

KANSAS BOARD OF REGENTS
**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
RECRUITED OR TRANSFERRED EMPLOYEES**
(see K.A.R 88-3-11)

Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency

1. This application is for (check ONE ONLY)

Fall Semester, 20 _____
Spring Semester, 20 _____
Summer Semester, 20 _____

2. Student's Last Name, First, M _____ Student Number _____ Last 4 digits of SSN _____

3. Current Address _____
Street and Number or Rural Route (P.O. Box not sufficient) _____ Home Phone _____
City, State ZIP _____ Work Phone _____

3. Date of Birth _____ How many credit hours will you be taking this semester? _____

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

If the above is later (or earlier) than the effective date of employment on the other side, please explain:

5. Are you a CITIZEN of the United States? YES NO

If NO, Have you been granted Immigrant or Permanent Resident status by the US Immigration & Naturalization Service?
YES If YES, attach a copy of your Alien Registration Card.

NO If NO, indicate type of VISA _____

6. Reason for moving to/remaining in Kansas? _____

7. **SPOUSE OR DEPENDENT CHILD:** Relationship of Student to Employee _____

Employee's Last Name First MI

Name/relationship of person who claimed the student as a dependent on their last income tax form

Employee's Signature

XXX – XX – _____
Last four digits of SS#

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
EMPLOYER MUST COMPLETE OTHER SIDE**

Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency
KANSAS BOARD OF REGENTS

RETURN TO:
OFFICE OF THE UNIVERSITY REGISTRAR
1502 BUILDNG
1502 IOWA ST
LAWRENCE, KS 66045-7535

DEADLINE:
30 DAYS AFTER THE FIRST DAY
OF CLASSES FOR THE SEMESTER
YOU ARE APPLYING



KANSAS BOARD OF REGENTS
**APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR
RECRUITED OR TRANSFERRED EMPLOYEES**
(see K.A.R 88-3-11)

Please refer to the regulations regarding qualifications for this fee privilege online at www.registrar.ku.edu/residency

SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

A. Verification

I verify that _____ was recruited/transferred
(Employee's Name)

to Kansas by this company effective _____ as a _____
(mo/day/yr) (position title)

This employee was hired as a FULL_TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on that basis for at least one year from the effective date above.

Company Name:

Company Address IN KANSAS:

Required signatures (TWO ARE REQUIRED and THE SECOND ONE MUST BE NOTORIZED)

1. Personnel Director (or equivalent if there is no Personnel/Human Resource section)

Name (printed) _____ Title _____

Work Address _____

Signature _____ Date _____ Work Phone# _____

I understand that making a false writing is a felony under Kansas Law (K.S.A 21-3711).

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

2. Owner, partner, Chief Executive or first signatory's superior (MUST BE NOTORIZED)

Name (printed) _____ Title _____

Work Address _____

Signature _____ Date _____ Work Phone# _____

I understand that making a false writing is a felony under Kansas Law (K.S.A 21-3711).

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

BOTH SIDES MUST BE COMPLETED BEFORE RETURNING

RETURN TO:

OFFICE OF THE UNIVERSITY REGISTRAR
1502 BUILDING
1502 IOWA ST
LAWRENCE, KS 66045-7535

Revised: 11/09/2023

DEADLINE:

30 DAYS AFTER THE FIRST DAY
OF CLASSES FOR THE SEMESTER
YOU ARE APPLYING