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