KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IESH	HUN FRANK accept the conditions of admission to
pursue a co	burse in
Student's	Full Address
P. O. BOX	< 240
ASSIN FC	DSU CONTRACTOR CONTRAC
ASSIN AD	DUBIASE CENTRAL CS-
3533-582	28
Sig nata re:	Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	I the rules, regulations and conditions regarding my ward's admission and I agree that he/she enrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	SAMUEL ESHUN
Address:	P. O. BOX 240 ASSIN FOSU ASSIN ADUBIASE CENTRAL CS-3533-5828 Ghana
Telephone	e/Mobile No: 0592263046
Email:	
Signature	: Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.