KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IAPF	PIAH SIMON accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P.O. BOX	4 SEFWI-BEKWAI
SEFWI-BE	EKWAI WESTERN NORTH
AO 43/3 9	SEFWI-BEKWAI LOWCOST
Ghana	
Signature	Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	I the rules, regulations and conditions regarding my ward's admission and I agree that he/she enrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	SAMUEL APPIAH
Address:	P.O. BOX 4 SEFWI-BEKWAI SEFWI-BEKWAI WESTERN NORTH AO 43/3 SEFWI- BEKWAI LOWCOST Ghana
Telephone	e/Mobile No: 0552676751
Email:	
Signature	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.