

NASBA Uniform CPA Examination Score Review Form

This form should be completed by candidates who choose to have the American Institute of Certified Public Accountants (AICPA) review their score(s) for one or more sections of their Uniform CPA Examination for the current testing window.

The <u>non-refundable</u> fees are:	Auditing and Attestation (AUD)	\$200 US dollars
	Financial Accounting and Reporting (FAR)	\$200 US dollars
	Regulation (REG)	\$200 US dollars
	Business Environment and Concepts (BEC)	\$150 US dollars

Candidates are advised;

- ❖ the score review fees are non-refundable.
- ❖ the score review process begins on "submission deadline" date, regardless of when your form is submitted for processing.
- ❖ that the decision of the score appeal will be returned to you and/or your State Board of Accountancy at least **eight weeks** from the "submission deadline" date.
- ❖ that the submission of the score appeal should not prevent you from re-applying for the same section(s) in the next testing window.
- ❖ that historically there is a less than 1% chance a score will change as a result of a Score Review.

<u>Testing Windows</u>	<u>Submission Deadline</u>
January, February, March	April 25, 2012
April, May, June	July 25, 2012
July, August, September	October 25, 2012
October, November, December	January 25, 2013

This form can be submitted to our office via mail, fax or email. Candidate will receive notification of receipt via email. Contact information: Mail: NASBA Score Appeal Service, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219. Fax: 615.312.3792. Email: scorereview@nasba.org. Telephone: 1.866.MY.NASBA or 615.312.3781.

CANDIDATE NAME: _____
LAST FIRST

EMAIL ADDRESS: _____

JURISDICTION: _____ JURISDICTION ID # (per score notice): _____

EXAMINATION SECTIONS TO BE REVIEWED:

AUD Section ID #: _____ FAR Section ID #: _____

REG Section ID #: _____ BEC Section ID #: _____

AMOUNT OF CHARGE: \$ _____ AUD/FAR/REG - \$200 each BEC - \$150

CREDIT CARD# (MASTERCARD or VISA only): _____ - _____ - _____ - _____ EXP. DATE: _____ / _____
MONTH YEAR

NAME ON CARD: _____

BILLING ADDRESS: _____

BILLING ADDRESS: _____
CITY ST ZIP CODE COUNTRY

CANDIDATE SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

EMAIL SENT DATE: _____	ACCT PROESSOR INITIALS: _____	CC CHARGED DATE: _____
SUBMITTED TO AICPA: _____	REC FROM AICPA: _____	MAILED: _____