

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)