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NON-STANDARD TESTING ACCOMMODATIONS APPLICATION CERTIFICATE OF LAW SCHOOL OFFICIAL

<u>Please note:</u> This Certificate must be signed, even if you did not receive an accommodation in law school.

In the Matter of the Application of _	
for Admission to the New Jersey Ba	r Examination

(Please use additional pages, if necessary)

The New Jersey Board of Bar Examiners endeavors to provide testing accommodations to candidates with disabilities to the extent that such accommodations are reasonable, consistent with the nature and purpose of the examination, and necessitated by the candidate's disabilities. Please complete this form and return it to the candidate for submission to the New Jersey Board of Bar Examiners. It is an integral part of the evaluation process by the Board of Bar Examiners. Thank you in advance for your assistance in the timely completion of this form.

1. Please state your name, your position, and the name, address, e-mail address, telephone number and facsimile number of your law school:

2.	State the nature of the applicant's physical or mental impairment that served as the basis for granting testing accommodations:
3.	While attending this law school, the above-named applicant (check all that apply): Did not request testing accommodations; Requested testing accommodations;
	 □ Was not given testing accommodations; □ Was given testing accommodations as described below.
4.	Specifically describe the testing accommodations granted to the applicant, including how they differed from customary testing procedures and conditions.
5.	Describe the documentation that served as the basis for granting the applicant special testing conditions:

6.	Please describe any testing accommodations requested by the applicant that were not granted and the reasons for the denial.
I cei beli	rtify that the statements made by me are true and correct to the best of my knowledge and ef.
Sigr	ned this, 20
Sigr	nature:
Prin	t Name:
Title	e: