KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address** P.O.BOX 3173 CHIRAPATRE ASHANTI P.O.BOX 3173 Ghana **Signature:** Date: **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. **AKOMAH CLEMENT** Name: Address: P.O.BOX 3173 CHIRAPATRE ASHANTI P.O.BOX 3173 Ghana Telephone/Mobile No: 0547852536 **Email:** Signature:....

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