



# QUALITY ASSURANCE PROCEDURES HANDBOOK

**2023/24**



# Introduction

## **The purpose of the Quality Assurance Procedures Handbook**

is to provide guidance and information on quality assurance processes and procedures.

A'Sharqiyah University is committed to providing a rich learning experience for students through innovative teaching and applied research, supported by the quality of services, facilities and our local and international links. The processes set out in this handbook aim to assist the University in safeguarding academic standards for learning, teaching and assessment, and to provide the mechanism for continuous improvement and enhancement across all our programs. The Handbook has been developed by the University's Quality Assurance Committee (QAC) using a consultative approach. The processes are aligned to ASU policies and regulations and have been designed to support the University's strategy for quality set out in the University's Strategic Plan 2014 -2020.

ASU's quality and enhancement strategies are aligned to the University's Vision and Mission. They are aligned to the Ministry of Higher Education, Research and Innovation (MoHERI) regulations and have been designed with reference to the Requirements for Oman's System of Quality Assurance (ROSQA), the Oman Academic Accreditation Authority (OAAA) institutional and program standards for Higher Education, Oman Standard Classification of Higher Education Framework (OSCED), and those of relevant professional, statutory and regulatory bodies (PSRB).

The Quality Assurance Handbook is subject to annual review by the Quality Assurance Committee. ASU staff can access the latest version of this document in the Quality Assurance folder on ASU Shared Drive and DMS.



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## Definitions & Abbreviations

### Definitions

<b>Accreditation</b>	certification or recognition of an official body (e.g. OAAA, MoHERI, ABET, etc.) that specified required standards have been met. In Oman accreditation involves two phases: 1) Quality Audit and 2) Standards Assessment.
<b>Alumni</b>	graduates or former (college) students of the University
<b>Attrition</b>	gradual reduction in the number of students (for example: students who relocate or drop out)
<b>Academic Standards</b>	the standards set for students' academic achievement at each level of a program, defined through benchmarking and the rigor of the curricula and assessment strategy.
<b>Benchmarking</b>	act of comparison used to establish standards in order to assess performance. Benchmarking can be an internal comparison within the University, an external comparison against those of other Universities or a combination of internal and external.
<b>Course</b>	a course is a discrete component of study which normally has a credit value of either three or four
<b>Course Evaluation Report (CER)</b>	a consolidated report completed at the end of each course by the appointed course coordinator. Where more than one instructor is involved, the course coordinator consults and incorporates feedback to cover all sections taught.
<b>OAAA</b>	Oman Academic Accreditation Authority ( <a href="http://oaaa.gov.om">oaaa.gov.om</a> Arabic <a href="http://oaaa.gov.om">oaaa.gov.om</a> English)
<b>Performance Indicators</b>	criteria which can be measured objectively and taken as an indication of quality in performance and are usually derived from existing published data, e.g. Course Performance Indicators (CPIs) and Program Performance Indicators (PPIs)
<b>Program</b>	a plan of study made up of specific, defined courses, which upon successful completion, leads to the award of a qualification, such as diploma or Bachelor degree.
<b>Program Review and Development Plan (PRDP)</b>	a consolidated report completed at the end of each academic year by the appointed program leader / Head of Department. The report incorporates the issues reported in all relevant course evaluation reports composite to the program.
<b>Quality Audit Manual</b>	OAAA guidance booklet on quality audit.

<b>Stakeholder</b>	any person who is involved in an activity or process of the University and has responsibilities towards it and an interest in its success
<b>Strategic Plan</b>	ASU's outline for achieving its Mission and Vision. (see <a href="#">S:\ASU STRATEGIC PLAN</a> )
<b>LOGSIS</b>	ASU's Student Information System to maintain student records.
<b>Student Feedback</b>	students' views on their personal learning experience on courses, gathered verbally and informally or via an e-survey questionnaire
<b>Template</b>	ASU approved form and format for official documents and reports

## Abbreviations

<b>ADRI</b>	<b>A</b> pproach – <b>D</b> eployment – <b>R</b> esults – <b>I</b> mprovement (ADRI is a quality audit model, used and recommended by OAAA)
<b>ASC</b>	Accreditation and Standards Committee
<b>ASU</b>	A'Sharqiyah University
<b>CAHS</b>	College of Applied and Health Sciences
<b>CER</b>	Course Evaluation Report
<b>CLFS</b>	Centre for Language and Foundation Studies
<b>CoBA</b>	College of Business Administration
<b>CoL</b>	College of Law
<b>CoAH</b>	College of Arts & Humanities
<b>CoE</b>	College of Engineering
<b>CPIs</b>	Course Performance Indicators
<b>DVCAAR</b>	Deputy Vice Chancellor for Academic Affairs and Research
<b>DVCRIS</b>	Deputy Vice Chancellor for Resources and Institutional Support
<b>GFP</b>	General Foundation Program
<b>HEI</b>	Higher Education Institution
<b>KPI</b>	Key Performance Indicators
<b>MoHERI</b>	Ministry of Higher Education, Research, and Innovation
<b>OAAA</b>	Oman Academic Accreditation Authority (formerly called Oman Accreditation Council)
<b>OFI</b>	Opportunity for Improvement
<b>OSCED</b>	Oman Standard Classification of Higher Education Framework ( <i>Official OAAA Document</i> )
<b>CPIs</b>	Course Performance Indicators
<b>PPIs</b>	Program Performance Indicators
<b>PRDP</b>	Program Review and Development Plan
<b>PSRB</b>	Professional, Statutory and Regulatory Body
<b>QA</b>	Quality Assurance
<b>QAA</b>	Quality Assurance and Accreditation Department



## Abbreviations

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<b>QAC</b>	Quality Assurance Committee
<b>ROSQA</b>	Requirements for Oman System of Quality Assurance ( <i>Official OAAA Document</i> )
<b>ULTC</b>	University Learning & Teaching Committee
<b>UREC</b>	University Research & Enterprise Committee
<b>UAB</b>	University Academic Board
<b>VC</b>	Vice Chancellor of the University

## **SECTION 1**

### **About A'Sharqiyah University**

## Our Vision, Mission and Values

### Vision

ASU aspires to be a leading higher education institution in Oman that promotes authentic values, innovation and socio-economic development.

### Mission

To advance knowledge through innovative learning and applied research that will contribute to the economic and social development of the region by providing a conducive environment enhanced by international collaboration.

### Values

<b>Endeavour</b>	We will seek to perform our best in everything that we undertake to achieve our individual and the University's collective goals.
<b>Respect</b>	We will treat our students, staff and all the University's stakeholders with consideration and regard.
<b>Openness and trust</b>	We will be honest, sincere and trustworthy in all our dealings with the University's internal and external stakeholders.
<b>Accountability</b>	We will throughout the University be highly committed and responsible for our actions and performance.
<b>Social Responsibility</b>	We will consider the impacts of our actions and the University's activities on the welfare of our students, staff, the wider community and the environment.
<b>Creativity</b>	We will seek new ideas, approaches, and opportunities for the benefit of our students, staff and the wider society.

*A'Sharqiyah University Strategic Plan 2020-2025 (ASU Shared Drive)*

## Quality Assurance Framework

Academic excellence and quality are at the heart of A'Sharqiyah University's values. They are enshrined in the University's bylaws and policies. ASU's quality assurance framework aims to provide the vehicle for the University to realize its strategic vision by ensuring:

- a quality experience for ASU students;
- that academic standards are maintained, and
- excellence is achieved in learning, teaching and all associated activity.

## Key elements in ASU's Quality Assurance Framework

A'Sharqiyah's quality assurance framework is supported by 3 key elements:

- ASU policies, procedures and regulations
- Monitoring, evaluation, feedback and review
- Continuous improvement and enhancement

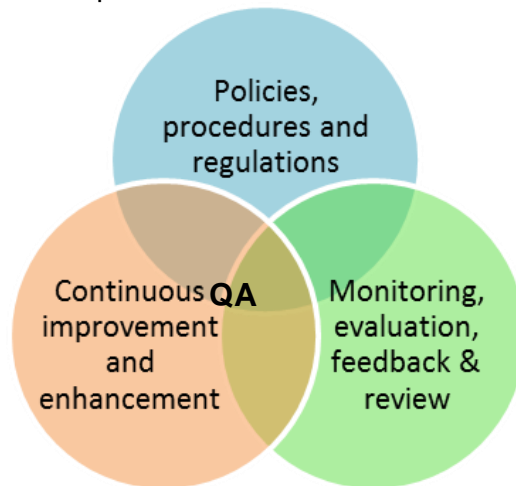


Figure 1 **Key elements in ASU's Quality Assurance Framework**

ASU's QA Framework embodies our quality processes which focus on:

### **Policies, procedures and regulations**

development, implementation and communication of clear and robust policies, procedures and regulations;

meeting regulatory requirements of the Ministry of Higher Education, Research and Innovation, the Oman Academic Accreditation Authority and other relevant external bodies

### **Monitoring, evaluation & review**

performance monitoring and reflection;

creating and promoting a culture of reflection and self-review.

**Continuous improvement and enhancement**

continuously improving and enhancing the quality of all we do;

acting on feedback from students, staff and other internal and external stakeholders, and sharing ideas and good practice across the University.

# ASU Management Structure

## Governance and Management

### Governance

#### Board of Directors

The Board of Directors maintains an oversight of all operational and business activities. They assess and evaluate performance and provide advice and guidance to management on the strategic direction of the University.

#### Board of Trustees

The Board of Trustees is the University's strategic advisory body, guiding the University on academic decisions for achieving its mission. The key responsibilities of the Board of Trustees are set out in the University Bylaws on Shared.

### Management

#### Vice Chancellor

As the University's strategic leader, the Vice Chancellor (VC) has ultimate responsibility for all strategic and operational activities of the University, including the quality assurance of academic and non-academic activities. As such he ensures that clear and appropriate policies, procedures and regulations are in place. He ensures that all learning and teaching activities are aligned to the University's strategic objectives and the achievement of institutional and program accreditation. The Vice Chancellor directs the University in its undertaking to meet the specific requirements of the Ministry of Higher Education, the Oman Academic Accreditation Authority (OAAA), and other external bodies.

#### Deputy Vice Chancellor (Academic Affairs and Research )

The Deputy Vice Chancellor for Academic Affairs and Research (DVCAAR) supports the Vice Chancellor in all of the above areas. The DVCAAR is responsible for ensuring that robust and effective academic policies and quality assurance processes are implemented. He also oversees the monitoring and reviewing of performance of academic provision across the University. His role is essential in safeguarding academic standards, managing and minimizing risks of an academic nature.

#### Deputy Vice Chancellor (Resources and Institutional Support)

The Deputy Vice Chancellor for Resources and Institutional Support (DVCRIS) provides the leadership on financial and administrative matters. His role is fundamental in managing and minimizing risks in these areas.

#### Director of Quality Assurance and Accreditation

The Director of Quality Assurance and Accreditation works closely with the Vice Chancellor to foster a culture of self-review and continuous improvement aimed at safeguarding academic standards and enhancing the student learning experience. The Quality Assurance and Accreditation Department develops and implements annual review and development systems which contribute

to ASU's central oversight of performance and activity.

### **Deans and Directors (Academic)**

Deans and Academic Heads of Departments oversee the development and delivery of academic programs in their respective areas. They monitor and review performance and activities at every level of learning and teaching and develop action plans for continuous improvement. Evaluation and professional development of faculty and staff are also an intrinsic part of the process. Deans take responsibility for the follow through of action plans relating to academic programs, including incorporating and responding to feedback.

### **Director of Student Affairs**

The Director of Student Affairs plays a pivotal role in the University's efforts to enrich students' experience and enhance their personal growth. The Student Affairs department provides a variety of services, activities, opportunities and support throughout their student life.

### **Director of Admissions and Registration**

The Director of Admissions and Registration plays a pivotal role in establishing, maintaining and reviewing the University's academic regulations and ensuring that these are robust, clear and effectively implemented. He reports on student performance, progression and retention which inform the University's strategic planning process and achieving stated goals. The Admissions and Registration office assists students and staff in a wide range of areas including registration, course offerings, timetabling, room scheduling and graduation.

## **Other Key Roles in Quality Assurance**

### **Faculty and Teaching Staff**

Faculty and Teaching Staff are responsible for the academic standards and quality of courses they deliver. Theirs is a critical role in the evaluation and review process which enables problems or concerns to be addressed at the earliest opportunity and follow up actions to be reported appropriately.

### **Students**

Students play a vital role in the quality assurance process. Students' suggestions and feedback on their learning experience helps the University to make informed decisions aimed at improving and enhancing the journey of future students.

## **Academic Committees**

### **University Academic Board**

The University Academic Board (UAB) is the most senior decision-making Board of the University. Chaired by the Vice Chancellor, with senior management forming the membership, the Board has ultimate responsibility for all decisions in the University. This includes decisions taken to ensure the quality and standards of academic programs. The Board performs its tasks and duties through the College Academic Boards and other sub-committees which report to it. The University Academic Board and its Committee structure are shown in the diagram on the next page of this Handbook.

### **College Academic Boards**

Each college in the University has a College Academic Board, chaired by the Dean. College Academic Boards report to the University Academic Board on all matters of business within the College. They are responsible for assuring the management, quality and standards of academic

programs through review and development processes. They perform the required duties through a number of sub-committees.

### **CLFS Board**

The Centre for Language and Foundation Studies Board is Chaired by the Centre's Director. CLFS Board is responsible for the quality of learning and teaching in the General Foundation Program (GFP) and achievement of GFP standards in the four key subject areas of English, Mathematics, Information Technology and Study Skills.

### **University Research & Enterprise Committee**

The University Research and Enterprise Committee (UREC) is responsible for development and implementation of strategies on research and enterprise. In addition, it is responsible for the promotion, support and improvement of the university's research and enterprise profile, outputs and productivity in accordance with the university strategic plan. The committee also develops and reviews the research and enterprise strategy and systems to ensure excellence in research and enterprise across the university.

### **University Learning & Teaching Committee**

The responsibilities and functions of the University Learning and Teaching Committee (ULTC) are to oversee all learning and teaching activities in the University and the strategic development of the academic portfolio and relevant resources.

### **University Academic Promotions Committee**

The Academic Promotions Committee is committed to motivating and retaining academic staff by offering opportunity for promotion and rewarding excellent performance. The Committee ensures that ASU is consistent in its processes for eligibility, consideration and approval of academic promotions.

