

## Residency Application Information

Please read the Kansas Board of Regents Residency Rules & Regulations carefully.  
(<https://kansasregents.org/about/rules-regulations/residency-rules-regulations>)

If, after reading the information, you feel that you are able to document that you meet the criteria, please complete this application. Attach all documentation and information you wish to be considered in the decision and submit the application file to the Office of the University Registrar.

***The completed application with all supporting documentation should be returned to the Office of the University Registrar. Incomplete applications will not be accepted.***

**Drop off or mail** the completed application and supporting documentation to these locations:

KU Visitor Center – 1502 Iowa St., Lawrence, KS 66045

KU Med Center Enrollment Services, Mail Stop 4005, 3901 Rainbow Blvd., Kansas City, KS 66160

KU Edwards Campus – 12600 Quivira Road, Welcome Center, Regents Center 1<sup>st</sup> Floor, Overland Park, KS 66213

**Fax** the completed application and supporting documents to:

785-864-3900 – University Registrar in Lawrence

**Email** the completed application and supporting documents to:

[RTFRegistrar@ku.edu](mailto:RTFRegistrar@ku.edu) - University Registrar in Lawrence OR

[kumcregistrar@kumc.edu](mailto:kumcregistrar@kumc.edu) - KUMC Registrar

The application will generally be reviewed within 14 business days. After review, the student will be emailed notification of the decision. When submitting your application, please pay attention to the following deadlines:

Spring 2024:

November 02, 2024

First day to apply for the semester

January 1, 2024

Priority date for correct billing

February 15, 2024

Last day to apply for the semester

Summer 2024:

March 20, 2024

First day to apply for the semester

May 1, 2024

Priority date for correct billing

July 3, 2024

Last day to apply for the semester

Fall 2024:

June 12, 2024

First day to apply for the semester

August 1, 2024

Priority date for correct billing

September 25, 2024

Last day to apply for the semester

### **Payment of Tuition and Fees**

You are responsible for the payment of non-resident rates if the application has not been approved by the payment deadline. If resident classification is granted after tuition and fees have been paid, a credit will be applied to your account and a refund generated if there are no outstanding balances.

**\*I have read and understand that I must pay tuition of non-resident rates by the payment deadline**

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Student signature

Date

**Classification Procedures:**

The Kansas Board of Regents governs tuition classification. Determining classification is a complex process which can require extensive documentation. Please read the application carefully. Be certain to answer all questions and to attach all requested documentation (see Documentation section). Failure to complete the application properly can delay a decision in your case, result in an inaccurate decision and may invalidate your application. In reviewing the application, the Office of the University Registrar considers the individual situation as presented on the application and assesses it in relation to the Board of Regents articles. The burden of proof, as represented in documentation attached to the application, lies upon the student. This burden includes provision of convincing evidence of intent to remain in Kansas indefinitely after attendance at the University of Kansas. A decision will generally be reached within 14 business days after an application has been submitted. The student will be notified via email when a decision has been reached.

**\*I have read and understand the classification procedures:**

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Student signature

Date

**Appeal Procedures:**

If the application is denied, the student has 30 days from the date of the denial notification to submit an appeal to the Residence Appeal Committee. An appeal form will be provided with the denial notification. The committee is made up of 3-5 staff and faculty members of the University who meet periodically to review outstanding appeals. The Committee follows Kansas Board of Regents residency regulations. Appeal dates can be determined by contacting the Office of the University Registrar and appeals should be submitted to the Office of the University Registrar in the KU Visitor Center at 1502 Iowa St, Lawrence, KS 66045. The Committee meeting is an open public meeting and the student who submits an appeal to the committee will be notified of the time and date of the appeals meeting. The decision reached by the Residence Appeals committee is the final determination made by the University of Kansas. If the appeal is denied, the student has 30 days from the date the denial letter is sent to file an appeal with District Court.

**\*I have read and understand the appeal process:**

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Student signature

Date

## Required Documentation

1. Documentation is required to verify physical residence for the 365 calendar days prior to the first day of classes for the semester you are requesting residency reclassification. Leases, housing contracts and/or rental agreements are not sufficient documentation. Examples of appropriate documentation are: statements from landlords, copies of each month's cancelled rent checks, copies of titles or deed, etc. If you have previously lived in Kansas and were a resident for tuition purposes and returned to Kansas within 60 months, you may be eligible for resident rates. If this is your situation, please complete the application and include documents verifying the time you previously lived in Kansas.

