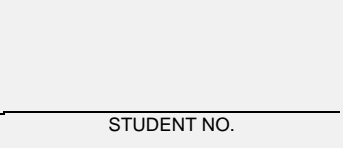


KANSAS BOARD OF REGENTS

APPLICATION FOR RESIDENT CLASSIFICATION FOR FEE PURPOSES

READ CAREFULLY AND ANSWER FULLY.

If more space is needed for any answers, please use an additional sheet of paper.



1 Full legal name LAST NAME FIRST MIDDLE STUDENT NO.

Other names, if any, under which you have been enrolled or employed:

2 Current address while attending this institution STREET AND NUMBER or RURAL ROUTE (a P.O. BOX IS NOT SUFFICIENT) PHONE CITY STATE ZIP

3 Permanent address STREET AND NUMBER or RURAL ROUTE CITY STATE ZIP

4 For which semester are you applying for residency? SEMESTER YEAR

Have you previously applied for residency at a Kansas Regents' institution? Yes No If yes, indicate institution and year you applied

Have you read the accompanying regulations pertaining to Residence for Fee Purposes? Yes No

5 Date of birth MONTH DAY YEAR Place of birth STATE or COUNTRY

6 Are you a CITIZEN of the United States? Yes No

If NO, have you been granted Immigrant or Permanent Resident status by the U.S. Immigration & Naturalization Service? Yes No

If NO, indicate type of VISA If YES, attach a copy of your Alien Registration card.

7 When did your current period of physical presence in Kansas begin? MONTH / DAY / YEAR

Have you lived in Kansas continuously since this date? Yes No

8 Where did you live before moving to Kansas (before the date above)?

CITY/STATE/COUNTRY from MONTH/YEAR to MONTH/YEAR

9 Where did you spend the current/previous summers? (June thru August - provide specific dates)

CITY/STATE/COUNTRY from MONTH/YEAR to MONTH/YEAR

10 Marital Status: If married, provide the following:

Date of marriage (MONTH/DAY/YEAR)

Legal name of spouse LAST MAIDEN/BIRTH NAME FIRST MIDDLE

Complete CURRENT address and telephone number of spouse: ( ) AREA CODE AND PHONE NUMBER

STREET/NUMBER/APT./RURAL ROUTE CITY/STATE/ZIP CODE

You may be required to provide a copy of your marriage certificate.

**11 PARENTAL INFORMATION** (required if you are single and under 18 year of age OR are still claimed as a dependent on your parent's tax return; recommended if you are single and one or more of your parents reside in Kansas)

- a. Father's full legal name \_\_\_\_\_ Address \_\_\_\_\_  
CITY/STATE/COUNTRY
- b. Mother's full legal name \_\_\_\_\_ Address \_\_\_\_\_  
CITY/STATE/COUNTRY
- c. If your parents are divorced, which parent has legal custody of you? \_\_\_\_\_
- d. From which parent do you receive the preponderance of your support? \_\_\_\_\_
- e. If neither parent is living, or if you have a guardian, give the full name and address of guardian.  
 \_\_\_\_\_

*If requested, a certified copy of the court order establishing custody or guardianship must be presented.  
 Guardianships established for the sole or main purpose of qualifying the ward for resident fees will not be honored.*

f. Did your parents or guardian file a Kansas State Resident Income tax return for the last tax year?  Yes  No

**12** Have you been licensed or certified to practice a profession in Kansas? (doctor, lawyer, nurse, teacher, etc.)

Yes (IDENTIFY WHICH ONE) \_\_\_\_\_  No

**13** Where are you currently registered to vote? (city and state) \_\_\_\_\_

When did you last register to vote in Kansas? \_\_\_\_\_

**14** List all colleges you have attended in the last five years, with dates of attendance, credit hours earned, and student resident status (for fees) at each institution:

Name	INSTITUTION: City, State	FROM: MONTH & YEAR	TO: MONTH & YEAR	CREDIT HOURS EARNED	FEE STATUS: Resident or Non-Resident
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**15 EMPLOYMENT RECORD:** List all employment since your latest period of residence in **Kansas** began (latest employment first, list periods of full-time and part-time employment with the same company separately):

COMPANY NAME	ADDRESS (street & no., city, state)	FROM: MONTH & YEAR	TO: MONTH & YEAR	HOW MANY HOURS PER WEEK?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**16 FINANCIAL SUPPORT and EXPENSES**

- a. **Financial Support:** List all financial support for the past twelve months. Include scholarships, loans, grants, employment, personal savings, interest, governmental benefits, monetary gifts, spousal contribution, etc.

