



MALAWI COLLEGE OF ACCOUNTANCY

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Chichiri
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Email: mcabt@mca.ac.mw

P.O Box 30363
Capital City
Lilongwe 3
Tel.: 01 788 314
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Email: mcall@mca.ac.mw

Nuat Building, opposite MPICO
P. O Box 1331
Mzuzu
Tel: 01 310101
Email: mcamz@mca.ac.mw

APPLICATION FORM 2022 – 2023 ACADEMIC YEAR

A. PERSONAL DETAILS

i. Surname _____ First Name _____ Initials _____

ii. Sex: Female Male iii. Date of Birth v. Nationality

Contact Address: _____

Tel: _____ Mobile _____ Email: _____

B. ACADEMIC DETAILS

i. Programme Applied For _____

MODE OF STUDY Full -time Weekend Evening ODEL

CAMPUS Blantyre Lilongwe Mzuzu

QUALIFICATION RECORD

(a) MSCE O-Level A-Level Other

Year Obtained _____ Name of School(s) _____

ii. Other Year(s) of Re-sit (if grades were accumulated) Yr(s) _____ and iii.

Subjects Written and Grades obtained (best 6).

1st Attempt		2nd Attempt		3rd Attempt	
Subject	Grade	Subject	Grade	Subject	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. COMMITMENT FROM SPONSOR

NAME: _____ RELATIONSHIP: _____

D. HOW DID YOU LEARN ABOUT MCA AND THIS PROGRAMME (Tick all that apply)

- 1). Newspaper 2) Radio advert 3) TV 4) Word of Mouth/Heard from a friend

iv. Other Qualifications other than O-Levels

Qualification: _____ **School** _____ **Year** _____

Subject	Grade	Subject	Grade	Subject	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Only candidates who re-sat their MSCE examinations in one, two, three or four subjects and all IGCSE, AS Level, A-Level, NSC and IB candidates should attach photocopies of their certificate or notification of results.

DO NOT SEND THE ORIGINAL COPY OF YOUR CERTIFICATE.

Please state any disability you have _____

I certify that the information given above is true and it is to the best of my knowledge.

Signature:..... **Date:**.....

FEES: Deposit a Non-Refundable Application Fee of **K7, 500** to either of the following Bank Accounts: **Bank Name:** National Bank of Malawi. **Branch:** Chichiri Branch **Account Name:** Malawi College of Accountancy: **Account No.** 695696. **Bank Name:** National Bank of Malawi. **Branch:** Capital City Branch **Account Name:** Malawi College of Accountancy: **Account No.** 1040545. **One copy of the deposit slip should be attached to the application form to serve as proof of payment.**

PROGRAMME INFORMATION PROGRAMME	DURATION	ABREV	ENTRY REQUIREMENTS
Faculty of Business			
Bachelor of Business Management and Entrepreneurship	4 Years	BBME	Six MSCE/O-level credits including English and Mathematics
Bachelor of Applied Accounting: Auditing and Information Systems.	4 Years	BAA-AIS	Six MSCE/O-level credits including English and Mathematics
Bachelor of Management of Information Systems	4 Years	BMIS	Six MSCE/O-level credits including English and Mathematics
Bachelor of Marketing and Public Relations	4 Years	BMPR	Six MSCE/O-level credits including English and Mathematics
Bachelor of Banking and Financial Services Management	4 Years	BBFSM	Six MSCE/O-level credits including English and Mathematics