KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	NA: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IASA	AMPANA JACOB accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P. O. BOX	K 17 DIASO
CENTRE \	WESTENG NORTH CV-000-
0001	
Ghana	
Signature	: Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	I 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:	JACOB ASAMPANA
Address:	P. O. BOX 17 DIASO WESTENG NORTH WESTENG NORTH CV-000-0001 Ghana
Telephone	e/Mobile No: 0541440053
Email:	
Signature	: Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.