

Proof of Student Status

WALT DISNEY WORLD® Resort

Section I – Student Information

To be completed by the student. Please print legibly on this form. Your full name must appear exactly as shown on your passport.

Student Name: KARAOĞ YASIN _____
Last Name/Family Name(s) First Name(s) Middle Name(s)

Please complete **ONLY ONE** Statement below:

- **FIRST SEMESTER/FIRST YEAR COMPLETION:** I hereby certify I am currently enrolled in or pursuing full-time studies in an accredited university or tertiary level educational institution. I have completed at least my **FIRST (MARK ONE)** **YEAR/** **SEMESTER** of studies. *Official must complete Section II
- **FINAL TERM:** I hereby certify that I am completing my final term of an accredited university or tertiary level educational institution. Graduation Date: _____ *Official must complete Section II
DD/MM/YYYY
- **GRADUATED:** I hereby certify that I am a graduate of an accredited university or tertiary level educational institution. Graduation 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. I understand that providing false information will lead to immediate termination of my International Program.

Student's Signature: _____ Date: 08/01/2019

Section II – University/Tertiary Level Educational Institution Information

To be completed by an authorized educational institution/university representative.

I hereby certify that the above student has been registered (enrolled) to attend our accredited university or tertiary level educational institution since 20/09/2016 and has completed at least their **FIRST (MARK ONE)** **YEAR/** **SEMESTER**.
DD/MM/YYYY

IF STUDENT IS IN FINAL YEAR: The student will complete coursework for a degree on: _____
DD/MM/YYYY

Name of University/Tertiary Level Educational Institution: Kocaeli University

I hereby verify that our University/Tertiary Level Educational Institution is an accredited school in the country of TURKEY.
I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge.

University/Tertiary Level Educational Institution Representative Name: DİDEM RODOPLU ŞAHİN Title: Assoc. Prof

University/Tertiary Level Educational Institution Representative Signature: _____ Date: 09/01/2019

Doc. Dr. Didem RODOPLU ŞAHİN

Official Seal/Stamp