KANSAS BOARD OF REGENTS
APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR MILITARY PERSONNEL
(see K.A.R 88-3-8a)

1. This application is for (check ONE ONLY)
   [ ] Fall Semester, 20__  [ ] Spring Semester, 20__  [ ] Summer Semester, 20__
UNLESS OTHERWISE STATED, A NEW APPLICATION MUST BE FILED EACH SEMESTER
Please Note: Student must attach a copy of the military member’s orders to duty at a base in Kansas with original request and thereafter if orders ever change.

2. _____________________ __________________________ ___________________________
   Student’s Last Name, First, MI    Student Number    Last four digits of SS#

3. Current Address _______________________________________________ ____________________
   Street and Number of Rural Route (PO Box not sufficient)    Home Phone
   City    State    Zip    Work Phone

4. Parents Mailing Address _________________________________________ ____________________
   Street and Number, Rural Route (PO Box not sufficient)    Home Phone
   City    State    Zip    Work Phone

5. SPOUSE OR DEPENDENT CHILD:
   Relationship of Student to Military Person _____________________
   Military Person’s Last Name, First, MI ___________________________________________
   Military Person’s Signature _____________________________________________________
   Social Security #

Part II: Duty Station Verification

I, ____________________________, verify that ___________________________, on full-time active duty, or is a member in the Kansas Army or Air Nat’l Guard.

Commanding Officer’s (or designee) signature and rank: _______________________________________

Date: ___________________    Unit: ___________________    Unit Telephone #: ___________________

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 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 part of this application.

STUDENT SIGNATURE ___________________________ DATE ______________________
(IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARIZATION:
SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME THIS _______ DAY OF _____________, 20____, AT _________________.

CITY ___________________________ MY APPOINTMENT EXPIRES _______________________

SIGNATURE OF NOTARY ___________________________

Return to: KUMC Office of the Registrar
3901 Rainbow Blvd., MS 4005 Kansas City, KS 66160

(Office Address: G035 Dykes Library)

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

Revised 9/15/2015