### **Quality Assurance Committee**

The Quality Assurance Committee (QAC) is instrumental in developing and monitoring the implementation of academic quality assurance processes such as validation, monitoring and review of academic programs. The Committee has representation from each College, the Centre for Language and Foundation Studies, Admissions and Registration office, and the Student Advisory Council. QAC members work collaboratively to review and streamline practice and procedures across the University. The Quality Assurance Committee reports to the University Academic Board on all relevant matters.

### **Accreditation and Standards Committee**

The Accreditation and Standards Committee (ASC) assumes responsibility for ensuring that A'Sharqiyah University is able to meet standards for institutional accreditation. ASC is chaired by the Vice Chancellor with a constituent membership of all deans and directors. The Institutional Standards Assessment Application (ISAA) and Supporting Materials are planned to be submitted to Oman Academic Accreditation Authority by the academic year 2021/22.

### **Strategic Review and Execution Committee**

The Strategic Review and Execution Committee is tasked with monitoring and evaluating the implementation of the University's Strategic Plan, and responsible for undertaking regular reviews of the strategic direction of the University and making recommendations where appropriate to the Vice Chancellor that will enhance the range and quality of services the University provides.



## **Students and Staff Services Committee**

The Students and Staff Services Committee's role is to ensure that support services are well planned, resourced, managed and monitored to meet the needs of staff and students alike.

## **Industry and Community Engagement Committee**

The Industry and Community Engagement Committee is committed to ensure that the University's engagement and relationship with both international and nation stakeholders, such as industry, employers, professional bodies, other HEIs and education providers, together with alumni and the community at large are well planned, managed, monitored and evaluated for overall effectiveness and mutual benefit of stakeholders and the University as a whole.

## **University Risk Management Committee**

The Risk Management Committee leads the planning and execution of risk management activities at ASU, such as the development and implementation of the University's Risk Management Planning System, identifying the University's Top Ten Risks, and leading the annual revision of the Risk Register and accompanying mitigation strategies.

## **Administration Committees**

### **Assets Committee**

The Asset Management Committee was established by the Vice-Chancellor to oversee the University's asset management practices and its investment into physical infrastructure supports etc. This Committee is chaired by the Deputy Vice Chancellor for Resources and Institutional Support and membership of representatives from the Finance Department, Facilities & Stores Department, IT Department and the Procurement department. This committee is responsible for the overall management of the fixed assets of University, to make sure the fixed asset record for all items, Overseeing the sale of the ASU's assets, etc.

### **HSE Committee**

The Health, Safety and Environment committee established under the chairmanship of the Deputy Vice Chancellor for Resources and Institutional Support and membership of representatives from the all departments and colleges ,HSE specialist (member and rapporteur).The role of committee is to ensure the availability of HSE requirements in different facilities of the University and its conformity to the related authority's criteria, provide any suggestions required to improve the conditions of the work environment, also, participate in establishing a policy that enhances the prevention of all expected risks, to raise HSE preventive awareness among students and staff, Identify the root causes of accidents and occupational injuries and take the necessary actions to prevent the recurrence in future. Disseminate information & requirement of HSE to the ASU community; provide counseling and technical support to colleges and departments, to identify, assess and correct risks related to HSE. Scheduling of fire drill exercise, to ensure the readiness of staff & students' response in emergency cases, review of HSE policy and the performance to ensure it's aligned with the requirement, and it's up to date.

### **Tender Committee**

The Tender Committee was approved by the Board of Directors in Procurement & Contracts Department Manual dated 27 July 2017 to oversee the procedures of the tenders (The purchase orders above 15,000.00 OMR) and auctions that are related to the University. This Committee is chaired by the Deputy Vice Chancellor for Resources and Institutional Support and a membership comprising of the Procurement Director, Finance Director, Independent individual, the Director of

the end user Department, Procurement Deputy Director (Coordinator) and any other member as deemed by the chairman. The committee is responsible of forming tender opening committee, review tender technical bid evaluation undertaken by user Departments for all tender responses, present final decision on successful bidder to approving authority, consider matters relating to the efficiency and effectiveness of the tendering process and any other activity as decided by the Board.

### **Disciplinary Committee**

The Disciplinary Committee is the committee which looks after disciplinary cases which are addressed to the VC or HR Director and is chaired by the Deputy Vice Chancellor for Resources and Institutional Support. The responsibility of this committee is to investigate the addressed case and propose a suitable decision based on facts and evidence with adherence to Oman Labor Law and the HR Manual.

### **Establishing A Committee**

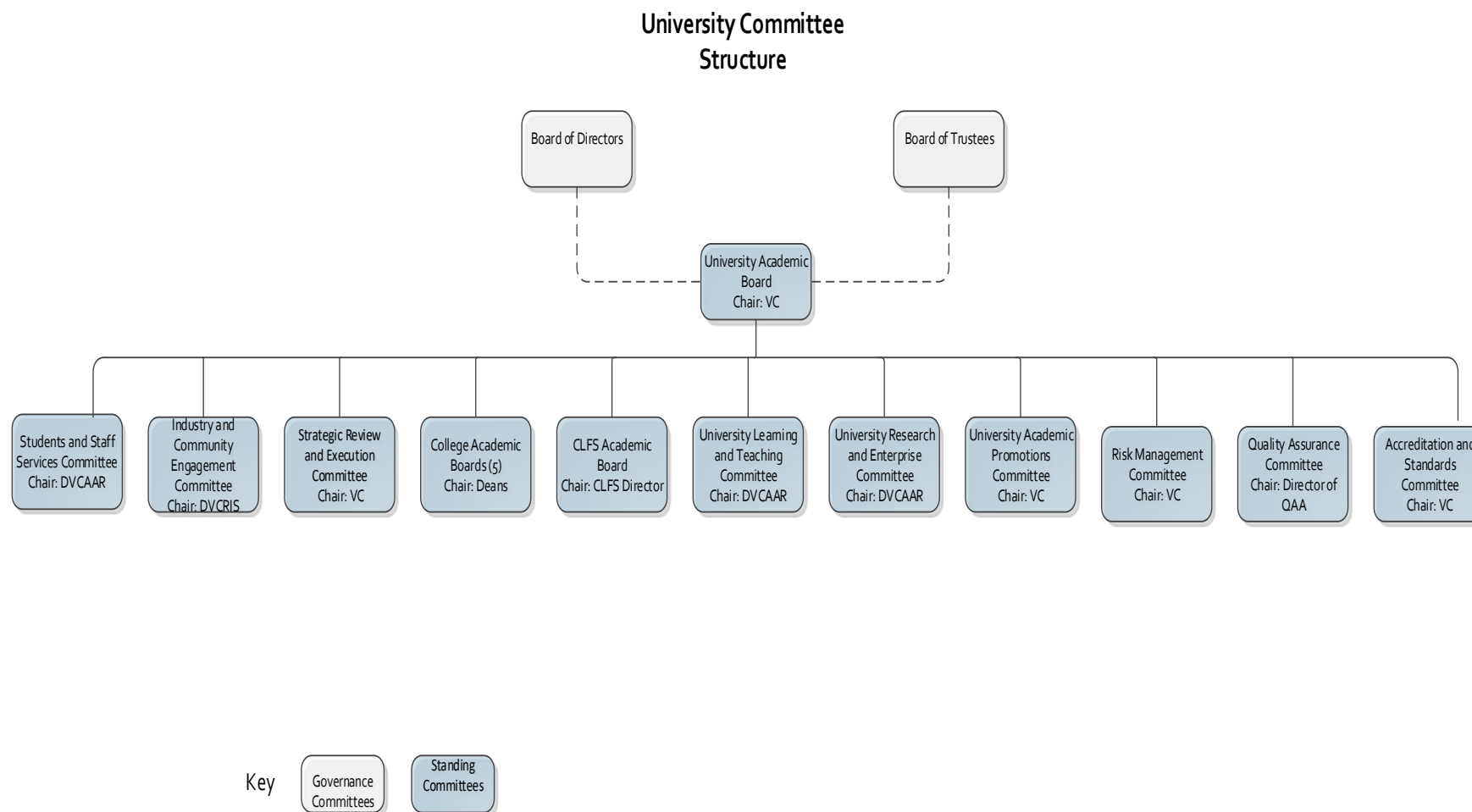
In the event of any ASU committee identifying the need to establish a sub-committee or working group, the Chair of the parent committee must inform the University Academic Board Chair and provide the agreed terms of reference of the sub-committee. In the case of a working group, the indicator of completion of the stated task or the purpose of the committee should also be made explicit.

### **Committee Review**

QAA conducts spot check audits throughout the academic year to measure conformance with established ASU practices. Where there is a lack of conformance, Committee Secretaries are informed and required to correct the deficiency within one week.

At the end of each academic year, each Committee Secretary is required to complete an online committee folder self-audit to note their own perceived level of conformance, and a Terms of Reference audit to note the percentage of alignment between a committee's Terms of Reference and agenda items that have come before the committee.

## Standing Committees in the Academic Committee Management Structure



## Membership

### Committee Member's Roles

#### What is a committee?

At A'Sharqiyah University (ASU) a committee is a group of people either appointed or elected who meet to discuss and take decisions of importance for the University. At ASU committees offer the best opportunities for presenting multiple points of view.

There are three types of committees at ASU:

Each committee is made up of members who have a vested interest in the work of that committee, and whose attendance is deemed valuable to its smooth operation and function. Committee membership is a mixture of teaching and administration staff, student representatives, and where appropriate, external members also.

#### In general, the purpose of the ASU committees is to:

- consider and propose policies and procedures which support colleges and departments in their performance,
- ensure that all business of ASU is in line with OAAA standards and ASU Vision, Mission and Values
- provide Annual Reports to the UAB
- review the effectiveness of ASU committees' activity and course folders (QAC only)
- oversee short term, specific projects (Project Committees)

### Roles and Responsibilities of Committee Members

The roles and responsibilities of the various committees are as follows:

#### Responsibility of the Chair

- Approve the meeting Agenda
- Chair the meeting and ensure the meeting remains on topic as per the Agenda, and is productive
- Determine if other staff outwith the committee membership should be in attendance
- Allow each member the opportunity to speak
- Clarify any misunderstandings that take place during the meeting
- Delegate tasks as appropriate, and provide leadership and direction to the committee
- Report decisions to other relevant committees or bodies e.g. parent committee (UAB, BoT, etc)
- Ensure the committee fulfils its functions and remit as per its Terms of Reference

#### Responsibility of all Members

- Attend all committee meetings
- Check and read the papers and Minutes in advance of the meeting
- Be prepared and contribute to the debate and discussion
- Provide feedback and comments to improve processes or procedures
- Carry out actions assigned by the committee/board
- Approve the meeting minutes

#### In addition, Responsibility of ex-officio Members

- Chairs of sub-committees should ensure their committee to serve the aims and goals of the parent committee (UAB).
- Chairs of sub-committees should promote the work of their committees to the University as a whole
- Chairs of sub-committees should prepare an annual report for approval of the parent committee (e.g. UREC, QAC, etc.)

#### **In addition, Responsibility of Elected Members (UAB)**

- Consider and represent the faculty members' perspective by discussing the agenda items and papers related to the college they represent and act as a voice for Faculty
- Raise any issues of particular concern to the College they represent
- Report decisions to the College they represent

#### **Responsibility of Student Members**

- On behalf of the SAC, raise issues or concerns of students either by submitting agenda items, or actively engaging in discussions of the meeting.
- Provide a student perspective regarding business before the committee
- Keep students informed of decisions and matters raised through the Student Advisory Council

#### **Responsibility of External Members (Colleges)**

- Share their specialist knowledge
- Contribute to the discussion by providing an external perspective on related matters with a view to enriching ASU's programs.

#### **Responsibility of Secretary**

- Uploading papers and maintaining records of meetings, and general administration duties connected with the Committee
- Ensure the meeting is organized effectively, with invitations sent out as soon as the meeting date is confirmed.
- Ensure papers are distributed to members at least one week before the meeting.
- Take notes of the discussions, and circulate after Chair's approval,
- Follow up on any Action Points that arise as per the Minutes.

#### **Proposing an Agenda Item**

If a committee member wants to propose anything in an upcoming meeting, this should be communicated to the Committee Secretary no later than two weeks before the date of the meeting. If approved by the Chair, the agenda will go out one week before the meeting date.

The proposer should:

1. Ensure the matter has been discussed and approved in the relevant sub-committee-start with the sub-committee.
2. Submit the proposal with the 'Agenda Item Proposal Form' completed fully.
3. In the case of a policy, the 'New Policy or Revision to an Existing Policy Form' should be completed ensuring the declaration on originality and plagiarism is signed, and TurnItIn/Unicheck Report included.
4. In addition to the above, items submitted after the agenda has been approved will be accepted at the Chair's discretion.
5. Tabled papers that have not been approved in advance will not be accepted.

As a member in an internal committee, you're not representing only yourself; you are simply representing your college/ department. On the other hand, as a member in an external committee/task, you are a representative of the entire university.

## **Student Representation on Committees**

ASU values student input and the University aims to ensure that students' views are taken into account in the decision-making process. Student input can be useful in informing the University's academic planning and helping to identify opportunities for program development, therefore students are included in the membership of committees. ASU's approach to continuous improvement begins with consulting academic and student members on their experience of current practices in the University.

### **Student Advisory Council**

The Student Advisory Council is made up of 17 members elected by student vote.

### **Students on University Academic Board and committees**

#### **University Academic Board**

The University Academic Board includes 2 student members from the Student Advisory Council.

#### **College Academic Boards**

All the University's College Academic Boards include 2 students in their membership.

#### **CLFS Student Committee**

The CLFS Student Committee meets once a month. Membership consists of the CLFS Director, CLFS General Coordinator and at least one student representative from each subject and level.

#### **Quality Assurance Committee**

The Quality Assurance Committee includes one member from the Student Advisory Council.

#### **Students and Staff Services Committee**

The Students and Staff Services Committee includes two student members nominated by the Student Advisory Council.

#### **Strategy Review and Execution Committee**

The Strategy Review and Execution Committee includes two student representatives nominated by the Students' Council.

#### **Industry and Community Engagement Committee**

The Industry and Community Engagement Committee includes one student member nominated by the Student Advisory Council.

#### **University Research and Enterprise Committee**

The University Research and Enterprise Committee includes one student representatives nominated by the Students' Council.

#### **University Learning & Teaching Committee**

The University Learning & Teaching Committee includes one student representatives nominated by the Students' Council.

