

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
CENTER FOR RESEARCH, REGIONAL EDUCATION AND OUTREACH

**MILLER ANALOGIES TEST REGISTRATION FORM**

Please print clearly: E-mail address \_\_\_\_\_  
Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_  
\_\_\_\_\_ SS # (needed by MAT) : \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ Tuesday, January 17, 2012 4:30pm – 6:30pm Lecture Center room 112  
\_\_\_\_\_ Thursday, February 16, 2012 5:30pm – 7:30pm Lecture Center room 112  
\_\_\_\_\_ Wednesday, March 21, 2012 5:30pm – 7:30pm Lecture Center room 112  
\_\_\_\_\_ Monday, April 16, 2012 5:30pm – 7:30pm Lecture Center room 112  
\_\_\_\_\_ Tuesday, May 8, 2012 5:30pm – 7:30pm Lecture Center room 112

Please indicate below if you have previously taken the Miller Analogies Test:

- I have never taken the Miller Analogies Test before **OR** I took it more than 12 months ago.  
 I have taken the Miller Analogies Test within the last 12 months. The numbers in the lower right-hand corner of my retest admission ticket are: \_\_\_\_\_  
(Registration will not be accepted without this number)

**Your signature:** \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ need a visitor parking pass.

To register, please send your completed registration form and an \$80 **MONEY ORDER**, payable to **SUNY New Paltz**, (cash or personal checks will not be accepted) to:

Caroline Murphy, Assistant Dean  
Center for Research, Regional Education & Research  
SUNY New Paltz  
1 Hawk Drive  
New Paltz, NY 12561-2443

This signed form and payment must be received at least 5 days prior to the exam date. A confirmation form will be sent to you confirming the date and location of your exam.

**Registrations without a signature or accompanying payment will not be considered.**