KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) IBOAMAH SETH GYASI KWAKU accept the conditions of admission to to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address** RHEMA SALVATION MINISTRY P.O. **BOX 620 KNUST** AYEDUASE ASHANTI RHEMA SALVATION MINISTRY P.O. BOX 620 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. **EMMANUEL KWESI BOAMAH** Name: Address: RHEMA SALVATION MINISTRY P.O. BOX 620 KNUST

Signature: Date:

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

AYEDUASE ASHANTI AM. 17 KOTEI RD. AK-568-2192

Ghana

Email:

Telephone/Mobile No: 0246574762