



Valley View University

Application for Graduate Studies

If you have previously attended /applied or presently attending Valley View University please enter your ID/Reference number here

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SECTION A PERSONAL DETAILS

Surname [Mr. / Mrs. / Ms.]:				Fix photograph here			
First Names:				Please write your name and proposed programme at the back of the photo			
Other Names [if any]:							
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>					
Date of Birth	Day	Month	Year	Nationality:			
Age (as at your last B'day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of Birth:				Passport No:	Social Security No:	National ID No:	
Marital Status:							
Permanent Address:				Current Mailing Address [if different]			
Telephone:	Mobile:			Fax No:	Email:		
<i>Foreigners Only</i> Yes <input type="checkbox"/>				If YES, attach a copy of your resident permit			
Are you permanently residing in Ghana? No <input type="checkbox"/>							

SECTION B PROPOSED PROGRAMME OF STUDY

What is your proposed programme?
<input type="checkbox"/> Master of Philosophy in Curriculum and Instruction <input type="checkbox"/> Master of Philosophy in Administration and Leadership <input type="checkbox"/> Master of Education in Curriculum and Instruction <input type="checkbox"/> Master of Education in Administration and Leadership <input type="checkbox"/> Master of Business Administration in Banking & Finance <input type="checkbox"/> Master of Business Administration in Human Resource Management <input type="checkbox"/> Master of Business Administration in Strategic Management <input type="checkbox"/> Post Graduate Diploma in Education <input type="checkbox"/> Post Graduate Diploma in Pastoral Ministry
<i>[For research programme only]</i>
Proposed field of Research, if admitted:
Any previous work done in the general field of your intended research: <input type="checkbox"/>

Campus:		
<input type="checkbox"/> Accra (Oyibi)	<input type="checkbox"/> Kumasi(Kwadaso)	<input type="checkbox"/> Techiman(Site)
Mode:		Semester/Year of Application:
<input type="checkbox"/> Weekend (Sunday only)	<input type="checkbox"/> Sandwich (Long Vac., Christmas & Easter)	<input type="checkbox"/> First [July/August] 20_____
<input type="checkbox"/> Elongated (Fridays & Sundays)	<input type="checkbox"/> Regular	<input type="checkbox"/> Second [January] 20_____

SECTION C EDUCATIONAL QUALIFICATION

Please attach certified copies of transcripts and certificates.

Previous College/ University	Dates		Degree / Diploma	Date obtained
	From	To		

SECTION D SPONSOR / GUARDIAN DETAILS

Mr. / Mrs. / Ms. / Miss / Other [please specify]	Permanent Address:	
Full Name:		
Relationship to Applicant:	Tel:	Mobile:
Occupation:	Fax:	Email:

SECTION E **RELIGIOUS AFFILIATION**

Christian Moslem, If other, specify _____

If Christian, specify denomination:

If Adventist, specify Union / Conference:

SECTION F RELEVANT EXPERIENCE

From	To	Position Held	Name and Address of Employer

SECTION G REFERENCES

Please provide two (2) referees. One each from any two of the following categories: Academia (A former Lecturer), Profession (Employer), Religion (Priest). The referees are to complete G1 and G2 of page 5 and 6 respectively.

Referee 1
 Name: _____
 Relationship to you: _____
 Address: _____

 Tel: _____
 Fax: _____
 Email: _____

Referee 2
 Name: _____
 Relationship to you: _____
 Address: _____

 Tel: _____
 Fax: _____
 Email: _____

SECTION H 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 a post graduate 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. If I am admitted to the Valley View University, I promise to abide by all the policies and regulations of the University.

Name of Applicant: _____
 Signature: _____
 Date: _____

Name of Sponsor: _____
 Signature: _____
 Date: _____



VALLEY VIEW UNIVERSITY

G1

REFEREE RECOMMENDATION FORM

A: [To be completed by applicant]

Full name of applicant: _____

Programme applied for: _____

B: [To be completed by referee]

Your evaluation of the named applicant will be very much appreciated. We need your candid appraisal of this individual. All information will be treated with strict confidentiality. Kindly seal it in an envelope, so that the applicant can forward it to us in addition to his/her Application Form.

