



Valley View University  
Application Form  
Short Courses / Certificate Programmes

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**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](mailto:info@vvu.edu.gh)*