## **KUMASI TECHNICAL INSTITUTE (KTI)**

## **ADMISSION ACCEPTANCE FORM**



<b>SECTION</b>	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
ISAL	IHU KASSIM accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P.O.BOX	1393
KUMASI	
AKWATIA	LINE ASHANTI AS-104-
8676	
Signature:	Date:
I have read	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:	KASSIM SALIHU
Address:	P.O.BOX 1393 KUMASI AKWATIALINE ASHANTI AS-104-8676 Ghana
Telephone	/Mobile No: 0246285715
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.