Residency Application Information

Please read the Kansas Board of Regents Residency Rules & Regulations carefully. (https://kansasregents.org/about/rules-regulations/residency-rules-regulations)

If, after reading the information, you feel that you are able to document that you meet the criteria, please complete this application. Attach all documentation and information you wish to be considered in the decision and submit the application file to the Office of the University Registrar.

The completed application with all supporting documentation should be returned to the Office of the University Registrar. Incomplete applications will not be accepted.

Drop off or mail the completed application and supporting documentation to these locations:

KU Visitor Center – 1502 Iowa St., Lawrence, KS 66045

KU Med Center Enrollment Services, Mail Stop 4005, 3901 Rainbow Blvd., Kansas City, KS 66160

KU Edwards Campus – 12600 Quivira Road, Welcome Center, Regents Center 1st Floor, Overland Park, KS 66213

Fax the completed application and supporting documents to:

785-864-3900 - University Registrar in Lawrence

Email the completed application and supporting documents to:

registrar@ku.edu - University Registrar in Lawrence

kumcregistrar@kumc.edu.- KUMC Registrar

The application will generally be reviewed within 14 business days. After review, the student will be emailed notification of the decision. When submitting your application, please pay attention to the following deadlines:

Spring 2020:

November 12, 2019 First day to apply for the semester Priority date for correct billing Last day to apply for the semester

Summer 2020:

March 19, 2020 First day to apply for the semester
May 1, 2020 Priority date for correct billing
July 2, 2020 Last day to apply for the semester

Fall 2020:

June 10, 2020 First day to apply for the semester August 1, 2020 Priority date for correct billing Last day to apply for the semester

Payment of Tuition and Fees

Student signature

You are responsible for the payment of non-resident rates if the application has not been approved by the payment deadline. If resident classification is granted after tuition and fees have been paid, a credit will be applied to your account and a refund generated if there are no outstanding balances.

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Date

*I have read and understand that I must pay tuition of non-resident rates by the payment deadline

Classification Procedures:

The Kansas Board of Regents governs tuition classification. Determining classification is a complex process which can require extensive documentation. Please read the application carefully. Be certain to answer all questions and to attach all requested documentation (see Documentation section). Failure to complete the application properly can delay a decision in your case, result in an inaccurate decision and may invalidate your application. In reviewing the application, the Office of the University Registrar considers the individual situation as presented on the application and assesses it in relation to the Board of Regents articles. The burden of proof, as represented in documentation attached to the application, lies upon the student. This burden includes provision of convincing evidence of intent to remain in Kansas indefinitely after attendance at the University of Kansas. A decision will generally be reached within 14 business days after an application has been submitted. The student will be notified via email when a decision has been reached.

*I have read and understand the classification procedures:				
Student signature	Date			

Appeal Procedures:

If the application is denied, the student has 30 days from the date of the denial notification to submit an appeal to the Residence Appeal Committee. An appeal form will be provided with the denial notification. The committee is made up of 3-5 staff and faculty members of the University who meet periodically to review outstanding appeals. The Committee follows Kansas Board of Regents residency regulations. Appeal dates can be determined by contacting the Office of the University Registrar and appeals should be submitted to the Office of the University Registrar in the KU Visitor Center at 1502 lowa St, Lawrence, KS 66045. The Committee meeting is an open public meeting and the student who submits an appeal to the committee will be notified of the time and date of the appeals meeting. The decision reached by the Residence Appeals committee is the final determination made by the University of Kansas. If the appeal is denied, the student has 30 days from the date the denial letter is sent to file an appeal with District Court.

