



# 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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?	
<input type="checkbox"/> Master of Philosophy in Curriculum and Instruction <input type="checkbox"/> Master of Philosophy in Administration and Leadership <input type="checkbox"/> Master of Education in Curriculum and Instruction <input type="checkbox"/> Master of Education in Administration and Leadership <input type="checkbox"/> Master of Business Administration in Banking & Finance <input type="checkbox"/> Master of Business Administration in Human Resource Management <input type="checkbox"/> Master of Business Administration in Strategic Management <input type="checkbox"/> Post Graduate Diploma in Education <input type="checkbox"/> Post Graduate Diploma in Pastoral Ministry	
<i>[For research programme only]</i>	
Proposed field of Research, if admitted:	
Any previous work done in the general field of your intended research: <input type="checkbox"/>	

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 E** **RELIGIOUS AFFILIATION**

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

If Christian, specify denomination:

If Adventist, specify Union / Conference:

**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

**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]

**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 referee recommendation forms
- 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