MILLER ANALOGIES TEST (MAT) REGISTRATION FORM

Name __________________________________________________________________

First ________ Middle Initial ________ Last ________

Driver’s License #__________________________  State ________ Expiration Date _________

Mailing address____________________________________________________

Email address ___________________________________________________________________

Phone #________________________ DOB __________ Test Date Requested ___________

- Registration/test fees are non-refundable/non-transferable and subject to change without prior notice.)
- Complete this form and submit along with your registration/test fee (check or money order payable to Winthrop University) to Attn: Coordinator for Testing Program, Health & Counseling Services, 101 Crawford Bldg, Winthrop University, Rock Hill SC 29733. Upon receiving, staff will attempt to contact you to schedule/confirm the actual test date and time. However, it is your responsibility to schedule/confirm the appointment.
- Arrive on time. If you are more than 15 minutes late for your appointment, you will not be allowed to take the exam and your fee will not be refunded. Appointments will not be rescheduled until new fee is paid.
- Bring two current forms of identification. Your primary ID must be government-issued and contain both your photo and signature. The secondary ID is not required to have your photo or signature. Acceptable forms of primary ID include a driver’s license or government-issued identification card or passport. Acceptable forms of secondary ID include credit card, library card, or utility bill with your name and address appearing exactly the same as on your primary form of ID. It is recommended you bring several forms of ID with you.

Health & Counseling Services/Division of Student Life/Winthrop University

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