

APPLICATION FOR RESIDENT FEES AT THE UNIVERSITY OF KANSAS UNDER THE KANSAS-MISSOURI AGREEMENT FOR EXCHANGE OF STUDENTS ON RESIDENT FEE BASIS

Submit this form each semester to the Assistant Registrar, 151 Strong Hall, Lawrence, KS

PLEASE COMPLETE THE ENTIRE FORM

KUID/EMPLID _____ PHONE # _____

This application for: (Check Only One) () Fall 20_____ () Spring 20_____ () Summer 20_____

1. Full Name _____
Last Name First Middle

2. Address—Type 1 (Current) _____
Number and Street (Apt)
City State Zip

3. Is this a new Address? () Yes () No

4. Address—Type 2 (Where mailings should go when classes are not in session) _____
Number and Street (Apt)
City State Zip

5. When did your current Missouri residence begin? _____

6. Father's full name _____

His Address (Type 3) _____
Number and Street (Apt) City State Zip

7. Mother's full name _____

Her Address (Type 3) _____
Number and Street (Apt) City State Zip

8. Please check the program in which you are enrolling. The School/Department must certify eligibility for reciprocity.

_____ B.Arch. (5 year)/Prfl Architecture _____ M Arch III (2-3 year)/Prfl Architecture
_____ M.Arch. I (5 year)/Prfl Architecture _____ BS Architectural Engineering

Certification: I have been informed of the provisions of the Kansas-Missouri Agreement for Exchange Students on a Resident Fee Basis. I believe that I qualify for resident fees at the University of Kansas under the provisions of this agreement, and therefore apply for the privilege of paying resident fees. I understand that this application will be audited and that if I am determined to be ineligible (including withdrawing from appropriate course work or from the University of Kansas), I will be required to pay non-resident fees for the indicated term.

Signature Date Phone Number

Return to: Office of the University Registrar - University of Kansas
1450 Jayhawk Blvd, Room 151 Strong Hall
Lawrence, KS 66045-7535