

**External Audit Notification Form**

Submit Form to Office of Internal Audit  
Mark A. Ortlieb, CPA  
Internal Auditor  
College Center Building Office 216  
Walters State Community College  
500 S Davy Crockett Pkwy  
Morristown, TN 37813-6899  
Phone: 423-585-6794  
Fax: 423-714-2197  
Email: [Mark.Ortlieb@ws.edu](mailto:Mark.Ortlieb@ws.edu)

**Complete and submit this form when:**

- An external agency or organization has notified you of an upcoming site visit, audit, or review.
- An external audit or review was completed within the past 12 months and you did not previously submit this form.

Contact information:

1. Name: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Email: \_\_\_\_\_

Name of program and description of activity to be audited or reviewed:

\_\_\_\_\_

Name and title of person responsible for program or activity:

\_\_\_\_\_

Agency performing the audit or review:

\_\_\_\_\_

Name and title of auditor(s) or reviewer(s):

\_\_\_\_\_

\_\_\_\_\_

**Walters State Community College**  
**Office of internal Audit**

Date of expected or actual arrival:

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Date of expected or actual departure:

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Was a written notice received from the auditor or reviewer? (Please answer No or Yes) \_\_\_\_\_  
(If "Yes", then then please forward a copy to the Office of Internal Audit.

If the audit or review has been completed, please answer the following:

1. Were there any findings or recommendations? (Please answer No or Yes) \_\_\_\_\_
2. Have you received a written final report from the auditor or reviewer? (Please answer No or Yes) \_\_\_\_\_ (If "Yes", then then please forward a copy to the Office of Internal Audit.