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Sultan Qaboos University
Deanship of Postgraduate Studies and Research
Research Proposal Peer Review Control Sheet

Proposal Title:	
Project Number:	
Corresponding Author:	
Telephone:	Fax:
Date of Submission:	

REVIEW PROCESS		
Reviewer # 1 Code:	Name:	Date sent out: Date returned:
Reviewer # 2 Code:	Name:	Date sent out: Date returned:
Reviewer # 3 Code:	Name:	Date sent out: Date returned:
Reviewer # 4 Code:	Name:	Date sent out: Date returned:
FINAL REVISION	Date sent out:	Date returned:
<input type="checkbox"/> Accepted with Revision <input type="checkbox"/> Rejected		
UNIVERSITY APPROVAL (if necessary)		
Date sent out:		Date returned:

SIGNATURE	
_____	_____
Dean of DOPSAR	Date