



**VALLEY VIEW
UNIVERSITY**
GHANA'S PREMIER CHARTERED PRIVATE UNIVERSITY

athe

Awards for Training
and Higher Education

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Passport
Photo
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APPLICATION FORM

PLEASE FILL THIS FORM IN BLOCK/CAPITAL LETTERS

PERSONAL INFORMATION

Surname: Other Name(s):

Gender: Male ☐ Female ☐ Date of Birth:

Place of Birth: Nationality:

ID No.: Place of Residence:

Phone No: Mobile:

Email Address: Marital Status:

Educational Level:

Date of Completion:

PROGRAMME CHOICE

☐ Diploma in Information and Digital Technologies (Level 3)

☐ Diploma in Business (Level 3)

SPONSOR INFORMATION

Name: Mr/Mrs/Ms/Miss/Prof./Dr,

Relationship: Occupation:

Phone No: Email:

Permanent Address:

APPLICANT DECLARATION

I,hereby declare
that the information given is true and I stand liable for any falsification.

Signature: Date:

OFFICE USE ONLY

Declaration:

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

Name:

Date: Signature:

Contact for more Information: +233 24 341 6960 | +233 24 456 5524 | +233 55 962 2272

Note: All Applicants should attach a copy of their WASSCE/SSSCE Results or Certificates