

Corresponding Author Change Request Form

If you are the current corresponding author of the submission listed below and wish to assign one of your co-author to take over the corresponding authorship for the requested submission, please complete this form and provide your signature in the section A.

If you are requesting to change the corresponding author on the corresponding author's behalf, please complete the following form and obtain signatures from all co-authors in section B.

Please note that the proposed new corresponding author must be one of the listed co-author(s) and must be registered in the relevant submission system – EES;EVISE or EM.

Journal title:
Article title:
Manuscript reference number (if applicable):
Original corresponding author's name and the E-mail address:
Proposed new corresponding author's name and the E-mail address:
Detailed Reason for change:
Is this change permanent: Yes No If <i>No</i> is indicated, please provide the time frame:
A:
I Signature, the corresponding author of this manuscript request to change the corresponding author to as indicated above.



B:

I agree with: the request to change the corresponding author for this manuscript. (signatures of all co-authors)

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