## **SECTION 2**

### **Approval Procedures**

# Policy Management Policy

The Policy Management Policy can be found in Shared: [Link](#)



# New Program Development and Approval

## 1. Introduction

This Section outlines the requirements and responsibilities for program development. The University's strategic objectives are primary factors for consideration in the process of developing new programs or making changes to existing programs. These step-by-step procedures apply to all academic programs offered either independently by A'Sharqiyah University, or in collaboration with an approved partner.

## 2. Purpose

The purpose of these procedures is to enable a consultative approach to be taken in the development of programs, and to ensure that the process is sufficiently rigorous to capture all opportunities and identify and minimize the risks.

## 3. Scope

This policy applies to all new programs proposed for approval.

## 4. Definitions & Terminology

Terms / Abbreviations	Definition
Validation	The University's formal processes for approval of new programs
Scrutiny	A careful and detailed examination of all aspects of a program proposal by a group of peers prior to submission for MOHERI licensing application.
Internal review period	The period during which proposals (requiring MoHERI approval) may be submitted to the Quality Assurance and Accreditation Department for review by a panel of peers. Currently this is 1 April to 1 December.
MoHERI Approval period	The period during which MoHERI accepts applications for the approval of new programs. Currently this is 1 September to 28 February.
Benchmark	<p>'... something whose quality or quantity is known and which can therefore be used as a standard with which other things can be compared.' (www.collinsdictionary.com)</p> <p>'... criterion by which to measure something; standard; reference point...' (www.dictionary.com)</p> <p>'...measuring and comparing the performance of an existing process, product or service, against that of the recognised best in class, both outside and inside [A'Sharqiyah University] '... 'that can be applied to process improvement...' (Allan, 1993)</p>
Benchmarking	'...process of identifying the highest standards of excellence for products, services, or processes, and then making the improvements necessary to reach those standards, commonly called "best practices" (Elmuti et al, 1997)

	'the search for those best practices that will lead to the superior performance' (Camp, 1989)
<b>Compare</b>	'estimate, measure, or note the similarity or dissimilarity between ...[two or more items]' (oxforddictionaries.com) (note that comparing is one part of the benchmarking process)
<b>MoA</b>	Memorandum of Agreement (for example, between ASU and a benchmark partner)
<b>MoU</b>	Memorandum of Understanding (for example, between ASU and a benchmark partner)

## 5. Procedures for New Program Development

### 5.1 Key Steps

A process flowchart is provided at the end of this section to illustrate these procedures. It is requisite that all ASU programs are developed with these procedures, regardless of whether MoHERI approval is needed. The Ministry of Higher Education, Research and Innovation accepts proposals for new programs between 1 September and 28 February ONLY.

#### Step 1 Idea for a new program

The decision to develop a new program may be triggered by a variety of factors. For example:

- a proposal by faculty member/s based on expertise or research interest;
- the University / college's strategic direction and plan;
- market demand following an environmental scan, market study, or benchmarking exercise; developments in Oman's economy;
- informed by a review of existing programs;
- feedback from stakeholders - students, graduates, faculty member, industry or professional bodies (local or international)

#### Step 2 Scrutiny and Endorsement by the Academic Department

Ideas for new programs should be discussed in the first instance with the head of the department or the college's Dean. The program proposer will be the chairperson and assume ownership for leading the development. An initial scoping by the relevant academic department of similar offerings in Oman and overseas will help inform the viability of the proposal. The members should also scrutinize the proposed development to ensure that is in line with ASU and the College's objectives.

#### Step 3 Program idea and Request to Initiate Program Development

The program proposer should present the proposal to the College Academic Board (CAB). Once the program is approved at the CAB, the Dean of the respective college will discuss the new potential program at the Dean's council who will then provide their insight and approval to proceed with the program development. The Dean of the respective college will then issue an internal decision forming a program development committee in which the chairperson leads the program development

#### Step 4 Program Feasibility Study

The requirements for the feasibility study are as follows:

- a brief outline
- Rationale

- Data and evidence demonstrating interest / need / demand
- Alignment to ASU strategic goals
- Align to OAAA program standards (draft) (see oaaa.gov.om)
- Relationship between proposed and existing programs
- Potential opportunity for student work placement, training or internship
- Consultation / collaboration with external experts / partners
- Benchmarking– (further information is provided in the next section)
- List of new and existing courses
- Resources
- Curriculum and Study Plan(s) (to be attached)
- Program specification using approved ASU template (to be attached)
- Course descriptors using approved ASU template (to be attached)
- Consult the data found in the National Center for Statistical Information
- Supporting letters from potential employers
- Should be aligned with Oman Vision 2040

### Step 5 College Academic Board approval

The proposal and all supporting documentation must be submitted to the College Academic Board for review and consideration. Documentation must be completed in full and presented in the current approved format (i.e current ASU Program Specification and Course Descriptor templates available in QA Forms & Templates folder on Shared drive). The College Academic Board will evaluate the proposal and may request revisions and/or make recommendations for adjustments and fine-tuning. Once satisfied with all aspects of the proposal, the College Academic Board may grant approval for the program to proceed to validation.

### Step 6 Program Validation

The program development team should provide the names and CVs of at least two external experts who have *not* advised or have not been involved in the development of the program and whom the team has identified as being suitably qualified to provide comment on the proposed program, and who have expressed their willingness to support the validation review panel (see point b. below).

The College Dean should submit to the Quality Assurance and Accreditation Department all the required final version documentation, duly approved by College Academic Board. Upon confirmation that documentation is complete and in order, the Quality Assurance and Accreditation Department will assemble a Validation Panel and arrange for a Program Validation event to take place. In order to ensure that the validation process is conducted to ASU's standard and conforms to MoHERI requirements and deadlines, the Quality Assurance and Accreditation and Accreditation Department will generally accept requests for validation events in the period 1 April to 1 December, provided that the full set of documentation is received using approved ASU templates, meets all requirements and is in a fit state to be sent to internal and external panel members for review.

### Validation Procedures summarized as follow:

- i. Program developers and the Panel will work in a friendly manner to assist each other to finalize the validation, to be more collaborative rather than adversarial
- ii. Validation panel will recommend to DVCAAR for approval of the program before sending it to MOHERI
- iii. QAA to be a member of the college's meetings for validation of new programs

**a. Validation Panel**

The Validation Panel will include as a minimum the following members:

- Chair – a senior faculty member not associated with the program;
- A faculty member not associated with the delivery of the program;
- Director of Quality Assurance and Accreditation or nominee;
- At least one external subject expert – e.g an academic- from another Higher Education Institution, or practitioner/ industry expert from the relevant sector.

**b. Appointment of External Reviewer/s**

ASU’s quality assurance processes require that all substantial program developments be considered by a suitably qualified external subject or industry expert.

The program team must, in the first instance, identify at least two external experts, suitably qualified to provide independent, professionally objective advice on the proposed program. once the experts indicate their willingness to contribute to the validation process, the Program Proposer must provide the CVs of identified potential reviewers to the Quality Assurance and Accreditation Department. The CVs will be considered by the Quality Assurance Committee (QAC) who will select the most suitable candidate. The Program Proposer will be informed of QAC’s decision. In the event that no candidate is considered suitable, the program team will be asked to put forward new candidates. The Quality Assurance and Accreditation Department will contact the selected candidate and formally invite them to join in the Panel. The Quality Assurance and Accreditation Department will serve as the contact point between ASU and the external expert.

**A Guideline for External Reviewers Selection Criteria**

- Definitions

ASU	A’Sharqiyah University
QAC	Quality Assurance Committee
PDC	Program Development Committee

- Purpose

Providing a guideline to help PDC to select the external reviewer for new proposed programs in ASU.

- Scope

External reviewers play an important role in the process of academic program review. They compare proposed program to other similar programs and provide information related to:

- Critical findings
- Learning outcomes
- Community service
- Regional and national similarity

Information provided by external reviewer help PDC to address potential issues during the program review process.

- Key Stakeholders

PDC – QAC

- Procedures and Guidance

PDC may recommend the names of at list two external reviewers to the QAC. In some cases, QAC may select reviewers that have not been nominated by PDC.

Active individual, respected members of the discipline and profession are supposed to be nominated by PDC.

The PDC may indicate priorities and preferences of the review team, which the QAC will take into consideration.

PDC should NOT contact potential external reviewers until they have been selected by QAC. Rash contact with potential external reviewers may create an uncomfortable situation for those persons not called to serve as external reviewers.

Following criteria could be adopted by QAC and PDC to select reviewers:

- Experience
- Institutional affiliations
- Conflicts of interest that might prevent thorough evaluation

### **c. Responsibilities of the Panel**

The panel will review and evaluate the program documentation to consider:

- the program's coherency, structure, distinctiveness and format, and that it has been suitably benchmarked, and learning outcomes are appropriate and both horizontally and vertically aligned to ASU and College learning, teaching and assessment strategies;
- the program meets with OAAA program standards, MoHERI requirements and any relevant professional accreditation requirements;
- students and other relevant stakeholders have been consulted;
- the documentation is presented on approved ASU templates and meets the requirements in terms of completeness and format.
- Subject specific issues raised by the external expert/s;
- Feasibility and opportunities for graduates;
- Resources – (material & human);
- Any other matters arising;

### **d. The Validation Event**

The panel will meet with the program development team (external reviewer will be invited to attend the validation meeting or send his/her comment by email) and may also inspect the facilities and learning resources, and meet with students, employers or other stakeholders, as required.

### **e. Decision & Outcome**

Once agenda items have been covered to the Panel's satisfaction, the panel will form a decision and the Chair will communicate to the Deputy Vice Chancellor for Academic Affairs the panel's recommendation to Approve / Not Approve the validation of the program

## **Step 7 Application to Ministry of Higher Education, Research and Innovation (MoHERI)**

Ministry of Higher Education, Research, and Innovation (MoHERI) strictly applies its application acceptance period for approval of new programs which is from 1 September to 28 February each year. The application for the Ministry is to be sent by the DVCAAR / VC's office.

## **Validation Report**

The Quality Assurance and Accreditation Department send the evaluation form and will keep a record of the validation event including the panel's decision and recommendation.

## Program Documentation Requirements of All Approved Courses and Programs

Course Descriptors and Program Specifications are to be developed for each course and program offered within the University, and approved by the relevant College Academic Board. Any changes that are subsequently made to these documents, following approval of the College Academic Board, should be communicated to the Quality Assurance and Accreditation Department by the relevant College and a copy of the revised document included. The Quality Assurance and Accreditation Department should be informed of any changes no later than 1 September prior to the start of the academic year in which the changes will take effect.

Any changes to a Degree Plan should be approved by the College Academic Board and University Learning and Teaching Committee prior to final approval by the University Academic Board. All changes are to be intimated to MoHERI via the DVCAAR Office. In the event that changes amount to more than 30%, a new program application to MoHERI is required.

### Program Licences

After approval is received from MoHERI, an electronic copy of the Program Licence and/or approval letter is stored on both Shared and DMS. A hard-copy version is stored in the QAA Department. Licences are grouped by College and are available to view by all staff and students. QAA has overall responsibility for the maintenance and storage of both soft electronic and hard copy Program Licences and approval letters.

## 5.2 Benchmarking

### 5.2.1 Purpose of benchmarking

Benchmarking is a standard and formal requirement within ASU's academic quality assurance processes. ASU uses benchmarking for developmental and competitive purposes as well as for assuring standards and accountability.



(Allan, 1993)

The purpose of benchmarking at ASU is to:

- help the University in its pursuit of excellence and aspiration to become a leading higher education institution, by continuous self-improvement informed by relevant internal and external reference points and performance targets;
- implement a consistent approach in measuring performance and evaluating the quality of internal processes;
- ensure that ASU activities are on par with or exceed national and international standards and sector practice, and that there is awareness within the University of where our strength and weaknesses lie in relation to these.

### 5.2.2 Requirements in ASU's benchmarking process

Benchmarking is a standard and formal requirement in ASU's quality assurance processes e.g development and review of policies and procedures and academic programs. There is also an expectation that benchmarking is applied during the development and review of new or existing processes of a non-academic nature.



ASU has set a target for benchmarking academic programs against at least 5 HEIs over the next four years (ASU Strategic Plan 2020 – 2025).

### 5.2.3 Copyright

Publicly available material, for example on the internet via search engines or the websites and publications of MoHERI, HEAC, or the selected benchmark institutions, market / sector data (e.g MoHERI, HEAC)) may provide sufficient data for the benchmarking project. When these sources are used for benchmarking purposes, every care must be taken to ensure that the source is authentic, credible and up-to-date. Furthermore, any *use of such material must be appropriately referenced.*

### 5.2.4 Types of benchmarking at ASU

- *Performance benchmarking*  
Performance benchmarking typically uses statistical data to compare and evaluate ASU's position in relation to selected sector benchmarks. The outcome of a successful performance comparison activity yields valuable data-rich results which are then used to inform appropriate action plans. Examples of performance benchmarking might include evaluation of the achievement of standards of an academic program in general or at a specific level (e.g average results in year 1), progression, retention or completion rates against the relevant institution or entities selected as benchmarks. These entities could be either internal or external.
- *Process benchmarking*  
Process benchmarking is used to evaluate the effectiveness of ASU's practices and processes in either academic or non-academic (e.g administrative) areas of work. The aim of process benchmarking is to scope and identify good practice and improve and enhance the effectiveness of ASU's internal processes through adoption or adaptation or such.

### 5.2.5 ASU Benchmark Partners

Benchmarking must add value and benefit ASU and benchmark partners should therefore include, (whenever possible and practical), those recognized as 'best in class'. There should be explicit agreement among all parties on the reciprocal benefits and responsibilities at the very outset. Examples of external benchmarks to be considered are:

- a) Sultan Qaboos University (SQU), as the longest established university in Oman (for academic benchmarking in particular);
- b) accredited HEIs (university or college) in Oman;
- c) universities in Oman (accredited or non-accredited) identified as being comparable, competitive or aspirational to ASU' and relevant to the benchmarking activity in question;
- d) regional and international HEI or organisations identified as being comparable, competitive or aspirational in relation to the benchmarking activity in question.

### 5.2.6 Approval and MoU

Depending on the target and nature of the benchmarking, an exchange or sharing of ASU data may be indicated. Such cases require a signed and detailed agreement (e.g MoU or MoA) between ASU and the benchmark partner/s, which includes a confidentiality clause or non-disclosure agreement (NDA).

