KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I ENIMEL HENRY accept the conditions of admission to

| Student's Full Address | |
|-------------------------------|-------|
| P. O. BOX 10 | |
| ANKWASO | |
| WASSA- SRAHA ASHANTI WW-7236- | |
| 133 | |
| Sibanare: | 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: ENIMIL EMMANUEL

Address: P. O. BOX 10 ANKWASO WASSA- SRAHA ASHANTI WW-7236-133 Ghana

Telephone/Mobile No: 0553943440

Email:

Signature:.....

Date:

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