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

## **ADMISSION ACCEPTANCE FORM**



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)	
ISAL	IFU ABDUL RAFIU accept the conditions of admission to
pursue a course in	
Student's	Full Address
P. O. BOX	C 1987 SEPE BUOKROM
KUMASI A	ASHANTI AK-045-8522
Ghana	
Signature:	Date:
<b>SECTION</b>	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:	SALIFU AZUMA
Address:	P. O. BOX 1987 SEPEBUOKROM KUMASI ASHANTI AK-045-8522 Ghana
Telephone	/Mobile No: 0240583181
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.