

**FLORIDA GULF COAST UNIVERSITY TESTING CENTER
MILLER ANALOGY TEST (MAT) COMPUTER-BASED REGISTRATION FORM**

(Questions call: 239-590-7955)

1. You may schedule your MAT test during any of the following times by appointment only:
Monday through Thursday: 9:00 AM to 3:30 PM No Friday Testing
2. You must register and pay the MAT fee a minimum of one day prior to the date you wish to take the test (scheduling is on a "space available" basis).
3. **The \$95.00 MAT fee is NON-REFUNDABLE.** If you wish to reschedule to a different test date, there is a \$20 rescheduling fee.
4. If you report late you may be asked to reschedule and pay the \$20 rescheduling fee.
5. **NEW PHOTO ID REQUIREMENT:** YOU MUST PRESENT TWO (2) FORMS OF ID TO BE ADMITTED TO THE TESTING ROOM. Please see "Candidate Information Booklet" or www.MillerAnalogies.com for specific ID requirement.

ABOUT THE TEST:

- The test is 60 minutes in length and contains 120 questions. The examinee will have basic information to enter in the computer that should take approximately 15 minutes. Total time here should be approximately 90 minutes.
- Each test item appears on a separate screen giving the examinee the option of answering the item, skipping it and going on to the next item, or returning to the previous items.
- At the end of the test, if there is time left, examinees may review all of the items or return to those items they have skipped.
- An "UNOFFICIAL" score report will be printed for you at the conclusion of the test. The "OFFICIAL" score report will be mailed within 2 weeks to you and the institutions you have selected.

NOTE: Arrangements for special accommodations must be made 3 weeks in advance.

*****Once your registration form and fee have been received, you may call the Testing Center to schedule a testing date and time.**

Complete the registration form below and submit along with your \$95.00 fee made payable to: **FGCU Testing**

NAME _____

ADDRESS _____

PHONE _____ BIRTHDATE _____

SSN# _____ UIN _____

YOUR TEST FEE WILL EXPIRE IN 6 MONTHS AND WILL HAVE TO BE REPAID.

I HAVE READ AND UNDERSTAND THE REGISTRATION and RESCHEDULING POLICIES.

Signature: _____ Date: _____