KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I AGYEMANG JOY accept the conditions of admission to

Student's Full Address	
P O BOX 9	
SABRONUM	
SABRONUM ASHANTI AY43930034	
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.

Name: KOFI AGYEMANG

Address: P O BOX 9 SABRONUM SABRONUM ASHANTI AY43930034 Ghana

Telephone/Mobile No: 0246551486

Email:

Signature:..... Date:

Date:

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