

KANSAS BOARD OF REGENTS

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR INSTITUTIONAL PERSONNEL (See K.A.R. 88-3-9)

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This application is for (Check ON) [] Fall, 20		<u> </u>] Summer, 20
UNLESS OTHERWISE STATED,	A NEW APPLICA	TION MUST BE F	FILED EACH SEMESTER.
Student's Last Name, First, MI		Student ID#	
Current address			
Street and Numbe	r or Rural Route (P.O	. Box not sufficient)	Home Phone
<u></u>	<u> </u>	<i></i>	W. 1 DI
5			Work Phone
when the your current period of phy	sieur presence in r	Numbus begin	Month/Day/Year
		loyee	
Employees Last Name, I	First, MI		
Employees Title, Dept			
Employees Signature			
· · ·	employed	dour of Name (
Date of employment			
	(Department H	ead Signature)	
	[] Fall, 20 UNLESS OTHERWISE STATED, Student's Last Name, First, MI Current address	[] Fall, 20 [] Spring, 20 UNLESS OTHERWISE STATED, A NEW APPLICA 	UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE I Student's Last Name, First, MI Student ID# Current address

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 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 t	o/affirmed before me this	day of	, 20, at	
SIGNATURE OF NOT	CARY		MY APPOINTMENT EXPIRES	