

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.

SOCIAL SECURITY NO.

STUDENT NO. (if used)

1 Full legal name LAST NAME FIRST MIDDLE

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

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

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

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

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:		CREDIT HOURS EARNED	FEE STATUS: Resident or Non-Resident
		MONTH & YEAR	MONTH & YEAR		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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:		HOW MANY HOURS PER WEEK?
		MONTH & YEAR	MONTH & YEAR	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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>Amount</u>
_____	_____	From:_____ To:_____	\$ _____
_____	_____	From:_____ To:_____	\$ _____
_____	_____	From:_____ To:_____	\$ _____
_____	_____	From:_____ To:_____	\$ _____
_____	_____	From:_____ To:_____	\$ _____
_____	_____	From:_____ To:_____	\$ _____
TOTAL INCOME			\$ _____

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 \$ _____

TOTAL EXPENSES \$ _____

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 No
 WHO (name) _____ Relationship to you _____
YEAR

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. _____ VEHICLE OWNED BY WHOM? _____ c. No vehicle in my possession.