I. How long have you known the applicant? _____

II. In what capacity? _____

III. Please rate the applicant by ticking [√] one of the following responses:

<i>Influence</i>	Positive		Passive		Negative	
<i>Integrity</i>	Unimpaired		Sound		Unprincipled	
<i>Reliability</i>	Dependable		Need no supervision		Irresponsible	
<i>Cooperation</i>	Consistent		Erratic		Obstructive	
<i>Emotion</i>	Excellent		Stable		Over-emotional	
<i>Maturity</i>	Self-control		Stable		Too rigid/tense	
<i>Academic Achievement</i>	Outstanding		Average		Below average	
<i>Aptitude for Research</i>	Outstanding		Average		Below average	
<i>Professional commitment</i>	Outstanding		Low		Very low	

IV. Please has the applicant ever been a victim of the use of liquor, tobacco, or illegal drug, or has been under arrest or school discipline? Yes No Not sure

V. Recommendation (Please tick [√]one)

I Recommend applicant without reservation

I Recommend applicant with reservation

I cannot recommend applicant at this time

Referee's Name: _____

Signature: _____

Position: _____

Date: _____

Phone No.: _____

Institution stamp: _____

E-mail: _____

Note: [Please write your general assessment of the candidate and any other comments at the back page]



VALLEY VIEW UNIVERSITY

G2 REFEREE RECOMMENDATION FORM

A: [To be completed by applicant]

Full name of applicant: _____

Programme applied for: _____

B: [To be completed by referee]

Your evaluation of the named applicant will be very much appreciated. We need your candid appraisal of this individual. All information will be treated with strict confidentiality. Kindly seal it in an envelope, so that the applicant can forward it to us in addition to his/her Application Form.

I. How long have you known the applicant? _____

II. In what capacity? _____

III. Please rate the applicant by ticking [v] one of the following responses:

<i>Influence</i>	Positive		Passive		Negative	
<i>Integrity</i>	Unimpaired		Sound		Unprincipled	
<i>Reliability</i>	Dependable		Need no supervision		Irresponsible	
<i>Cooperation</i>	Consistent		Erratic		Obstructive	
<i>Emotion</i>	Excellent		Stable		Over-emotional	
<i>Maturity</i>	Self-control		Stable		Too rigid/tense	
<i>Academic Achievement</i>	Outstanding		Average		Below average	
<i>Aptitude for Research</i>	Outstanding		Average		Below average	
<i>Professional commitment</i>	Outstanding		Low		Very low	

IV. Please has the applicant ever been a victim of the use of liquor, tobacco, or illegal drug, or has been under arrest or school discipline? Yes No Not sure

V. Recommendation (Please tick [√]one)

I Recommend applicant without reservation

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Referee's Name: _____

Signature: _____

Position: _____

Date: _____

Phone No.: _____

Institution stamp: _____

E-mail: _____

Note: [Please write your general assessment of the candidate and any other comments at the back page]

SECTION I

What mode of communication informed you about Valley View University and its programmes?

- Alumni
- Continuing Student
- Print Media
- Radio Advertisement
- Television Advertisement

Social Media (please specify) _____

Others (please specify) _____

SUBMISSION CHECKLIST

- Completed referee recommendation forms
- 2 completed confidential recommendation forms
- Completed appendix A form
- 1 passport size picture
- CERTIFIED** copy of certificate
- ORIGINAL or CERTIFIED** copy of transcript
- Letter from employers (applicable to applicants with third class and pass)
- Verification Letter from National Accreditation Board (applicable to applicants with foreign University certificate)
- Original copies of certificate and transcript in other languages translated into English
- Copy of resident permit (Applicable to foreign applicants)

RETURN ADDRESS

Completed application form should be addressed to:

The Dean
School of Graduate Studies
Valley View University
P. O. Box AF 595
Adentan, Accra

Email: sgs@vvu.edu.gh/sgsdean@vvu.edu.gh



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: _____