KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I INKOOM PHILIP accept the conditions of admission to

| Student's Full Address | |
|---------------------------|-------|
| BOX 341 | |
| KASOA | |
| KASOA CENTRAL CX-0606-998 | |
| 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: GRACE MENSAH

Address: BOX 341 KASOA KASOA CENTRAL CX-0606-998 Ghana

Telephone/Mobile No: 0549778614

Email:

Signature:..... Da

Date:

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