

KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I **SALIFU KABIRU MUSAH** accept the conditions of admission to
pursue a course in **COMPUTER HARDWARE** and promise
to abide by the Institute's rules, regulations and any other conditions which may be made from time to
time.

Student's Full Address

P. O. BOX 10638 ADUM KUMASI
KUMASI ASHANTI AG-0478-3738
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: SALIFU MOHAMMED

Address: P. O. BOX 10638
KUMASI ASHANTI AG-0478-3738
Ghana

Telephone/Mobile No: 0244038597

Email:

Signature: **Date:**

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