

Miller Analogies Test Registration
PLEASE PRINT

Full Name (Last, First MI)
Street Address
City, State Zip
Daytime Phone Number
Email address
Social Security Number/Date of Birth (MM/DD/YY)

Preferred Test Date: ____ / ____ / ____

See the schedule on our website for available dates:
www.ncsu.edu/psychology/mat

Have you taken the MAT in the last year? Yes No

If yes, please list dates: _____

Please mail this form along with your \$80 cashier's check or money order made payable to **NCSU** to:

MAT Clerk
NCSU Psychology Dept
Campus Box 7650
Raleigh, NC 27695-7650

You may also register in person between the hours of 8:00am - 4:00pm on Monday- Friday. We are located in Poe Hall, Room 628.

Upon receipt, we will send a confirmation notice with a map and a list of what you will need to bring with you on the day of the test.