



UNIVERSITY OF  
STUDENTS' R



# ACCEPTANCE FORM

(TO BE COMPLETED BY HEAD OF SCHOOL OR HIS / HER DELEGATED AUTHORITY)

We accept SAMUEL AVEYUR.....for placement in our school for his / her Off-Campus Teaching Practice.

Name and address of school : SHAMA SENWA HIGH SCH; P.O. Box 30, SHAMA

Name of officer : RICHARD ASTEY-MEDIAN.....Position : Asst. Head (ACA)

Signature : [Signature].....Date : 13-10-2025





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