

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS**

**Meeting of the Audit, Compliance,
and Risk Committee**

March 2, 2023

AUDIT, COMPLIANCE, AND RISK COMMITTEE

Thursday, March 2, 2023

1:45 – 2:45 p.m.

Board Room, The Rotunda

Committee Members:

Thomas A. DePasquale, Chair
Robert M. Blue
Mark T. Bowles
Carlos M. Brown
Louis S. Haddad

Babur B. Lateef, M.D.
Stephen P. Long, M.D.
The Honorable L.F. Payne
Whittington W. Clement, Ex-officio
Adelaide Wilcox King, Faculty Consulting Member

AGENDA

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• University of Virginia Athletics Compliance Charter	
VI. CLOSED SESSION	
• Discussion of (a) plans to protect public safety as it relates to specific cybersecurity threats or vulnerabilities and briefings by University staff members concerning actions taken to respond to such matters or a related threat to public safety, (b) the design, function, operation, or access control features of University IT security systems; (c) vulnerability assessments, information not lawfully available to the public regarding specific cybersecurity threats or vulnerabilities, and IT security systems, plans, and measures, where discussion in an open meeting would jeopardize personal and institutional safety; and (d) reports and plans related to University IT security. The relevant	

exemption authorizing the closed session discussion is Section 2.2-3711
A (19) of the Code of Virginia.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: March 2, 2023

COMMITTEE: Audit, Compliance, and Risk

AGENDA ITEM: I. Remarks by the Committee Chair

ACTION REQUIRED: None

BACKGROUND: Mr. Thomas DePasquale, the Committee Chair, will open the meeting, welcome guests, and provide an overview of the agenda.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS CONSENT AGENDA**

II. APPROVAL OF CHANGES TO THE UVA ATHLETICS COMPLIANCE CHARTER

The Office of Audit and Compliance recommended that the Athletics Compliance Charter be periodically reviewed and updated as necessary. The current Athletics Compliance Charter was last updated in 2017. The updated charter (see attachment) includes new language from the NCAA Constitution about institutional responsibility and control, language from the most recent ACC Manual about institutional responsibility and control, and information about updated processes with external partners.

ACTION REQUIRED: Approval by the Audit, Compliance, and Risk Committee and by the Board of Visitors

APPROVAL OF CHANGES TO THE UVA ATHLETICS COMPLIANCE CHARTER

RESOLVED, changes made to update the UVA Athletics Compliance Charter in 2023 are approved as recommended by the Audit, Compliance, and Risk Committee.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: March 2, 2023

COMMITTEE: Audit, Compliance, and Risk

AGENDA ITEM: III.A. Completion of FY2021-2022 Audit

ACTION REQUIRED: None

BACKGROUND: Preliminary results of the FY2021-2022 audit were reported to the Committee at its December 2022 meeting by the Auditor of Public Accounts (APA) of the Commonwealth. Mr. David Rasnic, Director of Higher Education Programs, will report on the conclusion of the FY 2021-2022 audit.

Auditor of Public Accounts' Audit Summary:

“We have audited the basic financial statements of the University of Virginia as of and for the year ended June 30, 2022, and issued our report thereon, dated December 15, 2022. Our report is included in the University’s Financial Report, is available at the Auditor of Public Accounts’ website at www.apa.virginia.gov and at the University’s website at www.virginia.edu.

Our audit found:

- the financial statements are presented fairly, in all material respects;
- one deficiency that we consider to be a material weakness in internal control;
- additional internal control findings requiring management’s attention; and
- instances of noncompliance or other matters required to be reported under Government Auditing Standards.”

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: March 2, 2023

COMMITTEE: Audit, Compliance, and Risk

AGENDA ITEM: III.A. Report on Action Plans to Improve Internal Controls Over Financial Reporting

ACTION REQUIRED: None

BACKGROUND: Mr. Augie Maurelli, vice president and Chief Financial Officer, will brief the Committee on actions taken to remediate the deficiencies in internal controls over financial reporting communicated to the Committee by the Auditor of Public Accounts in the December 2022 meeting.

