

# 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.

ATALAY

ILGAZ

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  No

I completed at least 1st year of studies:  Yes  No

I am in my final term of studies...:  Yes  No

...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.

SEVISID# Program Number From: DD/MM/YYYY To: DD/MM/YYYY - SEVISID# 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: 10 January 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  No

Student completed at least 1st year of studies:  Yes  No

Registration/Enrollment Date: 16.09.2019  
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  
**KARABUK 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: Merve Tuna KAYILI Position: Head of Architecture Department

Signature: \_\_\_\_\_ Date: 28 December 2022