

# EMPORIA STATE UNIVERSITY

KANSAS BOARD OF REGENTS

## APPLICATION FOR RESIDENT CLASSIFICATION FOR FEE PURPOSES BASED ON SPECIAL DOMESTIC RELATIONS CIRCUMSTANCES (live with parent who is a Kansas resident\*)

1. Full legal name \_\_\_\_\_  
Last Name First Middle Student ID No. (if known)  
Other names, if any, under which you have been enrolled \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year State or Country
3. When did your current period of physical presence in Kansas begin? \_\_\_\_\_  
Month/Day/Year
4. Current address \_\_\_\_\_  
Street and Number or Rural Route (a PO Box is not sufficient) Phone  
City State Zip
5. How long has your parent lived in Kansas? \_\_\_\_\_
6. For which semester are you applying for residency? \_\_\_\_\_  
Semester Year

**\* 88-3-13. Persons with special domestic relations circumstances.**

(a) The resident fee privilege shall be granted to any dependent student whose parents are divorced, as long as at least one parent is a Kansas resident (have been a Kansas resident for at least 12 month prior to your enrollment or recruited or transferred for employment, or assigned to Kansas through military orders) See complete information at <http://www.emporia.edu/regist/enroll/resid.html>

**If you feel that there are other pertinent facts not covered by any of the previous questions/answers, please write them on a separate sheet of paper and attach it to this form.**

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSIFIED INFORMATION CAN RESULT IN FINANCIAL OBLIGATION (NON-RESIDENT FEES) TO, AND DISMISSAL FROM THIS INSTITUTION 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 A PART OF THIS APPLICATION.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(IN THE PRESENCE OF A NOTARY PUBLIC)

**NOTARIZATION:**

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
CITY

Notary Signature: \_\_\_\_\_ MY APPOINTMENT EXPIRES: \_\_\_\_\_

**RETURN TO** 

Office of the Registrar  
Emporia State University  
Campus Box 4026  
1 Kellogg Circle  
Emporia, KS 66801-5415