## Benchmarking stages

### Stage 1 IDENTIFY WHAT TO BENCHMARK AND PLAN THE PROJECT

#### What to benchmark and for what purpose

Benchmarking activities must have a clear objective and intended use. To help establish what to benchmark and the purpose, the following should be considered at this stage:

- Define the intended use of the benchmarking results;
- What value or benefit will come of the benchmarking (goal)
- Use ASU Key performance indicators (KPI) or college performance indicators (PI) in
  - ASU Strategic Plan; and/or
  - College Strategic Plan; and/or
  - Operational plan of the concerned department.
  - Define targets and indicators to be used;
  - Define method to be used to i) collect and ii) analyse data;
  - Define if/what information will be shared with external partners;

**Establish a benchmarking team.** A Benchmarking Team Working Team to undertake all data collection and report on same.

○

The remit of the team is to :

- collect data pertaining to the identified key performance indicators from within ASU and our benchmarking partners
- suggest any other KPIs that might be of service to the University
- provide data to management as soon as it is available

A benchmarking activity is likely to involve faculty members (for academic benchmarking), and may also include non-academic members of ASU that are closely associated with the area is being benchmarked.

Draw a plan for the benchmarking project with clear approach and intended outcomes. Consider the following:

- What resources are needed (human, financial);
- Define roles of each team member - agree how & who collects / analyses data;
- Set timeframes for completion of the task;
- Define how the outcomes will be monitored and measured

### Stage 2 ESTABLISH THE BENCHMARKS & APPROVAL (if applicable)

- Establish the relevant benchmarks - which institution/s or PSRB to benchmark against; (see 4.2.5 above)
- Approval or MoU may be needed if data is shared with external partners

### Stage 3 COLLECT AND ANALYSE DATA

Before commencing any collection of data from the benchmark partners, the ASU data should be prepared in the format or template that will enable a focused and efficient comparison to be done.



The data should be analysed as per the agreed plan (see 5.1.2) resulting in an evaluation of ASU's position in relation to the benchmark partners. Two key stages in the analysis are:

- Internal Self Analysis, and
- External Peer Analysis

#### Step 4 RESULTS → ACTION PLAN

Use the results to develop an action plan.

- The results should present possible options (scenarios) with recommendations, highlighting the potential outcomes and risks of each.
- Share the results internally and with partners if agreed by MoU (*with attention to any confidentiality agreement*);
- Implement the actions. The results are used to identify areas in which ASU can improve or enhance its position and inform an action plan to achieve this. A timeframe should be defined for implementing each action in the plan with built-in interim and final monitoring points.
- Share the results with the wider ASU community, as appropriate and within the confines of any confidentiality agreement with benchmark partners.

#### Stage 5 MONITOR and MEASURE

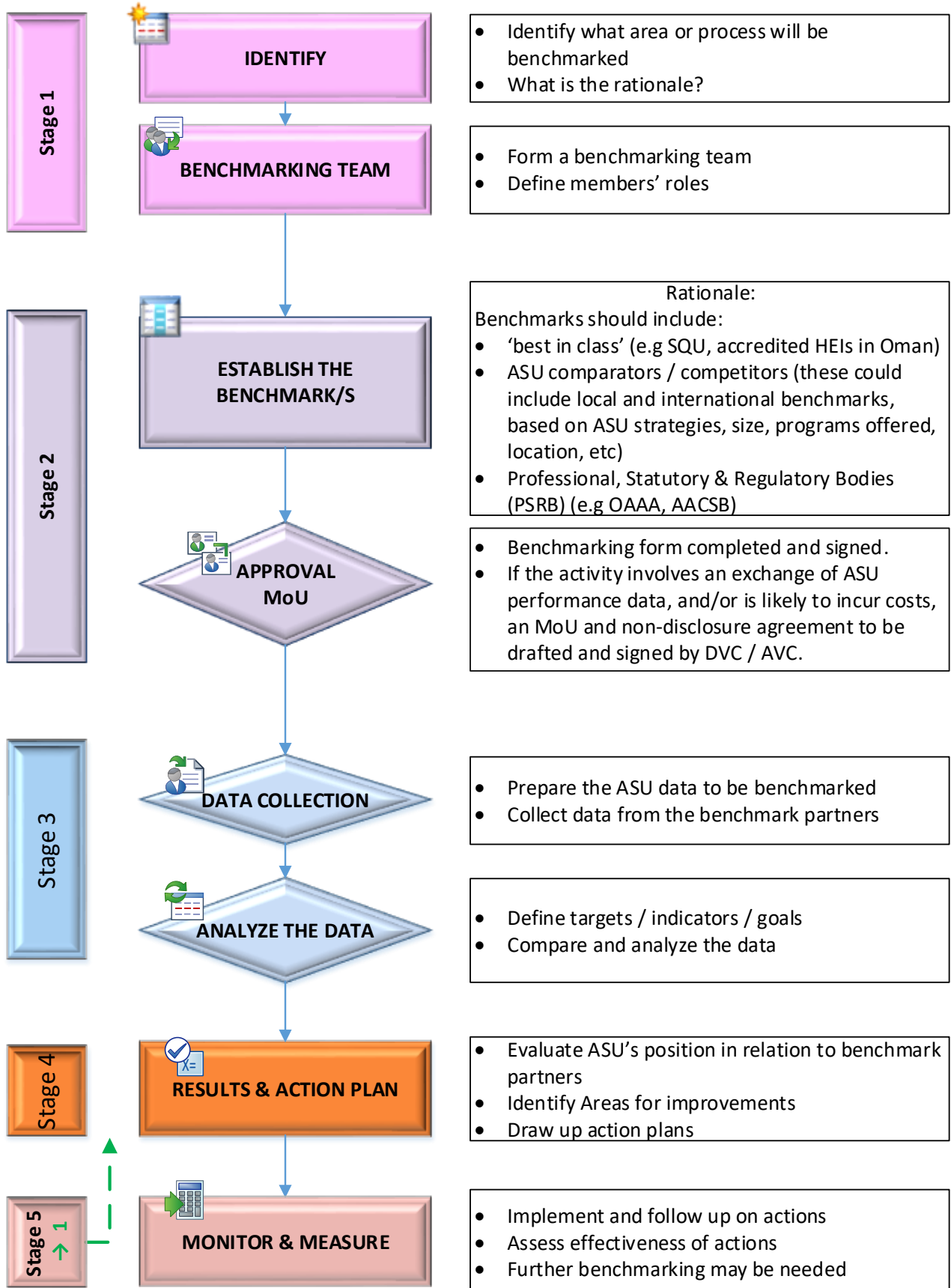
Monitor the action plan as it is implemented. In addition to interim monitoring, a final evaluation must be done to assess the success of actions taken and any further action moving forward (including for example, further benchmarking).

## 6. References

- Allan, C.F. (1993), "Benchmarking practical aspects for information professionals", *Special Libraries*, Vol. 84 No. 3, pp. 123-30.
- Camp, R. 1989. *Benchmarking - The Search for Industry Best Practices That Lead to Superior Performance*. Milwaukee, WI: ASQC Quality Press
- Elmuti, D. and Kathawala, Y. 1997. An overview of benchmarking process: a tool for continuous improvement and competitive advantage in *Benchmarking for Quality Management & Technology*, Vol. 4 No. 4, 1997, pp. 229-243 MCB University Press, 1351-3036
- Jackson, N. 2001. Benchmarking in UK HE: An Overview' in *Quality Assurance in Education vol 9 2001* (pp. 218 – 235)
- Oman Academic Accreditation Authority (OAAA) Institutional Standards Assessment Manual: Institutional Accreditation: Stage 2. January 2016 Version 1  
<https://en.oxforddictionaries.com/definition/compare>

United Nations Practitioners' Guide to Benchmarking  
[http://www.un.org/en/peacebuilding/pbso/pdf/monitoring\\_peace\\_consolidation.pdf](http://www.un.org/en/peacebuilding/pbso/pdf/monitoring_peace_consolidation.pdf)

# Benchmarking checklist



# Forms and Templates

## 1. Development

Forms and templates are developed either as an accompaniment to policies, or as stand alone documents. The use of standard forms and templates allows for a greater degree of efficiency and accuracy when conducting the business of the University.

Forms and templates may be developed by Colleges, Departments and individuals based on their own requirements, and must undergo a process of review and scrutiny before approval.

## 2. Approval

New Forms and Templates for use at the University level are reviewed by the relevant University level committee. For example, all forms and templates associated with research are approved by UREC, with those related to academic matters being approved by ULTC.

Final approval for new forms and templates is then sought from the Vice Chancellor before they are uploaded to the University repository for use.

Forms and templates that form part of a Policy will be approved at the time of policy approval by the University Academic Board. These forms and templates require no further approval from the Vice Chancellor before entering general circulation.

## 3. Central Repository

All approved forms and templates are held in a central repository administered by the QAA Department. This can be found on both Shared drive and DMS.

# Surveys and Focus Groups

## 1. Introduction

The gathering of feedback from stakeholders is seen as a crucial means of aiding the University's development, and creating a positive environment for both its staff and students. It is an important element of continual monitoring and review that allows the University to gauge and improve its performance at both the University and departmental level, to make important decisions, and to alter or change practices that no longer assist the University in reaching its strategic goals.

Although the University seeks feedback through an array of channels, such as committee meetings, formal and informal discussions, Annual Reports, the main method employed by the University is by way of surveys. Surveys are the main means by which the University seeks to address elements two and three of its QA Framework namely monitoring, evaluation and review, and continuous improvement and enhancement.

## 2. Development and Administration

Surveys are developed by and remain under the ownership of their respective units. All surveys are administered centrally by the QAA Department, with the assistance of IT, who develop a yearly Survey Master Sheet detailing the timings and duration of all University level surveys. This Master Sheet is distributed to all Unit Heads at the beginning of each academic year for their review and approval.

Focus groups are organised and conducted by the QAA Department with students, staff, and employers. These focus groups are minuted and distributed to all Unit Heads asking for action within two weeks.

## 3. Central Repository

Survey questionnaires and results are held on a central repository site stored on DMS with Unit Heads having access to their respective departmental folders. QAA Department uploads each survey's results as soon as it is closed to DMS. It is the responsibility of each Unit Head to analyse the results of their surveys and develop an action plan if required to address any matters of concern or areas for further improvement arising from the results. Survey results may also inform the much of the content and recommendations of a unit's annual report. Focus group minutes are stored in the QAA Departments shared drive.

# You Said ... We Did

## 1. Introduction

You Said... We Did is a campaign that highlights how the University listens and responds to feedback from its staff and students. It is an important element that proves to the staff and students that the University cares and is committed to continuous improvement and enhancement.

## 2. Development and Administration

The QAA Department asks all Unit Heads for new You Said... We Did examples twice a year. All You Said... We Did examples are ingathered by the QAA Department. Those new examples can be found on the ASU website on a dedicated page called "You Said...We Did" for both staff and students with the assistance of IT.

## 3. Central Repository

You Said... We Did files are stored in the QAA Department shared drive.

## **SECTION 3**

# **Program Annual Monitoring and Review**

# Program Annual Monitoring and Review

## 1. Introduction

This section sets out the University's procedures for annual review and development of learning, teaching and assessment (LTA). ASU approach is both reflective and forward-looking at Course, Program and College level. This assists the University's efforts to provide a rich learning experience for students.

## 2. Purpose

The purpose of the Annual Review and Development Policy is to safeguard academic standards, preserve the University's integrity and reputation, and enhance the quality of the student learning experience. It also aims to foster a culture of proactive self-review and to facilitate sharing and embedding of good practice across the University. Annual review and development of programs allows academic staff to reflect and engage in continuously improving curriculum delivery and assessment. Stakeholder feedback and consultation are central to this process.

## 3. Scope

Annual Monitoring and Review procedures apply to all academic programs delivered in the University.

## 4. Key Stages in the Program Annual Monitoring and Review Process

### Student feedback

Student feedback is a fundamental part of A'Sharqiyah University's review process. It helps to provide a clearer picture of the strengths and areas for improvement of a given course.

### Course Evaluation Reports

Course Evaluation Reports are completed by Course Coordinators at the end of each teaching period (semester / summer period). Course Evaluation Reports consolidate student and instructor reviews. They are the formal mechanism for capturing good practice and developing suitable action plans to continually improve delivery, performance and achievement of the course. Course Evaluation Reports are the responsibility of the designated Course Coordinator.

### Program Review and Development Plan

Program Review and Development Plans enable the appointed Head of Department to identify common themes and issues across courses which may have an impact on the program, and to develop appropriate action plans. This helps to ensure standards are maintained and learning teaching and assessment are fair and consistent and in turn, contribute to the overall enhancement of the student experience.

### Dean's/CLFS Director's Annual Report

Program Review and Development Plans for each program are a key source of information for the Dean's Annual Report. The report provides an overview of the College's/CLFS's activities, performance and achievements for the preceding academic year on all matters relating to students, faculty staff, and community & business engagement. The Dean's Annual Report is submitted to the Vice Chancellor, Chair of the University Academic Board.

### **Quality Assurance and Accreditation Annual Report**

The Quality Assurance and Accreditation Annual Report is submitted by the Director of Quality Assurance and Accreditation. It provides the central oversight of quality assurance processes across the University. The Quality Assurance and Accreditation Annual Report is a key source of information for the Deputy Vice Chancellor's for Academic Affairs and Research Annual Report on the University's performance in all academic areas.

### **Deputy Vice Chancellor's (Academic Affairs and Research) Annual Report**

The Deputy Vice Chancellor provides a consolidated and detailed report on the University's academic performance and achievement across Colleges and over time. The report provides an oversight actions and achievement of performance indicators, such as student performance, retention and progression with appropriate recommendations. Risks and opportunities are also highlighted. The Deputy Vice Chancellor's (Academic Affairs and Research) Annual Report is discussed and considered by the University Academic Board. It is the primary source for academic matters reported in the Vice Chancellor's Annual Report to the Board of Trustees.

### **Vice Chancellor's Annual Report**

The Vice Chancellor provides a comprehensive report on all operations and activities of the University on all academic and non-academic matters. The Vice Chancellor's Annual report provides a critical evaluation of performance and achievement against its strategic objectives as well as a detailed follow up on all actions noted in the previous year's report. The report draws on two pages summary provided by each unit by the Unit Heads.



