



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 <span style="margin-left: 200px;">No</span>
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.)

Please attach a C.V. for each person named above and a syllabus for each course listed.

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](http://www.theiia.org/academic).

University:

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 \_\_\_\_\_

Chapter/Institute Endorsement:

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

IIA Chapter/Institute Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

IIA Chapter/Institute Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

University instructions: Please submit this form to your local IIA Chapter/Institute for verification and submission. Find your local IIA or Institute at [theiia.org](http://theiia.org). Send completed IAAP applications and supporting materials to [Academic@theiia.org](mailto:Academic@theiia.org) and CC [Desiree.Rivera@theiia.org](mailto:Desiree.Rivera@theiia.org).