KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IANTWI MICHAEL KOJO
pursue a course in
Student's Full Address
P.O.BOX 45, AKROKERRI
AKROKERRI
AKROKERRI ASHANTI REGION AK-
002-5698
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/sh should be enrolled at Kumasi Technical Institute on the basis of what I have read.
Name: MR. DENNIS AMPONSAH
Address: P.O.BOX 45, AKROKERRI AKROKERRI AKROKERRI AKROKERRI AKROKERRI ASHANTI REGION AK-002-2569 Ghana
Telephone/Mobile No: 0205405555
Email: ronaldojnnrr86@gmail.com
Signature: Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.