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:       [ ] Spouse       [ ] Mother/Father

   Employee’s Last Name, First, MI____________________________________

   Employee’s Emplid ______ __________________________________________

   Employee’s title, department________________________________________

   Employee’s Signature_______________________________________________  Date

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