*I have read and understand the appeal process:		
Student signature	Date	

Required Documentation

class agree landl in Ka for re time	ocumentation is required to verify physical residence for the 365 calendar days prior to the first day of ses for the semester you are requesting residency reclassification. Leases, housing contracts and/or rental ements are not sufficient documentation. Examples of appropriate documentation are: statements from lords, copies of each month's cancelled rent checks, copies of titles or deed, etc. If you have previously lived ansas and were a resident for tuition purposes and returned to Kansas within 60 months, you may be eligible esident rates. If this is your situation, please complete the application and include documents verifying the you previously lived in Kansas. ude ONE of the following:
	Letter from landlord(s) Copies of rent checks/receipts for the past 12 months Copy of deed/mortgage
A le	ase is NOT sufficient
	iclude documentation for ALL of the income you listed on Question 16a. For example: you may ude copies of paychecks, W2's, financial aid award letters or financial aid transcripts.
	Paycheck Stub W2's Financial Aid Parental Support Other income
3. In	clude copies of your:
	Kansas driver's license Car registration Voter Registration Most recent state and federal income tax Resident Alien Card OR Visa and I-94 (non-US citizens only)

- Please do NOT submit original supporting documentation. Please include copies of supporting documentation. We will NOT return any portion of your application. Your application will remain on file in our office. Your application will be kept confidential and will be destroyed in 5 years.
- Please fill out the form COMPLETELY. Be sure to fill out Questions 16a and 16b COMPLETELY.
- Feel free to include any additional documentation you feel will help support your application for Kansas residency.
- Please make a photocopy of your entire application and keep it for your records. We will not return your application.

KANSAS BOARD OF REGENTS

APPLICATION FOR RESIDENT CLASSIFICATION FOR FEE PURPOSES. READ CAREFULLY AND ANSWER COMPLETELY: **If more space is needed for any answers, please use an additional sheet of paper.

1. Full legal name				
Last Name	e First	Middle	KUID/EMF	
		Social Sec	#	
Other Names, if any, under	which you have been enrolled	or employed:		
2. Current Address(While attending this institution)	STREET AND NUMBER	R or RURAL ROUTE (a P.O. BOX I	S NOT SUFFICIENT)	PHONE
C	ITY S'	TATE		ZIP
3. Permanent Address	FREET AND NUMBER or RURAL	ROUTE CITY ST	`ATE ZIP	
4. For which semester are yo				AR
Have you previously appli	ied for residency at a Kansa	as Regents institution?	□ Yes	□ No
If yes, indicate institution	and year you applied			
Have you read the accomp	panying regulations pertain	ing to Residence for Fee Pu	rposes? Yes	□ No
5. Date of birth	ate Year	Place of birthSt	oto on Country	
6. Are you a CITIZEN of the		∃ Yes □ No	ate of Country	
		nt Resident status by the U.	S. Citizenship and	Immigration Services?
If YES, attach a copy of y	our Alien Registration card	1.		
If NO, what is your curren	at immigration status?			
*What is you	ır VISA status?			
7. When did your current per	riod of physical presence ir	n Kansas begin?		
Have you lived in Kansas	continuously since this da		n Day □ No	Year
**Documentation required	d of physical residency for	365 period prior to the star	t of the semester fo	r which you are applyi
8. Where did you live before	moving to Kansas (before	the date above)?		
CITY/STATE/COUNTRY		from	to MONTH/YEAR	MONTH/YEAR
CITY/STATE/COUNTRY		from	to _ MONTH/YEAR	MONTH/YEAR
		from	to _	
CITY/STATE/COUNTRY			MONTH/YEAR	MONTH/YEAR

