Miller Analogies Test Application for Berry College

TEST DATES
Wednesday, March 1, 2017    Wednesday, October 4, 2017
Wednesday, April 5, 2017    Wednesday, November 1, 2017
Wednesday, May 3, 2017    Wednesday, December 6, 2017
Wednesday, August 2, 2017    Wednesday, January 10, 2018
Wednesday, September 6, 2017    Wednesday, February 7, 2018

Test time for all dates listed: 4:00 p.m. in Evans 140.
Please come to Cook 215 by 3:45 pm and you will be walked over to testing center.

PROCEDURES
Send attached form to: Charter School of Education and Human Sciences
Attn: Monica Willingham
5019 Berry College
Mount Berry, GA 30149-5019
(706) 368-5712

1. Make check payable to Berry College in the amount of $70.00.
2. **You must arrive 15 minutes prior to testing time.**
3. Bring two forms of identification; one must be a government-issued photo ID.
4. Do not bring any papers, books, and calculators, slide rules, or other aids into the testing room. The test will be given on computer.
5. Results will be mailed to you and to your designated institutions, usually within 10 to 14 days after the test date.
6. Give your name in exactly the same way on all forms and correspondence.
7. If you have previously taken the MAT, you must attach your retest ticket to the application.
8. If you are not able to take the test on the date that you registered, inform the secretary of Graduate Studies in Education. If notification is not received before the test, there will be a $5.00 rescheduling fee.
9. Checks will not be deposited until the day after the testing date.
10. You will receive an email/text that your registration has been received.

__________________________  ____________________________
Name         Social Security Number

__________________________  ____________________________
Street Address        Check Enclosed?

__________________________  ____________________________
City, State, Zip       Date of Birth
(_____)__________________________________   (______)____________________
Day Telephone       Evening Telephone

__________________________  ____________________________
Date you prefer to take the MAT     E-mail Address

RETEST INFORMATION – complete only if you have previously taken the MAT

__________________________  ____________________________  ____________________________
Date MAT Taken Previously     Location     Test Form

*You must attach your test ticket to this application form. If you do not have your retest ticket you must obtain one from the Psychological Corporation prior to taking the MAT*