## Proof of Student Status Form for WALT DISNEY WORLD® Resort

**Section 1** – Student Information to be completed by the student. Please print legibly on this form.

Student Name as shown on your passport.

	0751		CANKUTAY	Orta	ADINIZ varsa yazın		
OZELCI							
	Last Name/Far	, , ,	First Name(s)		Aiddle Name(s)		
Complete ONE Statement	university/tertiary le Hazırlık + 1.sınıf + 2.s Check All That App I completed at lea		t am currently enrolled in vel educational institution <b>nf + 3.sinif + 4.sinif okuyors</b> <b>ly</b> t <b>1st semester</b> of studies: t <b>1st year</b> of studies:	n. anız ilgili kutuyu işaretley Hazırlık okuy Yes kutusunu işa	iniz ! orsanız FIRST SEMESTER		
		I am in my <b>final tern</b>	n of studies:	□Yes Son sinif olanlar M	EZUNİYET TARİHLERİNİ yazsınla		
L L		•	y expected graduation c	ceremony/walk date is:			
ŭ	Son sınıfsanız ve Disney ICP BİTİŞ tarihinden sonra				DD/MM/YYYY		
anc	*Section 2 MUST be completed by school representative						
Select and	🛞 Graduated		I am a graduate of an a	ccredited university/ter	tiary level educational		
		institution. Bu son kısmı işaretlemeyiniz ! Siz MEZUN DEĞİLSİNİZ !					
0,		Diploma Date:		h Degree/Diploma			
			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.							
Daha önce DISNEY ICP programına katılanlar buradaki bilgileri doldursunlar !							
SEV	/IS ID # Program Num	ber From: DD/MM/YYYY	To: DD/MM/YYYY - SEVIS ID #	Program Number From: DI	D/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 and I understand that providing false information will lead to immediate termination of my International Program.							
Student's Signature:				Date:	a tarihini yazınız !		

Section 2 – University/Tertiary Level Educational Inst Hazırlık okuyorsanız FIRST SEMESTER, 1.sınıf + 2.sınıf + 3.sınıf ol	kuyorsanız FIRST YEAR olan kutuyu işaretleyiniz !						
ALL BOXES below must be completed by an authorized equicational institution/university representative.							
Student completed at least 1st semester of studies: 🗆 Yes 🖌	Registration/Enrollment Date: Okula başladığın tarihi yaz						
Student completed at least <b>1st year</b> of studies: □Yes							
Is the student in their Final Term?  Yes No If YES, student will complete coursework on Son sinifsaniz FINAL TERM kutusunu işaretleyiniz! DD/MM/YYYY Name of Educational Institution/University OKULUNUZUN ADINI YAZIN	Official Seal/Stamp Okulun resmi MÜHÜRÜ olmalı ! Mühürsüz belge kabul edilmez !						
Country of Accreditation Ülkeyi yazınız "TURKEY"							
I am an educational institution/university representative and I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge.							

Name:	Belgeyi imzalayan okul yetkilisinin adı - soyadı	Position: ÜNVANI yazılı olmalı				
Signatu	ıre: <mark>İlgili kişinin imzası</mark>	Date: imzalanma tarihi				
	Bu belgeyi öğrenci işleri, bölüm sekreteri, bölüm dekanı ya da herhangi bir fakülte yetkilisi imzalayıp mühürleyebilir. Herhangi biri olur.					