KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I ABUDULAI SHARIF accept the conditions of admission to

Student's Full Address

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: ABUDULAI SALIFU

Address: P.O.BOX 47 KENYASI NO.2 KENYASO NO.2 ASHANTI P.O.BOX 47 Ghana

Telephone/Mobile No: 0548331649

Email:

Signature:..... Da

Date:

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