



Request for Tuition Adjustment (Kansas Students Only)

Year Applying For: _____ Summer _____ Fall _____ Spring _____

Student Number _____ Major _____

Student Name _____ Phone _____

PERMANENT

ADDRESS: _____

Street City State Zip

(Note: a P.O. Box is NOT considered a valid address for this request form)

STATE OF RESIDENCY

I certify I am currently a legal resident of the state of Kansas and the information listed above as well as the attached documentation is complete and true to the best of my knowledge. If the information is found to be otherwise, I understand I will be liable for the non-resident rates as posted for the current term. I also understand I may not use the time in which I received Kansas Tuition Adjustment towards establishing residency in Colorado and the 12-month waiting period required by Colorado law cannot begin until after the current semester.

DEADLINE: This form must be submitted NO LATER than the start of classes for the term in which you are enrolling.

ATTACH DOCUMENTATION OF KANSAS STATE RESIDENCY TO APPLICATION

Please attach residency documentation to support your request for Kansas Tuition Adjustment status (i.e. driver license, car registration, income tax return) and submit to:

Fax

(719) 336-2400

Mail

**Office of Admissions
Lamar Community College
2401 South Main Street
Lamar, CO 81052
(719) 336-1590**

Email

admissions@lamarcc.edu

When approved as a Reciprocity student, the student will pay the institution's in-state tuition, plus applicable fees.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Authorized by: _____ Approved: _____ Denied: _____

Documents received: _____ SGASADD Updated: _____

Comments: _____