## NASBA Uniform CPA Examination SCORE APPEAL Form

This form should be completed by candidates who are requesting a session to write a score appeal regarding one or more questions on the Uniform CPA Examination for the current testing window.
$\begin{array}{ll}\text { The non-refundable fees are: } & \$ 500 \text { US dollars } \\ \$ 100 \text { US dollars }\end{array}$
Per section AUD/FAR/REG/BEC
Additional charge for each examination question for which you submit a written challenge.

Candidates are advised;

* that appeal sessions are conducted at NASBA's office located in Nashville, TN.
* that you will be contacted in order to establish a date, time and place to conduct the Score Appeal.
* under secure conditions, you will be allowed the same amount of time as the examination section, utilizing a computer, to review the questions to which you provided incorrect answers and write an appeal.
* that in the event you chose to appeal a question, you must submit payment, $\$ 100$ per question, at that time.
* 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 a score has never been changed as a result of a Score Appeal.

Testing Windows
January, February, March
April, May, June
July, August, September
October, November, December

Submission Deadline
April 25, 2012
July 25, 2012
October 25, 2012
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 $\quad$ FIRST

EMAIL ADDRESS: $\qquad$
JURISDICTION: $\qquad$ JURISDICTION ID \# (per score notice): $\qquad$
EXAMINATION SECTIONS TO BE REVIEWED:

> FAR Section ID \#:
> REG Section ID \#:
> BEC Section ID \#: -
> EXP. DATE:

NAME ON CARD:
BILLING ADDRESS: $\qquad$
BILLING ADDRESS:

| CITY | ST | ZIP CODE |
| :---: | :---: | :---: |

CANDIDATE SIGNATURE:
DATE: $\qquad$

## FOR OFFICE USE ONLY:

EMAIL SENT DATE: $\qquad$ ACCT PROESSOR INITIALS: CC CHARGED DATE: $\qquad$
SUBMITTED TO AICPA:
REC FROM AICPA:
MAILED:

