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PEER REVIEW EVALUATION FORM

Title of the paper:

Date of submission:

Date of sending for peer-review:

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Please assess the attached paper using the following criteria on a scale of 1 to 5 (1 is the lowest, 5 is the highest) and comment on your evaluation. Authors will appreciate it and will be able to benefit from it.

Thank you for agreeing to review this manuscript.

CRITERIA	1	2	3	4	5
1. Originality and significance of the paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clear presentation of goals, delimitation of the topic, structuring of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mastery of relevant literature and critical approach to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clarity and soundness of argumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average score (arithmetic mean of scores 1-4):					

To recommend publication:

- the minimum average score is 4;
- the minimum score for each criterion is 3.

Reviewer's comment:

Please explain your assessment.

Reviewer's recommendation:

Please select one of the following. You should be specific about the revisions you're suggesting (use all the space you need).

I recommend to be published in this form or with some minor editing.

I recommend to be published, but it needs some minor revisions.

I recommend to be published, but it needs major revisions.

I do not recommend to be published.

REVIEWER*

NAME AND TITLE:

E-mail address:

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* **N.B.:** This is a double-blind peer review.