

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

Student Name as shown on your passport.

AKALIN

FERHAT

Last Name/Family Name(s)

First Name(s)

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**

**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: FA

Date: 03.01.2023

**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: 01.09.2020  
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 \_\_\_\_\_  
DD/MM/YYYY

Official Seal/Stamp



Name of Educational Institution/University: Public relations and publicity / Gümüşhane University

Dr. Öğr. Üyesi Kaan GEZ  
Bakan Yardımcısı

Country of Accreditation: AYDIN / TÜRKİYE

Kgez

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: Kaan GEZ

Position: Assistant Dean

Signature: Kgez

Date: 03.01.2023