

SPRINGFIELD, MA SEATING REQUEST FORM

Massachusetts Board of Bar Examiners

Please submit this form by e-mail to
info@bbe.state.ma.us.

Please **do not** submit this Seating Request Form
as an attachment to your Petition for Admission.

Please **do not** submit this Seating Request Form
prior to the opening date of the filing period.

Please complete this form and submit it by the Petition filing deadline.

☐ I request to take the Massachusetts Bar Examination at Western New England University School of Law, 1215 Wilbraham Road, Springfield, MA 01119 for the ____/____ (MM/YYYY) exam.

☐ I understand that:

- Only a **limited number of seats** will be available at this location, and that space will be granted on a first-come, first-served basis.
- The submission of this form **constitutes a request**, not an actual seating assignment.
- All petitioners not assigned to Springfield must take the examination in Boston.
- Once assigned to Springfield, seating **cannot be changed** to Boston.
- **Re-take petitioners** must complete this request each time they intend to sit for the bar examination.

☐ I am qualified under Supreme Judicial Court Rule 3:01 to request seating for the Massachusetts Bar Examination in Springfield, MA.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ NCBE #: _____

E-mail: _____ Law School: _____

I will be ☐ typing ☐ handwriting the MPT and MEE portions of the bar examination.

Examinees will be notified of test site assignments via e-mail no later than one month before the examination.

Signature: _____ Date: _____