

KANSAS BOARD OF REGENTS

**VERIFICATION FOR KANSAS RESIDENT TUITION FOR
UNIVERSITY EMPLOYEE**

(see K.A.R. 88-3-9)

1. This application is for (Check ONE ONLY)

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

A NEW APPLICATION MUST BE FILED EACH SEMESTER

2. _____
Student's Last Name, First, MI _____ WID # _____

3. Current address _____
Street and Number or Rural Route (P.O. Box not sufficient) _____ Home Phone _____

4. When did your current period of physical presence in Kansas begin? _____
Month /Day/ Year _____

5.	EMPLOYEE ONLY: Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother/Father Employee's Last Name, First, MI _____ Employee's Emplid _____ Employee's title, department _____ Employee's Signature _____ <div style="text-align: right;">Date _____</div>
----	--

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 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 _____

SIGNATURE OF NOTARY _____ MY APPOINTMENT EXPIRES: _____

RETURN TO: Enrollment Services
118 Anderson Hall
Manhattan KS 66506

**DEADLINE: 30 days from the 1st
day of the semester.**

FORM: DP

Revised 02/2015