

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.

HOSGOREN

Last Name/Family Name(s)

BETUL

First Name(s)

ICE

Middle Name(s)

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

Currently Enrolled

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: 14/06/2024
DD/MM/YYYY

*Section 2 MUST be completed by school representative

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

Graduated

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: [Signature] Date: 02/01/2023

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

Registration/Enrollment Date: 16/08/2019
DD/MM/YYYY

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

Is the student in their Final Term? Yes No

If YES, student will complete coursework on 14/06/2024
DD/MM/YYYY

Official Seal/Stamp



Name of Educational Institution/University

Faculty of Technology / Gazi University

Country of Accreditation

Ankara / Türkiye

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: Prof. Dr. Sevki Demirbas Position: Vice Dean

Signature: [Signature] Date: 02/01/2023