KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) I SALISU ISSAHAK 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** P.O. BOX 24 KUMASI` ADUKROM-KUMASI ADUKROM-KUMASI AK-195-2955 Sibratare: 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. **ISSAHAK YUSIF** Name: Address: P. O. BOX 24 KUMASI` ADUKROM-KUMASI ADUKROM-KUMASI AK-195-2955 Ghana Telephone/Mobile No: 0244515096 **Email:** Signature:....

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.