DATES: The Miller Analogies Test (MAT) will be offered on the following dates through 2007.

<table>
<thead>
<tr>
<th>Year</th>
<th>Date</th>
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<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Sat Oct 21</td>
<td>Sat Nov 18</td>
<td></td>
<td></td>
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<tr>
<td>2007</td>
<td>Sat Jan 20</td>
<td>Sat Mar 17</td>
<td>Sat May 19</td>
<td>Sat July 21</td>
<td>Sat Oct 20</td>
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<td>Sat Nov 17</td>
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</table>

REGISTRATION: A NON-REFUNDABLE FEE of $90.00 MUST BE RECEIVED A WEEK IN ADVANCE OF THE TESTING DATE. The check or money order should be made payable to the University of Hartford and sent along with the registration form to:

Test Administration
University of Hartford
Center for Graduate & Adult Academic Services
Computer and Administration Center, Room 231
200 Bloomfield Avenue
West Hartford, CT 06117

LOCATION: The exam is held in Hillyer room 207 from Noon to 1:30 unless otherwise noted.

CONFIRMATION: Confirmation materials, including the test date, the location of the examination, and a campus map will be sent to you one week prior to your scheduled exam date.

ABOUT THE TEST: For information about the Millers Analogy Test, or to access the Candidate Information Booklet, please visit the web at [http://milleranalogies.com](http://milleranalogies.com). For information about your registration call 860-768-5447.

INSTRUCTIONS: Detach and keep the top portion of this form. Fill out and return the bottom portion along with your non-refundable fee of $90.00.

MILLER ANALOGIES TEST
Registration Form

REGISTRATION FORM- Please indicate a first and a second choice of dates on which you wish to take the test as well as your name, address, email and telephone numbers.

Name:______________________________    Social Security # _________________________

Email address:___________________________________

Address:_________________________________ City: _______________State: _____ZIP:_________

Daytime Phone #______________________Evening Phone # ________________________________

Have you ever taken the Miller Analogies Test? ___Yes      ___No    If yes, when_______

I wish to take the MAT on: 1st choice________________________________ Date

                                   2nd choice________________________________ Date

Office use only
Revised 04/03/04

Date Rcvd__________ Check #____________ Check Amount $__________ Confirmation Date ___________ Sent by _____________