

# APPLICATION FOR THE JULY 2024 NEW HAMPSHIRE BAR EXAMINATION

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ NCBE #: \_\_\_\_\_ available at [NCBEX.ORG](http://NCBEX.ORG)

Sex:  Male  Female  Other E-mail Address: \_\_\_\_\_

How will the essay portion of the exam be completed?  via laptop  handwritten

I hereby apply for leave to take the New Hampshire Bar Examination.

## **FEE SCHEDULE**

Attach this application form to the petition and questionnaire form. Enclose a check or money order for \$725.00 made payable to the State of New Hampshire – Treasurer. **The fee is non-refundable.**

## **CONCURRENT BAR APPLICATION**

New Hampshire administers the Uniform Bar Examination. If you are sitting in New Hampshire and are applying concurrently in another UBE jurisdiction, you must contact the NCBE to have your UBE score transferred to that jurisdiction. If you are sitting in another UBE jurisdiction to take the examination, and wish to apply concurrently to New Hampshire, this is not the correct form. You must apply for admission by transferred UBE score.

I am applying concurrently in the following jurisdiction(s): \_\_\_\_\_

## **MULTI-STATE PROFESSIONAL RESPONSIBILITY EXAMINATION**

By signing this application, I affirm that I have taken (or will take) the Multistate Professional Responsibility Examination (MPRE). I understand that I must achieve the required scaled score of 79 or higher to be admitted to the New Hampshire bar.

Please list date upon which you took (or plan to take) the MPRE: \_\_\_\_\_  
Month Year

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State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_ of full age, being duly sworn, on my oath depose and say, that I am the applicant in the foregoing application and that the contents thereof are true. I further certify that my purpose for taking the New Hampshire Bar Examination is for admission purposes only. I certify that I will not share the contents of the Multistate Bar Examination (MBE) with any individual, organization or agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public