KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I SAR	FO KANTANKA THEOPHILUS accept the conditions of admission to
pursue a co	burse in
Student's	Full Address
AMAKON	I-KUMASI
P.O.BOX	8879, AHINSAN-KUMASI
KUMASI A	ASHANTI REGION AK-302-
7421	
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:	MR. NICHOLAS SARFO KANTANKA
Address:	P.O.BOX AH 8879, AHINSAN-KUMASI AMAKOM- KUMASI KUMASI ASHANTI REGION AG-4172-8174 Ghana
Telephone	/Mobile No: 0246912529
Email:	
Signatura	Date:
Signature: Date:	

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