



Valley View University
Application Form
Short Courses / Certificate Programmes



Personal Information

Last Name (Family Name): _____

First Name(s) (Given Name(s)): _____

Gender: _____ Date of Birth: _____

Place of Birth: _____ Nationality: _____

Marital Status: _____

Correspondence Address

Permanent Address: _____

Tel. Phone: _____ Mobile: _____ Email: _____

Highest Educational Level Achieved

Your Highest Level of Education:

Short Course/Certificate Information

Short Course Name: _____

Starting Date: _____

Declaration

The undersigned certifies that his/her statements made in answer to the foregoing questions are true, complete and correct.

Name Signature Date

Applicants should complete and return one copy of the application form duly signed to:

The Deputy Registrar, Academics

Valley View University

P. O. Box AF 595

Adentan - Accra

Phone: 0307011867

More information

For more information about the short courses, application procedure and admission requirements please visit our web pages: <http://www.vvu.edu.gh>:

Admissions and Records Office

Office hours: 9:00 am - 17:00 pm (GMT) Monday to Thursday and Friday 9:00am - 1:30pm

Phone: 0307011867

E-mail: info@vvu.edu.gh