THYSTATECOUNTRY from MONTHYPEAR MONTHYPEAR MONTHYPEAR MONTHYPEAR	9. Where did you spen	nd the previous summe	er (June thru August - pro	•			
Date of marriage	CITY/STATE/COUNTRY	7				MONTH/YEAR	
Date of marriage				from	to		
Date of marriage Legal name of spouse Last Maiden/Birth First Middle Complete CURRENT address and telephone number of spouse Area Code and Phone Number Street/Number/Apt/Rural Route City/State/Zip Code **You may be required to provide a copy of your marriage certificate 11. PARENTAL INFORMATION: (Required if you are single and under 18 years of age OR are still claimed as a dependent or your parent's tax return, recommended if you are single and one or more of your parents reside in Kansas) a. Father's full legal name Address (city, state, country) b. Mother's full legal name Address (city, state, country) c. If your parents are divorced, which parent had legal custody of you? d. From which parent do you receive the preponderance of your support? e. If neither parent is living, or if you have a guardian, give the full name and address of guardian If requested, a certified copy of the court order establishing custody or guardianship must be presented. Guardianships established for the sole or main purpose of qualifying the ward for resident fees will not be honored. f. Did your parents or guardian file a Kansas State Resident Income tax return for the last year? Yes No 12. Have you been licensed or certified to practice a profession in Kansas? (doctor, lawyer, nurse, teacher, etc) Yes (identify which one) **If yes, documentation required 13. Where are you currently registered to vote? (City and state) When did you last register to vote in Kansas? **Provide copy of Kansas Voter Registration 14. List all colleges you have attended in the last five years, with dates of attendance, credit hours earned, and student resident status (for fees) at each institution: Institution From: To: Credit Hours Earned Fee Status	CITY/STATE/COUNTRY	•		1	MONTH/YEAR	MONTH/YEAR	
Street/Number/Apt/Rural Route City/State/Zip Code **You may be required to provide a copy of your marriage certificate			•				
Street/Number/Apt/Rural Route City/State/Zip Code **You may be required to provide a copy of your marriage certificate	Date of marriage	onth Data	Legal name of spo	ouse	Maidan/Birth	First	Middle
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a. Father's full legal name							
b. Mother's full legal name							a dependent of
c. If your parents are divorced, which parent had legal custody of you? d. From which parent do you receive the preponderance of your support? e. If neither parent is living, or if you have a guardian, give the full name and address of guardian If requested, a certified copy of the court order establishing custody or guardianship must be presented. Guardianships established for the sole or main purpose of qualifying the ward for resident fees will not be honored. f. Did your parents or guardian file a Kansas State Resident Income tax return for the last year? Yes No 12. Have you been licensed or certified to practice a profession in Kansas? (doctor, lawyer, nurse, teacher, etc) Yes (identify which one) **If yes, documentation required 13. Where are you currently registered to vote? (City and state) When did you last register to vote in Kansas? **Provide copy of Kansas Voter Registration 14. List all colleges you have attended in the last five years, with dates of attendance, credit hours earned, and student resident status (for fees) at each institution: Institution From: To: Credit Hours Earned Fee Status	a. Father's full legal	name		Address (city,	state, country)	
d. From which parent do you receive the preponderance of your support? e. If neither parent is living, or if you have a guardian, give the full name and address of guardian If requested, a certified copy of the court order establishing custody or guardianship must be presented. Guardianships established for the sole or main purpose of qualifying the ward for resident fees will not be honored. f. Did your parents or guardian file a Kansas State Resident Income tax return for the last year?	b. Mother's full lega	al name		Address (city,	state, country)	
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Yes (identify which one) **If yes, documentation required 13. Where are you currently registered to vote? (City and state) When did you last register to vote in Kansas? **Provide copy of Kansas Voter Registration 14. List all colleges you have attended in the last five years, with dates of attendance, credit hours earned, and student resident status (for fees) at each institution: Institution From: To: Credit Hours Earned Fee Status	establi	shed for the sole or m	ain purpose of qualifying	the ward for res	ident fees will	not be honored.	·
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status (for fees) at each institution: Institution From: To: Credit Hours Earned Fee Status	When did you last	t register to vote in Ka		us Voter Registro	- ation		
			e last five years, with date	s of attendance,	credit hours ea	rned, and stude	nt resident
	Institution			Credit Hours	Earned		on Resident
							_

