

KANSAS BOARD OF REGENTS

**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
KANSAS HIGH SCHOOL GRADUATES**

(see K.A.R. 88-3-10)

1. This application is for (Check ONE ONLY)

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

2. _____
Student's Last Name, First, MI Student Number Last four digits of Social Security #

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

City State Zip Work Phone

4. Dates of your continuous physical residence in Kansas: From _____ To _____
Day/Month/Year Day/Month/Year

Are you a military dependent? Yes No

5. Dates of your parent's continuous physical residence in Kansas: From _____ To _____
Day/Month/Year Day/Month/Year

Are they here for a military assignment? Yes No

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 your type of VISA _____

7. Name and address of the High School from which you graduated: _____

Dates of attendance _____ Date of graduation _____

PROOF OF GRADUATION MAY BE REQUIRED.

8. Initial term of attendance at this institution: Year _____ Fall Spring Summer (circle one)

9. Have you attended another Kansas Board of Regents institution of Kansas Community College since your graduation from high school?

Yes No

If YES, list institution(s) and dates of attendance:

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**