



MILLERSVILLE UNIVERSITY
ON-SITE MAT ADMINISTRATION
at the DOVER SCHOOL DISTRICT

Registration Form due – June 1, 2009

NAME: _____
(FIRST NAME) (INITIAL) (LAST NAME)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : _____ SOCIAL SECURITY NUMBER _____

EMAIL: _____

IF YOU TAKEN THE MAT WITHIN THE LAST 12 MONTHS, provide the code numbers on the lower right portion of the Retest Admission Ticket you received from Harcourt Assessment _____-_____-_____-_____.
NOTE: If you are repeating the MAT, you must bring the above Retest Admission Ticket to the testing session.

TEST FEE: \$80.00, payable to Millersville University
(Includes official test score reports sent to a maximum of three institutions)

The test fee will be collected at the test administration

MAIL
REGISTRATION
TO

TEST CENTER - 231 LYLE HALL (MAT)
MILLERSVILLE UNIVERSITY
P.O. BOX 1002
MILLERSVILLE, PA 17551-0302

DO NOT WRITE IN THIS SPACE - (FOR OFFICE USE)
DATE RECEIVED: _____ AMOUNT \$ _____ CHECK# _____