KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I
pursue a course in
Student's Full Address
P.O.BOX 1857
ADUM-KSI
BROFOYEDU ASHANTI AG-0745-
1031
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/sh should be enrolled at Kumasi Technical Institute on the basis of what I have read.
Name: CYNTHIA AYUU
Address: P.O.BOX 1857 ADUM-KUMASI BROFOYEDU ASHANTI AG-0745-1031 Ghana
Telephone/Mobile No: 0246314652
Email:
Signature: Date:

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