## FLOWCHART OF ANNUAL MONITORING AND REVIEW PROCESS

Process	STUDENT SURVEY	COURSE EVALUATION REPORT	PROGRAM REVIEW & DEVELOPMENT PLAN	DEANS' & CLFS DIRECTOR'S ANNUAL REPORT	QUALITY ASSURANCE ANNUAL REPORT	DEPUTY VICE CHANCELLOR'S ANNUAL REPORT ON ACADEMIC	VICE CHANCELLOR'S ANNUAL REPORT to THE BOARD OF TRUSTEES
<b>Frequency</b>	Every semester	Every semester	Annually	Annually	Annually	Annually	Annually
<b>Timing</b>	In the final 3 weeks of teaching	To be finalised during the department grade approval meeting and submitted via the dean to DVCAAR within 1 week.	To be submitted to the last College Board /CLFS Board meeting for the academic year				
<b>How - forms &amp; links</b>	Students log on to their ASU account on LOGSIS	Course Evaluation Report in <a href="#">QA Forms on Shared Drive/DMS</a>	Program Review & Development Plan in <a href="#">QA Forms on Shared Drive/DMS</a>	Dean's/CLFS Annual Report in <a href="#">QA Forms on Shared Drive/DMS</a>	Annual Report in <a href="#">QA Forms on Shared Drive/DMS</a>	Annual Report in <a href="#">QA Forms on Shared Drive/DMS</a>	Vice Chancellor's Annual Report in <a href="#">QA Forms on Shared Drive/DMS</a>
<b>Roles - Who's involved?*</b>	<p><b>Students</b> evaluate their experience on courses and provide feedback through questionnaires</p> <p><b>Instructors</b> oversee, motivate and encourage</p> <p><b>Dean / Director</b> reviews summary reports and discuss any serious or concerning issues with individual instructors</p> <p><b>Course coordinators &amp; teaching team</b> review and discussing and identifying common issues.</p>	<p><b>Admissions and Registration office</b> to provide data and stats.</p> <p><b>Course coordinators in consultation with the teaching team</b> discuss and evaluate course performance, student feedback, instructor feedback on learning, teaching &amp; assessment, and resources, noting good as well as commonly occurring issues.</p> <p><b>Head of Department</b> submits CERs to the Dean</p> <p><b>Deans</b> submit CERs to DVCAAR within 1 week</p> <p>Dean's /CLFS coordinator uploads CERs to shared drive within 1 week.</p>	<p><b>Heads of Department</b> reviews and evaluates program performance). Common issues identified via the Course Evaluation Reports or any other means, and which may affect the program should be addressed and a cohesive action plan prepared.</p> <p><b>Course coordinators</b> are consulted as required. The <b>Chair of Department / Program Committee</b> submits the final report to <b>Dean / Director</b>.</p>	<p><b>Dean</b> reviews program performance across the College against pre-defined targets and strategic objectives.</p> <p><b>Heads of Department, other College Deans, Deputy Vice Chancellor for Resources &amp; Institutional Support and Heads of Administrative Departments</b> are consulted as required.</p> <p>*Deans' Annual Reports are a primary source of information for the Deputy Vice Chancellor's Annual Report</p>	<p>The <b>Director of Quality Assurance and Accreditation</b> collate and analyze trend data on quality assurance processes and provides the Academic Board with an oversight of significant quality issues, actions and areas for improvement.</p> <p><b>Deans, Deputy Vice Chancellor for Resources &amp; Institutional Support and Heads of Administrative Departments</b> are consulted as required.</p>	<p>The <b>Deputy Vice Chancellor for Academic Affairs and Research</b> collates and analyzes trend data on academic performance identifying risks, themes and making recommendations to Academic Board on priorities for the year ahead.</p>	<p><b>Inputs from Deputy Vice Chancellor (Academic Affairs &amp; Research), Deputy Vice Chancellor (Resources &amp; Institutional Support), Director of Quality Assurance and Accreditation, Director of Student Affairs' Annual Report Heads of Administrative Departments are consulted as required.</b></p>

\*Please note the list of 'Who's involved?' is indicative and by no means conclusive. All members of the University community have a part to play in helping to achieve the best academic standards and enhance the quality of students' experience.

## Procedures for Program Annual Monitoring and Review

### Student Feedback Procedures

#### Purpose

The primary purpose of student feedback at ASU is to:

- ensure that students' views are taken into account;
- help identify opportunities for improvement and enhancement in all related areas;
- inform the University's academic planning and program development.

#### Procedures

- 1.1 Student feedback may relate to either positive or negative perception of their experience. It is extremely important to capture both.
- 1.2 Positive feedback is a valuable indicator of student satisfaction and often highlights the effectiveness and good practice of individual instructors. Over a period of time this evidence may be considered as a performance indicator of high quality teaching in the Faculty/Staff Appraisal process.
- 1.3 Feedback on negative experiences provides the University with information on areas for improvement and may help to guide the associated action plans in the Program Review and Development process.
- 1.4 The University uses a number of methods to collect feedback from stakeholders. The four (4) primary mechanisms for receiving feedback from students are:
  - A. Informal feedback:** through for example, everyday conversations between students and instructors/ employees
  - B. Student membership on committees:** e.g Quality Assurance Committee, Student Advisory Council, Program Committees
  - C. Student course evaluation** via e-surveys which run at the end of each semester
  - D. Vice Chancellor's open meetings:** usually once a month during semester time.
- 1.5 **Informal feedback** (mechanism **A** above)

Instructors or other employees may be able to quickly and easily resolve some of the day-to-day matters that are raised, for example a simple matter of clarification may satisfy the student/s concerned. Issues that cannot be resolved at this level may require action by the Course / Program Coordinator and must be reported via email to the respective Course / Program Coordinator at the earliest opportunity. If the required actions fall outside Program Coordinator's responsibility, the matter must be referred via email to the Dean / CLFS Director.
- 1.6 **Student membership on committees** (mechanism **B** above)

Students who are members of University committees may raise issues on behalf of other students. Again, it may be possible to resolve and clarify certain issues to the satisfaction of all concerned. Any follow up actions will be agreed by the committee, including whether

the matter should be referred to relevant department or other committee.

#### 1.7 **Student Surveys** (mechanism **C** above)

ASU student course evaluation e-survey is conducted as an anonymous questionnaire to gather students' views on their personal learning experience on courses.

The survey releases during different periods based on College, CLFS, and MBA course teaching schedules as noted on the ASU approved academic calendar for each year. QAA oversees this process during all three semesters of the academic year.

The University has two sets of the student course evaluation survey,, developed by the University's Quality Assurance Committee, one of which is used for all taught courses in the Colleges and one for the Centre for Language and Foundation Studies (CLFS). Standard features of the questionnaire include:

- All instructions and questions are provided in English and Arabic
- There are 20 questions, of which 17 require a response (compulsory) using a 5-point Likert scale, where 1 = Strongly Disagree and 5 = Strongly Agree. Three (3) open questions are also given which are not compulsory.
- The Internship Student Survey contains two sections. Section one is for General Information with 6 items. Section two has 10 questions that require a response (compulsory) using a 5-point Likert scale, where 1 = Strongly Disagree and 5 = Strongly Agree. Three (3) open questions are also given which are not compulsory.
- An open timeframe for completing the survey is given, normally this is during the three week period preceding final examinations
- Once the survey closes, a summary report is generated and sent to Deans / CLFS Director for review and forwarding to respective faculty member. Any serious issues of concern should be discussed with the individual instructor and/or course coordinator as appropriate.
- A copy of each individual summary report is provided to the instructor concerned.
- Student feedback should be reviewed and discussed between Instructors and Course Coordinators and all relevant issues are incorporated into the action plan of the relevant Course Evaluation Report.

#### 1.8 **Vice Chancellor's meeting with students** (mechanism **D** above)

The Vice Chancellor holds an open forum with students usually once a month during semester time, providing an opportunity for students to ask questions and voice concerns.

#### 1.9 **Following up on student evaluation of courses**

Course **coordinators** hold first line responsibility for reporting and following up on issues that come to light via student feedback. Issues that cannot be immediately resolved should be reported in the Course Evaluation Reports (CER) with actions that are being taken to improve.

**Summary of requirements for the student course evaluation survey:**

<b>Frequency</b>	Every semester
<b>When</b>	In the final 3 weeks of teaching
<b>Who</b>	All registered students - GFP, College and short courses
<b>How</b>	Online survey via ASU student login
<b>Results considered by</b>	<ol style="list-style-type: none"> <li>1. Instructor</li> <li>2. Course Coordinator</li> </ol>
<b>Next considered by</b>	<ol style="list-style-type: none"> <li>3. Course / Department Committee ( <i>Section 2.3 of Course Evaluation Report</i>)</li> <li>4. Program Committee (<i>in Program Review and Development Plan</i>) for (trends and distillation of common or serious issues across courses)</li> <li>5. College Academic Board / CLFS Board (trends and distillation of common or serious issues across program/s)</li> <li>6. Quality Assurance and Accreditation Department for (trends and distillation of common or serious issues across ASU)</li> </ol>
<b>Responses needed</b>	<p>Minimum of 50% target response is desirable  Classes with fewer than 30 students require a minimum response of 50%  Classes that have fewer than 10 students require 100% response.</p>
<b>Process</b>	Please refer to the Annual Review and Development process flowchart in the preceding pages.

## Course Evaluation Procedures

### Purpose

The primary purpose of Course Evaluation Reporting is to:

- ensure that instructors' and students' views are taken into account
- identify opportunities for improvement and enhancement in all related areas.
- inform program development and academic planning

### Procedures

- 1.1 Course Evaluation Reports are completed by the appointed Course Coordinator at the end of each semester and within 3 weeks of the final results being processed.
- 1.2 In cases where a course is delivered by more than one instructor (more than one section), the Course Coordinator completes the report in consultation with and on behalf of the members of the course teaching team.
- 1.3 The report is based on reflection and review of the delivery and performance of the course, and provides an action plan for improvement and enhancement in the identified areas.

### Completing the Course Evaluation Report (CER) Form:

#### 1.4 Student Enrolment and Results (CER Section 1)

The summary data provided in this section offers a snapshot of performance in relation to Course Performance Indicators (CPIs).

#### 1.5 Course Evaluation and Action Plan (CER Section 2)

##### *Course Performance Indicators (CPIs) (CER Section 2.1)*

A table of pre-defined course performance indicators and respective parameters is provided. Where performance falls outside the expected parameters, commentary and explanation must be provided (*compulsory*) with corresponding action/s to be taken.

##### *Learning, Teaching and Assessment (CER Section 2.2)*

In this section the Course Coordinator, having consulted with the teaching team, provides collated comments on all learning, teaching and assessment aspects of the course, including content and delivery. Both negative and positive issues should be highlighted with corresponding actions where required.

##### *Student Evaluation / Feedback (CER Section 2.3)*

This section is informed by the student course evaluation summary report, informal and/or verbal feedback between students and instructor/s, or that received via committee/s or other means. It contains positive feedback received as well as issues or problems identified with corresponding action plans where required.

##### *Resources (CER Section 2.4)*

*(instructor/s, academic support, equipment, teaching materials, teaching space, etc)*  
Any problems experienced by instructors or issues relating to the adequacy, suitability and impact of the resources available for the course are reported in this section with corresponding action plans where required.

*Instructor feedback & good practice identified (CER Section 2.5)*

Good practice, for example practice that has come to light through peer observation, team meetings or student satisfaction feedback is noted here. The action plan should indicate how this will be disseminated into or across courses or programs.

**Actions from Previous Report (CER Section 3)**

A consolidation of all intended actions of the previous Course Evaluation Report must be followed through in this section with an update on the progress and/or effectiveness of the action, and whether further action is required.

**Signed by Course Coordinator (CER Section 4)**

This section is signed by the Course Coordinator, confirming that the report has been completed in consultation with the course teaching team.

**Signed by Head of Department (CER Section 5)**

This section is signed by the Head of Department, confirming that the report has been discussed, reviewed and approved during the grade approval meeting.

**1.6 Record-keeping and Archiving**

A copy of the final approved report, duly signed, is kept in the relevant section (sections 9 and 10) of the respective Course Folder as a reference for follow up and continuity of action plan. The College / CLFS should maintain a central electronic archive of signed copies of CERs.

**1.7 Consideration by Program Committee**

A copy of the signed Course Evaluation Reports is submitted to relevant Heads of Department for inclusion in the respective Program Review and Development Plan. Comparative data trends are used to report on the quality and performance of learning, teaching and assessment across courses within an academic program.

**1.8 Monitoring and follow up of actions**

Course coordinators have first line responsibility for reporting and following up on the action plans defined in their Course Evaluation Reports.

**Summary of requirements for Course Evaluation Reporting**

<b>Frequency</b>	Every semester
<b>When</b>	Within 3 weeks of publication of final results
<b>Who</b>	Appointed Course Coordinators and instructors in the teaching team
<b>How</b>	Course Evaluation Report (template)
<b>Supporting information</b>	<ul style="list-style-type: none"> <li>• Up-to-date Course file</li> <li>• Course data and results(per section)</li> <li>• Instructor feedback (including issues reported verbally, by email, in team meetings, etc)</li> <li>• Student feedback (including issues reported verbally or by email, student evaluation survey)</li> </ul>
<b>Results considered by</b>	<ol style="list-style-type: none"> <li>1. Course Coordinator &amp; teaching team and/or</li> <li>2. Course / Department Committee</li> </ol>

<b>Next considered by</b>	<ol style="list-style-type: none"><li>3. Program Committees (<i>in Program Review and Development Plan</i>) for trends and distillation of common or serious issues</li><li>4. College Academic Board / CLFS Board</li><li>5. Quality Assurance and Accreditation Department</li></ol>
<b>Process</b>	Please refer to the Annual Review and Development process flowchart in the preceding pages.