**UNIVERSITY OF VIRGINIA
BOARD OF VISITORS AGENDA ITEM SUMMARY**

BOARD MEETING: March 2, 2023

COMMITTEE: Audit, Compliance, and Risk

AGENDA ITEM: IV. Audit Department Quarterly Report (Written Report)

BACKGROUND: To facilitate the Committee’s oversight of internal controls, risk management, and compliance, the written report summarizes UVA Audit’s work performed during the period November 10, 2022-February 6, 2023:

- 1) Executive summary of audit activities
- 2) BOV approved audit plan status reports
- 3) Summary of audit findings for the period

1. UVA Audit: Activities for the Period¹: Executive Summary

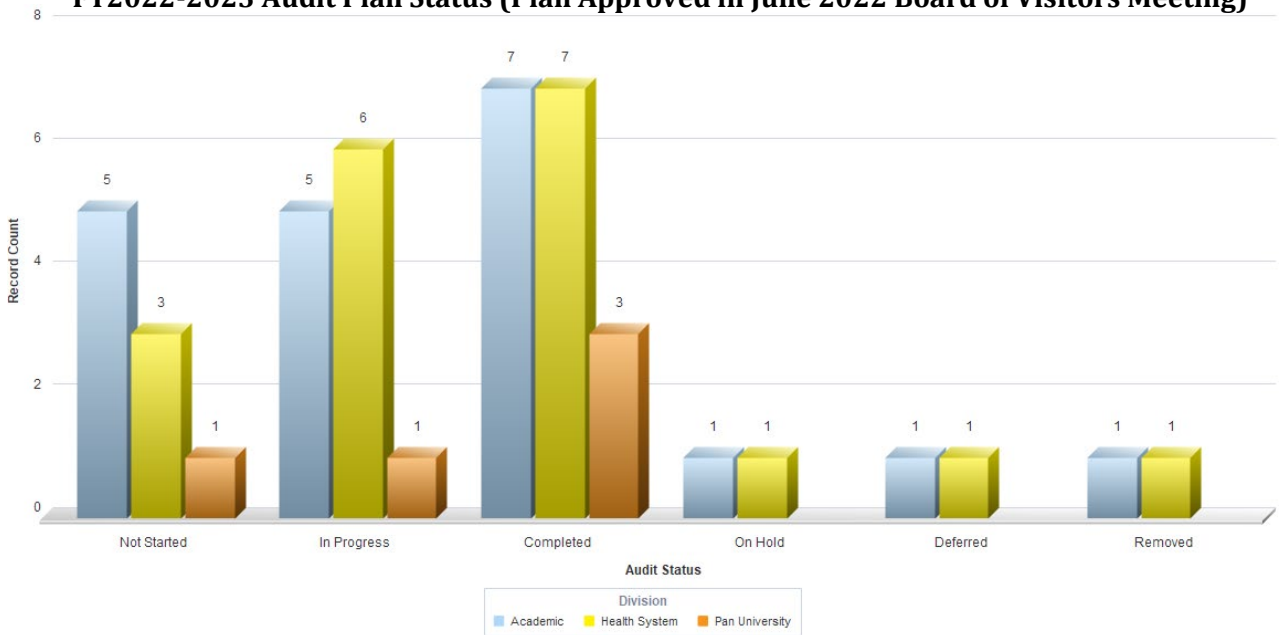
Third Quarter FY2023 Snapshot	Upcoming Audit Activities
7 audits were completed since December 2022 report 12 audits and audit projects are in progress	<ul style="list-style-type: none"> • Development of FY2024 audit plan is underway. Risk topics to be reviewed and approved by Audit, Compliance, and Risk Committee and the Board of Visitors at June 2023 meeting. • UVA Audit’s budget for FY2024 is in development. Additional funding requests to address growth in UVA Health, costs associated with co-sourcing audits, and market-based salary adjustments will need to be considered.
Key Issues Raised by Audit	Consultative Activities and Support for Major University Projects
The results of our work continue to indicate controls over processes audited were effective or appropriate action plans were developed to remediate deficiencies.	<ul style="list-style-type: none"> • Policy Review Committee • Identity and Access Management Steering Committee • Role Based Access Steering Committee • Finance Strategic Transformation (FST) Executive Committee and Steering Committee • Workday Internal Controls Work Group • Community Health Integration – Compliance Work Stream

2. BOV Approved Audit Plan Status Update (Changes to Plan and Progress on Audits)

¹ Board material due dates necessitate reporting only the data available to meet those deadlines (i.e. data is not a complete Fiscal Year quarter)

Because the plan is intentionally dynamic to maintain its relevance, a status report on the department’s activities is provided at each Committee meeting.

