

COLORADO BAR EXAM COVER PAGE – ELECTRONIC VERSION

Complete and submit this form with full application fee no later than the applicable filing deadline.

APPLICANT NAME: _____
(Type or Print Legibly)

Telephone number: _____ **Email address:** _____

Herewith filed is my application for the Colorado Bar Exam scheduled for **FEBRUARY** _____ **JULY** _____
(Year) (Year)

EXAM SEATING

1. I am **RIGHTHANDED** **LEFTHANDED**
2. I wish to complete the Essay/PT portion by **WRITING** **COMPUTER (\$100 fee)***
 *Add \$100 to applicable filing fee. Mandatory SofTest© software installation and laptop registration must be completed by applicable deadlines. Instructions and deadlines for software installation and registration will be communicated via email. See www.examssoft.com/faq for more information.

REQUEST FOR TEST ACCOMMODATIONS

3. I have a **DISABILITY** for which I am requesting special test accommodations. **Yes** **No**
- Test accommodations will not be granted to those who fail to file a Petition for Test Accommodations.** (See *Test Accommodation Forms* at www.coloradosupremecourt.us/BLE/Application/AppForms.htm)

MULTISTATE PROFESSIONAL RESPONSIBILITY EXAM (MPRE) REQUIREMENT

4. Have you taken the MPRE within the last two years? **Yes** **No**
 If **YES**, indicate: **Date of exam** _____ **Scaled Score** _____
- a. Have you requested the transfer of your MPRE scores to Colorado? **Yes** **No**
 (See *Rule 201.5(3), C.R.C.P. concerning MPRE requirements.*)

EDUCATIONAL QUALIFICATIONS

5. Full name and location of the law school from which you received your first professional law degree* (*JD or LLB*)

Law School Name: _____

City: _____ **State:** _____

**Non-ABA law school graduates are subject to additional requirements of Rule 201.5, C.R.C.P.*

PREVIOUS COLORADO APPLICATIONS

6. Prior to this application, have you ever filed an application for admission to practice law in Colorado?
No **Yes** If **Yes**, indicate **Date** (*approximate*) of application. _____

FOR OFFICE USE ONLY (Electronic Version)

DATE RECEIVED

APPLICATION NUMBER _____

Check No _____

POSTMARK _____ **WALK-IN** _____

Amount Paid _____ **Late Fee** ___Y ___N