Provide documentation of all support listed below: eg., current Kansas income tax returns, W-2's, current pay stubs, financial aid offers, trust, stock, mutual fund documents, statement of support by friends, family or relatives, etc.

<u>Source of Support</u>	<u>Address</u>	<u>Dates</u>	<u>Total Dollar Amount</u>
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
<b>TOTAL INCOME</b>			\$ _____

- b. **Expenses:** List all expenses for the past twelve months:

Note: If you share expenses, list only your portion of these expenses.

Housing .....	monthly _____	Total for past 12 months \$ _____
Food costs.....	monthly _____	Total for past 12 months \$ _____
Phone, electric, gas, etc.....	monthly _____	Total for past 12 months \$ _____
Health care costs,/insurance.....	monthly _____	Total for past 12 months \$ _____
Vehicle and transportation .....	monthly _____	Total for past 12 months \$ _____
Clothing/laundry/entertainment .....	monthly _____	Total for past 12 months \$ _____
Tuition and Fees per term:	Summer: _____ Fall: _____ Spring: _____	Total \$ _____
Books & supplies per term:	Summer: _____ Fall: _____ Spring: _____	Total \$ _____
<b>TOTAL EXPENSES</b>		\$ _____

*You may be required to provide documentation to substantiate all listed expenses.*

- c. Do you have health insurance?  Yes  No If YES, who pays the cost? \_\_\_\_\_  
 If NO, who pays the cost of your health care? \_\_\_\_\_

17 With what state did you file your last STATE income tax return? \_\_\_\_\_  
YEAR AND STATE

*(Submit a copy of your last federal and state income tax returns)*

18 Were you claimed as a dependent on another person's last federal income tax return?  Yes YEAR  No  
 WHO (name) \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Complete Address \_\_\_\_\_

*(Submit a copy of page 1 of this person's last federal and state income tax returns)*

19 Was Kansas personal property tax paid on the vehicle you currently own or drive?  
 a.  No b.  Yes If yes, what year? \_\_\_\_\_ c.  No vehicle in my possession

20 Provide information concerning the present license plate on the vehicle you own or drive.

a. \_\_\_\_\_  
STATE LICENSE PLATE NUMBER DATE PLATE OBTAINED  
 b. \_\_\_\_\_ c.  **No vehicle in my possession.**  
VEHICLE OWNED BY WHOM?

21 What state issued your current driver's license? \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

22 Why did you come/return to Kansas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23 Other than being physically present in Kansas, what relationships or obligations connect you to the state, making it your permanent home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24 How long do you plan to remain in Kansas?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25 What are your plans after your academic work here is completed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you feel that there are other pertinent facts not covered by any of the previous questions/answers, please write them on a separate sheet of paper and attach it this form.**

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSIFIED INFORMATION CAN RESULT IN FINANCIAL OBLIGATION (NON-RESIDENT FEES) TO, AND DISMISSAL FROM THIS INSTITUTION 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 A PART OF THIS APPLICATION.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(IN THE PRESENCE OF A NOTARY PUBLIC)

**NOTARIZATION:**

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
CITY

Notary Signature: \_\_\_\_\_ MY APPOINTMENT EXPIRES: \_\_\_\_\_



Return to:  
Melinda Roelfs, Registrar  
Pittsburg State University  
1701 S. Broadway Pittsburg, KS  
66762 Telephone: 620-235-4205  
Fax: 620-235-4015