



Applicant Reconsideration Request Form

Instructions

This form is to be used to request reconsideration of an accommodations decision in connection with a particular MPRE test administration date.

If all or part of your request for accommodations was denied, you may seek reconsideration by submitting this Applicant Reconsideration Request Form and providing any additional documentation you wish to have considered. Please do not resubmit the supporting documentation you previously provided.

Your reconsideration request and documentation must be submitted in a single complete packet and must be **RECEIVED** by NCBE by the late registration deadline for your MPRE test date. There are **NO** exceptions to the deadline. Once the deadline has passed, NCBE's decision is final for that test administration date.

General Information

1. MPRE Test Date (month/day/year):
2. Full Name (first/middle/last):
3. NCBE Number: N
4. Date of Birth:
5. Daytime Telephone:
6. Email:

Certification and Authorization

The information I have provided in support of my request for test accommodations is true and complete. I understand that if NCBE determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, NCBE reserves the right to cancel my MPRE score.

I authorize NCBE to contact all educational institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by NCBE, and I authorize such disclosure.

I understand that all necessary documentation and information must be received by NCBE by the late registration deadline for my MPRE test date in order for my request for test accommodations to be considered.

If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.

Signature:

Date:

If you are unable to sign this form, please have someone sign and date it in your presence:

Individual's signature:

Date:

Request For Reconsideration

Please explain your reason(s) for requesting reconsideration of NCBE's accommodations decision. Attach any additional documentation you wish to have considered. Include your name and NCBE number on every page.