KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I SAN	DRA BOAKYE accept the conditions of admission to
pursue a cou	the Institute's rules, regulations and any other conditions which may be made from time to
Student's F	Full Address
P O BOX 2	26
SEFWI ESS	SAKROM
SEFWI ESS	SAKROM WESTERN
NORTH W	G-3851-0889
Signature:	Date:
	B" TO BE COMPLETED BY PARENT/GUARDIAN the rules, regulations and conditions regarding my ward's admission and I agree that he/she
should be en	nrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	BOAKYE DANIEL
	P O BOX 26 SEFWI ESSAKROM SEFWI ESSAKROM WESTERN NORTH AK-021-4098 Ghana
Telephone/	Mobile No: 0244051109
Email:	
Signature:.	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.