

KANSAS BOARD OF REGENTS
**VERIFICATION FOR KANSAS RESIDENT TUITION FOR
UNIVERSITY EMPLOYEE/DEPENDENT**

(see [K.A.R. 88-3-9](#))

1. This application is for (CHECK ONE ONLY)
☐ Fall Semester, 20____ ☐ Spring Semester, 20____ ☐ Summer Semester, 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? _____

5. **EMPLOYEE ONLY:**

Relationship to Student: _____ Self _____ Spouse _____ Parent _____ Other: _____

Employee's Name: _____

Employee's WID: _____ Title, Department: _____

Employee's Signature: _____ Date: _____

Student Privacy Notice for Persons in the European Union:

Please be aware that Kansas State University will be processing your personal data.

K-State will be processing your personal data because it furthers K-State's performance, or preparation for performance, of a contract or agreement to provide educational and other services to you, or because you have consented to that processing. Kansas State's Privacy Notice and Request for Consent (<http://www.k-state.edu/registrar/students/gdpr/index.html>) details the nature and purposes of that processing.

Kansas State's Privacy Notice and Request for Consent also sets forth in detail your rights with regard to Kansas State's processing of your personal data. These rights may include the right to request access to your personal data and the rectification of inaccurate data, the erasure or the restriction of processing of your data in certain circumstances. You may exercise these rights by contacting Kansas State using the following email address: gdpr@ksu.edu.

Please read K-State's Privacy Notice and Request for Consent (<http://www.k-state.edu/registrar/students/gdpr/index.html>) carefully. Your signature below will serve as your written consent.

I certify that the information given on the application is accurate and complete. If any circumstances change affecting the tuition classification statue 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 the 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:

registrar@ksu.edu
Residency Classification
Office of the Registrar
118 Anderson Hall
Manhattan, KS 66506

FORM DEADLINE: 30 days from the 1st day of the semester

refer to the [Academic Calendar](#) for Semester Start Dates