



When do you intend to enrol?

First Semester (August) 20\_\_\_\_\_

Second Semester (January) 20\_\_\_\_\_

**SECTION C**

**EDUCATION AND QUALIFICATION**

*Please attach certified copies of result slips and certificates.*

School / Institution / College	Dates		Qualification	Date Obtained
	From	To		

**SECTION D**

**DETAILS OF GUARDIAN / SPONSOR**

Title: Mr./Mrs./Ms.Miss/Pr./Dr./Nana	Permanent Address:	
Name		
Relationship to Applicant:	Tel:	Mobile:
	Fax:	
Occupation:	Email:	

**SECTION E****RELIGIOUS AFFILIATION**

Christian     Moslem, If other, specify \_\_\_\_\_

If Christian, specify denomination:

**SECTION F****DOCUMENTS TO BE ATTACHED**

- i.  Certified Copies of Results Slips and Certificates
- ii. **Attach the following documents** (Foreign Applicants only)
  - Copies of your residence permit (if resident in Ghana)
  - Copies of Passport

**Note**

1. All fees (Tuition and general charges are due and payable upon registration to the University Bank Account
2. For financial information, contact the student Accounts Officer, Valley View University on 0307011877, 0307011878 or e-mail: [studentfinance@vvu.edu.gh](mailto:studentfinance@vvu.edu.gh)
3. For further inquiries contact the Admissions Office on: Telephone No. 0307011867  
e-mail: [admissions@vvu.edu.gh](mailto:admissions@vvu.edu.gh) or [info@vvu.edu.gh](mailto:info@vvu.edu.gh)

**SECTION G****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 an undergraduate or diploma 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based upon the information given on this form, and that if I am found to have given false information, the offer may be withdrawn. I understand that the information supplied on this form will be retained by the University and will be used for the purpose of processing my application. If my application is accepted the information will form part of my permanent student record. If I am admitted to the University, I promise to abide by all the policies and regulations of the Valley View University.

Name of Applicant \_\_\_\_\_

Name of Sponsor/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# VALLEY VIEW UNIVERSITY

## RESIDENCE HALL APPLICATION FORM

*Please, this housing request indicates your willingness to accept all Residence Hall Regulations*

<b>Surname:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Other Names:</b>	<b>Date of Birth:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Permanent Address:</b>	<b>Religious Affiliation</b> SDA <input type="checkbox"/> Other <input type="checkbox"/>
	<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/>
	<b>Nationality:</b>
<b>Email:</b>	<b>Tel:</b> <b>Mobile:</b>
<b>PARENT/GUARDIAN INFORMATION</b>	
<b>Proposed Program of Study:</b>	<b>Are you a sponsored student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Parent/Guardian Name:</b> <b>Parent/Guardian Address:</b>	<b>If yes, Name of Sponsor:</b>
<b>Email:</b>	<b>Tel:</b> <b>Mobile:</b>

NOTE: Your application for Residence may not be considered until you have been given an Admission and also paid the full deposit for accommodation by the closing date **(Refer Schedule of Fees)**

I \_\_\_\_\_, pledge to comply with all written and unwritten Residential Hall Regulations.

Student's Signature

\_\_\_\_\_

<b>OFFICIAL USE ONLY</b>
--------------------------

Date Received: \_\_\_\_\_

By: \_\_\_\_\_