



VALLEYVIEW
UNIVERSITY

Affix
a
passport-size
photograph
here

WASSCE REMEDIAL PROGRAMME REGISTRATION FORM

Please fill this form IN BLOCK/CAPITAL LETTERS.

1. NAME: _____
SURNAME _____ FIRST NAME _____ MIDDLE NAME _____
2. DATE OF BIRTH _____ / _____ / _____
DD MM YYYY AGE: _____ SEX: [] MALE [] FEMALE
3. PLACE OF BIRTH: _____ NATIONALITY: _____
4. RESIDENTIAL ADDRESS: _____
5. PHONE/WHATSAPP NO: _____ DIGITAL ADDRESS: _____
6. EMAIL ADDRESS: _____
7. RELIGIOUS DENOMINATION: [] SDA [] OTHER _____
8. PREVIOUS SCHOOL: _____
9. SHS PROGRAMME: _____ YEAR COMPLETED: _____
10. REMEDIAL LEARNING AREA: [] GENERAL SCIENCE [] BUSINESS
[] GENERAL ARTS
11. ACCOMMODATION REQUIRED: [] YES [] NO
12. PROPOSED UNIVERSITY PROGRAMME: _____
13. PARENT/GUARDIAN NAME _____ TEL: _____

Declaration: I, _____ declare that the information I have provided is accurate. I have, therefore, supported this application with my **birth certificate** and **WASSCE Results for administrative purposes**. I pledge to abide by the rules and regulations of the University.

APPLICANT SIGNATURE: _____ DATE: _____