



APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR OUT-OF-STATE RESIDENTS EMPLOYED IN KANSAS ENROLLED IN DISTANCE EDUCATION CLASSES

This application is for (Check ONE ONLY)[] Fall 20 ____ [] Spring 20 ____ [] Summer 20 ____ (THIS FORM MUST BE COMPLETED EACH SEMESTER AND RETURNED BY THE 10TH DAY OF CLASSES)

- 1. Student Name - Last, First, MI Student ID #
2. Current address Street and Number or Rural Route (P.O. Box not sufficient) Home Phone City State Zip Work Phone
3. Date of birth How many credit hours will you be taking this semester?
4. When did your current period of employment in Kansas begin? (month/day/year)
5. Are you a CITIZEN of the United States? If NO, have you been granted Immigrant or Permanent Resident status by the U.S. Immigration & Naturalization Service? If NO, indicate type of VISA If YES, attach a copy of your Alien Registration card.

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 the University 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.

Date Student Signature (IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARIZATION

Subscribed and sworn to/affirmed before me this ____ day of ____, 20__, at CITY

Employee's Signature Social Security #

RETURN TO: Emporia State University Office of the Registrar - Campus Box 4026 1200 Commercial St.

DEADLINE: 10TH Day of classes

Emporia, KS 66801

EMPLOYER MUST COMPLETE OTHER SIDE



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SECTIONS A & B TO BE COMPLETED BY EMPLOYER ONLY

A. Verification

I verify that _____ is employed full-time (employee name)

by _____ as of _____ as a _____ (name of company/agency/school) (mo/day/yr) (position title)

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.

Company Name: _____

Company Address IN KANSAS: _____

B. Required signatures (TWO ARE REQUIRED and THE SECOND ONE MUST BE NOTARIZED)

1. Personnel Director (or equivalent if there is no Personnel/Human Resource section)

(Name, printed) _____ (Title) _____

(Work address) _____

(Signature) _____ (Date) _____ Work phone # _____

< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>

2. Owner, partner, Chief Executive Officer or first signatory's superior (MUST BE NOTARIZED)

(Name, printed) _____ (Title) _____

(Work address) _____

(Signature) _____ (Date) _____ Work phone # _____

< I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).>

Notarization

Subscribed and sworn to/affirmed before me this _____ day of _____, 20 _____, at

_____ (city), _____ (state)

My appointment expires: _____ /s/ _____ (Notary Public)

----- BOTH SIDES MUST COMPLETED BEFORE RETURNING -----

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DEADLINE: 10th day of classes