

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.

KARTAL

ASLINDU

Last Name/Family Name(s)

First Name(s)

Middle Name(s)

Select and Complete ONE Statement	<input checked="" type="checkbox"/> Currently Enrolled	<p>I hereby certify that I am currently enrolled in full-time studies in an accredited university/tertiary level educational institution.</p> <p>Check All That Apply</p> <p>I completed at least 1st semester of studies: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I completed at least 1st year of studies: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I am in my final term of studies...: <input type="checkbox"/> Yes</p> <p style="text-align: right;">...and my expected graduation ceremony/walk date is: <u>19.06.2026</u> DD/MM/YYYY</p> <p>*Section 2 MUST be completed by school representative</p>
	<input type="checkbox"/> Graduated	<p>I hereby certify that I am a graduate of an accredited university/tertiary level educational institution.</p> <p>Diploma Date: _____ *Attach Degree/Diploma DD/MM/YYYY</p>

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: 13.01.2023

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Student completed at least 1st year of studies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration/Enrollment Date: <u>26.08.2022</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 <u>University of Turkish Aeronautical Association</u>	
Country of Accreditation <u>TURKIYE</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: Merve Ceren AKKAYA Position: Director of Student Affairs

Signature: Date: 13.01.2023