KUMASI TECHNICAL INSTITUTE (KTI)

ADMISSION ACCEPTANCE FORM



	ourse in
Student's	Full Address
P O BOX	27
AHAFO K	ENYASE
AHAFO K	ENYASE AHAFO
BR004902	231
Signature:	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 enrolled at Kumasi Technical Institute on the basis of what I have read.
Name:	SOLOMON AGBASAH
Address:	P O BOX 27 AHAFO KENYASE AHAFO KENYASE AHAFO BR00490231 Ghana
Telephone	/Mobile No: 0247621727
Email:	
Signature:	Date:

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