KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IIBR	AHIM RAZACK accept the conditions of admission to
pursue a co	the Institute's rules, regulations and any other conditions which may be made from time to
Student's 1	Full Address
P O BOX 6	5
TERCHIRE	
SUNYANI	AHAFO BY20110342
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 inrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	ABDUL RAZACK IBRAHIM
Address:	P O BOX 6 TECHIRE SUNYANI AHAFO BY20110342 Ghana
Telephone	/Mobile No: 0595637726
Email:	
Signature:	Date:

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