



VALLEY VIEW UNIVERSITY
UNIVERSITY ACCESS PROGRAM FOR SHS GRADUATES
(VWU REMEDIAL SCHOOL)

AFFIX
PASSPO
RT
PICTUR
E

APPLICATION FORM

Please complete the form IN BLOCK/CAPITAL LETTERS.

Sessions: [] May/June
[] Nov/Dec

1) NAME OF APPLICANT _____
Surname First Name Middle Name

2) DATE OF BIRTH _____ AGE _____

3) SEX: [] MALE [] FEMALE PLACE OF BIRTH _____

4) NATIONALITY: _____

5) POSTAL ADDRESS _____

6) TELEPHONE NO: _____ E-MAIL _____

7) FORMER SHS: _____

8) GRADUATED SINCE: _____ PROGRAMME OF STUDY _____

9) SUBJECTS OF INTEREST _____

10) _____

11) CHECKLIST :

- Photocopy of result slip ◇
- 3 passport-size photographs ◇
- Completed admission form ◇
- Payment of admission fee in full ◇

12) DETAILS OF SPONSOR/GUARDIAN:

NAME: _____

TELEPHONE: _____ E-MAIL (if any) _____

DECLARATION

I, _____ certify that the information I have provided above are accurate. I have therefore attached certified copies of my RESULTS SLIP. I pledge to abide by the Rules and Regulations of the UAP when considered.

SIGNATURE _____ DATE _____