FY2022-2023 Audit Plan Status (Plan Approved in June 2022 Board of Visitors Meeting)



Completed Audits FY2023 Year to Date (July 1, 2022-February 6, 2023):

Division	Audit Plan	Audit Topic
UVA Health	2023	Joint Commission (JC) Readiness: Performance Improvement Chapter Updates- Gap Analysis
	2022	Ambulatory Medication Charge Capture
	2023	Charge Capture – Renal Services
	2023	Charge Capture – Interventional Radiology
	2023	HIPAA Security Risk Assessment Follow-up
	2023	IT Disaster Recovery
	2023	Graduate Medical Education Program
Academic	2022	International Operations (Phase 1 inventory of activities)
	2023	International Operations (Phase 2)
	2023	CARES Compliance – Higher Education Emergency Relief Fund (HEERF I, II, III) – Part 2 (FY23)
	2023 (added to Plan)	Housing Division Financial Review
	2023	Student Information System (SIS) IT Controls
	2022	Institutional Data
	2023	Student Financial Aid: UVA Wise Follow Up
Pan University	2022	Safety and Security (Margolis Healy Follow Up)
	2022	Research Data Security
	2023 (added to Plan)	UVA Health Plan Pharmacy Benefits Rates

Status of the BOV approved audit plan for FY2023

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
UVA Health	2022	Ambulatory Medication Charge Capture	An evaluation of the medication use process, including drug ordering, dispensing, administration, and waste capture; and charging and billing processes at seven clinics. Testing whether charges were accurately captured and billed for drugs administered and wasted using data analytics.	Completed
UVA Health	2023	Joint Commission (JC) Readiness: Performance Improvement Chapter Updates – Gap Analysis	Quality program activities specific to the revised Performance Improvement Chapter in the JC Survey Manual. Identify gaps for action to support JC Survey readiness	Completed
UVA Health & Academic	2023	UVA Health Plan Pharmacy Benefits Rates (added to Plan)	Evaluated the processes surrounding an unexpected increase in pharmacy claims expenses in the UVA Health Plan.	Completed

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
UVA Health	2023	Charge Capture – Renal Services	Internal controls over capture of charges for renal services, including interface controls between clinical system and Epic hospital billing	Completed
UVA Health	2023	Graduate Medical Education (GME) Program	Internal controls over the key processes for GME programs, such as accuracy of GME data reported on Medicare Cost Reports, validation of rotation schedules, and time and effort reports	Completed
UVA Health	2023	Charge Capture – Interventional Radiology	Same as above-for Interventional Radiology	Completed
UVA Health	2023	HIPAA Security Risk Assessment Follow-up (IT Audit)	Review results of periodic HIPAA security risk assessment and determine if any identified gaps were sufficiently addressed	Completed
UVA Health	2023	IT Disaster Recovery (IT Audit)	The design and operating effectiveness of the controls established for recovering data and systems during and after an event	Completed

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
UVA Health	2023	Coding Compliance: Implantable Cardiac Devices (ICD) Procedure with Separately Billed ECG	Review medical record documentation for cardiac pacemaker or ICD procedure to validate support for appending modifier 59 to the ECG	In Progress
UVA Health	2023	Capture of Complications and Comorbidities (CC) and Major Complications and Comorbidities (MCC)	Evaluate capture of CC/MCC, identify root causes of any gaps, and assess financial impact	In Progress
UVA Health	2023	Case Management	Case management processes focused on inpatient throughput and preventing excess length of stay	In Progress
UVA Health	2023	Timekeeping/Payroll	Controls over timekeeping and payroll accuracy. Potential focus on high-risk areas such as premium pay, traveler payroll	In Progress--Delayed
UVA Health	2023	UVACH: Controlled Substances Compliance	Compliance with controlled substances DEA regulations at one or more of the UVACH facilities	In Progress
UVA Health	2022	UVA Orthopedic Center Ivy Road Construction Audit Closeout	Closeout procedures for construction of UVA Ortho Center	On Hold— Awaiting Final Invoices

