Counseling & Testing Center
University of North Carolina at Pembroke
Miller Analogies Test (MAT)
Registration Form

Registration form and $80.00 test fee must be received in the Counseling & Testing Center no later than one week prior to desired test date. **Please Print.**

Name:_____
(first) (middle) (last)

Address:_____
(street or P.O. Box)

_____
(city) (state) (zip)

Phone Number: **( ) -**

First Test Date Choice:_____ Second Test Date Choice:_____

1:30 _____ 3:30 _____

Check one of the following:

☐ I have never before taken the Miller Analogies Test

OR

☐ I have previously taken the Miller Analogies test on the following date(s):

_____

(You must include a copy of your Retest Ticket with this registration form and bring the original Retest Ticket with you when you report for testing.)

By signing below you attest that all information is correct and accurate.

_____
(signiture) (date)

Mail this completed form, testing fee, and retest ticket (if required) to:

UNCP Counseling & Testing Center
P.O. Box 1510
Pembroke, NC 28372