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
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
(316) 978-3672

WHEN: Fill out form AFTER the date below;
* July 21 for Fall
* December 15 for Spring
* May 7 for Summer
Submit before payment; but within the first 30 calendar days of the semester, or first 15 days of the summer session.
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 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. Qualifying for this exception requires completion and submission of this form each semester until the person has resided in Kansas for 12 consecutive months as a full-time employee.

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 # __________________
   < 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 BE COMPLETED BEFORE RETURNING - - - - - - - - - - - - - - - - - - - - - - - - 

RETURN TO: Gina Crabtree, University Registrar
WHEN: Fill out form AFTER the date below;
102 Jardine Hall
Wichita State University
Wichita, KS 67260-0058

(316) 978-3672
09/21/12

Submit before payment; but within the first 30 calendar
days of the semester, or first 15 days of the summer
session.