

Proof of Student Status

WALT DISNEY WORLD® Resort International Program

Section I – Student Information

To be completed by the student. Please print legibly on this form. Your full name must appear exactly as shown on your passport.

Student Name: _____
Surname/Family Name(s) First Name(s) Middle Name(s)

Please check **ONLY ONE** of the boxes below:

I hereby certify I am currently enrolled in or pursuing full-time studies in an accredited tertiary level educational institution or university and I have completed at least **(CIRCLE ONE): FIRST SEMESTER** of studies / **FIRST YEAR** of studies.

I hereby certify that I am completing my final term of university/college and will be graduating on the following date: _____ (School official must complete Section II)
DD/MM/YYYY

I hereby certify that I am a graduate of an accredited university/college. Graduation Date: _____ my diploma/degree is attached.
DD/MM/YYYY

If you have previously participated in a Cultural Exchange Visitor Program sponsored by the WALT DISNEY WORLD® Resort, please complete the information below. This information can be found on your DS-2019 document. The SEVIS ID number is in the upper right corner of the DS-2019 document.

SEVIS ID # Program Number From: DD/MM/YYYY TO: DD/MM/YYYY - SEVIS ID # Program Number From: DD/MM/YYYY TO: DD/MM/YYYY

I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge. I understand that providing false information will lead to immediate termination of my International Program.

Student's Signature: _____ Date: 26.01.2016

Section II – University/College Information

To be completed by an authorized university/college representative.

I hereby certify that the above student has been registered (enrolled) to attend our university/college since 15.09.2013 and has completed at least **(CIRCLE ONE): FIRST SEMESTER / FIRST YEAR**
DD/MM/YYYY

If student is in their final year: The student **(CIRCLE ONE) HAS / WILL HAVE** completed coursework for a diploma/degree on: _____
DD/MM/YYYY

Name of University/College: Celal Bayar University

I hereby verify that our University/College is an accredited school in the country of _____. I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge.

University/College Representative Name: Assoc. Prof. Dr. D. Murat Koçtürk Title: HEAD OF INTERNATIONAL TRADE DEPARTMENT

University/College Representative Signature: _____ Date: 26.01.2016

(Handwritten signature of Assoc. Prof. Dr. D. Murat Koçtürk)

(Handwritten signature of Doç. Dr. Ali Rıza Gökbuğar)

Doç. Dr. Ali Rıza GÖKBUNAR
MÜDÜR
Official Seal/Stamp