



STATE OF MONTANA BOARD OF BAR EXAMINERS & COMMISSION ON CHARACTER & FITNESS

P.O. BOX 577 • Helena, Montana 59624 • (406) 442-7660 • Website: www.montanabar.org

For State Bar Use:

Date Rec'd _____

Fee Pd. _____

EXAM APPLICATION COVER PAGE

Applicant's Name: _____

Email Address: _____ Phone Number: _____

Law School: _____ Graduation Date: _____

MPRE Score: _____ Date Earned/Scheduled: _____

Applying to sit for the Montana Uniform Bar Examination in:	☐ February	☐ July
I wish to complete the Essay portion of the examination by: (Registration with ExamSoft required for laptop users.)	☐ Handwriting	☐ Mac ☐ PC
I have a disability for which I am requesting testing accommodations. (Request for Testing Accommodation forms with complete documentation must accompany application.)	☐ No	☐ Yes
I would like to take a Courtesy Seat for the exam, meaning I wish to solely take the exam in Montana and do not wish to be admitted as an attorney in the State of Montana.	☐ No	☐ Yes

List all states and jurisdictions where you have applied for admission and the status of the application:

State/Jurisdiction

Admission Date

Status (active, inactive, withdrawn, pending, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____