

KANSAS BOARD OF REGENTS

**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
KANSAS MILITARY DISCHARGE/RETIREMENT**
(see K.A.R 88-3-8)

1. This application is for (check ONE ONLY)

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

UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE FILED EACH SEMESTER

2. _____
Student's Last Name, First, MI 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. When did your current period of physical presence in Kansas Begin? _____
Month/Day/Year

5. **SPOUSE OR DEPENDANT CHILD:**
Relationship of Student to Military Person _____
Military Person's Last Name, First, MI _____
Military Person's Signature _____ Social Security # _____

6. Indicate dates/years of active military service in Kansas:
Duty station/base _____ from _____ to _____
Duty station/base _____ from _____ to _____
Duty station/base _____ from _____ to _____

7. When did the military person's current period of physical presence in Kansas begin? _____
Month/Day/Year

ATTACH A COPY OF YOUR DISCHARGE/RETIREMENT PAPERS

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 (non-resident 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**