

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.

KIRCA
Last Name/Family Name(s)

MELISA
First Name(s)

SUDE
Middle Name(s)

Select and Complete ONE Statement	<input type="checkbox"/> Currently Enrolled	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 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: _____ DD/MM/YYYY
	<input type="checkbox"/> 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: Melisa Kirca Date: 27/12/2022

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	Registration/Enrollment Date: <u>11/05/2020</u>
Student completed at least 1st year of studies: <input checked="" type="checkbox"/> Yes	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 <u>TOBB ECONOMICS & TECHNOLOGY UNIVERSITY</u>	
Country of Accreditation <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: Kemal SELÇUK Position: _____
Deputy Manager
Student Affairs
Signature: K. Selçuk Date: 27.12.2022