



MAT (Miller Analogies Test) Registration Form

Name_____

Date of Birth_____ (required by MAT/Pearson)

Social Security #_____ (required by MAT/Pearson)

Phone #(s)_____

Email address_____

The MAT is given by appointment on Tuesdays at 9:00 a.m., 10:00 a.m., 11:00 a.m. and 12:00 p.m. with advance registration using this form. Please call 214.768.2269 or email testingprogram@smu.edu for availability BEFORE submitting this form.

Confirmed Test Date and Time: _____

Have you taken the MAT before? ____No ____Yes: _____ (date)

****FEES -- PLEASE READ CAREFULLY****

The MAT test fee is \$85.00, payable on the day of the test to SMU by EXACT cash, major credit card, personal check or money order.

Registration forms are accepted weekdays 9:00 a.m. – 4:00 p.m. by fax (214.786.4522), email (testingprogram@smu.edu) or by regular mail to the address below. REMEMBER TO CONFIRM AVAILABILITY BEFORE SUBMITTING YOUR FORM.

Upon our receipt of your registration form, you will receive an email confirmation with more instructions regarding test day.

Thank you for testing with us,

Lori Krone, Testing Coordinator

SMU Counseling Services – Dr. Bob Smith Health Center

Physical Address: 6211 Bishop Blvd., #219, Dallas, TX 75205

Mailing Address: P.O. Box 750195, Dallas, TX 75275-0195

214.768.2269 (PH)

214.768.4522 (F)

testingprogram@smu.edu

