

Internal Audit Awareness Program (IAAP) Request for Recognition

University Name:					
University Address:					
University website link featuring internal auditing					
courses/webpage you would lik	re featured by The IIA:				
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		Text or Resource(s) Name & Publisher	Frequency	of Course
			rext of Resource(s) Name & Labilisher		
	Teaching the Course			Offering? (•
				semester/t	erm, etc.)
Ple	ease attach a C.V. for ea	ach per	l son named above and a syllabus for each co	ourse listed.	
Dy tooching internal auditing	and adharing to The IIAs /	Intornal	Audit Awareness Program (IAAP) criteria, the univ	vorcity will be entitled to	
	=		Addit Awareness Frogram (IAAF) Criteria, the univ	reisity will be entitled to	
exclusive resources located at	www.tnelia.org/academi	<u>.</u> .			
<u>University:</u>					
l,			, verify that the information contained	d in this document is	
correct.					
IAAP Awareness Coordinator Name Signature					_
E-mail	IIA N	Member	#, if applicable	-	
Chapter/Institute Endorser	ment:				
The IIAsupports request for				recognition in	
the Internal Audit Awareness		o reques		recognition in	
IIA Chapter Contact Name			E-mail		
IIA Chapter Contact Signature			Date		

<u>University instructions:</u> 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 <u>Academic@theiia.org</u> and CC <u>Desiree.Rivera@theiia.org</u>.