



BAR EXAMINATION REGISTRATION FORM
(Guam Board of Law Examiners)
PLEASE TYPE OR PRINT

REGISTRATION FOR EXAM:

NAME:

SS#:

DOB:

PLACE OF BIRTH:

PHONE NUMBERS: (HOME)

(WORK)

HOME ADDRESS:

MAILING ADDRESS:

BAR EXAM PREVIOUSLY TAKEN IN THIS JURISDICTION, INCLUDE DATE:
YES " NO "

UNDER GRADUATE SCHOOL (NAME & LOCATION):

LAW SCHOOL (NAME & LOCATION):

ABA ACCREDITED: YES " NO "

OTHER JURISDICTION ADMITTED (IF YES, PLEASE GIVE JURISDICTION NAME & DATE OF ADMISSION): YES " DATE: NO "

Signature

Date

TO BE COMPLETED BY THE B.O.L.E.

TEST DATES: (MBE): __/__/__ (ESSAY): __/__/__ (MPRE): __/__/__

SCORES: MBE: RAW ____/SCALED ____ MPRE: RAW ____/SCALED ____ ESSAY/MPT: ____

TOTAL COMBINED: ____ PASSED: ____ FAILED: ____

REVIEW SUBMITTED DATE: __/__/__ RESULT: PASSED: ____ FAILED: ____

APPLICANT NO. _____