KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I ABD	OUL KARIM FAUZAN accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P. O. BOX	(8086 AHINSAN KUMASI
AHINSAN	ASHANTI AK-021-4091
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:	ABDUL KARIM
Address:	P. O. BOX 8086 AHINSAN KUMASI AHINSAN ASHANTI AK021-4092 Ghana
Telephone	Mobile No: 0240771719
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.