EMPORIA STATE UNIVERSITY

KANSAS BOARD OF REGENTS

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR INSTITUTIONAL PERSONNEL

(See K.A.R. 88-3-9)

1. **This application is for (Check ONE ONLY)**
   [ ] Fall, 20__ [ ] Spring, 20__ [ ] Summer, 20 __

UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE FILED EACH SEMESTER.

2. _____ _____
   Student's Last Name, First, MI Student ID#

3. Current address _____
   Street and Number or Rural Route (P.O. Box not sufficient) Home Phone

   _____
   City State Zip Work Phone

4. When did your current period of physical presence in Kansas begin _____
   Month/Day/Year

5. SPOUSE OR DEPENDENT CHILD:
   Relationship of Student to institutions employee_____
   Employees Last Name, First, MI _____
   Employees Title, Dept _____
   Employees Signature _____

6. EMPLOYMENT (to be completed by employer)
   Applicant requesting waiver is employed _____
   (Department Name)
   Date of employment _____
   Human Resource Verification _____
   (Department Head Signature)
   Percent of appointment _____

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 to/affirmed before me this _____ day of _____, 20____, at _____

SIGNATURE OF NOTARY _____ MY APPOINTMENT EXPIRES_____