AUDIT, RISK AND COMPLIANCE COMMITTEE MEETING
December 4, 2025

MINUTES

1. Call to Order/Establish Quorum

Mr. Delbert Parks, Chair, called the Audit, Risk and Compliance Committee meeting to order at approximately 9:11 a.m. A quorum was established with a 3-0 roll call.

Mrs. Heidi Abbot and Mr. Edward Sanders both indicated their location was more than 60 miles away resulting in virtual participation.

Committee Members - Present
Mr. Delbert Parks, Chair
Dr. Teresa McNair Gladney

Committee Members - Virtual
Mrs. Heidi Abbott
Mr. Edward Sanders

Additional Board Members
Dr. L. D. Britt (Appointed by Rector to complete quorum)

NSU Administrators and Staff
Dr. Javaune Adams-Gaston, President
Ms. Pamela F. Boston, University Counsel and Senior Assistant Attorney General
Mrs. Derika L. Burgess, Chief Audit Executive
Dr. Leonard E. Brown Jr., Vice President for Student Affairs
Dr. Gerald Ellsworth Hunter, VP/Chief Financial Officer, Finance and Administration
Dr. Justin L. Moses, VP Operations and Chief Strategist for Institutional Effectiveness
Mr. Clifford Porter, Vice President for University Advancement
Dr. Melody Webb, Athletics Director
Dr. Tanya S. White, Vice President/Chief of Staff
Dr. Aurelia Williams, Senior Vice Provost for Academic & Faculty Affairs
Dr. Melissa Barnes, Interim Associate Vice President for Enrollment Management
Mr. Eric W. Claville, Executive Advisor to the President for Governmental Relations
Mr. Gregory Baptiste, Interim Chief Information Officer/Dir. Enterprise Applications
Mrs. Carla Dailey, Director of Financial Aid
Mrs. Kim Gaymon, Office of the President Scheduler/Financial Services Specialist

Ms. Danielle Hairston, Associate Vice President and Chief Human Resources Officer
Mr. Ronald King, Chief Information Security Officer/Director, OIT Security
Ms. Monique D. Robinson, Director of Procurement Services
Ms. Erica Saunders, Executive Assistant, Provost Office and VP for Academic Affairs
Ms. Lakisha Speller, University Controller
Dr. James Walke, Associate Vice President for Institutional Effectiveness and Planning
Dr. Davida H. Williams, Director of Auxiliary Enterprises & Services
Mrs. Sharea' Williams, Executive Assistant/Operations and for Institutional Effectiveness
Mr. Terry G. Woodhouse, Interim Associate Vice President for Facilities Management
Mrs. Keshia Woodous, Interim Registrar
Mr. Christopher Gregory, Office of Information Technology Media Specialist
Ms. Sher're S. Dozier, Clerk to the University President/Liaison to the Board of Visitors
Mrs. Phillita Peeples, Executive Assistant to Internal Audit and Compliance

2. Recommend Approval of Electronic Participation

The Committee unanimously approved the electronic participation for Mrs. Heidi Abbott and Mr. Edward Sanders with a 3-0 roll call vote. The motion was made by Dr. L. D. Britt, Jr. and seconded by Dr. Teresa McNair Gladney.

3. Approval of the Minutes

Dr. L. D. Britt, Jr. motioned, Dr. Teresa McNair Gladney seconded, and the Committee unanimously approved the Audit, Risk and Compliance Committee meeting minutes for October 23, 2025.

4. Discussion Items

Internal Audit
Ms. Burgess provided the Committee with a comprehensive overview of the Audit Resource Plan, Leading Practices of Internal Audit Function, updated Audit Plan, the status of the Enrollment Reporting of NSLDS and Remediation, Internal Audit Maturity Model, and Actions, Trends and Aging Reports.

Audit Resource Plan

Mrs. Burgess presented an updated Audit Resource Plan that provided insights into audit activities, human capital, budget allocation, and governance.

- For FY26, a total of six audits were planned, along with four additional activities. The audit team has successfully completed one out of the two scheduled operational audits, one of the planned IT audits and two unscheduled Fraud, Waste and Abuse activities. To date, two I.T. audits and one financial audit remain.
- The Office of Internal Audit organization chart identifies the audit team along with each specialized role which includes the Chief Audit Executive (Derika Burgess), IT Auditor (Brian Clark), Audit Co-source (Impact Makers), Research Auditor (Vacant), and Executive Assistant (Phillita Peeples). Oversight is provided by the Audit, Risk and Compliance Committee, University President, and Virginia Office of the State Inspector General.
- The audit resource plan budget allocates 57% to Auditing services, 25% to Technology, and 9% each to Training and Supplies.

Leading Practices of an Internal Audit Function

The leading practices of IA function focuses on the purpose, position, process, personnel, and performance in the audit universe.

- POSITION: The Internal Audit function has well-defined authority and reporting lines, with direct access to the Board of Visitors and strong relationships with the University President and executive leadership.

- PURPOSE: The purpose of the audit function is supported by governance and assurance frameworks, along with an audit charter that defines its objectives, scope, and responsibilities.
- PROCESS: The audit process encompasses risk management and planning, audit execution, issue follow-up, and leveraging technology and tools to enhance efficiency and effectiveness.
- PEOPLE: The OIA staff is a core function of audit effectiveness that involve continuous management of resources, performance, and communication along with training and competence.
- PERFORMANCE: The key values that drive high level performance of the Internal Audit function are quality assurance, monitoring, relationship management, and reporting.

