KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

IBOF	FFOUR WILFRED KWAME accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
P.O. BOX	63 SUNYANI
SUNYANI	BONO BJ-0834-1500
Ghana	
Signature:	Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	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:	ANTHONY KWASI BOFFOUR
Address:	P.O. BOX 63 SUNYANI SUNYANI BONO BJ-0834-1500 Ghana
Telephone	/Mobile No: 0248101417
Email:	
Signature:	Date:
	HE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE LL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.