

EMPORIA STATE
UNIVERSITY
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 20 ____ [] Spring 20 ____ [] Summer 20 ____

2. _____
Student's Last Name, First, MI Student ID Number

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 presence in Kansas begin? (month/day/year)
If 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 U.S. Immigration & Naturalization Service? Yes No

If NO, indicate type of VISA _____ If YES, attach a copy of your Alien Registration card.

7. Reason for moving to/remaining in Kansas?

8. **SPOUSE OR DEPENDENT CHILD:** Relationship of Student to Employee

Employee's Last Name, First, MI _____

Name/relationship of person who claimed you as a dependent on their last income tax form. _____

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 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: _____

Employee's Signature _____

EMPLOYER MUST COMPLETE OTHER SIDE

RETURN TO:

DEADLINE:

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

10th Day of Classes

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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 employee 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 NOTARIZED)

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 Officer or first signatory's superior (MUST BE NOTARIZED)

(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/affirmed before me this _____ day of _____, 19 _____, at
_____, _____
(city) (state)

My appointment expires: _____ /s/ _____
(Notary Public)

----- BOTH SIDES MUST COMPLETED BEFORE RETURNING -----

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