



**Academic Testing Center**

**Miller Analogies Test Registration Form**

**Please Print Clearly- All Fields are Required**

Last Name	First Name	M.I.	Signature	
Address	City	State	Zip	
Telephone	e-mail	1st Choice Test Date*	2nd Choice Test Date	

\*See website for current testing schedule

**NOTE: Candidates may not repeat the MAT within 12 months time. Exams repeated before 12 months time will be canceled. The test and administration fees will be forfeited.**

- Student Status:  Current WCSU Student ID# \_\_\_\_\_  Non- WCSU Student
- Students with documented disabilities, check here if you require testing accommodations (see reverse for instructions)

Summary of Fees: **Exam fees are due with registration form** and must be paid by valid credit card (Visa, Discover, or Master Card), check, or money order made payable to WCSU. All Fees are non-refundable and subject to change without notice. Test Fee covers one Personal Score Report that will be mailed to you and up to three Official Transcripts that will be sent to the institutions you specify when you take the MAT.

Fees:	WCSU Students	Non-WCSU Students
Exam Fee	\$90.00	\$90.00

Credit Card Authorization:

Name as it appears on card:	Credit Card Number	Expiration Date
Amount	Signature	Date
Authorization Number (Office Use Only)		Initials (Office Use Only)

Fax or mail this completed form to:

Fax: (203) 596-8793

Mail: Western Connecticut State University  
 Attn: Academic Testing Center, OM 206  
 181 White Street  
 Danbury, CT 06810

**Candidates will receive a confirmation letter two weeks prior to the test date via e-mail or US Mail. It is the candidate's responsibility to follow-up with the Testing Center if confirmation is not received one week before the test date. The Testing Center can be reached by phone at (203) 837-8877.**

## Accommodation Request Checklist:

When requesting accommodations, the necessary documentation must be submitted in one complete packet to WCSU Testing Center. Accommodation forms are available on the Academic Testing Center website.

- Completed Accommodations Request Form
- Signed HIPPA Statement
- Current Letter, not more than 3 years old, from one of the following:
  - Licensed Physician
  - School Official
  - Licensed Psychologist
  - Other appropriate authority who is a licensed professional with training that is applicable to diagnosing the disability
- The Letter must appear on the Licensed Professional's Official Letter Head, including the following:
  - Licensed Professional's title, address, and telephone number
  - A description of the nature of the functional limitation as it applies to taking multiple- choice standardized tests
  - The specific accommodations needed for testing
  - In addition, the authority may include test results, signed school Individualized Education Plan (diagnosis and plan), or other official documentation that identifies the disability and accommodations required.