KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I QU	ANSAH CHRISTOPHER accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
Р. О ВОХ	1194
ADUM	
AFRSANC	HO ASHANTI AF-0502-
5274	
Signatare:	Date:
<u>SECTION</u>	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:	ANYHONY NSIAH ASARE
Address:	P. O BOX 1194 ADUM AFRSANCHO ASHANTI AF-0502-5274 Ghana
Telephone	/Mobile No: 0550669997
Email:	
Signature:	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.