



**THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
A.M.E.C.E.A.**

Ref:

INTERNAL QUALITY AUDIT REPORT

Date:

From:

To:

Subject:

Audit Team

Audit Team Number:

Audit Team Leader:

HOF/Auditees:

Audit Basis

Purpose of Adit

AUDIT REPORT

A. General Findings

B. Positives

C. Opportunities for Improvement

D. Non Conformities (if there are any)

E. Summary

F. Conclusion

Name:

Designation:

Date

ISSUED BY MANAGEMENT REPRESENTATIVE

CUEA/VC/MR/03/fm04