



**Request for National Board Exam Audit
Office of the Registrar**

Name: _____

Date: _____ Trimester (1 of 9, 2 of 12, etc.): _____

I am requesting for an audit of my transcript for Part _____ of the National Board Exams. I understand that my eligibility to take this part of the exam is set by the courses I have completed and is contingent upon my passing the requisite sections and if applicable, is contingent upon my being within the requisite number of months from graduation. If applicable, I give the Cleveland Chiropractic Registrar my permission to request information from the National Board of Chiropractic Examiners (NBCE) in order to facilitate my request. I give the NBCE permission to release such information to said Office of the Registrar. I understand the Registrar will notify me of my eligibility not more than one (1) week from the date of this request.

Select one option:

_____ I wish to be notified by phone. Phone #: _____

_____ I wish to be notified by e-mail. E-mail: _____

Student printed name

Date

Student Signature

FOR OFFICE USE ONLY

This student is _____ / is not _____ eligible for Part _____ of the National Board Exams.

Signature

Date