

APPLICATION FOR KANSAS RESIDENT FEE PRIVILEGE FOR RECRUITED OR TRANSFERRED EMPLOYEES

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

Any person who has resided in Kansas for less than 12 months, who moved to Kansas for a full-time job (job arranged before the move), and who is still employed in that job, shall be eligible to pay resident fees at Kansas state universities. This privilege shall also be granted to the spouse and dependent children of that person. Being fair to Kansas graduates, we apply the same rule to recent graduates of a Kansas college or university who stay in Kansas for a full-time job. This exception applies to only the first 12 months of full-time employment. This privilege shall be extended during the pendency of the labor certification process with the United States department of labor or of a petition for adjustment of status with the immigration and naturalization service, when the recruited or transferred employee is a foreign national who has presented proof of each relevant filing.

1. This application is for (Check ONE ONLY) [] Fall 20 ____ [] Spring 20 ____ [] Summer 20 ____
2. _____
Student's Last Name, First, MI _____ myWSU ID or SSN _____ date of birth _____
3. Current address _____
Street and Number or Rural Route (P.O. Box not sufficient) _____ contact phone number _____
City _____ State _____ Zip _____ email address _____
4. 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. 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 Permanent Resident card.
7. Reason for moving to/remaining in Kansas? _____
8. IF you are the **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. _____

Employee's Signature _____ Work phone number _____

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.*** 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: State of _____ County of _____
Subscribed and sworn to/affirmed before me this _____ day of _____, 20____, at _____ city _____
SIGNATURE OF NOTARY _____ MY APPOINTMENT EXPIRES: _____

EMPLOYER MUST COMPLETE OTHER SIDE after date below*

RETURN TO: Gina Crabtree, University Registrar
102 Jardine Hall
Wichita State University
Wichita, KS 67260-0058

WHEN: Fill out form AFTER the date below;

- * July 1 for Fall
- * December 1 for Spring
- * May 1 for Summer

Submit before payment; **but within the first 30 calendar days of the semester.**

KANSAS BOARD OF REGENTS

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SECTIONS A & B TO BE COMPLETED ONLY BY EMPLOYER after date below*

A. Verification

I verify that _____ was ☐ recruited ☐ transferred
(employee's name)

to Kansas by this company effective _____ as a _____.
(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 # _____

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

(Name, printed) _____ (Title) _____

(Work address) _____

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

Notarization: State of _____ County of _____

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

_____,
(city) (state)

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

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

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09/16/25

(316) 978-3672

FAX (316) 978-7999

Questions? Residency@wichita.edu