KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I ADJEI EMMANUEL accept the conditions of admission to

Student's Full Address

P. O. BOX KS 6842 KROMO KUMASI

KUMASI ASHANTI AF-0454-4577

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: MR. AGYEI EBENEZER

Address: P. O. BOX KS 6842 KROMO KUMASI ASHANTI AF-0454-4577 Ghana

Telephone/Mobile No: 0558304619

Email:

Signature:..... D

Date:

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