Include **ONE** of the following:

- Letter from landlord(s)
- Copies of rent checks/receipts for the past 12 months
- Copy of deed/mortgage

### A lease is **NOT** sufficient

2. Include documentation for **ALL** of the income you listed on Question 16a. For example: you may include copies of paychecks, W2's, financial aid award letters or financial aid transcripts.

- Paycheck Stub
- W2's
- Financial Aid
- Parental Support
- Other income

3. Include copies of your:

- Kansas driver's license
- Car registration
- Voter Registration
- Most recent state and federal income tax
- Resident Alien Card OR Visa and I-94 (non-US citizens only)

- Please do NOT submit original supporting documentation. Please include copies of supporting documentation. We will NOT return any portion of your application. Your application will remain on file in our office. Your application will be kept confidential and will be destroyed in 5 years.
- Please fill out the form COMPLETELY. Be sure to fill out Questions 16a and 16b COMPLETELY.
- Feel free to include any additional documentation you feel will help support your application for Kansas residency.
- Please make a photocopy of your entire application and keep it for your records. We will not return your application.

**KANSAS BOARD OF REGENTS**

APPLICATION FOR RESIDENT CLASSIFICATION FOR FEE PURPOSES. READ CAREFULLY AND ANSWER COMPLETELY:

*Incomplete applications will not be accepted*

\*\*If more space is needed for any answers, please use an additional sheet of paper.

1. Full legal name \_\_\_\_\_  
Last Name First Middle KUID/EMPLID  
Social Sec # \_\_\_\_\_

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 (a P.O. BOX IS NOT SUFFICIENT) PHONE  
CITY STATE ZIP

3. Permanent Address \_\_\_\_\_  
STREET AND NUMBER or RURAL ROUTE 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 \_\_\_\_\_  
Month Date Year State or 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. Citizenship and Immigration Services?  
 Yes  No

If YES, attach a copy of your Alien Registration card.

If NO, what is your current immigration status? \_\_\_\_\_

\*What is your VISA status? \_\_\_\_\_

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

\*\*Documentation required of physical residency for 365 period prior to the start of the semester for which you are applying.

8. Where did you live before moving to Kansas (before the date above)?

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/YEAR MONTH/YEAR

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/YEAR MONTH/YEAR

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/YEAR MONTH/YEAR

9. Where did you spend the previous summer (June thru August - provide specific dates)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/YEAR MONTH/YEAR

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/YEAR MONTH/YEAR

10. Marital Status: \_\_\_\_\_ if married, provide the following:

Date of marriage \_\_\_\_\_ Legal name of spouse \_\_\_\_\_  
Month Date Year Last Maiden/Birth First Middle

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 years 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 had 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 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

*\*\*If yes, documentation required*

13. Where are you currently registered to vote? (City and state) \_\_\_\_\_

When did you last register to vote in Kansas? \_\_\_\_\_

*\*\*Provide copy of Kansas Voter Registration*

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:

Institution	From: month/year	To: month/year	Credit Hours Earned	Fee Status Resident or Non Resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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):

Company Name	Address (street & no., city, state)	Dates:		Number of hours per week?
		from:	to:	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: current Kansas income tax returns, bank statements, current pay stubs, financial aid offers, trust, stock, mutual fund documents, statement of support by friends, family or relatives, etc.*

Source of Support	Address	Dates:		Total Dollar Amount
		From:	To:	
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
<b>TOTAL INCOME \$</b>				_____

b. Expenses: list all expenses for the past twelve months:

Note: If you share expenses, list only your portion of these expenses.

Housing per month _____	Total for past 12 months \$ _____
Food costs per month _____	Total for past 12 months \$ _____
Phone/electric/gas etc. per month _____	Total for past 12 months \$ _____
Health care/ insurance per month _____	Total for past 12 months \$ _____
Vehicle and transportation per month _____	Total for past 12 months \$ _____
Clothing/laundry/entertainment per month _____	Total for past 12 months \$ _____
Tuition and fees per term: Summer _____ Fall: _____ Spring: _____	Total: _____
Books & supplies per term: Summer _____ Fall: _____ Spring: _____	Total: _____
<i>You may be required to provide documentation to substantiate all listed expenses.</i>	
<b>TOTAL EXPENSES \$</b> _____	

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  
Year

Who (name) \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Complete Address \_\_\_\_\_

*(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?

