KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)		
I SIBA	A ARIF	accept the conditions of admission to
pursue a course in		
Student's 1	Full Address	
P.O.BOX	5086	
ADUKROM		
ADUKROM ASHANTI AS-083-1963		
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:	SIBA MOHAMMED	
Address:	P.O.BOX 8086 ADUKROM ADUKROM ASHANTI AS-083-1963 Ghana	
Telephone/Mobile No: 0246989961		
Email:		
Signature:		Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.