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## Course File

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### Guidance notes

1. A Course File should be set up for every course taught in the University.
  2. Course Files are maintained by the Course Coordinator. If more than one section is running for a particular course, the Course Coordinator collates the information. The File is a source of reference for the current and future teaching teams and new teachers. It is therefore important to maintain and update the File regularly with input from all concerned.
  3. Course Files must be stored securely.
  4. The Course File should contain records for two sessions including the current one and previous most recent sessions. These should be saved in 2 separate sections.
  5. Course Files should be archived electronically after 2 sessions in a centralized College / CLFS File.
  6. The Course File should be labeled externally with:
    - Course Code and Course Title
    - Academic Year and Semester
  7. Contents – the File should contain the documents listed below, indexed and arranged into clearly labeled sections. Each section should have dividers 1-10 with contents as listed below (following page). The template on the following page should be included as a front page index in Course Files.
  8. The Course File must be available for audit purposes at any given time.
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Section 1 [Academic Year and Semester] (current)

1. Course Descriptor
2. Course syllabus
3. List of registered students
4. Schedule / Timetable including office hours
5. Testing and assessment materials  
to include:
  - quizzes, assignments, homework assignments, presentations, projects, etc with instructions and assessment criteria for students, LO-assessment mapping and matrix of LOs, and marking guide / answer key / rubrics for markers.
6. Lecture notes and supplementary teaching materials  
to include:
  - briefing notes / instructions for students
7. Results and final grade report with samples of student work  
to include:
  - Scanned copies of the exam papers with the lowest, average and highest scoring for each assessment that contributes to the final grade.
8. Student feedback questionnaire & analysis of results;
9. Course Evaluation Report (current semester)
10. Previous Course Evaluation Report
11. Chief Invigilator's Report
12. Plagiarism Report (TurnItIn) if any
13. Cheating cases

Section 2 [Academic Year and Semester] (previous session)

1. Course Descriptor
2. Course syllabus
3. List of registered students
4. Schedule / Timetable including office hours
5. Testing and assessment materials  
to include:
  - quizzes, assignments, homework assignments, presentations, projects, etc with instructions and assessment criteria for students, LO-assessment mapping, and marking guide / answer key / rubrics for markers.
6. Lecture notes and supplementary teaching materials  
to include:
  - briefing notes / instructions for students
7. Results and final grade report with samples of student work  
to include:
  - Scanned copies of the exam papers with the lowest, average and highest scoring for each assessment that contributes to the final grade.
8. Student feedback questionnaire & analysis of results;
9. Course Evaluation Report (current semester)
10. Previous Course Evaluation Report
11. Chief Invigilator's Report
12. Plagiarism Report (TurnItIn) if any
13. Cheating cases

## Program Review and Development Plan Procedures

### Purpose

The primary purpose of Program Review and Development Planning is to:

- collate feedback from courses and identify common issues across the program;
- develop a cohesive plan for improvement and enhancement of the program;
- inform academic planning and program development.

### Procedures

- 1.1 Program Review and Development Plans (PRDP) are completed annually by the Head of Department or appointed Head of Department at the end of each academic year and within 6 weeks of the final results being processed.
- 1.2 The Program Review and Development Plan is both reflective and forward-looking, based on the delivery and performance of component courses across the program. Feedback and other relevant information in the Course Evaluation Reports are used to inform and develop a Program Review and Development Plan for each academic program.

### Completing the Program Review and Development Plan (PRDP) Form:

#### 1.3 Program Data (PRDP Section 1)

##### **Student Enrolment and Results (PRDP Section 1.1)**

Summary data is provided in this section to offer a snapshot of performance in relation to Program Performance Indicators (PPIs). Data source is Admissions and Registration office, cross-checked against College/ CLFS own records.

##### **Courses included in the program (PRDP Section 1.2)**

This section provides a complete list of all courses (with codes and titles) of the program. Data source is Admissions and Registration office, cross-checked against College/ CLFS own records.

#### 1.4 Program Review and Development Plan (PRDP Section 2)

##### *Program Performance Indicators (PPIs) (PRDP Section 2.1)*

A list of pre-defined Program Performance Indicators is provided on the template.

##### **Program Performance Indicators (PPIs) (PRDP Section 2.2)**

Explanations must be provided (compulsory) where performance falls outside the stated parameters. In every case a corresponding action plan must be included.

##### **Learning, Teaching and Assessment (PRDP Section 2.3)**

The Head of Department reviews all Course Evaluation Reports comments relating to learning, teaching and assessment. Both positive issues and areas for improvement should be highlighted with corresponding actions where required.

##### **Student Evaluation / Feedback (PRDP Section 2.4)**

The Head of Department reviews student course evaluation summary reports and consults the teaching team to report on positive feedback received as well as any issues or problems identified via verbal and informal student feedback received (*i.e* through informal conversation or email between student and instructor). Corresponding action plans to be inserted where

required.

**Resources (PRDP Section 2.5)**

(instructor/s, academic support, equipment, teaching materials, teaching space, etc)

The Head of Department reports on any issues relating to the adequacy, suitability, quality and availability of resources and impact on the program. Corresponding action plans to be inserted where required.

**Instructor feedback & good practice identified (PRDP Section 2.6)**

Issues that do not sit comfortably under the above section headings to be reported here.

Good practice, for example practice that has come to light through peer observation, team meetings or student satisfaction feedback, to be reported in this section, together with any plan to disseminate and/or embed into the course or program to be recorded in the action plan.

**1.5 Student Support and Guidance (PRDP Section 3)**

The Head of Department reports on student support and guidance in general, and for student placement and E-Learning specifically. Action plans to be provided where needed.

**1.6 Alumni and Graduate Destination Data (PRDP Section 4)**

This section to provide data and details of mechanisms in place to maintain relationship with graduates. Action plans to be provided where needed.

**1.7 Follow up on Actions from Previous Report (PRDP Section 5)**

A consolidation of outcomes and updates on all intended actions of the previous year's Program Review and Development Plan must be followed through in this section with updates on the progress and/or effectiveness of actions taken, and whether outcome is achieved or further action required.

**1.8 Program Development (PRDP Section 6)**

In this section the Head of Department notes any proposed minor changes to the program not covered in above sections. Rationale and action plan to be included. (*Substantial changes will require MoHERI approval.*)

**1.9 Signed by Head of Department (PDRP Section 7)**

The final approved report is signed and retained by the Head of Department.

Program Review and Development Plans are taken into account and inform the Dean's Annual Report (see process flowchart in Annual Review and Development Policy).

Comparative data trends are used to report on the quality and performance of learning, teaching and assessment across courses within an academic program.

**Monitoring and follow up of actions**

Course coordinators have first line responsibility for reporting and following up on the action plans defined in their Program Review and Development Plan. Section 3 of the CER, 'Actions from previous report' requires the Course Coordinator to provide update on the implementation and effectiveness of actions from the previous report/s in a cyclical manner. A process flowchart is provided in the Annual Review and Development Policy document to which these procedures relate.

**Summary of requirements for Program Review and Development Plan**

<b>Frequency</b>	At the end of each academic year
<b>When</b>	Within 6 weeks of publication of final results
<b>Who</b>	Appointed Head of Department
<b>How</b>	Program Review and Development Plan (template)
<b>Supporting information</b>	<ul style="list-style-type: none"> <li>• Course and program data and results</li> <li>• Course Evaluation Reports</li> <li>• Student feedback summary report</li> <li>• Other relevant sources</li> </ul>
<b>Results considered by</b>	1. Program Team / Committee (minuted with consideration of trends and distillation of common or serious issues)
<b>Next considered by</b>	2. College Academic Board / CLFS Board 3. Quality Assurance and Accreditation Department
<b>Process</b>	Please refer to the Annual Review and Development process flowchart in the preceding pages.

## SECTION 4

### Entity and Activity Review

# Entity and Activity Review

## 1. Introduction

The purpose of Entity and Activity Review is to measure the effectiveness of activities undertaken and processes in place at the departmental/college level. It is seen as a means of facilitating continuous improvement and achievement of strategic and operational objectives.

## 2. Purpose

Entity and Activity Review within ASU is the means by which Departments/Colleges routinely and systematically monitor and review their activities and processes to evaluate their effectiveness and identify any areas for improvement.

## 3. Scope

All Departments and Colleges of the University are included in Entity and Activity Review.

## 4. Reporting

All Departments and Colleges are to provide as part of their Annual Report an update on regular monitoring and review activities conducted within their Department/College throughout the academic year. This update should note a summary of results, observations made, and recommendations for further improvements.

## **SECTION 5**

# **Accreditation & Standards**

# Institutional Review

## Internal Quality Audit & Institutional and Program Accreditation

### 1. Introduction

Like all HEIs in Oman, A'Sharqiyah is subject to accreditation by the OAAA. This section sets out the University's procedures for conducting an institutional Self-Review. Institutional Self-Review (Internal Quality Audit) is an evaluation of performance in all areas of activity. This is a major process undertaken every 4 years and constitutes a major part of accreditation activities.

### 2. Purpose

The purpose of Institutional Review is to measure the effectiveness of ASU's quality assurance processes aimed at continuous improvement and achievement of strategic objectives. It is ASU's internal process that prepares and supports the University's efforts for accreditation.

### 3. Scope

All areas of the University are included in the Institutional Review. The process is overseen by the Accreditation and Standards Committee (see 7 below)

### 4. Definitions

Institutional Review	A rigorous and comprehensive evaluation of performance in all significant areas of activity at ASU.
Internal Quality Audit / Self-Review (Self-Study)	A Self Review (also called Self Study) by each academic and administrative department of their performance and achievement against stated goals and objectives, in each case supported by the relevant hard and soft evidence.
Quality Audit Portfolio	ASU document in which all outcomes and findings of the Self-Review are collated and summarized.
Quality Audit Report	OAAA document reporting on the findings of an external review panel following their review of ASU's Quality Portfolio and onsite audit of the University campus.

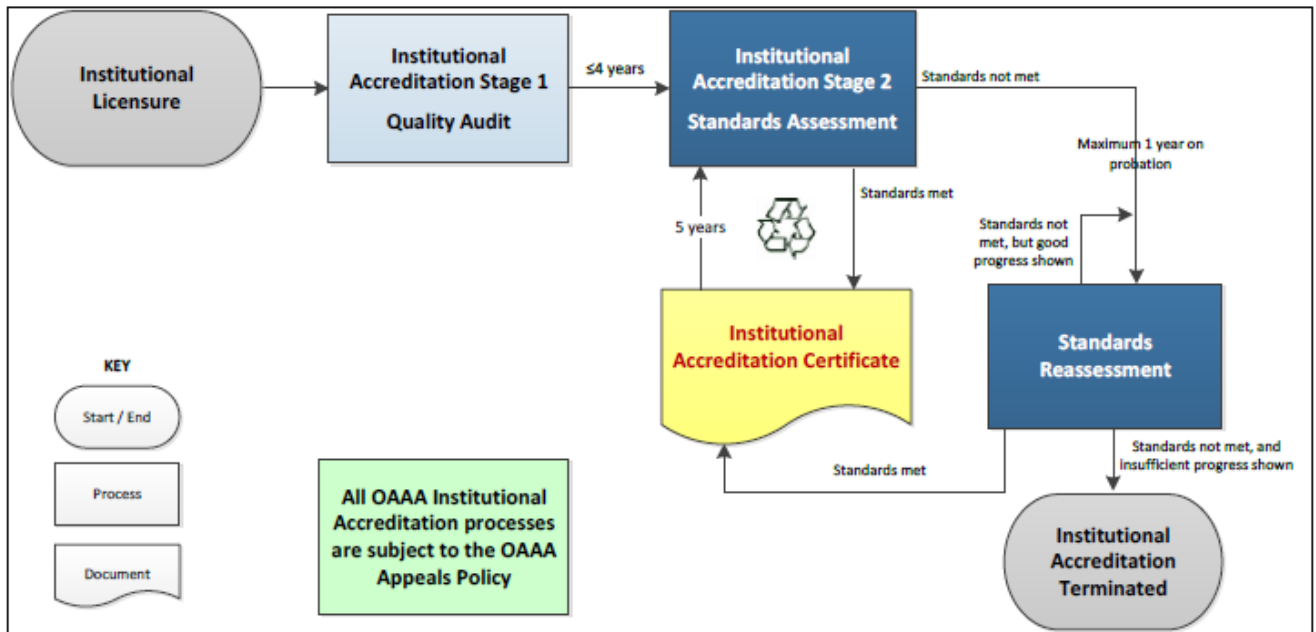
### 5. Key stages in OAAA' Institutional Accreditation Process

ASU along with all higher education institutions in Oman is subject to undergo OAAA Institutional accreditation. There were initially 2 stages in the accreditation process, however from this academic year only Stage 2 noted below will remain.

- Stage 1      Quality Audit normally takes place around 4 to 5 years after the University has commenced teaching and after some of its students have completed their studies and graduated. Stage 1 is seen as a formative process in which ASU evaluates its performance against its own set goals and targets defined in the University's Strategic Plan.
- Stage 2      Institutional Standards Accreditation (Stage 2) takes place within 5 years of Quality Audit (Stage 1) and every 5 years thereafter. Stage 2 is a summative process in which the accreditation status of ASU will be determined against the sector standards. The accreditation status is published on OAAA's website.



## The OAAA institutional accreditation process diagram



### 6. Key Reference Points

The key reference points include:

- ASU Strategic Plan;
- ASU Bylaws, Policies and Regulations;
- Departmental Strategic and Operational Plans;
- ASU Quality Assurance Procedures Handbook (this document);
- ASU reports on academic matters – course, program, college and university-level;
- ASU reports related to administration, financial and support services;
- Government regulations and policies, in particular Ministry of Higher Education;
- KEY OAAA documents, including:
  - Quality Audit Manual
  - Institutional Standards Assessment Manual (ISAM)
  - Program Standards (currently in draft form)
  - OAAA Plagiarism Policy
  - Requirements for Oman's System for Quality Assurance (ROSQA) (\*mostly superseded by the above-mentioned key documents as they are developed)
  - Oman Standards Classification of Higher Education Framework (OSCED)

## 7. ASU Accreditation & Standards Committee (ASC)

ASU's accreditation activities are overseen at the highest level by the Accreditation & Standards Committee (ASC), chaired by the Vice Chancellor and with a senior level membership. ASC Committee's role is to manage, delegate and coordinate all review activities relating to accreditation by the Oman Academic Accreditation Authority (OAAA) and other relevant and Professional & Statutory Regulatory Bodies. Specifically, this is to:

- guide the process of self-review, including evaluation of current policies and processes, and ensuring that appropriate data is available to indicate that ASU is meeting or exceeding standards
- lead all accreditation activities, including sign-off on the final Institutional Standards Accreditation Application and all supporting evidence,
- oversee the arrangements for external audit visits, and any required actions;
- facilitate changes to ASU's quality assurance processes as appropriate.

## 8. In Preparation for Institutional Accreditation

### • Background

A'Sharqiyah University completed stage one of the OAAA Institutional Accreditation process (Quality Audit) about two years ago and received the OAAA Audit Report in May 2018. The University is now preparing for stage two of the accreditation process – the Institutional Standards Assessment. In order to prepare and submit the Institutional Standards Application (ISA) and the supporting materials on time, it has been decided that the following organizational arrangements shall apply and take immediate effect.

The DVCAAR shall serve as the OAAA contact person and shall be the Project Leader in the University for OAAA accreditation purposes. The Project leader shall be supported by Deans of Colleges and Heads of Departments who shall serve as focal points for their respective Colleges and Departments for purposes of preparing the ISA and assembling the relevant supporting materials. The roles and responsibilities of the Project Leader and the focal points shall be as follows.

