



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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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?

- Master of Education in Curriculum and Instruction
- Master of Philosophy in Computer Science
- Master of Philosophy in Curriculum and Instruction
- Master of Education in Educational Administration and Leadership
- Master of Business Administration in Banking & Finance
- Master of Business Administration in Human Resource Management
- Master of Business Administration in Strategic Management
- Master of Business Administration in Accounting
- Post Graduate Diploma in Education
- Post Graduate Diploma in Pastoral Ministry

[For research programme only]

Proposed field of Research, if admitted:

Any previous work done in the general field of your intended research:

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 E1 **RELIGIOUS AFFILIATION**

Christian Moslem, If other, specify _____

If Christian, specify denomination:

If Adventist, specify Union / Conference:

SECTION E2 **HOSTEL RESERVATION**

YES NO

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

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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 application
- 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