KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IABD	DUL-RAHMAN NIYENU accept the conditions of admission to
pursue a co	ourse in
Student's 1	Full Address
P. O. BOX	(18 ASANTI -MANPONG
ASANT-M	ANPONG ASHANTI AK-
021-4092	
Ghana	
Signature:	Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	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:	NIYENU ABDUL-RAHMAN
Address:	P. O. BOX 18 ASANTI-MANPONG P. O. BOX ASANTI-MANPONG ASANTI-MANPONG ASHANTI AK-021-4092 Ghana
Telephone	/Mobile No: 0249172208
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.