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
UVA Health	2024	Ransomware Assessment Follow Up (IT Audit)	Determine if the recommendations of the 2022 Mandiant Purple Team ransomware report for the Health System division have been implemented	Deferred to FY2024
UVA Health	2023	Physician Transactions (Purchased Services)	Compliance with contract terms and UVA policies, such as contract reviews/ approvals	
UVA Health	2023	Contract Management	Controls over contract development, approval, and management	
UVA Health	2023	UVACH: IRS 501(r) Compliance	Compliance with IRS 501(r) rules applicable to non-profit hospitals, such as community needs analyses and plans, financial assistance program elements, publication and required signage, etc.	
UVA Health	2023	SaaS Governance (Salesforce Focus) (IT Audit)	Evaluate controls over the Salesforce deployments across UVA to evaluate governance over	Removed – Initial planning results indicate audit should be scoped to Academic Division only.

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
			Software as a Service (SaaS)	
UVA Health	2023	Epic User Role Change Review (IT Audit)	Processes and controls followed when a user changes roles within the UVA Medical Center and determine how that user's access gets updated/ changed or revoked accordingly	Deferred to FY2024
Academic & UVA Health	2022	Research Data Security	Security over IT systems and applications in selected labs	Completed
Academic	2022	Safety and Security	Follow up on implementation status of consultant's safety recommendations	Completed
Academic	2023	CARES Compliance – Higher Education Emergency Relief Fund (HEERF I, II, III) – Part 2 (FY23)	Evaluate design and effectiveness of controls and processes related to HEERF funds data collection, use, accounting, and reporting.	Completed
Academic	2023	Housing Division Financial Review (added to Plan)	Validate the type of expenditures recorded in the University's financial system was appropriate for the Housing Division and determine the Housing Division's compliance with	Completed

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
			UVA's reserve policies.	
Academic	2022 2023	International Operations (Phase 1) International Operations (Phase 2)	Phase 1: Develop inventory of international activities to determine eventual audit scope. Phase 2: Assess higher priority international activities identified in Phase 1.	Phase 1: Completed Phase 2: Completed
Academic	2022	Student Information System (SIS) Academic Records and IT Controls	Evaluate design and effectiveness of IT controls over the Student Information System Evaluate design and effectiveness of controls over the maintenance of degree-related data, including grade submissions and changes, course substitutions and/or degree requirement exceptions, and incoming transcripts.	SIS IT Controls: Completed (IT Audit) Academic Records - Degree Related Data: In Progress
Academic	2022	Institutional Data	Ensure data used in external reporting conveys	Completed

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
			quality information (complete, accurate, timely, available) for ratings and rankings. (COSO Principle 13)	
Academic	2023	Student Financial Aid: UVA Wise	Follow-up on APA findings at UVA Wise.	Completed
Academic	2023	School-Level Audit (Pilot)	Develop and pilot an audit program to assess effectiveness of key unit/school level controls and processes.	Audit Program Development-In Progress
Academic	2023	Construction Projects <ul style="list-style-type: none"> • Hotel and Conference Center • Football Operations Center 	Using an outside expert in construction project management accounting, perform procedures relevant to phases of specified construction projects.	In Progress (Physics Building renovation was removed from the plan)
Academic	2023	Ransomware Assessment Follow Up (IT Audit)	Determine if the recommendations of the 2022 Mandiant Purple Team ransomware report for the Academic division have been implemented.	Deferred to FY2024
Academic	2023	Research - Post Award Administration	Assess effectiveness of post-award	

