



OFFICE OF THE  
UNIVERSITY  
REGISTRAR

The University of Kansas

Please refer to the regulations regarding qualifications for this fee privilege online at  
[registrar.ku.edu/residency](http://registrar.ku.edu/residency)

KANSAS BOARD OF REGENTS  
**APPLICATION FOR KANSAS RESIDENT FEE  
PRIVILEGE FOR KANSAS HIGH SCHOOL GRADUATES**  
(see K.A.R. 88-3-10)

1. This application is for (Select ONE ONLY)

Fall Semester, 20 \_\_\_\_\_

Spring Semester, 20 \_\_\_\_\_

Summer Session, 20 \_\_\_\_\_

2. \_\_\_\_\_ XXX – XX – \_\_\_\_\_  
Student's Last Name, First, MI Student Number Social Security #

3. Current Address \_\_\_\_\_  
Street and Number or Rural Route (PO Box not sufficient) Home Phone  
\_\_\_\_\_  
City State Zip Work Phone

4. Dates of your continuous physical residence in Kansas: From \_\_\_\_\_ To \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Are you a military dependent? Yes No

5. Dates of your parent's continuous physical residence in Kansas: From \_\_\_\_\_ To \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Are they here for a military assignment? Yes No

6. 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 your type of VISA \_\_\_\_\_

7. Name and address of the High School from which you graduated: \_\_\_\_\_  
\_\_\_\_\_  
Dates of attendance \_\_\_\_\_ Date of graduation \_\_\_\_\_

**PROOF OF GRADUATION MAY BE REQUIRED.**

8. Initial term of attendance at this institution: Year \_\_\_\_\_ Fall Spring Summer (check one)

9. Have you attended another Kansas Board of Regents institution or Kansas Community College since your graduation from high school?

Yes No

If YES, list institution(s) and dates of attendance:

\_\_\_\_\_

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 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 as a 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 \_\_\_\_\_  
CITY

SIGNATURE OF NOTARY \_\_\_\_\_ MY APPOINTMENT EXPIRES: \_\_\_\_\_

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

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