### • Role and Responsibilities of The DVCAAR (Project Leader)

The role and responsibilities of the DVCAAR in connection with the OAAA accreditation process shall be as follows:

- Take lead responsibility for preparation of the ISA application and all the supporting materials together with QAA director and the Writing Team;
- Familiarize himself with the Institutional Standards Assessment Manual and the Quality Audit Report;
- Familiarize himself with all University Policies and Procedures;
- Ensure that All University Policies and Procedures are up-to-date and are disseminated to all staff and all students where applicable;
- Ensure that a single official copy of each policy is placed on the University shared drive;
- Provide evidence of review for all policies;
- Assemble all relevant raw material created by the focal points for purposes of preparing the ISA and supporting evidence;
- Create sub-folders to store evidence materials relating to each Standard and also for each Criterion;
- Request evidence and supporting materials for each Criterion;
- Report to the Vice Chancellor any shortcomings in Approach and Deployment relating to any Criteria in the ISA Manual;
- Report to the Vice Chancellor any weaknesses relating to the available evidence and supporting materials for any Criterion;

Familiarize himself with the results of the Graduate

- Surveys conducted by the Ministry of Higher Education, Research and Innovation(MOHERI);
- Request data and ascertain how the University stands in all areas of activity versus all other Universities in the Sultanate of Oman and Private Higher Education Institutions in particular.

### • Role and Responsibilities of The Focal Points (Deans of Colleges and Heads of Departments)

The role and responsibilities of the Focal Points which includes Deans of Colleges and Directors on Non-

Academic Departments in connection with the OAAA accreditation process shall be as follows:

- Familiarise themselves with the Institutional Standards Assessment Manual and the Quality Audit Report;
- Familiarise themselves with all University Policies and Procedures which affect their areas of activity;
- Identify all those Criteria and Standards in the ISA Manual that are applicable to their units;
- Work very closely with their staff members and do the following for each indicator relating to their Unit:
  - (a) Recognize which policies affect or touch on which indicators in the ISA Manual;
  - (b) Ascertain whether each applicable policy contains a procedure that assists in collecting the evidence required for OAAA accreditation purposes;
  - (c) Identify gaps within existing policies and procedures for accreditation purposes;
  - (d) Report gaps in existing policies and procedures to the Accreditation Standards Committee;
  - (e) Accept responsibility to develop policies and procedures if required to do so by the Accreditation Standards Committee;
  - (f) Contribute ideas from the perspective of their Unit in relation to each Criterion in the ISA Manual;
  - (g) Contribute ideas and materials to enable ADRI reports to be prepared;
  - (h) Provide supporting materials relating to their Units timeously to the Project Leader when requested to do so.

## • **Template For A Good Institutional Standards Assessment Application**

It is extremely important that good ADRI Reports are prepared for each Criterion. ADRI Reports should ideally cover all elements of the indicators. An ADRI report shall include the following:

- Relevant Commendations, Affirmations or Recommendations from the ASU Quality Audit Report;
- Actions taken to address the Recommendations or Affirmations and to embed best practice in relation to the Commendation;
- Policies that govern the Criterion with specific dates of development, approval and amendments if any;
- A description of the steps and procedures taken to disseminate the policy;
- Results in the form of surveys of users to indicate their satisfaction with the policy;
- Graphical presentation of results and trends data from year to year;
- Focal points shall graph data relating to their Units and discuss it with staff at Unit level to identify areas for performance;
- Reasons for amendments to policies and procedures;
- Actions taken to get relevant policy approvals;
- Meetings of the ULTC, UAB and BOT/BOD at which policies or amended policies were approved;
- Challenges or opportunities for further improvement in their respective areas.

## **9. ADRI**

ADRI is a management tool with continuous improvement as one of its main objectives. ADRI is used by the OAAA and is adopted at A'Sharqiyah University for conducting self-review / self-audit.

All staff in the University are invited to attend ADRI training. Training materials are also available on the Shared drive for self- access.

**ADRI** is an acronym of the four key stages in the ADRI cycle:

**APPROACH      DEPLOYMENT      RESULTS      IMPROVEMENT**

● **How to use ADRI**

How to use the ADRI worksheet and report template which is available on Shared Drive.

**Step 1 Define the objective**

The first step is to identify the *criterion* or area of activity being reviewed. This will depend on the department or audit sub-committee's remit. Some examples could be **Library Services**, or **Academic Advising**, or **Student learning Support**, etc. Please also refer to the OAAA Quality Audit Manual and Standards Assessment Manual for Standards, Criteria and Indicators of quality.

**Step 5 Improvement Approach Step 2**

*Close gaps in the results"*

The improvement section should demonstrate **reflection** on the outcome.

- What do we learn from the results?
- What are the opportunities for improvement? (e.g. New goals - continually higher; can processes be made more efficient and effective?).
- Incorporate improvements into the approach as part of the continuous review process

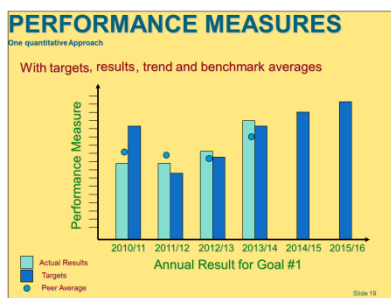
*What we've set out to do"*

The approach relates primarily to Planning and objective setting and how these were developed and are reviewed...

The approach may stem from (for example):

- ASU's Vision, Mission, Strategic Plan
- Policies, regulations -
- Goals and targets – how they have been defined (SMART, SWOT, linked to ASU KPIs);
- Benchmarking – what steps were taken, appropriateness;
  - Delegation and action – tasks and action plans are clear
- Resources in place - human and material;
- Risk and Contingency measures in place

**Step 4 Results Deployment Step 3**



- This section is where the results of performance against the goals and targets (described in the Approach) are reported.
- **Results are important.**
- Results should include comparative trend data (see below example for quantitative results).
- Results only make sense in the context of the Approach and Deployment (consider these)

*'The things that we ARE doing'*

This section is where the deployment or implementation of the approach is described. Possible reported items might include:

- Procedures that support the policies
- Implementation of action plans
- Activities associated with the approach

\* **EVIDENCE** – it is important to ensure that evidence is available to uphold any statement made – 'Big claims need big evidence'

## ● GUIDANCE FOR AUDITING AND CROSS AUDITING

**Purpose** Following in the spirit of the OAAA Quality Audit process, ASU's self-audit and committee-to-committee cross audit process is a peer review activity whose main purpose is to provide helpful, critical feedback on final version ADRI reports. The cross audit provides an opportunity to run internal checks before submitting to our external 'critical friend' in trial audit.

ADRI worksheets and report templates are available in the Quality Audit Toolkit folder on shared drive. Cross-auditors should use the worksheets to provide feedback, comments and suggestions on both the report and evidence (including whether it is appropriate, adequate, plagiarism-free, not identified or missing, etc) for each report being cross-audited.

Some points on what to check for:

### 1. IN GENERAL

- Has the audit question been addressed? (*The HEI should describe and evaluate its systems for ..... How does the HEI know that its ...systems are effective?*)
- Are the responses and meaning clear to you as reader (an external view)

### 2. PREDICTED OUTCOME

Please use the grid at the bottom of the ADRI worksheet to predict the likely outcome of each report. (Commendation, Affirmation, Recommendation)

### 3. PLAGIARISM

The University is in the process of purchasing plagiarism detection software (at the time of this being written). Once in place, all policies must be checked to ensure the University is not facing risk in this regard. Plagiarism in policies is considered high risk area for the University.

### 4. EVIDENCE (SUPPORTING MATERIALS)

CHECK:

- Is the evidence attached? If not, *is it clear where the evidence can be found* (e.g 'ASU's Strategic Plan states.....' or 'The University has a policy for .....') – this applies mainly to Approach, Deployment, Results – but also to Improvement if we are claiming that steps are already being taken;
- any evidence provided (such as policies, procedures, statistical evidence) must strongly uphold what is written in the report. Please consider in particular:
  - Is it the right evidence (relevant to the audit question/criteria)?
  - Is more evidence needed? What?
- Results must have supporting evidence like trend data for the last 3 years (at least)
- Results should link to the Approach (what we set out to do, targets & goals)
- Improvement should address:
  - (i) any gaps between the approach and results, and/or
  - (ii) improvements that could be made in the deployment / implementation, and/or



(iii) other opportunities that have been identified.

## 5. EVIDENCE (continued)

**OAAA The Institutional Standards Assessment Manual Section 11 (page 81) states:**

### Supporting Materials Submitted with the Portfolio

A number of Supporting Materials ought to be submitted with the Portfolio to the OAC. These are items that will assist the Audit Panel with its understanding of the HEI and its core activities, and with its verification of the Portfolio. There are two categories of Supporting Materials as follows:

#### (a) Required Supporting Materials

These are Supporting Materials that, if they exist, must be submitted along with the Portfolio:

- SM001 Decree establishing the HEI
- SM002 Formal Agreements with other HEIs
- SM003 HEI Strategic Plan
- SM004 Most recent HEI Annual Report
- SM005 Official licenses for all programs offered.
- SM006 Publication containing all Bylaws and Regulations and Courses (sometimes called a "Catalogue" or "Calendar" or "Prospectus")
- SM007 A complete list of all staff names and positions (do not submit CVs, as the Panel will probably ask for a specific sample in their Additional Supporting Materials – see section 15.4).
- SM008 HEI Council Constitution and Terms of Reference
- SM009 Academic Board Constitution and Terms of Reference
- SM010 Schedule of all organisational and program reviews conducted in the past 10 years
- SM011 List and Registration Details of all Controlled Entities (if any)
- SM012 A Campus Map

#### (b) Optional Supporting Materials

The HEI may select a number of other Supporting Materials which it believes are likely to be required by the Audit Panel. In making a decision on how many Optional Supporting Materials to provide, the HEI should remember that overwhelming the Audit Panel with information is unlikely to be productive. If the HEI has concerns about what to include and what to leave out, the Contact Person should contact the Executive Officer to discuss the matter.

This list is designed to be helpful rather than restrictive. The Panel may also request documents and other information that is not listed in the Supporting Materials Available on Request.

### 6.6.2 Supporting Materials Available on Request

An HEI will always have many more items of evidence than those included in the Supporting Materials. The more significant items should be listed in the back of the Portfolio in order to assist the Panel with understanding what other evidence may be available to assist them with their process. It is likely that the Panel will ask for one or more copies of certain items during the Quality Audit process.



## 6. FURTHER GUIDANCE AND ADVICE

Please contact the Chair of relevant audit sub-Committee (see p 48) or the Quality Assurance and Accreditation Department .

## 7. OAAA performance matrix (as an example)

The following matrix, used in OAAA ADRI training material, is a helpful guide during self-audit and cross auditing for trying to predict the likely outcome of an area being reported.

<b>PERFORMANCE MEASURES</b> a matrix for assessing effectiveness				
<b>A</b>	Low awareness of issue. Ad hoc plans. Random training.	Commitment attained. Planning framework. Training available.	Systematic Approach. Full set of plans. Training linked to plans.	Leading-edge vision. Plans aligned & integrated. Training comprehensive.
<b>D</b>	Ad hoc practices. Not linked to plans. Not monitored.	Numerous good practices. Practice aligns with plans. Processes are analyzed.	Good practice systemic. Plans inform practice. Monitoring in place.	Processes benchmarked. Practice informs plans. Good practices promoted.
<b>R</b>	Results not linked to plans. Results not measured. Where measured, variable.	Most plans have results. Most results reported. Most targets achieved.	All plans have results. All results reported. Targets achieved.	Stretch targets established. Results are analyzed. Targets exceeded.
<b>I</b>	Staff input limited. Review processes limited. Improvements are random.	Staff input allowed. Review framework. OFI and GP identified.	Staff input encouraged. Reviews systematic. Benchmarking undertaken.	Staff directly empowered. Self-reviews effective. Benchmark host.
<b>Annual Result for Goal #1</b>				

Slide 25

## Section 6

# Training and Workshops

## 1. Introduction

Training is planned to help develop ASU staff awareness and self-development. ASU supports its staff by providing them with needed training internally which is planned on an annual basis. The QAC continually provides training and workshops that are planned by the QAA Department with the support of the Quality Assurance Committee(QAC).

### **QA processes**

The presented training sessions cover all QAA processes at ASU. In addition, training also covers QAA aspects related to teaching and learning. It is also expected to enhance the committee work within the University as well.

### **Accreditation**

One of the main goals of this activity is to support the Accreditation process within the University, such as by developing staff awareness of what they do, why they do it and how they can build on that and improve.

## 2. Types of Training

QAA monitors (organises and presents) various types of training sessions for ASU staff. These can cover the below topics:

### **Orientation**

University Professional Development Week Sessions  
Staff orientation

### **Accreditation**

Accreditation awareness  
Workshop -Getting started  
Sub-Committees Coordinators  
Workshop -Moving on

### **Quality Audit**

ADRI Training Session  
Quality Audit Session  
Mock Audit visit Briefing  
Audit visit Briefing

### **GFP Quality Audit**

GFP ADRI & Committee Coordination  
GFP ADRI training  
GFP Audit visit Briefing

### **Committee Roles & Coordination**

ASU Committee Coordination  
Committee work/servicing  
QA Committee Roles -Staff  
QAA Committee Roles – Students  
Effective Minute Writing

### **ISO**

QA ISO  
ISO Awareness

**Policies**

QA Policy Review

**Others:**

QA in the Strategic Plan

Graduate Attributes

CER Workshops

**QAC Sessions**

Course Syllabus Preparing

Program Review and Development Plan

Course Evaluation Report – Arabic

Course Evaluation Report – English

Program Specification – Arabic

Program Specification – English

New program development

Managing Plagiarism- A Preventative Approach

**QAA Professional Development Sessions for QAA Team**

Varies quality related topics.

### **3. Feedback form**

Continuous improvement and enhancement are a key element of the QA framework. In order to achieve this, QAA distributes a feedback form to all attendees after each session. Feedback responses are taken into consideration for any following sessions. These forms have been reviewed and updated several times over the past years.

## Section 7

### Other Processes

## 1. QAA Weekly Meeting

The weekly meeting is a critical tool that the QAA department employs. It is used to discuss departmental tasks and responsibilities and to provide input and feedback on several items, practices and issues. They help to keep the team in the loop, solve issues, and to enhance employees' roles.

## 2. Purpose and Benefits

It aims to develop a sense of departmental ownership by sharing ideas, and solving challenges of employees, the director, the department, and ASU in general.

### For employee

- Employees get more input and guidance to accomplish their tasks and responsibilities.
- Make use of other experience and input.
- Share successes.
- Improve time management of the employee by emphasising the importance of deadlines.
- Increase confidence with the sharing of new ideas and thoughts.

