

KANSAS STATE UNIVERSITY

Verification for Kansas Resident Tuition For Recruited or Transferred Employees/Foreign Nationals

Office of the Registrar

Kansas Board of Regents: [K.A.R. 88-3-11](#)

This application is for: *Check ONE Semester Only*

_____ Fall Semester, 20____ _____ Spring Semester, 20____ _____ Summer Semester, 20____

Student Name: _____

KSU ID: _____

Date of Birth: _____

Student Signature: _____

Date: _____

NOTARIZATION:

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

Signature of Notary: _____

Date: _____

I certify that the information given on this application is accurate and complete. If any circumstances change affecting the tuition classification status requested in 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 (nonresident tuition) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law ([K.S.A. 21-5824](#)). I also understand that information from my application for admission and other university records will be considered as part of this verification."

Current Address:

Street and Number or Rural Route (P.O. Box not sufficient)

Primary Phone

City

State

Zip Code

How many credit hours will you be enrolled for this semester? _____

When did your current period of physical presence in Kansas begin? _____
Month/Day/Year

If the above date is later/earlier than the effective date of employment on the employer verification page, please explain?

EMPLOYEE ONLY:

Employee Name: _____

Primary Phone: _____

Street and Number or Rural Route (P.O. Box not sufficient)

City, State Zip Code

Relationship to Student:

_____ Self _____ Spouse _____ Parent

I understand that primary permanent residence must be in Kansas and I will file taxes as a Kansas Resident.

Employee Signature: _____

Date: _____

FOREIGN NATIONALS ONLY:

Have you filed for "adjustment of status"? _____ **Yes** _____ **No**

If Yes, attach a copy of your "adjustment of status" form.

Student Privacy Notice for Persons in the European Union:

Please be aware that Kansas State University will be processing your personal data. K-State will be processing your personal data because it furthers K-State's performance, or preparation for performance, of a contract or agreement to provide educational and other services to you, or because you have consented to that processing. Kansas State's Privacy Notice and Request for Consent (<http://www.k-state.edu/registrar/students/gdpr/index.html>) details the nature and purposes of that processing.

Kansas State's Privacy Notice and Request for Consent also sets forth in detail your rights with regard to Kansas State's processing of your personal data. These rights may include the right to request access to your personal data and the rectification of inaccurate data, the erasure or the restriction of processing of your data in certain circumstances. You may exercise these rights by contacting Kansas State using the following email address: gdpr@ksu.edu. Please read K-State's Privacy Notice and Request for Consent (<http://www.k-state.edu/registrar/students/gdpr/index.html>) carefully. Your signature below will serve as your written consent.

Return Signed and Completed Form To: Office of the Registrar – 118 Anderson Hall – 919 Mid-Campus Drive North – Manhattan, KS 66506

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TO BE COMPLETED BY EMPLOYER ONLY

A. VERIFICATION:

This employee was **recruited or transferred at the request of the employer** as a FULL-TIME employee (at least 30 hours a week), is STILL employed, and is expected to be employed with this company on this basis for at least one year from the effective date of employment.

_____ was recruited/transferred to Kansas from _____
Employee's Name State

Effective _____ as a _____
Month/Day/Year Position Title

Company Name: _____

Company Address in KANSAS:

_____ City, State Zip Code
Street and Number or Rural Route (P.O. Box not sufficient)

B. FOREIGN NATIONALS ONLY:

Have you initiated labor certification on your behalf by filing the appropriate documents with the U.S. Department of Labor? _____ **Yes** _____ **No**
If Yes, attach a copy of the filings.

C. Attach a copy of employment offer or contract.

D. Required signatures (TWO ARE REQUIRED)

Personnel/Human Resources Director (or equivalent if there is no Personnel/Human Resource section)

_____ Name (printed) Position Title

_____ Work Street Address (P.O. Box not sufficient) City, State Zip Code

Signature: _____ **Date:** _____ **Work Phone:** _____

NOTARIZATION:

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

Signature of Notary: _____ **Date:** _____

Owner, Partner, Chief Executive Officer or First Signatory Superior

_____ Name (printed) Position Title

_____ Work Street Address (P.O. Box not sufficient) City, State Zip Code

Signature: _____ **Date:** _____ **Work Phone:** _____

NOTARIZATION:

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

Signature of Notary: _____ **Date:** _____