

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. (optional)
myWSUID

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 No SEMESTER YEAR

5 Place of birth MONTH DAY YEAR 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 years 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) \_\_\_\_\_

If registered in Kansas, when did you last register to vote in Kansas? \_\_\_\_\_

**14** List ALL colleges you have attended in the last five years, including WSU, 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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**EMPLOYMENT RECORD:**

**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: e.g., 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.

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If family is cited in 22 or 23 above, please indicate for each family member in Kansas, relationship and location (example: uncle at Leavenworth).*

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ Daytime Phone \_\_\_\_\_ 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: \_\_\_\_\_

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**RETURN TO →**

Gina Crabtree, University Committee on Residency  
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