MASSACHUSETTS BOARD OF BAR EXAMINERS Re-Application for Testing Accommodations

I have been granted ac I am requesting the sar These accommodations	ne accommod	ations that we	re previously gran	m in the last three years. ted.
Examinees must meet all thre this form. If one or more of the at accessibility@bbe.state.ma accompanying documentation Applicant Name:	ese conditions . <u>us</u> to determi may be requi	are not met, p ne which form red.	lease contact the (s) must be compl	Board of Bar Examiners
NCBE #:		Date	e of Birth:	
Email:		Tel. #:		
Most recent exam:	February	☐ July	Year:	
I am applying for the:	February	July	Year:	bar exam.
I will be typing handw of the bar examination. Examinees who sat for be submitted within two form must be submitted year) for a February ba	the immediate weeks of the sit for the imr by April 1 for	Deadline e prior bar examelease of resemble	m in Massachuset ults. ar exam in Massa	nchusetts – this
Note: For applicants awarded period. Applicants may request based on the applicant's need will only be administered in a sextended testing time, please 2-day 1 understand that the Bo	50% additiona of three-day te dis. Applicants in three-day perion note whether	sting for 50% to must explain th od. For those v you would like	testing time and m he need for three- who have previous to test in a two- o	nay be afforded such day testing. 50%+OTC sly been awarded 50% or three-day period.
assessing my current function approving accommodations.		•	•	
Signature:		Date:		

This form should be submitted electronically:

Via email to accessibility@bbe.state.ma.us, or

Via the Applicant Portal (Documents \rightarrow Send Document to MBBE \rightarrow "Previous Accommodations Requested")