

## 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.

BOYUKTEKE

MUSTAFA

Last Name/Family Name(s)

First Name(s)

Middle Name(s)

Select and Complete ONE Statement

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

#### Check All That Apply

☒ **Currently Enrolled**

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: \_\_\_\_\_ \*Attach 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.

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: \_\_\_\_\_

### 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: 29.08.2020  
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

GALATASARAY 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: GÜRBÜK YILMAZ Position: Vice Dean

Signature: \_\_\_\_\_ Date: 24/01/2023

