For completion by University Secretariat: XX/MEETING NUMBER/AGENDA NUMBER

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**Audit and Risk Management Committee Submission Form**

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| **Title of Submission:** |  |
| **Sponsor/Author:** |  |
| **Decision Requested from Audit and Risk Management Committee:** | e.g. consultation, approval, noting |
| **Background Information:** | e.g. context (statutory, financial, academic), steps taken to date |
| **Impact of Proposal:**  | e.g. Consider key stakeholders, EDI, financial impact |
| **Implementation Plan:** | Consider timelines and allocate responsibility |

***Please note that all submissions exceeding five pages will require an executive summary***