

KANSAS BOARD OF REGENTS
**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
RECRUITED OR TRANSFERRED EMPLOYEES**
(see K.A.R 88-3-11)

Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency

1. This application is for (check ONE ONLY)

Fall Semester, 20____ Spring Semester, 20____ Summer Semester, 20____

2. _____ XXX – XX – ____ – ____
Student's Last Name, First, M Student Number Last four digits of SS#

3. Current Address _____
Street and Number or Rural Route (P.O. Box not sufficient) Home Phone

City State Zip Work Phone

4. Date of Birth _____ How many credit hours will you be taking this semester? _____

5. When did your current period of physical presence in Kansas begin? _____
Month/Day/Year

If the above is later (or earlier) than the effective date of employment on the other side, please explain:

6. Are you a CITIZEN of the United States? YES NO

If NO, Have you been granted Immigrant or Permanent Resident status by the US Immigration & Naturalization Service?

YES If YES, attach a copy of your Alien Registration Card.

NO If NO, indicate type of VISA _____

7. Reason for moving to/remaining in Kansas? _____

8. SPOUSE OR DEPENDENT CHILD: Relationship of Student to Employee _____

Employee's Last Name, First, MI

Name/relationship of person who claimed the student as a dependent on their last income tax form

Employee's Signature XXX – XX – ____ – ____
Last four digits of SS#

EMPLOYER MUST COMPLETE OTHER SIDE

I certify that the information given on this application is accurate and complete. If any circumstances change affecting the tuition classification status requested by this application, I agree to notify the Office of the University Registrar in writing within 15 days after such change. **I understand that falsified information can result in financial obligation (nonresident fees) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law(K.S.A 21-3711).** I also understand that information from my application for admission and other university records will be considered as a part of this application.

Date _____ Student Signature _____
(IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARIZATION:
Subscribed and sworn to/affirmed before me this _____ day of _____, 20____, at _____
CITY

SIGNATURE OF NOTARY _____ MY APPOINTMENT EXPIRES: _____

RETURN TO:
OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF KANSAS
1450 JAYHAWK BLVD, RM 151 STRONG HALL
LAWRENCE, KS 66045-7535

DEADLINE:
30 DAYS AFTER THE FIRST DAY
OF CLASSES FOR THE SEMESTER
YOU ARE APPLYING

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SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

A. Verification

I verify that _____ was recruited/transferred
(Employee's Name)

to Kansas by this company effective _____ as a _____
(mo/day/yr) (position title)

This employee was hired as a FULL TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on that basis for at least one year from the effective date above.

Company Name: _____

Company Address IN KANSAS: _____

B. Required signatures (TWO ARE REQUIRED and THE SECOND ONE MUST BE NOTORIZED)

1. Personnel Director (or equivalent if there is no Personnel/Human Resource section)

Name (printed) _____ Title _____

Work Address _____

Signature _____ Date _____ Work Phone# _____

I understand that making a false writing is a felony under Kansas Law (K.S.A 21-3711)

2. Owner, partner, Chief Executive or first signatory's superior (MUST BE NOTORIZED)

Name (printed) _____ Title _____

Work Address _____

Signature _____ Date _____ Work Phone# _____

I understand that making a false writing is a felony under Kansas Law (K.S.A 21-3711)

Notarization:

Subscribed and sworn to/affirm before me this _____ day of _____, 20____
at _____, _____
City State

SIGNATURE OF NOTARY _____

MY APPOINTMENT EXPIRES: _____

BOTH SIDES MUST BE COMPLETED BEFORE RETURNING

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