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 ___________________________
   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 ___________________________ PHONE ___________________________
   CITY ___________________________ STATE ___________________________ ZIP ___________________________

3. Permanent address
   STREET AND NUMBER or RURAL ROUTE ___________________________ PHONE ___________________________
   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 ___________________________ STATE ___________________________ 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 ___________________________
   ___________________________ from ___________ to ___________
   CITY / STATE / COUNTRY ___________________________
   ___________________________ from ___________ to ___________
   CITY / STATE / COUNTRY ___________________________

9. Where did you spend the current/previous summers? (June thru August - provide specific dates)
   ___________________________ from ___________ to ___________
   CITY / STATE / COUNTRY ___________________________
   ___________________________ from ___________ to ___________
   CITY / STATE / COUNTRY ___________________________
   ___________________________ from ___________ to ___________
   CITY / STATE / COUNTRY ___________________________

10. Marital Status: ___________________________  If married, provide the following:
    Date of marriage (MONTH/DAY/YEAR) ___________________________
    Legal name of spouse ___________________________ LAST ___________________________ MIDDLE ___________________________
    MAIDEN/BIRTH NAME ___________________________ FIRST ___________________________
    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 year 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 your parents reside in Kansas)

a. Father's full legal name ___________________________ Address ___________________________ CITY/STATE/COUNTRY

b. 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 your 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>INSTITUTION:</th>
<th>City, State</th>
<th>FROM: &amp; TO:</th>
<th>CREDIT HOURS EARNED</th>
<th>FEE STATUS: Resident or Non-Resident</th>
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15. **EMPLOYMENT RECORD:** List all employment since your latest period of residence in Kansas began (latest employment first, list periods of full-time and part-time employment with the same company separately):

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<tr>
<th>COMPANY NAME</th>
<th>ADDRESS (street &amp; no., city, state)</th>
<th>FROM: &amp; TO:</th>
<th>HOW MANY HOURS PER WEEK?</th>
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16 FINANCIAL SUPPORT and EXPENSES

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.

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<th>Total Dollar</th>
<th>Source of Support</th>
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<th>Dates</th>
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<td>TOTAL INCOME</td>
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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  
WHO (name) __________________________ Relationship to you __________________________  
YEAR  
(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.
What state issued your current driver's license? _______ License No. _________ Date Issued ________

Why did you come/return to Kansas? ____________________________________________________________

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

How long do you plan to remain in Kansas?

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 ____________________
Notary Signature: ___________________________________ ______________ MY APPOINTMENT EXPIRES: ________________

Return to: University Registrar-Emporia State University, Campus Box 4026, 1200 Commercial Street, Emporia, KS 66801