

## 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.

ALGIN

MUHAMMED

KAAN

Last Name/Family Name(s)

First Name(s)

Middle Name(s)

<b>Select and Complete ONE Statement</b>		I hereby certify that I am currently enrolled in full-time studies in an accredited university/tertiary level educational institution.
	<input checked="" type="checkbox"/> <b>Currently Enrolled</b>	<p><b>Check All That Apply</b></p> I completed at least <b>1st semester</b> of studies: <input type="checkbox"/> Yes I completed at least <b>1st year</b> of studies: <input checked="" type="checkbox"/> Yes I am in my <b>final term</b> of studies...: <input type="checkbox"/> Yes ...and my expected graduation ceremony/walk date is: _____ <span style="float: right;">DD/MM/YYYY</span>
	<input type="checkbox"/> <b>Graduated</b>	<p><b>*Section 2 MUST be completed by school representative</b></p> I hereby certify that I am a graduate of an accredited university/tertiary level educational institution. Diploma Date: _____ <b>*Attach Degree/Diploma</b> <span style="float: right;">DD/MM/YYYY</span>


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: 06.01.2023

### Section 2 – University/Tertiary Level Educational Institution Information

<b>ALL BOXES below must be completed by an authorized educational institution/university representative.</b>	
Student completed at least <b>1st semester</b> of studies: <input type="checkbox"/> Yes Student completed at least <b>1st year</b> of studies: <input checked="" type="checkbox"/> Yes	<b>Registration/Enrollment Date:</b> <u>04/09/2018</u> <span style="float: right;">DD/MM/YYYY</span>
Is the student in their Final Term? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, student will complete coursework on _____ <span style="float: right;">DD/MM/YYYY</span>	<b>Official Seal/Stamp</b> 
Name of Educational Institution/University <u>Tunc-Alman Üniversitesi</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: ARZU KARAMURAT Position: Faculty Secretary

Signature:  Date: 06.01.2023