to rewriting and re-review
- 4.Reject because

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Confidential Comments To Editor-in-Chief:

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REPLY FORM 1 [PAPER]  
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Reference (Vol.):

Issue:

Regular (presented at ICAROB)/Special (not presented at ICAOB):



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Recommendation to the Editorial Committee: (choose one)

- Publish in the Robotics, Networking and Artificial Life as it is.
- Publish in the Robotics, Networking and Artificial Life after revision of the manuscript by someone whose native language is English or by a professional rewriter.
- Resubmit after minor revision.
- Reject.

Note: It is our editorial policy to reject the manuscript if major revision is required prior to publication.

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Reviewer's Report

(Please choose one at each category)

1. Are the results new and/or interesting?

- YES
- MAYBE
- NO\*

2. Are the results useful as a prompt report?

- YES
- MAYBE
- NO\*

3. Is the manuscript written in good English?

- YES
- MAYBE
- NO\*

4. Presentation

a) Clarity

- EXCELLENT
- GOOD
- FAIR
- POOR\*

b) Conciseness

- EXCELLENT
- GOOD
- FAIR
- POOR\*



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\*If NO or POOR is marked in Items 1 to 4, please give specific comments  
 in REPLY FORM 2.

Specific knowledge of the reviewer on the topic: (choose one)

\_ 5 (Excellent)

\_ 4

\_ 3

\_ 2

\_ 1 (Fair)

Confidential Comments for the Journal Editorial Board not to be  
 disclosed to the author(s).

(\*ONLY for reviewers of the Journal on "Robotics, Networking and Artificial Life".)

Do you permit your name to be published in "Alphabetical List  
 of Reviewers of Last Year's Issues" which appears in the Journal?

"YES" below, we will put your name on the list and "NO" below, we won't put your name on the list.

\_ Yes

\_ No

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**REPLY FORM 2(PAPER)**

Note to the reviewer:

- (1) Please give objective comments and suggestions  
     citing both strengths and weaknesses of the manuscript.  
     Please type or print clearly.
- (2) If revision of the manuscript is recommended, please clarify  
     the revisions required for acceptance. Distinguish mandatory  
     revisions from optional revisions.
- (3) Please do not identify yourself or your affiliation on this page,  
     as a copy of this sheet may be sent to the author(s) directly.

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 Reviewer's comments to the author(s)

----- end -----