

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.

	Last Name/Family Name(s) <u>Isgoren</u>	First Name(s) <u>Gülten</u>	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 I completed at least 1st semester of studies: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Currently Enrolled I completed at least 1st year of studies: <input checked="" type="checkbox"/> Yes I am in my final term of studies...: <input type="checkbox"/> Yes ...and my expected graduation ceremony/walk date is: _____ <div style="text-align: right;">DD/MM/YYYY</div>		
*Section 2 MUST be completed by school representative I hereby certify that I am a graduate of an accredited university/tertiary level educational institution.			
<input type="checkbox"/> Graduated Diploma Date: _____ *Attach Degree/Diploma <div style="text-align: center;">DD/MM/YYYY</div>			


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
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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: 28/12/2022

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: <input type="checkbox"/> Yes Student completed at least 1st year of studies: <input checked="" type="checkbox"/> Yes	Registration/Enrollment Date: <u>19/08/2019</u> DD/MM/YYYY
Is the student in their Final Term? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, student will complete coursework on _____ DD/MM/YYYY	Official Seal/Stamp 
Name of Educational Institution/University	
Country of Accreditation	
<u>MEF University</u>	
<u>TURKEY</u>	

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: Baris KESER Position: Director, Registrar's Office
 Signature: *[Signature]* Date: 28 Dec 2022