

UNIVERSITY OF KANSAS MEDICAL CENTER
APPEAL TO THE RESIDENCE COMMITTEE

DATE: _____

NAME: _____
(Last) (First) (Middle)

Student KU ID Number: _____ Social Security Number: _____

Address: _____ Home Phone Number: _____

_____ Work Phone Number: _____

- A. I understand that, based on my Application for Resident Classification, I have been classified a non-resident for fee purposes.
- B. I further understand that I have the right to appeal this classification to the University of Kansas Residence Committee.
- C. I hereby appeal this classification by requesting that my Application for Resident Classification be presented to the Resident Committee for review.
- D. I wish to present the items below as new and/or additional for the Committee's consideration.

* (Use reverse side if necessary)

I certify that the information on this Appeal of Resident Classification is correct and that the information on my Application for Resident Classification is still correct.

(Signature)

*NOTARIZATION (Only if additional information is submitted under item D.)
Subscribed and sworn to/affirmed before me this _____ day of _____,
20_____, at _____, _____.
City State

Please send to:
University of Kansas Medical Center
Office of Registrar
Mail Stop 4029
3901 Rainbow Blvd.
Kansas City, KS 66160

Notary Public

My commission expires: _____