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.

		CAGLI	CAN	ASENA		
		Last Name/Fan	nily Name(s)	First Name(s)	Middle Name(s)	
ut			I hereby certify that I are university/tertiary level		d in full-time studies in an accredited tion.	
Complete ONE Statement		Currently	Check All That Apply			
	(x)		I completed at least 1s	t semester of studie	es: 🗆 Yes	
			I completed at least 1s	t year of studies:	₩Yes	
			I am in my final term of		□Yes on ceremony/walk date is:	
			mana my cz	pecied gradoune	DD/MM/YYYY	
and				*Section 2 MUST be completed by school representative		
Select and		Graduated	I hereby certify that I are institution.	n a graduate of ar	n accredited university/tertiary level educational	
		Gradualed	Diploma Date:		tach Degree/Diploma	
			DD)/MM/YYYY		
	vis id		of the DS-2019 document. ber From: DD/MM/YYYY To:	DD/MM/YYYY - SEVIS ID	# Program Number From: DD/MM/YYYY To: DD/MM/YYYY	
se I he	vis id reby lersta	# Program Num certify that all and that provid	ber From: DD/MM/YYYY To: the information on this fo	rm is true, complete	e and accurate to the best of my knowledge and I ermination of my International Program.	
se I he	vis id reby lersta	# Program Num	ber From: DD/MM/YYYY To: the information on this fo	rm is true, complete	and accurate to the best of my knowledge and I	
se he	vis ident	# Program Num certify that all and that provid	ber From: DD/MM/YYYY To: the information on this fo	rm is true, complete ead to immediate te	e and accurate to the best of my knowledge and I ermination of my International Program. Date: 03/01/2023	
se I he unc	ereby derstandent	# Program Num certify that all and that provid c's Signature: on 2,— Unive	the information on this following false information will I	rm is true, complete ead to immediate te ducational Instit	e and accurate to the best of my knowledge and I ermination of my International Program. Date: 03/01/2023	
Stu-	ereby derstandent	# Program Num certify that all and that provid c's Signature: on 2,— Unive	the information on this following false information will I	rm is true, complete ead to immediate te ducational Instit	pand accurate to the best of my knowledge and I ermination of my International Program. Date: 03/01/2023 Eution Information Date: 05/01/2023	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	reby derstandent ection	Program Num certify that all and that provid s Signature: n 2 — Unive	the information on this following false information will large resity/Tertiary Level Edw must be completed by	rm is true, complete ead to immediate te ducational Instit by an authorized ec udies: Yes	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent A Aden	# Program Num certify that all and that provid c's Signature: on 2.— Unive the BOXES below the completed of	the information on this formation will I resity/Tertiary Level Education will be completed but least 1st semester of studie	rm is true, complete ead to immediate te ducational Instit by an authorized ec udies: Yes	partial and accurate to the best of my knowledge and I termination of my International Program. Date: 03/01/2023 Date: 03/01/2023 Date: 03/01/2023 Date: 03/01/2023 Date: 03/01/2023	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent A A den	Program Num certify that all and that provid c's Signature: Dn 2 — Unive LL BOXES belo t completed of tudent in their	the information on this folioning false information will I rsity/Tertiary Level Education will be completed but least 1st semester of stat least 1st year of studie Final Term? Yes No	rm is true, complete ead to immediate te ducational Instit by an authorized ec udies: Yes	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent A A den	Program Num certify that all and that provid c's Signature: Dn 2 — Unive LL BOXES belo t completed of tudent in their	the information on this formation will I resity/Tertiary Level Education will be completed but least 1st semester of studie	rm is true, complete ead to immediate to ducational Institute of an authorized economic with the complete of t	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent A adentify the standard of t	Program Num certify that all and that provid s's Signature: n 2 — Unive LL BOXES below t completed of t completed of tudent in their YES, student will	the information on this formation will I will be information will be information will be information will I will be information will be inf	rm is true, complete ead to immediate te ducational Instit by an authorized ec udies: Yes	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent Aden Aden If I	Program Num certify that all and that provid s's Signature: n 2 — Unive LL BOXES below t completed of t completed of tudent in their YES, student will	the information on this formation will I will be information w	rm is true, complete ead to immediate to ducational Institute of an authorized economic with the complete of t	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	erebyyderstadent Aden den den yAA	# Program Num certify that all and that provid c's Signature: n 2 — Unive LL BOXES belo t completed of completed of tudent in their YES, student will of Educationa	the information on this formation will I was a second to the information will be completed by the information will be completed by the information will be informed by the information will be	rm is true, complete ead to immediate to ducational Institute of an authorized economic with the complete of t	partial and accurate to the best of my knowledge and I ermination of my International Program. Date: 03/01/2023 Eution Information ducational institution/university representative. Registration/Enrollment Date: 03/09/2020 DD/MM/YYYY	
Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-Stu-	ereby derstandent Anden Meden	# Program Num recertify that all and that provid residual signature: It is	the information on this formation will I was a least 1st semester of stat least 1st year of studie final Term? Yes No complete coursework on I Institution/University ITY	ducational Institution of the second	partial partial partial program. Date: 03/01/2023 DD/MM/YYYY	