

# COMPLIANCE AUDIT DEFICIENCIES

Date Submitted \_\_\_\_\_

By \_\_\_\_\_

Section of SACS Principles \_\_\_\_\_

**SACS Compliance Statement**

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**Deficiencies Noted**

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**Responsible Person(s)**

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**Date Completion Needed** \_\_\_\_\_

**Date Completed** \_\_\_\_\_

*Send to: Houston Davis, Academic Affairs (P.O. Box 4505)*  
(Document will be shared with Leadership Team and forwarded to the appropriate parties.)