

AFFIDAVIT for K.S.A. 76-731a

State of Kansas

In-State Tuition for Certain Kansas High School Graduates

County of Sedgwick:

myWSUD or SSN: _____ Semester Planning to Attend WSU:

STUDENT'S NAME (PRINT)

DATE OF BIRTH

ADDRESS (PRINT)

PHONE NUMBER

STUDENT'S NAME (PRINT)

