

Miller Analogies Test Registration Form

PLEASE PRINT

Full Name (Last, First, MI)	
Street Address	
City, State, Zip	
Daytime Phone Number	
E-Mail Address	
Social Security Number	
Date of Birth	

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 test dates: _____

Please note that we do not accept personal checks or cash.

You must submit a **Cashier's Check** or **Money Order** in the amount of **\$80** made payable to **NCSU**.

Please mail this form and your payment to the following address:

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

You may also register in person between the hours of 7:00am-3:00pm, Monday – Friday.
We are located in Poe Hall, Room 628.

Upon receipt, we will send you a confirmation e-mail with a map and a list of what you will need to bring with you for your test.

Office Use Only

Roster Receipt Confirmation