University Name:	
University Address:	
University website link where internal auditing courses are listed:	
Is/are the internal auditing course(s) eligible for academic credit?	Yes No
Where in the university does the course reside? (e.g. accounting, business program, other)?	
Please specify if the course is offered at the undergraduate or graduate level.	
What accreditation is held by the university/college (e.g. AACSB, EQUIS, etc)?	

Course Name	Name of Instructor Teaching the Course	Text or Resource(s) Name & Publisher	Frequency of Course Offering? (e.g. every semester/term, etc.)

<u>Please attach a C.V. for each person named above and a syllabus for each course listed.</u>

By teaching internal auditing and adhering to The IIAs *Internal Audit Awareness Program* (IAAP) criteria, the university will be entitled to exclusive resources located at www.theiia.org/academic.

<u>University:</u>

I, the undersigned, am authorized to act on behalf of _____ and verify that the information contained in this document is correct.

IAAP Awareness Coordinator Name _____ Signature _____

E-mail _____ IIA Member #, if applicable _____

<u>Chapter/Affiliate Endorsement:</u>

The IIA- _____ supports request for _____ recognition in the Internal Audit Awareness Program.

IIA Chapter Contact Name _____ E-mail _____

IIA Chapter Contact Signature _____ Date _____

University instructions: Please submit this form to your local IIA institute/chapter for verification and submission. Find your local IIA or Affiliate at theiia.org. Send completed IAAP applications and supporting materials to Academic@theiia.org and CC Desiree.Rivera@theiia.org.

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