### For director

- Build a good communication structure with employees
- Encourage and improve the processes/projects.
- Build trust and share ideas
- Work is completed on time/by deadlines set

### For department and ASU

- Completing tasks on time and effectively.
- Covering of tasks related to the ASU strategic and operational plans.
- Staff retention and productivity through engagement and discussion.

## 3. Procedures

### Before the Meeting

- The meeting notes are updated before the meeting by the team.

### Invitation to the Meeting

- The invitation is set up covering the series of meetings throughout the academic year in Outlook.

### Meeting

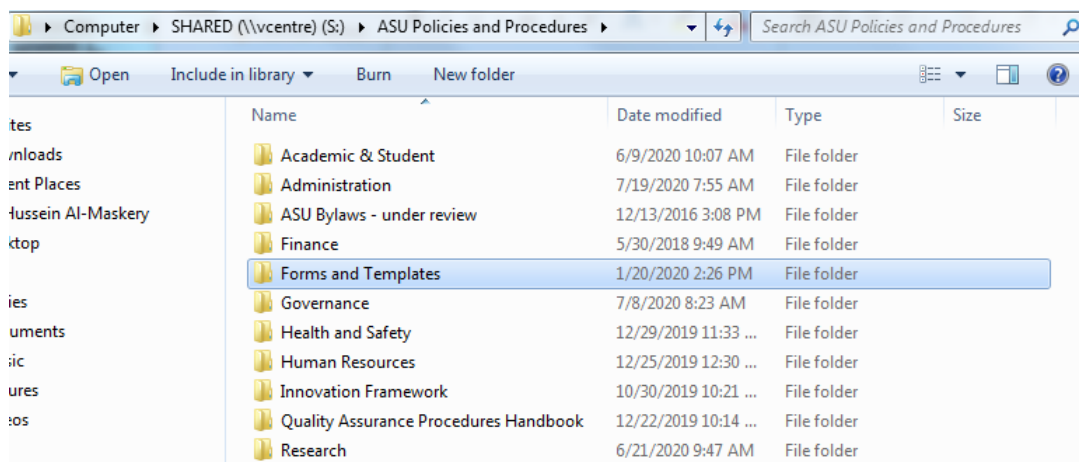
- Conducted at the beginning of each week.
- Conducted in the QAA meeting room or via Microsoft Teams in case of online work.
- The department's employees meet with the QAA director.
- During the meeting each employee/director provides an update on her/his tasks and responsibilities.

### Meeting Notes

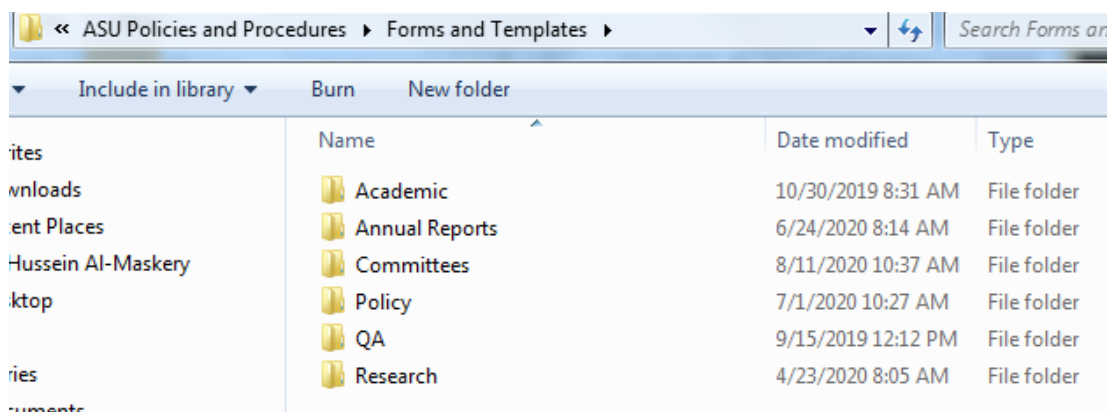
- The director and employees update their sections.
- There are some extra sections covering the main QAA activities such as:
  - QAA Activities - Actions/Decisions
  - QAA Department Key Projects
  - Upcoming Leave
  - Upcoming Surveys
  - Upcoming Focus Groups
  - Other Information - Other activities / sharing experiences from outside

- QAC Training Sessions
- ISA Upcoming Internal Events (Road Map)

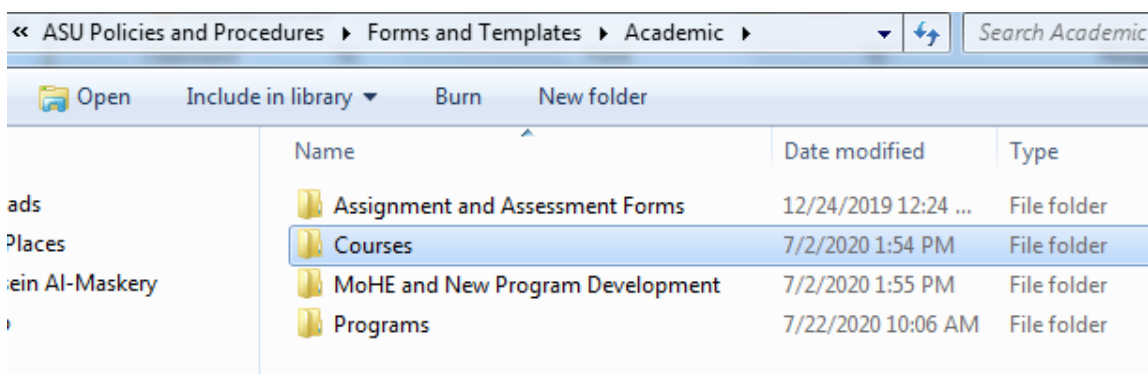
# LIST OF FORMS AND TEMPLATES AVAILABLE ON ASU SHARED DRIVE



All templates are found within ASU Policies and Procedures (as shown above) and are grouped according to subject (see below)



Each subject folder contains further folders to ease location of the required form or template (see below)

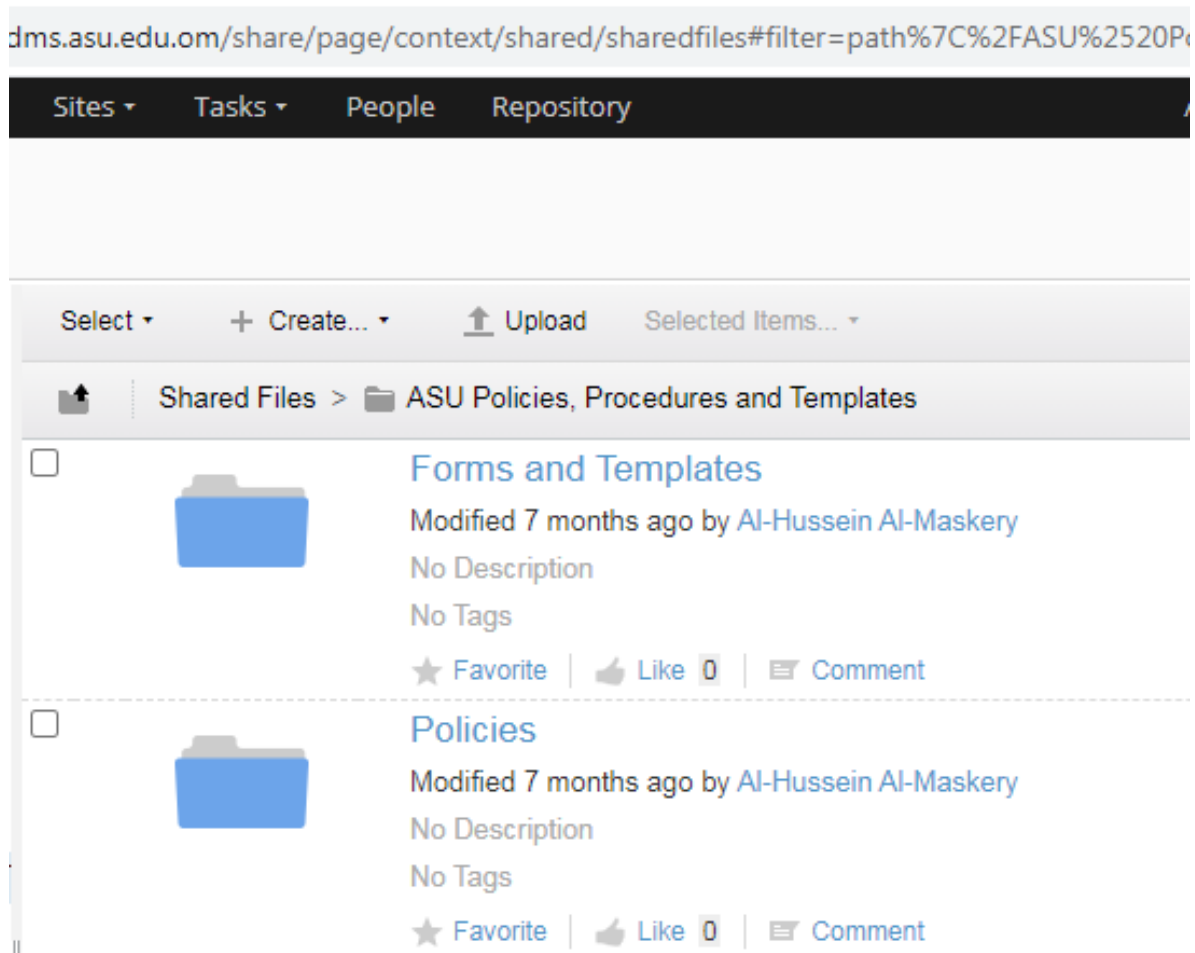




Forms and Templates ▸ Academic ▸ Courses			
Include in library ▾		Burn	New folder
Name	Date modified	Type	
~\$urse Descriptor Template - English 2018	9/15/2019 12:38 PM	Mic	
Course Descriptor Template - Arabic	2/23/2020 11:09 AM	Mic	
Course Descriptor Template - English	2/23/2020 11:10 AM	Mic	
Course Evaluation Report English & Arabic	2/23/2020 11:12 AM	Mic	
Course File Contents List with guidance notes	2/18/2020 10:45 AM	Mic	
Course Syllabus Template - English	2/18/2020 10:46 AM	Mic	
Course Syllabus Template -Arabic	4/16/2017 12:08 PM	Mic	
Declaration of MBA Supervisor تحديد مشرف رسالة العا...	7/1/2020 8:32 AM	Mic	

# LIST OF FORMS AND TEMPLATES AVAILABLE ON ASU DMS

All templates are also found within "Forms and Templates" within the ASU Policies, Procedures and Templates folder on DMS and are grouped according to topic (see below)



Shared Files > ASU Policies, Procedures and Templates > Forms and Templates

-  **Academic**  
Modified 7 months ago by Zeena Al-Saadi  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

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-  **Annual Reports**  
Modified about a year ago by Al-Hussein Al-Maskery  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

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-  **Committees**  
Modified 11 months ago by Zeena Al-Saadi  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

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-  **Policy**  
Modified 5 months ago by Al-Hussein Al-Maskery  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

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-  **QA**  
Modified 12 months ago by Al-Hussein Al-Maskery  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

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-  **Research**  
Modified 12 months ago by Al-Hussein Al-Maskery  
No Description  
No Tags  
★ Favorite | 👍 Like 0 | 💬 Comment

## LIST OF POLICIES AVAILABLE ON ASU SHARED DRIVE and DMS

POLICY CODE	POLICY NAME
GV0001	Policy Management
GV0002	Quality Assurance
GV0003	Strategic Operational Planning
GV0004	Risk Management Policy & Procedures
GV0005	University Innovation Strategy
GV0006	Industry and Community Engagement Strategy
GV0007	Guidelines for the Approval and Use of Memoranda of Understanding
AC0001	Academic Advising and At-Risk Students
AC0002	Academic Regulations for Undergraduate Students
AC0003	Payment for repeating failed students
AC0004	Invigilation of Examination
AC0005	Course Coding System
AC0006	College Assessment Review Committee
AC0007	Academic Assessment and Moderation
AC0008	Academic Promotions
AC0009	Academic Integrity
AC0010	Library Policies and Procedures
AC0011	Visiting and Honorary Appointments
AC0012	Observation of Teaching
AC0013	Policy and Procedures for Study Abroad Program
AC0014	Academic Appeals Procedures
AC0015	Student Complaints and Grievances Procedures
AC0016	Archiving of Assessed Students' Work
AC0017	Support for Special Needs Students
AC0018	External Moderation Policy
AC0019	Student Affairs Manual
AC0020	ASU Learning, Teaching and Student Achievement Strategy
AC0021	Student Feedback Policy
AC0022	Student Dorms Manual
AC0023	eLearning Policy
AC0024	Online Examination Policy
AC0025	Student Enrolment and Retention Policy
AC0026	Open Educational Resources

<b>AD0001</b>	Facilities Manual
<b>AD0002</b>	Information Technology Manual
<b>AD0003</b>	Inventory Manual
<b>AD0004</b>	Procurement and Contracts Manual
<b>AD0005</b>	ASU Leasing
<b>AD0006</b>	ASU Communication Policy
<b>AD0007</b>	ASU Web Policy
<b>AD0008</b>	Security Manual
<b>AD0009</b>	ASU Marketing Strategy
<b>FN0001</b>	Discount Professional Training Programs
<b>FN0002</b>	Accounting Manual
<b>FN0003</b>	Credit Control
<b>HR0001</b>	HR Manual
<b>HR0004</b>	Faculty Workload
<b>HS0001</b>	HSE Manual
<b>RS0001</b>	Conference Support Funding Information and Guidelines
<b>RS0002</b>	Short Term Research Visit Overseas for Collaborative Research
<b>RS0003</b>	Transfer of Research Project
<b>RS0004</b>	Policy and Procedures for Internal Grant
<b>RS0005</b>	Rules & Regulations for Operation and Utilization of the Research Funds
<b>RS0006</b>	University Consultancy Policy
<b>RS0007</b>	Research Ethics Policy
<b>RS0008</b>	Intellectual Property
<b>RS0009</b>	Research-Informed Teaching
<b>RS0010</b>	Research-Informed Teaching Policy
<b>RS0011</b>	ASU Research Strategy
<b>RS0012</b>	Policy for Recruitment of Researchers on Sponsored Research Projects
	ASU Bylaws
	Quality Assurance Procedures Handbook
	Framework for Developing and Implementing Innovative Programs at ASU