

KANSAS BOARD OF REGENTS

**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
KANSAS HIGH SCHOOL GRADUATES**

(see K.A.R. 88-3-10)

1. This application is for (Check ONE ONLY)

☐ Fall Semester, 20____ ☐ Spring Semester, 20____ ☐ Summer Session, 20____

2. _____
Student's Last Name, First, MI Student Number Last four digits of Social Security #

3. Current Address _____
Street and Number or Rural Route (PO Box not sufficient) Home Phone

City State Zip Work Phone

4. Dates of your continuous physical residence in Kansas: From _____ To _____
Day/Month/Year Day/Month/Year

Are you a military dependent? ☐ Yes ☐ No

5. Dates of your parent's continuous physical residence in Kansas: From _____ To _____
Day/Month/Year Day/Month/Year

Are they here for a military assignment? ☐ Yes ☐ No

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 your type of VISA _____

7. Name and address of the High School from which you graduated: _____

Dates of attendance _____ Date of graduation _____

PROOF OF GRADUATION MAY BE REQUIRED.

8. Initial term of attendance at this institution: Year _____ Fall Spring Summer (circle one)

9. Have you attended another Kansas Board of Regents institution of Kansas Community College since your graduation from high school?

☐ Yes ☐ No

If YES, list institution(s) and dates of attendance:

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**