KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



<u>SECTION</u>	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IAPE	LIA ELIA accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P. O. BOX	(KS 3173
CHIRAPA	TRE-KUMASI
CHIRAPA	TRE ASHANTI AK-558-1999
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:	COFFIE JOHN APELIA
Address:	P. O. BOX KS 3173 CHIRAPATRE-KUMASI CHIRAPATRE ASHANTI AK-558-1999 Ghana
Telephone	e/Mobile No: 0240473526
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.