KANSAS STATE
U N I V E R S I T Y

Appeal to Kansas State University
Out-of-State Fee Appeals Board

Student Name: _____

WID: _____ **K-State Email:** _____

_____

Street and Number or Rural Route (P.O. Box not sufficient)   Primary Phone

_____   _____   _____

City   *State*   *Zip Code*

A. I understand that, based on my Application for Resident Classification, I have been classified a non-resident for fee purposes.

B. I further understand that I have the right to appeal this classification to the Kansas State University Out-of-State Fee Appeals Board.

C. I hereby request that my Application for Resident Classification be presented to the Out-of-State Fee Appeals Board and that an appointment be made for me to appear before this board in support of my application.

D. I am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act of 1974, as revised. I consent to the disclosure of my educational records, inclusive of personally identifiable information, for purposes of discussion/review at Kansas State University at the scheduled appeal.

   a. I also authorize the individuals designated below to be in attendance during the discussion/review of my educational records, inclusive of personally identifiable information, at Kansas State University. Persons designated to be in attendance at the appeal, other than faculty and staff as authorized for by FERPA and University Policy, include the following: [If you wish to bring your attorney advanced notice is required to ensure that K-State General Counsel can also be in attendance.]

Name	Relationship	Email

E. With this appeal form, I am submitting the additional items listed below as additional information for the Board's consideration. (*attach additional pages if necessary*)

_____

I certify that the information on this appeal of resident classification is correct and that the information on my Application for Resident Classification is still correct.

Student Signature: _____   **Date:** _____

I certify that the information given on this application is accurate and complete. I understand that falsified information can result in financial obligation (nonresident tuition) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law (K.S.A. 21-5824). I also understand that information from my application for admission and other university records will be considered as part of this verification.

Appeal Date/Time: _____