KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
ISWALLAH GAZALI accept the conditions of admission to
pursue a course in
Student's Full Address
P.O. BOX AS 334, KUMASI
ASAWASE
KUMASI ASHANTI REGION AS-103-
7948
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. SWALLAH MOHAMMED
Address: P.O.BOX AS 334-KUMASI ASAWASE KUMASI ASHANTI REGION AS-103-7948 Ghana
Telephone/Mobile No: 0243498773
Email: fsualihu@yahoo.com
Signature: Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.