



AFFIX
PASSPORT
PICTURE

VALLEY VIEW UNIVERSITY
MATURE ENTRANCE EXAMINATION

APPLICATION FORM

Please complete the form IN BLOCK/CAPITAL LETTERS. Mature Applicant MUST be 25 years and above.

1) NAME OF APPLICANT _____

Surname

First Name

Middle Name

2) DATE OF BIRTH _____ AGE _____

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

4) POSTAL ADDRESS _____

5) TELEPHONE NO _____ E-MAIL _____

6) SESSIONS AVAILABLE

- a. [] TWO WEEKS TUTORIALS
- b. [] SIX WEEKS EVENING TUTORIALS
- c. [] TEN SUNDAYS TUTORIALS
- d. [] ENTRANCE EXAMINATION ONLY

7) PREFERRED CENTRE

- a. [] OYIBI, ACCRA
- b. [] KUMASI
- c. [] TAKORADI
- d. [] TECHIMAN
- e. [] TAMALE

8) WHEN DO YOU INTEND TO ENROLL?

SESSION (A) [] JUNE/JULY OR [] DECEMBER

SESSION (B & C) [] JANUARY - MARCH [] APRIL - JUNE [] JULY - SEPTEMBER

[] OCTOBER -DECEMBER

9) STATE YOUR PROPOSED DEGREE PROGRAMME OF STUDY

10) STUDY MODE [] REGULAR [] SANDWICH [] DISTANCE

11) SIGNATURE _____ DATE _____

Please attach the following documents: 1. Birth Certificate 2. A letter of proof of Employment if any.