

**UNIVERSITY OF KANSAS MEDICAL CENTER  
APPLICATION TO PAY FEES AT THE RESIDENT RATE  
MILITARY MEMBERS AND DEPENDENTS STATIONED AND RESIDING IN KANSAS**

***THE REGULATION***

Paragraph 88-3-8 of the Kansas State Board of Regents residence regulations (Authorized by: L. 1975, ch. 469, ss1 [76-729], effective July 1, 1975; L. 1971, ch. 290, ss2 [76-730], effective July 1, 1971) reads as follows:

Military personnel stationed and living in Kansas (with full-time military assignments at a base in Kansas), and their dependents, shall be accorded the resident fee privilege while enrolled in any university or college under the State Board of Regents. Nothing in this regulation shall be construed to prevent a service person from acquiring or retaining a bona fide residence in Kansas.

***INSTRUCTIONS TO THE STUDENTS***

1. Complete the Application and attach a copy of the military member's orders to duty at a base in Kansas. (Note: Persons ordered to duty at the University of Kansas for purposes of participating in an educational program as a student, are not eligible to pay fees at the resident rate under the provisions of this regulation.)
2. Submit the Application to the University of Kansas Medical Center Office of Registrar Mail Stop 4029 3901 Rainbow Blvd. Kansas City, KS 66160.
3. Only one Application is required for the entire period that the member is stationed in Kansas. However, the student is required to confirm the member's duty station and have the fees adjusted at each enrollment.
4. For persons who desire to become bona fide permanent residents of Kansas, instructions and information concerning the necessary steps can be obtained at the Office of Registrar, 3001 Student Center.

**THE APPLICATION**

(1) Student's Full Legal Name \_\_\_\_\_  
Last Name
First Name
Middle Name

(2) Student KUID Number \_\_\_\_\_ (3) Student SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(4) Address & Phone \_\_\_\_\_  
NUMBER & STREET NAME, APT. #

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME PHONE # WORK PHONE #

( ) \_\_\_\_\_  
MOBILE PHONE

(5) Student's relationship to military member: \_\_\_\_\_  
Self
Spouse
Dependent Child

(6) Military member's Name, Rank, and Duty Station:  
 \_\_\_\_\_  
LAST NAME
FIRST NAME
MIDDLE NAME
RANK

DUTY STATION \_\_\_\_\_ ASSIGNMENT  
 (7) Arrival date in Kansas \_\_\_\_\_ (8) Expected duration of duty \_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_ MILITARY MEMBER'S SIGNATURE

\_\_\_\_\_ DATE

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 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 the Kansas Law (K.S.A. 21-3711).* I also understand that information from my application for admissions and other university records will be considered as part of this application.

\_\_\_\_\_  
STUDENT SIGNATURE  
(IN THE PRESENCE OF A NOTARY PUBLIC)

\_\_\_\_\_  
DATE

NOTARIZATION:

SUBSCRIBED AND SWORN TO/AFFIRM BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, AT

\_\_\_\_\_  
CITY

\_\_\_\_\_  
SIGNATURE OF NOTARY

MY APPOINTMENT EXPIRES \_\_\_\_\_

Please return to mailing address: University of Kansas Medical Center Office of Registrar Mail Stop 4029 3901 Rainbow Blvd. Kansas City, KS 66160 (Office Address 3001 Student Center)