

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

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: _____	\$ _____
TOTAL INCOME				\$ _____

- 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 →

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