



The University of Kansas

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

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

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



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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).

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BOTH SIDES MUST BE COMPLETED BEFORE RETURNING

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