KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
I SHE	IBA ABDULJALAL accept the conditions of admission to
pursue a co	ourse in
Student's	Full Address
BOX 1444	13
KUMASI A	ASHTOWN
RARU ASI	HANTI AK-021-4098
Ghana	
Signature	Date:
CE CELON	
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:	SHAIBA BUKARI
Address:	SHAIBA BUKARI PLT 27 BLK K KUMASI ASHANTI AK-021-4098 Ghana
Telephone	/Mobile No: 0553966909
Email:	
Signature	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.