



KANSAS BOARD OF REGENTS

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR RECRUITED OR TRANSFERRED EMPLOYEES

(see K.A.R 88-3-11)

Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency

1. This application is for (check ONE ONLY)

[] Fall Semester, 20 [] Spring Semester, 20 [] Summer Semester, 20

2. Student's Last Name, First, M Student Number XXX - XX - Last four digits of SS#

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 the 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 US Immigration & Naturalization Service?

[] YES If YES, attach a copy of your Alien Registration Card. [] NO If NO, indicate type of VISA

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 the student as a dependent on their last income tax form

Employee's Signature XXX - XX - Last four digits of SS#

EMPLOYER MUST COMPLETE OTHER SIDE

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 (nonresident 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: KUMC Office of the Registrar Mail Stop 4005 3901 Rainbow Blvd. Kansas City, KS 66160

DEADLINE: Thirty (30) days after the first day of classes for the semester you are applying



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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 NOTORIZED)

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 or first signatory's superior (MUST BE NOTORIZED)

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/affirm before me this _____ day of _____, 20____
at _____, _____
City State

SIGNATURE OF NOTARY _____

MY APPOINTMENT EXPIRES: _____

BOTH SIDES MUST BE COMPLETED BEFORE RETURNING

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