KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I KASSIM PAUL accept the conditions of admission to

Student's Full Address

Signature:	Date:
Ghana	
DG-021-0987	
DONKOKROM EASTERN REGION	
P. O. BOX 26 DONKOKROM	

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: AGYEI KASSIM

Address: P. O. BOX 26 DONKOKROM DONKOKROM EASTERN REGION DG-021-0987 Ghana

Telephone/Mobile No: 0541792266

Email:

Signature:..... Dat

Date:

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