## **KUMASI TECHNICAL INSTITUTE (KTI)**

### **ADMISSION ACCEPTANCE FORM**



#### SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)

Student's Full Address	
BOX 14443	
KSI	
MOSHIE ZONGO ASHANTI AK-012-	
4098	
Signature:	Date:

#### SECTION B" TO BE COMPLETED BY PARENT/GUARDIAN

I have read the rules, regulations and conditions regarding my ward's admission and I agree that he/she should be enrolled at Kumasi Technical Institute on the basis of what I have read.

Name: SALIA ABDULLAH

Address: BOX 14443 KSI MOSHIE ZONGO ASHANTI AK-012-4098 Ghana

Telephone/Mobile No: 0555390020

Email:

Signature:....

Date: .....

# **NOTE:** THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.