

EMPORIA STATE
UNIVERSITY

KANSAS BOARD OF REGENTS

APPLICATION FOR RESIDENT CLASSIFICATION FOR FEE PURPOSES

READ CAREFULLY AND ANSWER FULLY. If more space is needed for any answers, please use an additional sheet of paper.

1 Full legal name _____
Last Name First Middle Student ID No. (if used)

Other names, if any, under which you have been enrolled or employed: _____

2 Current address _____
while attending this institution Street and Number or Rural Route (a PO Box is not sufficient) Phone
City State Zip

3 Permanent address _____
Street and Number or Rural Route City State Zip

4 For which semester are you applying for residency? _____
Semester Year

Have you previously applied for residency at a Kansas Regents' institution? Yes No
If yes, indicate institution and year you applied _____

Have you read the accompanying regulations pertaining to Residence for Fee Purposes? Yes No

5 Date of Birth _____ Place of Birth _____
Month/Day/Year State or Country

6 Are you a CITIZEN of the United States? Yes No
If NO, have you been granted Immigrant or Permanent Resident Status by the U.S. Immigration & Naturalization Service?
 Yes No
If NO, indicate type of VISA _____
If YES, attach a copy of your Alien Registration card.

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

Have you lived in Kansas continuously since this date? Yes No

8 Where did you live before moving to Kansas (before the date above)?
_____ from _____ to _____
City/State/Country Month/Year Month/Year
_____ from _____ to _____
City/State/Country Month/Year Month/Year
_____ from _____ to _____
City/State/Country Month/Year Month/Year

9 Where did you spend the current/previous summers? (June thru August – provide specific dates)
_____ from _____ to _____
City/State/Country Month/Year Month/Year
_____ from _____ to _____
City/State/Country Month/Year Month/Year
_____ from _____ to _____
City/State/Country Month/Year Month/Year

10 Marital Status: _____ If married, provide the following:
Date of marriage (Month/Day/Year) _____
Legal name of spouse _____
Last Maiden/Birth Name First Middle

Complete CURRENT address and telephone number of spouse: _____
Area Code and Phone Number

Street/Number/Apt./Rural Route City/State/Zip Code

You may be required to provide a copy of your marriage certificate

11 **PARENTAL INFORMATION** (required if you are single and under 18 years of age OR are still claimed as a dependent on your parent's tax return; recommended if you are single and one or more of you parents reside in Kansas)

a. Father's full legal name _____ Address _____
City/State/Country

a. Mother's full legal name _____ Address _____
City/State/Country

c. If your parents are divorced, which parent has legal custody of you? _____

d. From which parent do you receive the preponderance of you support? _____

e. If neither parent is living, or if you have a guardian, give the full name and address of guardian.

*If requested, a certified copy of the court order establishing custody or guardianship must be presented.
Guardianships established for the sole or main purpose of qualifying the ward for resident fees will not be honored.*

f. Did your parents or guardian file a Kansas State Resident Income tax return for the last tax year? Yes No

12 Have you been licensed or certified to practice a profession in Kansas? (doctor, lawyer, nurse, teacher, etc.)

Yes (IDENTIFY WHICH ONE) _____ No

13 Where are you currently registered to vote? (city and state) _____

When did you last register to vote in Kansas? _____

14 List all colleges you have attended in the last five years, with dates of attendance, credit hours earned, and student resident status (for fees) at each institution:

Name	INSTITUTION City, State	FROM: Month & Year	TO: Month & Year	CREDIT HOURS EARNED	FEE STATUS: Resident or Non-Resident

15 **EMPLOYMENT RECORD:** List all employment since your latest period of residence **in Kansas** began (most recent employment first, list periods of full-time and part-time employment with the same company separately):

COMPANY NAME	ADDRESS (Street & No., City, State)	FROM: Month & Year	TO: Month & Year	HOW MANY HOURS PER WEEK?

- a. **Financial Support:** List all financial support for the past twelve months. Include scholarships, loans, grants, employment, personal savings, interest, governmental benefits, monetary gifts, spousal contribution, etc.
Provide documentation of all support listed below: eg., current Kansas income tax returns, W-2's, current pay stubs, financial aid offers, trust, stock, mutual fund documents, statement of support by friends, family or relatives, etc.

<u>Source of Support</u>	<u>Address</u>	<u>Dates</u>	<u>Total Dollar Amount</u>
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
TOTAL INCOMES			\$ _____

- b. **Expenses:** List all expenses for the past twelve months:
 Note: If you share expenses, list only your portion of these expenses.
- Housing..... monthly _____ Total for past 12 months \$ _____
- Food costs monthly _____ Total for past 12 months \$ _____
- Phone, electric, gas, etc. monthly _____ Total for past 12 months \$ _____
- Health care costs/Insurance monthly _____ Total for past 12 months \$ _____
- Vehicle and transportation..... monthly _____ Total for past 12 months \$ _____
- Clothing/laundry/entertainment..... monthly _____ Total for past 12 months \$ _____
- Tuition and Fees per term: Summer: _____ Fall: _____ Spring: _____ Total \$ _____
- Books & Supplies per term: Summer: _____ Fall: _____ Spring: _____ Total \$ _____
- TOTAL EXPENSES** \$ _____

You may be required to provide documentation to substantiate all listed expenses.

- c. Do you have health insurance? Yes No If YES, who pays the cost? _____
 If NO, who pays the cost of your health care? _____

17 With what state did you file your last STATE income tax return? _____
 Year and State
 (Submit a copy of your last federal and state income tax returns)

18 Were you claimed as a dependent on another person's last federal income tax return? Yes _____ No
 Year
 WHO (name) _____ Relationship to you _____
 Complete Address _____

(Submit a copy of page 1 of this person's last federal and state income tax returns)

- 19 Was Kansas personal property tax paid on the vehicle you currently own or drive?
 a. No b. Yes If yes, what year? _____ c. No vehicle in my possession

20 Provide information concerning the present license plate on the vehicle you own or drive.
 a. _____
 State License Plate number Date Plate Obtained
 b. _____ c. No vehicle in my possession
 Vehicle Owned By Whom?

21 What state issued your current driver's license? _____ License No. _____ Date Issued _____

22 Why did you come/return to Kansas? _____

23 Other than being physically present in Kansas, what relationship or obligations connect you to the state, making it your permanent home?

24 How long do you plan to remain in Kansas?

25 What are your plans after your academic work here is completed?

If you feel that there are other pertinent facts not covered by any of the previous questions/answers, please write them on a separate sheet of paper and attach it to this form.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSIFIED INFORMATION CAN RESULT IN FINANCIAL OBLIGATION (NON-RESIDENT FEES) TO, AND DISMISSAL FROM THIS INSTITUTION 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 A PART OF THIS APPLICATION.

Date _____ Signature _____

(IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARIZATION:

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

Notary Signature: _____ MY APPOINTMENT EXPIRES: _____

RETURN TO 

Office of the Registrar
Emporia State University
Campus Box 4026
1 Kellogg Circle
Emporia, KS 66801-5415