

Journal Ranking Request Form

Department: _____ Request Date: _____

Date request was approved by the department: _____

Signature of department head: _____

Name of Journal: _____

Requested Ranking: _____

Please select all that apply:

- ☐ This is a new request
- ☐ This is a request to change a current journal ranking. Current Ranking is: _____
- ☐ This is a complementary field journal.
- ☐ This is a Peer Reviewed/Refereed journal. ☐ This is a publicly available journal.
- ☐ This journal charges fees (such as open access contribution charge, submission charge, author charge, per page charge, publication charge, processing charge, color page charge etc.) for submission, acceptance and publication of manuscript for any of our journals].

List the types of the fees charged, what stage and amount _____

Rankings:

Acceptance rate as reported in Cabell's: _____ *(must attach a copy of the Cabell's entry for this journal).*

Ranking on the approved comparison lists for the department: *(must attach a copy of the ranking)*

List name: _____ Ranking: _____

List name: _____ Ranking: _____

List name: _____ Ranking: _____

List name: _____ Ranking: _____

If Cabell's entry and at least two approved comparison lists are not available or do not support the requested ranking, additional supporting evidence must be provided (see requirements in the "Procedure for Ranking Journals" document).

Date approved by the Journal List Committee: _____

This form serves as your cover page. Do not modify the form. Include any additional information as an attachment.