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 Semester, 20____  [ ] Spring Semester, 20____  [ ] Summer Semester, 20____
UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE FILED EACH SEMESTER

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

4. Parents Mailing Address
   Street and Number, Rural Route (P.O. Box not sufficient)  Home Phone
   City                        State                        Zip

5. SPOUSE OR DEPENDANT CHILD:
   Relationship of Student to Military Person
   Military Person’s Last Name, First, MI
   Military Person’s Signature
   Social Security #

6. Part II: DUTY STATION VERIFICATION
   I, ________________________________, verify that ________________________________
   (Name of Commanding Officer)  (Name of Military Person)
   is stationed at ________________________________, on full-time active duty, or is a member in the Kansas Army or Air
   National Guard.
   Commanding Officer’s (or designee) signature and rank: ________________________________
   Date__________________ Unit_________________________ Unit Telephone # ________________

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

Revised 10/18/2007