KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)

I ELIASU JAMALDEEN KOJI accept the conditions of admission to

Student's Full Address	
C/O ROCK FOUNDTION ACADAMY	
BOX 26	
SAVANER REGION SANANER	
REGION AK-021-4021	
Signatare:	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.

Name: SHAIBU JAFAR

Address: C/O ROCK FUNDATION ACADAMY BOX 26 SAVANNAH SAVANNAH AK-021-4023 Ghana

Telephone/Mobile No: 0249804601

Email:

Signature:....

Date:

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