

Request Form for Change of Author Designation

(e.g., Corresponding Author, First Author, etc.)

1. Manuscript Information			
Manuscript Title: (Insert full title of the manuscript)			
•			
Manuscript ID (if known): (Insert submission tracking number)			
Ū			
2. Requested Change			
☐ Change of Corresponding Autho	r		
☐ Change of First Author			
☐ Change of Other Author			
(Please check one or more options as	appropriate.)		
3. Original Author Information			
Original Corresponding Author / Fi	irst Author (to be changed)		
• Full Name:			
Affiliation:			
• Email:			
4. New Author Information			
New Corresponding Author / First	Author		
• Full Name:			
• Affiliation:			
• Email:			
ORCID (if applicable):			
5. Reason for Change			
(Briefly explain the reason for requestir			
6. Declaration and Signatures	1		C .1 1.
· ·	-	n that we all agree to the proposed chan	ge of authorship
and understand that the JCEN edite	orial office reserves the rig	nt to approve or reject this request.	
	Date (yy/mm/dd)	Name (Last Name, First Name)	Sign
First Author Name			
Corresponding Author Name			
	1		

7. Contact Information for Submission

Please email the completed and signed form (preferably as a scanned PDF) to:

editor.jcen@the-jcen.org

^{*} This form must be submitted before acceptance of the manuscript. Changes to authorship after acceptance will only be granted under exceptional circumstances with full justification.