AMS Full Waiver Application

Authors seeking a full waiver of page charges must return a complete application package before their waiver request can be considered. Those applying for a partial waiver can disregard this form.

Manuscript Information

Journal: Choose One

Corresponding Author: _____

Manuscript Title: _____

Author's Email: _____

Author's Affiliation: _____

Policies

Department or Funding Agency Letter: Authors applying for full waivers must submit a *signed* letter from their Dean, laboratory administrator or the equivalent, or their funding agency, confirming that the author's institution cannot pay the charges and justifying their claim. Applications without such letters will not be considered complete and will not be processed. This supporting letter should be returned to the AMS along with the completed application.

Eligibility: If you or any of your co-authors have received a full waiver of page-charges within the past 12 months for a paper in any AMS journal that was not formally rejected or withdrawn, you are not eligible to apply for another one.

Review: If your application is denied, that specific manuscript will be ineligible for full-waiver reconsideration for the subsequent 12 months.

Please direct any questions regarding this application to Caitlin Garrison, Publications Billing Manager, at cgarrison@ametsoc.org.

Visit www.ametsoc.org/PUBSCharges and www.ametsoc.org/PUBSWaiverInfo for more information on our page charge policies.

Waiver Information

Please detail the circumstances that prevent you from paying page charges either fully or partially:

Please list any grants supporting the research described in your paper (list the granting agency, program, and grant ID). Indicate whether or not page charges are budgeted for in the grant(s), and whether or not you have requested that page charges be covered. Also give the dates for any funding deadlines for the grant(s).

Please have any co-authors complete the information on page 2 of the application. If you are the sole author of the manuscript, please check here: ☐

Signature

I certify that I understand the policies in this application.

Name: _____ **Date:** _____

Return the completed application as well as the department letter by fax, mail, or email to pgchgwaiver@ametsoc.org

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Co-author Information

The corresponding author is expected to have approached all co-authors and requested assistance in covering page charges. *Duplicate this page if necessary to include information for all co-authors listed on the manuscript.*

Name: _____

Affiliation: _____

Please detail the circumstances that prevent you from contributing toward page charges:

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