Company Name	-time and part-time employ Address		Dates:		Number of hours		
Company Ivame	(street & no., city, state	e)	from:	to:	per week?		
	_				<u> </u>		
	_						
	PORT and EXPENSES						
= =	List all financial support f	=		=	grants, employment,		
	erest, governmental benefication of <u>all</u> support listed b		-		ants current nav stuhs		
	offers, trust, stock, mutual						
Source of Support	Address	,	Dates:		Total Dollar Amoun		
			From:	To:			
			From:	To:			
			From:	To:			
			From:	To:			
			From:	To:			
			From:	To:			
			ТО	TAL INCOME \$			
b. Expenses: list all exp	penses for the past twelve r	nonths:					
Note	: If you share expenses, lis	t only your portion	•				
Housing per month			Total for	past 12 months \$			
			Total for	past 12 months \$			
	per month						
Health care/ insurance per month				Total for past 12 months \$			
	tion man month			_			
-	-			past 12 months \$			
Clothing/laundry/enter	tainment per month			_			
Tuition and fees per ter	tainment per month	Fall:	Sprii	ng:	Total:		
Clothing/laundry/enterd Tuition and fees per ter	rm: Summererm: Summer	Fall: Fall:	Sprii	ng:	Total:		
Clothing/laundry/enterd Tuition and fees per ter	tainment per month	Fall: Fall:	Sprii Sprii tion to substantia	ng:ng: ng: te all listed expens	Total: Total: es.		
Clothing/laundry/enter Tuition and fees per ter Books & supplies per t	tainment per month cm: Summer erm: Summer You may be required to p	Fall: Fall: provide documentat	Spring Sp	ng:ng: ng: te all listed expens AL EXPENSES \$	Total: Total: es.		
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Clothing/laundry/enterd Tuition and fees per ter Books & supplies per ter 17. With what state did	tainment per month cm: Summer erm: Summer You may be required to put you file your last STATE	Fall: Fall: provide documentar income tax return? of your last federal	Spring Sp	ng: te all listed expens AL EXPENSES \$ State tax returns)	Total: Total: es. □ No		
Clothing/laundry/entert Tuition and fees per ter Books & supplies per ter 17. With what state did 18. Were you claimed a	tainment per month rm: Summer erm: Summer You may be required to p I you file your last STATE (Submit a copy of	Fall: Fall: Fall: provide documentar income tax return? Fall: person's last federal person's last federal	Spring Sp	ng:ng:ng:	Total: Total: es. □ No		

19. Was Kansas personal property tax paid on the vehicle you currently own or drive?

a. □ No b. □	Yes If yes, what year?	c. □ No vehicle	e in my possession.
		te on the vehicle you own	or drive and provide documentation.
a State	License Plate Number	 er	Date Plate Obtained
b			c. □ No vehicle in my possession
Vehicle owned b	•		
21. What state issued yo	our current driver's license?		
22 Why did you come/	**Provide a copy of your drivereturn to Kansas?		
22. Why did you come	return to Kansas:		
23. Other than being ph	ysically present in Kansas, what re	lationships or obligations	connect you to the state, making it your
permanent home?			
			
24. How long do you pl	an to remain in Kansas?		
25 What are your youa	tional plans after your academic wo	ork here is completed?	
25. What are your vocal	nonai pians arter your academic we	ik here is completed:	
If you feel that there a	re other partinent facts not cover	ad by any of the proviou	ıs questions/answers, please write them on a
·	r and attach it to this form.	cu by any of the previou	is questions/answers, piease write them on a
I CERTIEV THAT T	HE INFORMATION GIVEN ON T	THIS APPLICATION IS	CORRECT. I UNDERSTAND THAT
	ATION CAN RESULT IN FINANC		
			TING IS A FELONY UNDER KANSAS
LAW (K.S.A 21-3711).	I ALSO UNDERSTAND THAT I	NFORMATION FROM	MY APPLICATION FOR ADMISSION AND
OTHER UNIVERSITY	RECORDS WILL BE CONSIDER	RED A PART OF THIS A	APPLICATION.
Date:	Signature		
Return to:			
Office of the University I	Registrar		
University of Kansas			

Lawrence, KS 66045 revised 4262019

1502 Iowa St.