



**THE COMMONWEALTH OF MASSACHUSETTS**

**DIVISION OF ADMINISTRATIVE LAW APPEALS  
BUREAU OF SPECIAL EDUCATION APPEALS  
1 CONGRESS STREET, 11<sup>TH</sup> FLOOR  
BOSTON, MA 02114**

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WEBSITE: <http://www.mass.gov/anf/hearings-and-appeals/bureau-of-special-education-appeals-bsea>

**ADVANCEMENT / POSTPONEMENT REQUEST FORM**

(See reverse for instructions)

This request is for (please check one):  an advancement of the hearing  
 a postponement of the hearing

Student's Name: \_\_\_\_\_

School District: \_\_\_\_\_

BSEA #: \_\_\_\_-\_\_\_\_\_

Hearing Officer: \_\_\_\_\_

This request is submitted by (check one):

Parent

School District

Both Parties

to reschedule the hearing date of: \_\_\_\_\_

I am requesting this postponement for the following reason(s):

(use other side if necessary)

Proposed alternate dates (agreed upon by both parties, if possible):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requesting Party



The above request is allowed/denied. If allowed, the case is rescheduled for the following date: \_\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hearing Officer

**INSTRUCTIONS FOR COMPLETING THE  
ADVANCEMENT / POSTPONEMENT REQUEST FORM**

1. This form must be completed if requesting a postponement and must be sent to the assigned Hearing Officer.
2. Please check the appropriate box to indicate whether you are requesting an advancement or a postponement.
3. A copy of the *Request* must be sent to the other party.
4. Unless circumstances dictate otherwise, requests **must** be received by the Hearing Officer no later than five (5) days before the scheduled hearing date.



Reason for Advancement / Postponement (continued)