

KANSAS BOARD OF REGENTS
**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
MILITARY PERSONNEL**
(see K.A.R 88-3-8a)

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. Parents Mailing Address _____
Street and Number, Rural Route (P.O. Box not sufficient) Home Phone _____

City State Zip Work Phone _____

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. Part II: DUTY STATION VERIFICATION

I, _____, verify that _____
(Name of Commanding Officer) (Name of Military Person)

is stationed at _____, on full-time active duty, or is a member in the Kansas Army or Air National Guard.

Commanding Officer's (or designee) signature and rank: _____

Date _____ Unit _____ Unit Telephone # _____

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: UNIVERSITY REGISTRAR
EMPORIA STATE UNIVERSITY
1200 COMMERCIAL STREET, CAMPUS BOX 4026
EMPORIA, KS 66801**

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