



## TUSKEGEE UNIVERSITY

### OFFICE OF AUDIT, RISK, & COMPLIANCE (ARC)

## Review Request Questionnaire

**Purpose:** This questionnaire helps the Office of Audit, Risk, & Compliance (ARC) gather a clear understanding of the requestor's concerns, which will guide the review's planning, objective setting, and scope definition.

### **Requestor Details:**

1. **Name of Requestor:**
  2. **Date:**
  3. **Title/Position:**
  4. **Department:**
  5. **Contact Information (Phone/Email):**
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### **Review Request Details:**

1. **Which department or area is being reviewed?**
2. **What is the primary objective or purpose of this review? (Select all that apply)**
  - ☐ Compliance with laws and regulations
  - ☐ Financial accuracy
  - ☐ Process efficiency
  - ☐ Safeguarding of assets
  - ☐ Operational effectiveness
  - ☐ Fraud prevention or detection
  - ☐ Other (please specify):



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3. **What are the key activities or processes that you want to be included in the review scope?** (Please list or briefly describe the primary functions, transactions, or areas of concern.)
  
4. **Are there any specific issues or concerns that prompted this request?** (Examples: unusual variances, recent incidents, concerns over compliance, suspected fraud, etc.)
  
5. **Have there been any significant changes in the department or its processes recently?** (Examples: new leadership, restructuring, system changes, policy changes, etc.)
  
6. **What are the expected outcomes of this review?** (What specific insights or information are you hoping to obtain?)

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#### **Internal Control and Compliance Concerns:**

1. **Are there any known or suspected internal control weaknesses?** (If yes, please describe.)
  
2. **Have there been any known instances of non-compliance with internal policies or external regulations?** (If yes, please provide details.)



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3. **Are there any specific regulations, laws, or policies that this department must comply with?** (Please list or describe any relevant regulations or standards.)
  
4. **Have there been any recent changes in processes or personnel that might affect internal controls?**
  
5. **Have there been previous audits or reviews of this department or process?** (If yes, when was the last audit conducted, and what were the major findings or recommendations?)

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### **Operational Details:**

1. **How many staff members are employed in this department?** (Please provide name, title, duties, employment status (full-time, part-time, temporary, consultant, or student.)
  
2. **Are there any key stakeholders or individuals that should be involved in the review process?** (Examples: department heads, process owners, financial officers.)



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3. **What documentation or evidence will be available during the review?** (Select all that apply)

- ☐ Policies and procedures manuals
- ☐ Financial records
- ☐ Employee records
- ☐ Other (please specify):

#### **Additional Information:**

1. **Is there any other relevant information or documentation that should be provided in preparation for the review?** (Examples: policies, procedures, reports, financial statements, system access logs.)
  
  
  
  
  
  
  
  
  
  
2. **Do you have any preferred timeline for the review to be conducted?** (Please specify if there are any urgent deadlines or considerations.)