

Internal Audit Awareness Program (IAAP) Request for Recognition

University Name:					
University Address:					
University website link featurin	g internal auditing				
courses/webpage you would like featured by The IIA:					
Is/are the internal auditing cou	•				
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
Course Name					Offering? (e.g. every
	reaching the cours	E			
					semester/term, etc.
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<u> </u>	ease attacii a C.v. ioi	eacii pei	son named above and a	a syllabus for each co	uise listeu.
By teaching internal auditing	and adhering to The IIA	s <i>Internal</i>	Audit Awareness Program	(IAAP) criteria, the univ	ersity will be entitled to
exclusive resources located at	www.theiia.org/acader	mic.			
University:					
I,, verify that the information contained in this document is					
correct			, verily that th	e information contained	in this document is
correct.					
IAAP Awareness Coordinator I	Name		Signature		
E-mail	IIA	A Member	#, if applicable		
Chapter/Affiliate Endorsen	nent:				
TI IIA					
The IIA support the Internal Audit Awareness Program.			st for	recognition in	
the Internal Audit Awareness	Program.				
IIA Chapter Contact Name				E-mail	
IIA Chapter Contact Signature					

<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>.

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