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MPRE Test Accommodations

**Applicant Accommodations Extension Request Form**

Use this form to request an extension of the expiration date for approved MPRE accommodations that have not yet expired. You should not register and should not schedule an appointment to test until your accommodations are valid through your intended test date. Refer to your Accommodations Confirmation for the expiration date of your approved accommodations. You may submit additional documentation to support your extension request along with this form. **Expired accommodations CANNOT be extended and extension requests for accommodations that have expired will not be considered.**

**DO NOT USE THIS FORM IF YOU WERE APPROVED FOR ACCOMMODATIONS PRIOR TO JANUARY 1, 2020.** Instead, you must reapply for accommodations by submitting a new and complete application, following the requirements and instructions at [How to Prepare Your Request for MPRE Test Accommodations](#).

**IF YOUR APPROVED ACCOMMODATIONS HAVE EXPIRED,** you must submit a new and complete application, following the requirements and instructions at [How to Prepare Your Request for MPRE Test Accommodations](#).

**General Information**

1. Full Name (first/middle/last): \_\_\_\_\_
2. NCBE Number: N \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Daytime Telephone: \_\_\_\_\_ 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 accommodations that have been or will be granted or denied.

I understand that any forms or documentation relating to my request for test accommodations, including this extension request, may be submitted for evaluation to one or more qualified professionals retained by NCBE, and I authorize such disclosure.

I understand that expired accommodations CANNOT be extended and that my request for an extension of my approved accommodations will only be considered if it is received at NCBE during my period of eligibility, and my approved accommodations have not expired.

I understand that my request for an extension of my approved accommodations may be denied.

I understand that I should submit my request for an extension of my approved accommodations and receive determination of NCBE's accommodations decision prior to registering for the MPRE and scheduling a test appointment.

I understand that there is no guarantee that I will be able to schedule my test on my preferred test date, at my preferred test time, and at my preferred testing center.

I understand that I must apply for an extension of my approved accommodations before they have expired and, if I want the extended accommodations to be carried out on a future MPRE date, the accommodations must not expire on or before my intended test day.

I understand that postmarks are not recognized, and that delivery to the post office or to a courier service, or unsuccessful electronic transmission, does not constitute receipt by NCBE.

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 below, in your presence:

Individual's signature: \_\_\_\_\_ Date: \_\_\_\_\_