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
			controls for selected sponsored awards to ensure compliance with sponsor requirements, regulations, and University policy.	
Academic	2023	Workday Financials Controls Validation: Treasury Pilot	Assess the effectiveness of key financial business process controls	In Progress
Academic	2023	Workday Financials Controls Validation: Accounting Cycle		In Progress
Academic	2023	Workday Financials Controls Validation: Procure-to-Pay Cycle		
Academic	2023	Workday IT General Controls (IT Audit)	Assess the effectiveness of key IT controls	In Progress (Replaces Ransomware Assessment Follow Up)
Academic	2023	Workday Benefits Administration	Follow-up on KPMG recommendations for the UVA Health Plan.	Removed (Replaced by Housing Division Financial Review)
Academic	2023	SaaS Governance (Salesforce Focus) (IT Audit)	Evaluate controls over the Salesforce deployments across UVA to evaluate governance over Software as a Service (SaaS)	
Academic	2023	University Police Department	Scope to be refined based on results of 2021 CALEA	Deferred to FY2024

Division	Audit Plan	Audit Topic	Scope	Status as of February 6, 2023
			accreditation report.	
Academic	2024	Hazardous Materials Handling: Heating Plant Coal Lifecycle		In Progress; Replaces University Police Department Audit in FY2023 Plan

3. Summary of Audit Findings for the Period November 10, 2022-February 6, 2023

The table below summarizes audit findings by priority rating for audits closed since the last report to the Committee.

Audit Name	Division	Priority-Rating					
		DNM	P2	PM	OP	W	Not Rated
College at Wise Financial Aid Follow-Up	Academic						2
HIPAA Security Follow-Up	UVA Health	4		1		14	
International Operations Phase 2	Academic		2			3	
Vascular and Interventional Radiology Charge Capture	UVA Health		2			1	
Institutional Data	Academic				1	2	
UVA Health IT Disaster Recovery	UVA Health	1		2		12	
Graduate Medical Education	UVA Health		2		1	2	
Total		5	6	3	2	34	2

Audit	Summary of Findings
College at Wise Financial Aid Follow-Up (Unrated)	<p>The audit followed up on recommendations originally made by the Auditor of Public Accounts. Internal Audit made an additional recommendation to complete the third-party risk assessment to evaluate Graham-Leach-Bliley Act related risks. In addition, Internal Audit recommended additional staff be cross trained in managing Title IV funds.</p>
<p>HIPAA Security Risk Assessment Follow-Up</p> <p>4 1</p> <p>4 Does Not Meet and 1 Partially Meets IT Control Findings</p>	<p>UVA Health IT lacks a programmatic approach to track security risks identified in the HIPAA Security Risk analysis reports and management’s plans to respond and remediate, exposing the organization to potential unmitigated risks. The HIPAA Security Risk Analyses are performed on an annual basis, but UVA Health IT lacks a process for documenting the results, observations, and recommendations identified. Clear accountability has not been established to review the risk analyses and assign ownership of needed corrective actions after each annual assessment.</p>
<p>International Operations Phase 2</p> <p>2</p> <p>2 Priority 2 Findings</p>	<p>During this project, audit recommended that UVA Global, LLC conduct a formal risk assessment related to China’s Personal Information Protection Law and implement staff training covering the U.S. Foreign Corrupt Practices Act.</p>
<p>Vascular and Interventional Radiology Charge Capture</p> <p>2</p> <p>2 Priority 2 Findings</p>	<p>UVA Health has established effective control procedures for charge capture in Vascular & Interventional Radiology. Audit testing at the two locations demonstrated a high degree of compliance with the established procedures, with some exceptions. At one location, the daily reconciliations were not performed during two weeks when the Supervisor was on leave without backup for the daily charge reconciliations. Not performing the charge reconciliations increases the risk of errors or missed charges.</p>
<p>Institutional Data</p> <p>1</p> <p>1 Process Improvement</p>	<p>Internal Audit identified a process improvement opportunity to consider developing a comprehensive inventory and master document of individual schools’ submission procedures. If implemented, this process improvement would help ensure decentralized procedures for reporting individual School data maintain a consistent standard and could also promote sharing of useful practices.</p>
<p>UVA Health IT Disaster Recovery</p> <p>1 2</p>	<p>Internal Audit evaluated 15 disaster recovery controls at UVA Health and found that UVA Health IT did not meet the control objective for 12 (80%) of 15; partially met the objective for 2 (13%); and did not meet the objective for 1 (7%). The control</p>

