KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

Student's Full Address

| Sibanare: | Date: |
|-----------------------------|-------|
| 013-3397 | |
| KWANWOMA ASHANTI REGION AK- | |
| KI 35, KONKORI | |
| P.O.BOX 842, KUMASI | |
| | |

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: MR. ALEX BADU

Address: P.O.BOX 842, KUMASI KWANWOMA KWANWOMA ASHANTI REGION AK-2220-5698 Ghana

Telephone/Mobile No: 0246234787

Email:

Signature:..... l

Date:

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