

**Miller Analogies Test  
Registration**

*\*\*Please note that the MAT will now be given in a computerized format\*\**

Test Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(for computer pre-registration purposes)

College/University: \_\_\_\_\_

Department: \_\_\_\_\_

Have you taken the MAT before? \_\_\_\_\_

If yes, please complete the following:  
Please list the prior testing date(s) and location(s):

<u>DATE</u>	<u>LOCATION</u>
1. _____	_____
2. _____	_____
3. _____	_____

Signature: \_\_\_\_\_

Please print this form, complete it and mail or fax to:

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Immaculata University  
Immaculata, PA 19345

FAX # 610-993-8550