KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS) IRASHAD MUSTAPHA accept the conditions of admission to to abide by the Institute's rules, regulations and any other conditions which may be made from time to time. **Student's Full Address POST OFFICE BOX 96 SEKYEREDUMASE** SEKYEREDUMASI ASHANTI AK-318-0577 Sibrature: 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. MUSTAPHA ISSAHAKA Name: Address: POST OFFICE BOX 96 SEKYEREDUMASI SEKYEREDUMASI ASHANTI AK-318-0577 Ghana Telephone/Mobile No: 0277680033 **Email:** Signature:....

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