



MAT Registration Form

Please Print Clearly – All Fields are required.			
Last Name	First Name	M.I.	Signature
Street Address		City, State, Zip	
Daytime Telephone	Email Address	First Choice Test Date	Second Choice Test Date

A **\$90.00 non-refundable** test fee (per exam) is required with this form. Test fee can be paid by a valid credit card (**Discover, MasterCard or Visa only**), a check or money order made payable to WCSU. Fees are subject to change without notice.

Name as it Appears on Card	Credit Card Number	Expiration Date
Amount to be Charged	Signature	Date (MM/DD/YYYY)
Authorization Number	Taker's Initials	
Office Use		Office Use

I hereby authorize Western Connecticut State University to charge my test administration fee.

When completed, you may **fax** (203-837-3989), drop off or **mail** this form to:

**Western Connecticut State University,
Attention: Westside Campus Center Suite 300
181 White Street, Danbury, CT. 06810**

You will receive a confirmation letter two weeks prior to the test date via e-mail or U.S. mail. It is your responsibility to follow up with the test center if you have not received confirmation a week prior to the test date.