Audit	Summary of Findings
1 Does Not Meet and 2 Partially Meets IT Control Findings	objective that was not met related to service level agreements and service level objectives for vendor site availability and operational resiliency of key external service providers.
Graduate Medical Education Program <div style="display: flex; gap: 10px;"> <div style="background-color: yellow; padding: 2px 5px; border: 1px solid black;">2</div> <div style="background-color: lightblue; padding: 2px 5px; border: 1px solid black;">1</div> </div> 2 Priority 2 Findings 1 Process Improvement	The Graduate Medical Education Department has established effective control procedures for maintaining accreditation standards for the GME programs. The internal audit work identified opportunities to improve IT security protocols and contract management processes.

Rating Scale		
P1	Priority 1	A Priority 1 item signifies a control and/or process deficiency of sufficiently high risk that it provides minimal or no assurance that institutional objectives will be achieved. Management must take immediate corrective action to mitigate Priority 1 deficiencies.
DNM	Does Not Meet	An IT control that is not in place or is ineffective to achieve the relevant IT controls framework (e.g., ISO-27002-2013) requirement
P2	Priority 2	A Priority 2 item signifies a control and/or process deficiency that hinders the effectiveness and efficiency of unit level operations, potentially impeding the attainment of institutional objectives. Management must take timely corrective action to mitigate Priority 2 deficiencies.
PM	Partially Meets	An IT control that meets some, but not all, of the relevant IT controls framework (e.g., ISO-27002-2013) requirement
OP	Process Improvement	A process improvement item signifies an opportunity to achieve additional control and/or process efficiencies.
W	Working	Control tested or process evaluated is working as designed

ATTACHMENT

University of Virginia Athletics Compliance Charter

The University of Virginia (the “University”) Athletics Compliance Office is designed to insure that the intercollegiate athletics program is operated within the rules and regulations of the University, the Atlantic Coast Conference (ACC), and the National Collegiate Athletic Association (NCAA). Compliance with these rules and regulations is the shared responsibility of everyone associated with the University. In order for institutional control to be maintained, the NCAA Committee on Infractions developed principles with the idea of assisting institutions to better understand what efforts and attitudes are needed in order to create an atmosphere of compliance and institutional control.

As stipulated by NCAA Bylaw 6.1.1 and requirement for participation within the ACC as indicated in Article XI, Section XI-2 of the ACC Bylaws, the ultimate authority and accountability for the University athletics program rests with the University President. The President is appointed by the University Board of Visitors, and through the Board’s delegation of authority the President has ultimate responsibility for the Athletics Department. To share in the responsibilities of NCAA and ACC oversight, the University President delegates day-to-day administration of the University Athletics Department to the Director of Athletics, who in turn shares that responsibility with the Athletics Compliance Office. The University Athletics Compliance Program will interface with student athletes, coaches, athletic staff members, other University personnel, as well as the University’s alumni and friends. The Athletics Compliance Office will assist coaches and staff by developing and maintaining a compliance program that will educate, monitor, interpret, and report rules violations, if they occur.

As mentioned above, Compliance is a shared responsibility within the University. To ensure the University maintains institutional control and full compliance with applicable rules, departments outside of the Athletics Department have responsibility for certain NCAA, ACC and University compliance functions, as outlined below: National Collegiate Athletic Association (“NCAA”) Constitution, Article 6 states that “[t]he control and responsibility for the conduct of intercollegiate athletics shall be exercised by the institution itself and the division and conference of which it is a member.” Atlantic Coast Conference (“ACC”) Bylaw 1.3 states that each institution “is responsible for conducting its intercollegiate athletics program in compliance with rules and regulations of the NCAA and the Conference.”

NCAA Constitution, Article 6 states that the President of the University “has ultimate responsibility and final authority for the conduct of the intercollegiate athletics program and the actions of any board in control of that program.” ACC Bylaw 1.3 states that the President of the University is “ultimately responsible for the administration of all aspects of the athletics program, including approval of the budget and audit of all expenditures.”

