# **KUMASI TECHNICAL INSTITUTE (KTI)**

# **ADMISSION ACCEPTANCE FORM**



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

I ..... ABDUL RAZAK SAEED ARAPHAT ...... accept the conditions of admission to

#### Student's Full Address

## **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: ABDUL RAZAK SAEED

Address: POST OFFICE BOX 698 KUMASI-ASHANTI KUMASI ASHANTI AK-844-8479 Ghana

Telephone/Mobile No: 0247187210

Email:

Signature:.....

Date: .....

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