

Internal Audit Academic Awareness Program Request for Recognition

University Name	e:					
University Addre	ess:					
University webs	ite link where inter	nal auditing course	es are listed			
Is/are internal a	uditing course(s) e	ligible for academi	c credit?	_YesNo		
Course Name	Name of Person Teaching the Course	Text or Resource(s) Name	Publisher	Frequency of Course Offering? (e.g. every semester/term, once each year, etc.)	Where in the University Does the Course Reside ¹	
An annual surve university teach the surveys. By teaching inte	ey is required to be ing internal auditin ernal auditing and a	e completed by the g. The IIA's Acade	university to re mic Relations ('s Internal Audi	main on The IIA's web Committee reserves the it Academic Awarenes at www.theiia.org/acad	esite as a e right to audit s <i>Program</i>	
I, the undersigned, am authorized to act on behalf ofinformation contained in this document is correct.				and verify that the		
IAEP Awareness Coordinator Name				Signature		
E-mailIIA Member #, if applical				r #, if applicable		
The IIAsupports					request for	
recognition in th	e Internal Audit Ad	cademic Awarenes	s Program.			
IIA Chapter Cor	ntact Name and E-	mail				
IIA Chapter Contact Signature					 Date	

Universities: Please submit this form to your local IIA institute/chapter for verification and submission. Find your local IIA at theiia.org or globaliia.org.

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