NCAA Bylaw 8.01.3 states that the University “shall monitor its programs to ensure compliance and to identify and report instances in which compliance has not been achieved.” Moreover, it notes that the University “shall cooperate fully with any enforcement efforts and shall take appropriate corrective actions, as necessary.”

ACC Bylaw 1.3 states that the University’s “responsibility for the conduct of its intercollegiate athletics program includes responsibility for the actions of its staff members and for the actions of any other individual or organization engaged in activities promoting the athletics interests of the [University].”

The University Board of Visitors appoints the President of the University. The President has ultimate responsibility for the Athletics Department. The President delegates the daily oversight of the Athletics Department to the Director of Athletics. The Director of Athletics entrusts the Athletics Compliance Office to ensure the University is maintaining institutional control and a culture of compliance.

The Athletics Compliance Office ensures that the intercollegiate athletics program operates within the rules and regulations of the NCAA, ACC and University. The Athletics Compliance Office develops and maintains a compliance program that educates constituents about NCAA and ACC rules, monitors any/all activity and reports NCAA rule violations.

The Athletics Compliance Office works with the external partners below to assist in these processes.

Faculty Athletics Representative (“FAR”): The FAR serves as a liaison for the President between the University Faculty and the Athletics Department, especially on topics related to academics, compliance and student-athlete well-being. To carry out this role, the FAR duties include, but are not limited to, reviewing and approving student-athlete grade distribution, grade changes and independent studies at the end of each academic term; reviewing and approving student-athlete grade changes; serves as the ACC’s voting representative for institutional positioning on NCAA/ACC legislation and may serve the same role for the NCAA’s voting representative if need be as directed by the President; and assisting in reviewing of potential academic misconduct and impermissible academic assistance issues; and being involved in the process of approving participation in outside competition. allegations/violations.

Office of Undergraduate Admissions (“Admissions”): The Office of Undergraduate Admissions has ultimate sole responsibility for determining which prospective students-athletes are admitted to the University. The Athletics Department will have designated liaisons who may speak with Admissions regarding a prospective student-athlete’s potential admission.

University Registrar (“UREG”): The University Registrar certifies is the certifying officer for all student-athlete academic eligibility (including initial, continuing, and transfer) and confirms eligibility certification; full-time enrollment. UREG also assists with completing; the yearly and NCAA Academic Progress Rate (“APR”) submission. Performance Review cohort review.

Student Financial Services (“SFS”): The SFS disburses and certifies athletic, need-based, non-need, and outside aid office is the certifying officer for every student-athlete. SFS also assists with ensuring the financial aid; responsible for squad list production/completion; outside award certification; and athletic aid renewal/non-renewal process and issuance of academic achievement awards adhere to NCAA rules notifications.

Athletic Academic Affairs (“Academic Affairs”): ~~The Athletic Academic Affairs office collaboratively works with UREG and the Athletics Compliance Office to monitor student-athlete continuing eligibility. ; and communicates with faculty and staff regarding student athletes’ academic requirements for NCAA academic purposes since only academic advisors within the University departments can add student athletes to courses.~~

Institutional Research and Analytics (“IRA”): Office of Institutional Assessment and Studies (“Institutional Assessment”) and Studies: ~~The Office of Institutional Assessment and Studies IRA is responsible for tracking and reporting the graduation rate and Graduation Success Rate cohort review.~~

Office of Audit and Compliance (“Audit & Compliance”): ~~Audit and Compliance conducts regular audits of the Athletic Department’s policies and procedures.~~

Executive Vice President and Chief Operating Officer and Vice President for Institutional Compliance: ~~Once a year, the Athletics Compliance Office will During quarterly meetings with update the Executive Vice President and Chief Operating Officer, the Assistant Vice President for Institutional Compliance, and University President’s Chief of Staff about , the Athletics Compliance Office reviews any athletics compliance concerns, reporting requirements, NCAA potential violations, and the results of any external compliance reviews.~~

~~The Athletics Compliance Office will regularly communicate with the Assistant Vice President for Institutional Compliance about updates to NCAA rules, significant athletics compliance issues and concerns that may impact the institution and various other issues that may impact institutional compliance.~~

