



Valley View University

Application for Admission into Undergraduate & Diploma Programmes

Mode of Application: Distance Regular Sandwich

Are you applying as a Mature Student? Yes No (Note: Mature Applicants must be 25 years and above)

SECTION A PERSONAL DETAILS

Surname:		<p style="text-align: center;">Fix photograph here</p> <p style="text-align: center;">Please write your name and proposed program at the back of the photo</p>	
First Name:			
Other Names (if any):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:			
Place of Birth:		Passport No:	Social Security No: (If applicable)
Nationality:		National ID No:	
Marital Status:			
Permanent Address:			
Current Mailing Address: (If different from above)			
Fax No:	Tel Phone:	Mobile:	Email:
Country of current residence			

SECTION B PROGRAMME OF STUDY

Degree Programme
 Diploma Programme

Please indicate in order of preference your proposed program of study (refer to the enclosed list of programmes)

CHOICE	UNDERGRADUATE & DIPLOMA PROGRAMMES
1 st Choice	
2 nd Choice	
3 rd Choice	

When do you intend to enrol?

First Semester (August) 20_____

Second Semester (January) 20_____

SECTION C

EDUCATION AND QUALIFICATION

Please attach certified copies of result slips and certificates.

School / Institution / College	Dates		Qualification	Date Obtained
	From	To		

SECTION D

DETAILS OF GUARDIAN / SPONSOR

Title: Mr./Mrs./Ms.Miss/Pr./Dr./Nana	Permanent Address:		
Name			
Relationship to Applicant:	Tel:	Mobile:	
	Fax:		
Occupation:	Email:		

SECTION E**RELIGIOUS AFFILIATION**

Christian Moslem, If other, specify _____

If Christian, specify denomination:

SECTION F**DOCUMENTS TO BE ATTACHED**

- i. Certified Copies of Results Slips and Certificates
- ii. **Attach the following documents** (Foreign Applicants only)
 - Copies of your residence permit (if resident in Ghana)
 - Copies of Passport

Note

1. All fees (Tuition and general charges are due and payable upon registration to the University Bank Account
2. For financial information, contact the student Accounts Officer, Valley View University on 0307011877, 0307011878 or e-mail: studentfinance@vvu.edu.gh
3. For further inquiries contact the Admissions Office on: Telephone No. 0307011867
e-mail: admissions@vvu.edu.gh or info@vvu.edu.gh

SECTION G**DECLARATION**

The information on this form is to the best of my knowledge correct. I understand that any offer of a place to me as an undergraduate or diploma student will be based upon the information given on this form, and that if I am found to have given false information, the offer may be withdrawn. I understand that the information supplied on this form will be retained by the University and will be used for the purpose of processing my application. If my application is accepted the information will form part of my permanent student record. If I am admitted to the University, I promise to abide by all the policies and regulations of the Valley View University.

Name of Applicant _____

Name of Sponsor/Guardian _____

Signature _____

Signature _____

Date _____

Date _____

VALLEY VIEW UNIVERSITY

RESIDENCE HALL APPLICATION FORM

Please, this housing request indicates your willingness to accept all Residence Hall Regulations

Surname:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Other Names:		Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Permanent Address:		Religious Affiliation SDA <input type="checkbox"/> Other <input type="checkbox"/>	
		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	
		Nationality:	
Email:		Tel:	Mobile:
PARENT/GUARDIAN INFORMATION			
Proposed Program of Study:		Are you a sponsored student: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Name: Parent/Guardian Address:		If yes, Name of Sponsor:	
Email:		Tel:	Mobile:

NOTE: Your application for Residence may not be considered until you have been given an Admission and also paid the full deposit for accommodation by the closing date (**Refer Schedule of Fees**)

I _____, pledge to comply with all written and unwritten Residential Hall Regulations.

Student's Signature

OFFICIAL USE ONLY

Date Received: _____

By: _____



VALLEY VIEW UNIVERSITY

Statement on Sabbath Services, Vegetarian Meals, Dressing, the Possession and Use of Tobacco, Alcoholic Beverages and Drugs on Campus

MISSION

Valley View University, a Seventh-day Adventist institution, emphasizes spiritual, academic, vocational, and technological excellence for service to God and humanity.

CORE VALUES

Excellence, Integrity, and Service

In pursuit of these mission and core values, the University expects all applicants who choose to enroll at the Valley View University to take note that:

- 1. The Valley View University cafeteria, like cafeterias in other Seventh-day Adventist-operated schools, colleges and universities throughout the world, serves only vegetarian meals. Scientists have found out that one lives a healthier life and possibly longer when on vegetarian diet – the ideal diet originally given to man by God in the Garden of Eden.
2. No coffee or tea is served in the cafeteria because these beverages are known to contain high levels of caffeine which is detrimental to human health.
3. The Valley View University campus is an "alcohol and drug-free campus". All students are expected to abstain from possessing or using drugs and alcoholic beverages on campus. Smoking is also not allowed anywhere on the University campus.
4. The University encourages all students in residence to participate in the worship activities which are conducted during the Sabbath hours (i.e. from sunset Friday to sunset Saturday) as part of the University's spiritual development programme.
5. The Valley View University has a dress code and ALL students, while on campus, are required to comply with the code as detailed in the Student Handbook.

Acceptance:

I,, having read and accepted the practices stated above, promise to abide by them if offered admission to Valley View University.

Applicant's Signature _____

Date: _____

Endorsement by Parent, Guardian or Sponsor:

Name: _____

Signature: _____

Date: _____