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, 20_______  [ ] Spring, 20_______  [ ] Summer, 20_______

   UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE FILED EACH SEMESTER.

2. Student’s Name: ______________________________________
   Last Name, First, MI               Student ID#

3. Current Address: ______________________________________
   Street and Number or Rural Route (P.O. Box not sufficient)   Home Phone
   City                        State               Zip                Work Phone

4. SPOUSE OR DEPENDENT CHILD:
   Relationship of Student to Military Person: __________________________________________
   Military person’s Last Name, First, MI: __________________________________________
   Military Person’s Signature: ______________________________________________________

5. VERIFICATION:
   I, __________________________________________, verify that ______________________________________
   (Name of Commanding Officer)                                     (Name of Military Person)

   Please check one:
   [ ] Is a member of the Kansas Army or Air National Guard.
   [ ] Is stationed at (base name) ____________________________, a Kansas duty station, on full-time, active duty.
   Commanding Officer’s Signature and Rank: ____________________________
   (or designee)
   Date: ___________   Unit: ___________________________________   Unit Telephone Number: ___________

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: ___________

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

DEADLINE: 10th Day of classes