PITTSBURG STATE UNIVERSITY KANSAS BOARD OF REGENTS APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR RECRUITED OR TRANSFERRED EMPLOYEES

(see K.A.R. 88-3-11)

1.	This application is for (Check ONE ONLY)						
	() Fall Semester, 20 () Spring Semester, 20 () Summer Session, 20						
2.							
	Student's Last Name, First, MI Student Number Student's Social Security#						
3. Current address Street and Number or Rural Route (P.O. Box not sufficient) Hom							
Street and Number or Rural Route (P.O. Box not sufficient) Home Phone							
	City State Zip Work Phone						
	, x						
4.	Date of birth How many credit hours will you be taking this semester?						
5.	When did your current period of physical presence in Kansas begin? Month/Day/Year						
	If above is later (or earlier) than the effective date of employment on the other side, please explain:						
6	Reason for moving to/remaining in Kansas?						
0.	Treasurror moving to terraining invarisas:						
7. SPOUSE OR DEPENDENT CHILD:							
	Relationship of Student to Employee						
Employee's Last Name, First, MI							
	Name/relationship of person who claimed you as a dependent on their last income tax form.						
	ti Ri						
. 9							
	Employee's Signature Social Security #						
	EMPLOYER MUST COMPLETE OTHER SIDE						
af U re w	certify that the information given on this application is accurate and complete. If any circumstances change frecting the tuition classification status requested by this application, I agree to notify the Office of the niversity Registrar in writing within 15 days after such change. I understand that falsified information can esult 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 or admission and other university records will be considered as part of this application.						
D	ate Student Signature						
(IN THE PRESENCE OF A NOTARY PUBLIC) NOTARIZATION:							
	Subscribed and sworn to/affirmed before me thisday of, 20, at						
SI	SIGNATURE OF NOTARY MY APPOINTMENT EXPIRES:						

RETURN TO: Melinda Roelfs, Registrar

1701 South Broadway Russ Hall Rm 103 Pittsburg, KS 66762

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(see K.A.R. 88-3-11)

TO BE COMPLETED BY EMPLOYER ONLY

Α. ١	Verification	*				
•	verify that					
	(employee's name)					
(company effective	as a (mo/day/yr)				
		(mo/day/yr)		(position title)		
1 t	This employee was hired as a FULL-TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on that basis for at least one year from the effective date above.					
C	Company Name:					
	Company Address IN KANSAS:					
3. F	Required signatures (<u>T</u>	WO ARE REQUIRED and THE	SECOND ONE M	IUST BE NOTARIZED)		
	Personnel Director (or equivalent if there is no Personnel/Human Resource section)					
		(Title)				
	(Work address)	·				
	(Signature)		(Date)	(Work phone#)		
2	. Owner, partner, Chief Executive Officer or first signatory's superior (MUST BE NOTARIZED)					
	(Name, printed)		(Title)			
	(Work address)		, <u>, , , , , , , , , , , , , , , , , , </u>	(
	(Signature)	· .	(Date)	(Work phone#)		
IN.	otarization					
		o/affirmed before me this	day of	, 20, at		
		(city)		(state)		
M	ly appointment expires	3:	/s/	·		
			·	(Notary Public)		

BOTH SIDES MUST BE COMPLETED