

**GUAM BAR EXAMINATION REGISTRATION FORM
GUAM BOARD OF LAW EXAMINERS**



REGISTRATION FOR EXAM:

NAME:

SSN:

DOB:

PLACE OF BIRTH:

CONTACT INFORMATION

PHONE NUMBERS: (MAIN):

(ALTERNATE):

HOME ADDRESS:

MAILING ADDRESS:

EMAIL ADDRESS:

EDUCATION INFORMATION

LAW SCHOOL (Name & Location):

DATE OF GRADUATION:

ABA ACCREDITED: YES NO

MPRE TESTING DATE:

MPRE SCALED SCORE:

UNDERGRADUATE SCHOOL (Name & Location):

DATE OF GRADUATION:

QUESTIONNAIRE

Have you previously taken the Guam Bar Examination? YES NO

If yes, please provide the date(s) of previous examination(s) taken:

Have you been admitted to practice law in any other jurisdiction? YES NO

If yes, please provide the jurisdiction(s) and date(s) of admission:

SIGNATURE

DATE

*This form must be submitted together with all other application requirements.

TO BE COMPLETED BY B.O.L.E.
MBE: RAW _____ | SCALED _____ MPT: _____ Local Question: _____ MEE: _____ TOTAL SCORE: _____

APPLICANT NO. _____ **PASS:** **FAIL:**