

UNIVERSITY OF EDUCATION, WINNEBA
OFF CAMPUS TEACHING PRATICE
ACCEPTANCE FORM

1. FULL NAME: DENNIS OHEPENI TETTEH
2. REGISTRATION NUMBER: 5231010096
3. PROGRAMME: BSC ACCOUNTIND EDUCATION
4. TELEPHONE NO: 0542913756/0505386692

ACCEPTANCE FORM

(To be completed by head of School or his/her delegated authority)

We accept **DENNIS OHEPENI TETTEH** for placement in our school for him off-campus teaching practice

Name and Address of School NUNGUA SENIOR HIGH SCHOOL

Name of Officer Millirend Dzandz.

Officer Position Asst. Academics

Signature.....Date 8/09/2025

