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.

TOPAL	GÖZDE	
Last Name/Family Name(s)	First Name(s)	Middle Name(s)

Select and Complete ONE Statement

☒ **Currently Enrolled**

I hereby certify that I am currently enrolled in full-time studies in an accredited university/tertiary level educational institution.

Check All That Apply

I completed at least **1st semester** of studies: ☐Yes

I completed at least **1st year** of studies: ☒Yes

I am in my **final term** of studies…: ☐Yes

…and my expected graduation ceremony/walk date is: _____ DD/MM/YYYY

Section 2 MUST be completed by school representative

☐ **Graduated**

I hereby certify that I am a graduate of an accredited university/tertiary level educational institution.

Diploma Date: _____ DD/MM/YYYY ***Attach Degree/Diploma***

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 and I understand that providing false information will lead to immediate termination of my International Program.

Student's Signature: _____ Date: 16/01/2023

Section 2 – University/Tertiary Level Educational Institution Information

***ALL BOXES** below must be completed by an authorized educational institution/university representative.*

Student completed at least **1st semester** of studies: ☐Yes

Student completed at least **1st year** of studies: ☒Yes

Registration/Enrollment Date: 09/09/2021 DD/MM/YYYY

Is the student in their Final Term? ☐Yes ☐No

If YES, student will complete coursework on _____ DD/MM/YYYY

Name of Educational Institution/University

Anadolu University

Country of Accreditation

TURKEY

Official Seal/Stamp

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: Erol KUTLU Position: Profesor Doktor

Signature: _____ Date: 16.01.2023