



International Conference on Artificial Life and Robotics (ICAROB 2019)

24th AROB Anniversary

ALife Robotics Corporation Ltd.
Challen4ge for New Technologies in 21st Century

Month Date, 2018

Review Form

Please return this form only to ICAROB office as soon as possible when you have finished reviewing until 2018/10/15.

Paper Title:

Type of Paper: GS (general session) or OS (organized session) or PS (poster session)

You are specialists in Artificial Life, Robotics, Control and other fields.

Reviewers: reviewer-1,2,3: reviewer-1,2,3 (mail address)

Date mailed to reviewers: **Month Date, 2018**

Reviewer's name:

Due Date: 2018/10/15 (asap)

Recommendation:

- 1.Publish with no revision
- 2.Publish with minor revisions
- 3.Possibly publish subject to rewriting and re-review
- 4.Reject because

Confidential Comments To Editor-in-Chief:

REPLY FORM 1 [PAPER]

Reference: vol.24

Recommendation to the Editorial Committee: (choose one)



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Publish in the proceedings of The 2019 International Conference on Artificial Life and Robotics (ICAROB2019) as it is.

Publish in the proceedings of ICAROB2019 after revision of the manuscript by someone whose native language is English or by a professional rewriter.

Resubmit after minor revision.

Reject.

Note: It is our editorial policy to reject the manuscript if major revision is required prior to publication.

Reviewer's Report

(Please choose one at each category)

1. Are the results new and/or interesting?

YES

MAYBE

NO*

2. Are the results useful as a prompt report?

YES

MAYBE

NO*

3. Is the manuscript written in good English?

YES

MAYBE

NO*

4. Presentation

a) Clarity

EXCELLENT

GOOD

FAIR

POOR*

b) Conciseness

EXCELLENT

GOOD

FAIR

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Robotics

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POOR*

*If NO or POOR is marked in Items 1 to 4, please give specific comments
in REPLY FORM 2.

Specific knowledge of the reviewer on the topic: (choose one)

5 (Excellent)

4

3

2

1 (Fair)

Confidential Comments for the proceedings of ICAROB Editorial Board not to be
disclosed to the author(s).

(*ONLY for reviewers of "the proceedings of ICAROB2019".)

Do you permit your name to be published in "Alphabetical List
of Reviewers of Last Year's Issues" which appears in the Journal?

"YES" below, we will put your name on the list and "NO" below, we won't put your name on the list.

Yes

No

REPLY FORM 2(PAPER)

Note to the reviewer:

- (1) Please give objective comments and suggestions
citing both strengths and weaknesses of the manuscript.
Please type or print clearly.
- (2) If revision of the manuscript is recommended, please clarify
the revisions required for acceptance. Distinguish mandatory
revisions from optional revisions.
- (3) Please do not identify yourself or your affiliation on this page,
as a copy of this sheet may be sent to the author(s) directly.

Reviewer's comments to the author(s)

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