NSU 2025-2026 Audit Plan

- The audit plan for fiscal year 2026 maintains 10 proposed audit areas which includes audit description/preliminary audit scope, reason for inclusion, and a timeline ranging from Fall 2025 – Summer 2026, continuous monitoring, in-progress, and as required.

- The plan has been strategically modified to include periodic progress reviews to support deadlines and address external audit findings.
- The adjustment also reflects evolving updates in university priorities and resource allocations within the audit department.

Enrollment Reporting: NSLDS

- The APA uncovered discrepancies in the accurate and timely reporting of student enrollment data for students that have graduated, withdrawn, or updated classification to the National Student Loan Data System (NSLDS) through the Department of Education.
- The issues from the findings stem from a combination of factors involving personnel, processes, systems, technology, measurement, and the operating environment.
    - High staff turnover and reliance on manual corrections
    - Limited data checks and inconsistent workflows
    - Obsolete technology and poor system integration
    - Human error and lack of error feedback mechanisms
    - Historical errors and outdated Standard Operating Procedures (SOPs

Enrollment Reporting: Remediation

- Enrollment Reporting remediations have been developed to address the APA finding regarding inaccurate and untimely reporting of student enrollment data to the National Student Loan Data System (NSLDS).
- The corrective actions efforts include:
    - Engagement of Protiviti and WPG
    - Documentation of system requirements
    - Documentation for processing enrollment and degree changes
    - Quarterly reporting to the State of Virginia
    - Continuous monitoring of reporting (1st and 15th)
    - Significant reduction in the following:
        - Invalid SSNs
        - Invalid graduation dates
        - Invalid birth dates
        - Invalid program codes

Office of Internal Audit Maturity Model

- The maturity model for the Office of Internal Audit (OIA) outlines characteristics of immature, developing, and mature. The model measures maturity by Perspective,

Style, Planning/Risk Focus, Leadership Authority, Reporting Lines, Objective and Mandate, IT Auditing, Fraud prevention and detection, Governance, Technology, and Results.

- OIA is progressing toward maturity, acting as a trusted advisor, using enterprise risk-focused planning, engaging with the audit committee, and leveraging advanced technology for continuous improvement.
- Understanding the maturity of an IA function helps identify areas of improvement and assist the department enhance its value to the organization.

Actions, Trends, and Aging

- The Corrective Action Status has 34 graphed corrective actions that are in remediation for Matters Requiring Immediate Attention (MRIA) and Matters Requiring Attention (MRA).
- The Hotline Trends chart show trends in 22 reported issues such as Job Performance, Compensation, Abuse of Authority, and Improper Hiring allegations over fiscal years 2023–2026.
- A Corrective Action Aging Report table tracks the status of audit findings across several categories (e.g., LOTO, Property, Export Controls, Pre-Awards, Employment), including counts of findings, those implemented, overdue items and length of time.

<u>University Compliance</u>

Chief Audit Executive Burgess presented updates on Compliance Partners, Activities, and the 2025 Calendar Year End Summary results.

Compliance Partners

- The university continues to enhance collaboration in effort to support compliance partners campus wide, including Student Affairs, Environmental, Health and Safety, Campus Police, Operations and Institutional Effectiveness, Human Resources, Research and Innovation, and Sponsored Programs. Some 2025 key compliance activities include:
    - Hazing Transparency Report
    - International Students
    - Hazardous Commodities disclosure policy
    - Campus Security Authority (CSA)
    - Chemical Hygiene Plan

Compliance Activities

- University Compliance continues to track & manage a total of 433 regulation-related compliance requirements:
  - Finance and Administration – 231
  - Operations and Institutional Effectiveness – 141
  - Academic Affairs – 32
  - Student Affairs – 20
  - Communication & Marketing – 2
  - President's Office/Compliance/Ethics – 8

University Compliance Calendar Year End Summary 2025

- The year-end summary highlights that UC identified thirty-one matters in 2024 and fourteen in 2025, while reported matters were sixteen in 2024 and eighteen in 2025.
- There were nineteen identified Matters that Open or in process for 2024, and twelve for 2025.
- The Compliance department has received seven-nine matters from 2024-2025 and successfully closed forty-seven in 2024 and thirty-two in 2025. In 2025 twelve matters remain open.

4.   Public Comment

No public comments were made at this meeting.

5.   Adjournment

There being no further business, Mr. Delbert Parks, adjourned the meeting at 9:37 a.m.

Respectfully submitted,

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Mr. Delbert Parks, Chair
Audit, Risk and Compliance Committee

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Mrs. Phillita M. Peeples, Executive
Assistant to Audit and Compliance

NSU BOV AUDIT, RISK AND COMPLIANCE COMMITTEE
ROLL CALL VOTE
DECEMBER 4, 2025

Item	Mr. Delbert Parks (Chair)	Mrs. Heidi Abbott (Virtual)	Dr. Teresa McNair Gladney	Mr. Edward Sanders (Virtual)	Dr. L. D. Britt (Quorum)	Totals
Quorum	Yes	V	Yes	V	Yes	3-0
Approval of Virtual Participation	Yes	V	Yes	V	Yes	3-0
Approval of the October 23, 2025 Minutes	Yes	Yes	Yes	Yes	Yes	5-0
Adjournment	Yes	Yes	——	Yes	Yes	4-0

- Dr. Teresa McNair Gladney was unavailable to vote on motion to adjourn.