

KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I **ADOTEY ABIGAIL** accept the conditions of admission to
pursue a course in **AUTOBODY WORKS** and promise
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 15
HUNI-VALLEY
HUNI-VALLEY WESTERN
WB00345612

Signature: **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: AGYEMAN MANU

Address: P. O. BOX 15 HUNI-VALLEY
HUNI-VALLEY WESTERN WB00345612
Ghana

Telephone/Mobile No: 0243256933

Email:

Signature: **Date:**

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