

MALAWI COLLEGE OF ACCOUNTANCY



Blantyre Campus
P.O Box 30644
Chichiri
Blantyre 3

Tel.: 0111 871 411
Fax.: 0111 871 853
Email: mcabt@mca.ac.mw

Lilongwe Campus
P. O Box 30363
Capital City
Lilongwe 3

Tel.: 0111 788 314
Fax.: 0111 788 202
Email: mcabt@mca.ac.mw

Mzuzu Campus
P. O Box 1331
Mzuzu
Zindawa Building

Tel: 0111 310 101
Email: mcabt@mca.ac.mw



GENERIC APPLICATION FORM 2026 – 2027 ACADEMIC YEAR

A. PERSONAL DETAILS

i. Surname _____ First Name _____ Initials _____

ii. Gender: Male Female Date of Birth
 v. Nationality

Contact Address: _____

Tel: _____ Mobile _____ Email: _____

B. ACADEMIC DETAILS

i. Programme Applied For _____

MODE OF STUDY (Please tick) Full-time Weekend Evening ODEL

CAMPUS (Please tick) Blantyre Lilongwe Mzuzu

QUALIFICATION RECORD (please tick)

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) _____

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 **K20, 000.00** 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.

The application form, certified copies of certificates, a copy of the National ID and one copy of the deposit slip should be dropped at any of the College's campuses

PROGRAMME INFORMATION	DURATION	ABBREVIATION	ENTRY REQUIREMENTS
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	BAAAIS	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