Name: 
Telephone: 

Mailing Address: 
Date of Birth: 
SSN: 

Email: 

Your confirmation will be sent by email at the address you indicate above. Please ensure it is spelled correctly.

1st Choice Test Date: __________ and Time: __________

2nd Choice Test Date: __________ and Time: __________

Have you taken the MAT before?  □ Yes  □ No  If so, how long ago? __________

Directions: Please mail this completed registration form with the test fee of $75, payable to USM, in a check, money order, or cashier's check to:

Mail Address Only:

USM Office of Academic Assessment
David Vardeman
240 Luther Bonney Hall
P.O. Box 9300
Portland, Maine 04104-9300

Office Registration:

240 Luther Bonney Hall-(Drop Mail Box)
Portland Campus

Cash or credit card payments must be made in person at the USM Student Accounts Office, 118 Payson Smith Hall on the Portland Campus. Be sure to give Academic Assessment a copy of your payment so we can add you to the MAT candidate roster.

Please submit this form to the Office of Academic Assessment before the deadline of your desired test date. Space is limited, therefore early registration is recommended.

Sept 2013