## **KUMASI TECHNICAL INSTITUTE (KTI)**

## **ADMISSION ACCEPTANCE FORM**



## SECTION A: TO BE COMPLETED BY STUDENT (IN CAPITALS)

Student's Full Address	
BOX 403 NM	
KASOA NYANYANO GREATER	
ACCRA HSE GE N58	
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: DANIEL BRAIN KOJO

Address: BOX 403 NM NIMA ACCRA KASOA NYANYANO NIMA ACCRA HSE/GE/N58 Ghana

Telephone/Mobile No: 0546124403

Email:

Signature:..... Da

Date: .....

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