KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



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

I YAKIN MOHAMMED AWAL accept the conditions of admission to

Student's Full Address

P.O. BOX 1516 ALABA KUMASI

KUMASI ASHANTI WR 37 ALABA

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: SAFIA ABDUL AZIZ

Address: P.O BOX 1516 ALABA KUMASI KUMASI ASHANTI WR 37 ALABA Ghana

Telephone/Mobile No: 0540843835

Email:

Signature:..... Date:

Date:

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