

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.

ATLAS

Sevval

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: 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: Yes

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

Registration/Enrollment Date: 04/09/2021
DD/MM/YYYY

Is the student in their Final Term? Yes No
If YES, student will complete coursework on _____
DD/MM/YYYY

Official Seal/Stamp


Prof. Dr. Gülden Zehra OMURTAG
Eczacılık Fakültesi Dekanı

Name of Educational Institution/University
ISTANBUL MEDIPOL UNIVERSITY

Country of Accreditation
TURKEY

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. Gülden Zehra OMURTAG Position: Dean
Eczacılık Fakültesi Dekanı

Signature:  Date: 2022, December 28