



ANNUAL INTERNAL QUALITY AUDIT PROGRAM

YEAR _____

DOCUMENT TITLE/ DOCUMENT CODE NO.	PROCESS OWNER/AUDITEE	TYPE OF AUDIT	AUDIT SCHEDULE												
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
			P												
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Legend : P – Planned A – Actual Date S – Signature
 Type of Audit : R – Regular S – Special

Prepared by:

Reviewed by:

Approved by:



**MINDANAO STATE UNIVERSITY
ILIGAN INSTITUTE OF TECHNOLOGY**

Internal Lead Auditor/Date

QMC/ Date

Institute Chancellor/Date