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 ....................................................................................... Home Phone

   Street and Number or Rural Route (P.O. Box not sufficient) 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).

Employee's Signature ____________________________________________

(Employee in the presence of a notary public)

SIGNATURE OF NOTARY ____________________________ MY APPOINTMENT EXPIRES: _________________

Employee's Signature ____________________________________________

EMPLOYER MUST COMPLETE OTHER SIDE

RETURN TO: Emporia State University 10th Day of Classes
Office of the Registrar
Campus Box 4026
1 Kellogg Circle
Emporia, KS 66801
KANSAS BOARD OF REGENTS

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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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1 Kellogg Circle  
Emporia, KS 66801  

DEADLINE:  
10th Day of Classes