KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



SECTION	A: TO BE COMPLETED BY STUDENT (IN CAPITALS)
IADU	-APPIAGYEI JOSEPH accept the conditions of admission to
pursue a co	urse in
Student's F	Full Address
P. O. BOX	240
ASSIN FO	SU
ASSIN AD	UBIASE CENTRAL CS-
3434-1999	Θ
Signatare:	Date:
SECTION	B" TO BE COMPLETED BY PARENT/GUARDIAN
	the rules, regulations and conditions regarding my ward's admission and I agree that he/she nrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	REGINA ADU-GYAMFI
	P. O. BOX 240 ASSIN FOSU ASSIN ADUBIASE CENTRAL CS-3434-1999 Ghana
Telephone/	Mobile No: 0542800686
Email:	
Signature:.	Date:

NOTE: THE COMPLETED ACCEPTANCE LETTER SHOULD BE RETURNED TO THE

PRINCIPAL NOT LATER THAN 14 DAYS AFTER DOWNLOADING/PRINTING.