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: _____ _____ **BETUL**

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: **27.01.2016**

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 **03/09/2014** 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: **OKAN UNIVERSITY**

I hereby verify that our University/College is an accredited school in the country of **TURKEY** . 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: **AYBARS ERÖZDEN**   Title: **ASSIST. PROF. DR.**

University/College Representative Signature: _____   Date: **27 JANUARY 2016**

_____
Official Seal/Stamp