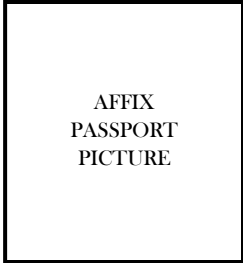




# VALLEY VIEW UNIVERSITY

## MATURE ENTRANCE EXAMINATION



### APPLICATION FORM

Please complete the form IN BLOCK/CAPITAL LETTERS. Mature Applicant MUST be 25 years and above.

1) NAME OF APPLICANT \_\_\_\_\_  
*Surname*                      *First Name*                      *Middle Name*

2) DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

3) SEX     MALE                       FEMALE                      PLACE OF BIRTH \_\_\_\_\_

4) POSTAL ADDRESS \_\_\_\_\_

5) TELEPHONE NO \_\_\_\_\_ E-MAIL \_\_\_\_\_

6) ARE YOU ATTENDING THE 2-WEEK TUTORIAL?     YES                       NO

7) ARE YOU WRITING THE ENTRANCE EXAMS?     YES                       NO

8) PREFERRED CENTRE     OYIBI, ACCRA  
    KUMASI  
    TAKORADI  
    TECHIMAN  
    TAMALE

9) WHEN DO YOU INTEND TO ENROLL?     JUNE/JULY                       DECEMBER

10) STATE YOUR PROPOSED DEGREE PROGRAMME OF STUDY \_\_\_\_\_  
\_\_\_\_\_

11) STUDY MODE     REGULAR                       SANDWICH                       DISTANCE

12) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach the following documents:  
1. Birth Certificate  
2. A letter of proof of Employment