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| **ENTRANCE CONFERENCE FORM**This form is intended to establish the scope and timing of any audit or regulatory exam at CU\*Answers. This form will be updated by the Internal Audit lead and a copy of this form will be kept with the final audit report. |
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| Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| **Audit requestor** | **Estimated Start Date** | **Estimated Completion Date** |
| Click here to enter text. |
| **Scope of Audit** |
| Click here to enter text. |
| **Deliverables and Reports** |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Audit Lead** | **Phone** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Audit Staff** | **Phone** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Audit Staff** | **Phone** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Audit Staff** | **Phone** | **Email** |
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| **Audit Staff** | **Phone** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Audit Staff** | **Phone** | **Email** |
| Click here to enter text. |
| **Notes** |  |  |

Please attach any requests for information to this form. All anticipated material and interview requests should be made at least 30 days prior to the examination start date.