

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

1. This application is for (check ONE ONLY)

Fall Semester, 20\_\_\_\_  Spring Semester, 20\_\_\_\_  Summer Semester, 20\_\_\_\_

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. Date of Birth \_\_\_\_\_ How many credit hours will you be taking this semester? \_\_\_\_\_

5. When did your current period of physical presences 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 DEPENDANT CHILD: Relationship of Student to Employee \_\_\_\_\_  
Employee's Last Name, First, MI \_\_\_\_\_  
Name/relationship of person who claimed the student as a dependant on their last income tax form \_\_\_\_\_  
\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

**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 (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**

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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 employees 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 NOTORY \_\_\_\_\_

MY APPOINTMENT EXPIRES: \_\_\_\_\_

**BOTH PAGES MUST BE COMPLETED BEFORE RETURNING**

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