KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)	
IAND	OOH DENNIS MOCHIAH accept the conditions of admission to
pursue a co	urse inBIODIGESTER CONSTRUCTION
Student's 1	Full Address
P. O. BOX	33 AKIM-ODA
AKIM-OD	A EASTERN REGION EB-
0045-2109	9
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 nrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	PETER MOCHIAH ACKAH ANDOH
Address:	P. O. BOX 33 AKIM-ODA AKIM-ODA EASTERN REGION EB-0045-2109 Ghana
Telephone/Mobile No: 0244730892	
Email:	
Signature: Date:	

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