



جامعة الإمارات العربية المتحدة
United Arab Emirates University

UAEU

United Arab Emirates University
Quality Assurance Framework

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SECTION 1: INTRODUCTION

UAEU defines quality as including both efficient operations and high-quality outcomes. Striving for quality is set in the context of the University's [mission](#):

Make a positive contribution to the advancement of United Arab Emirates by preparing graduates for future leadership, providing quality education that meets international standards, developing research solutions in areas strategic to the nation, and collaborating effectively with other organizations to promote knowledge in the society.

While the University's official policies, procedures, guidelines, manuals and strategic planning process guide the achievement of efficient operations and high-quality outcomes, the assurance of quality requires the commitment of all individuals in the institution: administrators, faculty, staff, students and partner organizations. The University's [core values](#) define our approach to all activities in the institution, and set a strong foundation for achieving a 'quality culture':

Respect for Values, Heritage and Cultural Diversity: *We respect the deep-rooted values and the rich heritage of UAE and seek to sustain them. We also respect diversity in cultures and opinions.*

Integrity and Transparency: *We adhere to the highest ethical principles and pledge to work with integrity and transparency in order to achieve justice and promote institutional trust, credibility and accountability.*

Spirit of Teamwork: *We support one another at work through cooperation and teamwork, and value the rewarding and creative environment that this produces.*

Leadership and Life-long Learning: *We foster and support innovation, initiative, excellence and striving for international best practice; we value a focus on student success, life-long learning and sharing of knowledge.*

Effectiveness in Decision-making: *We are committed to basing our decisions and plans on evidence and analysis, and adopting efficient systems and procedures.*

Effective Communication: *We are committed to effective communication, through a variety of communication methods, with all our stakeholders (staff, students, partners, vendors, and the local and international communities).*

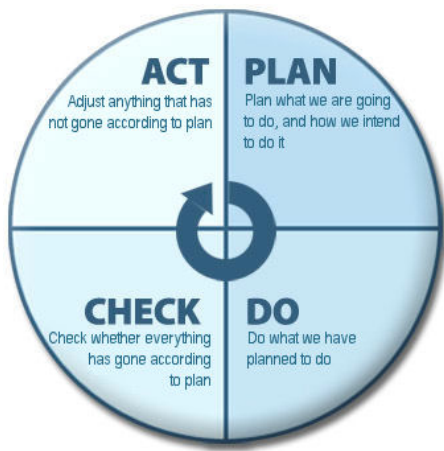
This UAEU *Quality Assurance Framework* defines the quality assurance processes in place at UAEU and is portal to the various official policies, procedures, guidelines, manuals and reports that guide our activities and decision-making. The *QA Framework* also defines the processes we use for measurement, assessment, evaluation, accountability, and accreditation.

Quality Assurance processes encompass all programs and services provided by the University. It is based on regular cycle of planning and evaluation of teaching, research, service, administration, and educational support. As these programs and services are provided by a wide array of different organizational units, this *QA Framework* is a roadmap for how strategic planning, institutional effectiveness, learning outcomes assessment and accreditation are integrated across the institution.

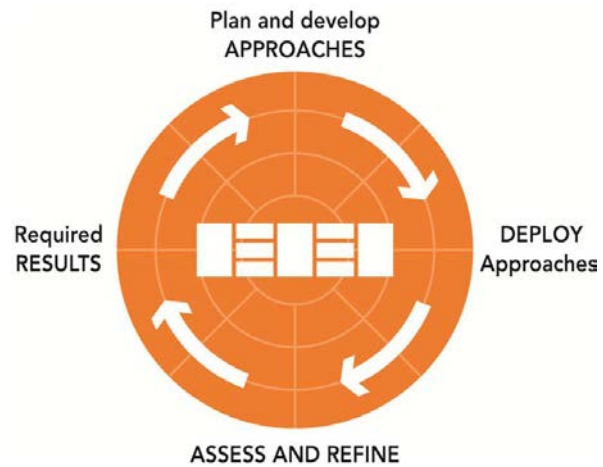
UAEU seeks to have QA processes that meet the expectations of the ISO 9000 family of standards, relating to quality management systems. The QA system is based on common models of a continuous improvement cycle, which consist of four phases, variously referred to as:

PDCA: **Plan** -> **Do** -> **Check** -> **Act**; also called the 'Deeming Cycle'

RADAR **Results** -> **Approaches** -> **Deploy** -> **Assess, Refine**; the EFQM model.



The PDCA Deeming Cycle



The EFQM RADAR Cycle

1. In both models, clear identification of goals is the essential starting point. For each unit in the university, these must be aligned with the university's current strategic plan. The unit's operational plan is an annual plan mapping what will be done to achieve the unit's goals over the upcoming year, how the proposed actions will be done, who will be responsible, and what will be measured to assess progress (KPIs).
2. The next step is the implementation of the planned actions.
3. Effective quality management depends on regular assessment, or checking, of progress, identifying anything that is not going according to plan or to the timetable, and exploring why there has been delay or inaction.
4. Effort focuses on the issues identified in the checking/assessment step, either removing the roadblocks to progress or refining the expectations, in the lead-up to the next iteration of the cycle, with a revised operational plan for the following year

Four main types of external review help the University to make regular assessment of its effectiveness in various areas of quality assurance:

- (i) Regular audit by the Prime Minister's Office of progress against each of the KPIs identified in the university's strategic plan;
- (ii) Institutional accreditation reviews by the UAE Commission for Academic Accreditation (CAA) and the WASC Senior College and University Commission (WSCUC);
- (iii) More specific programmatic accreditations and assessment against international standards (such as AACSB, ABET and various ISO certifications);
- (iv) Annual audit of the university's financial statements.

Quality assurance at UAEU is applied in three main areas:

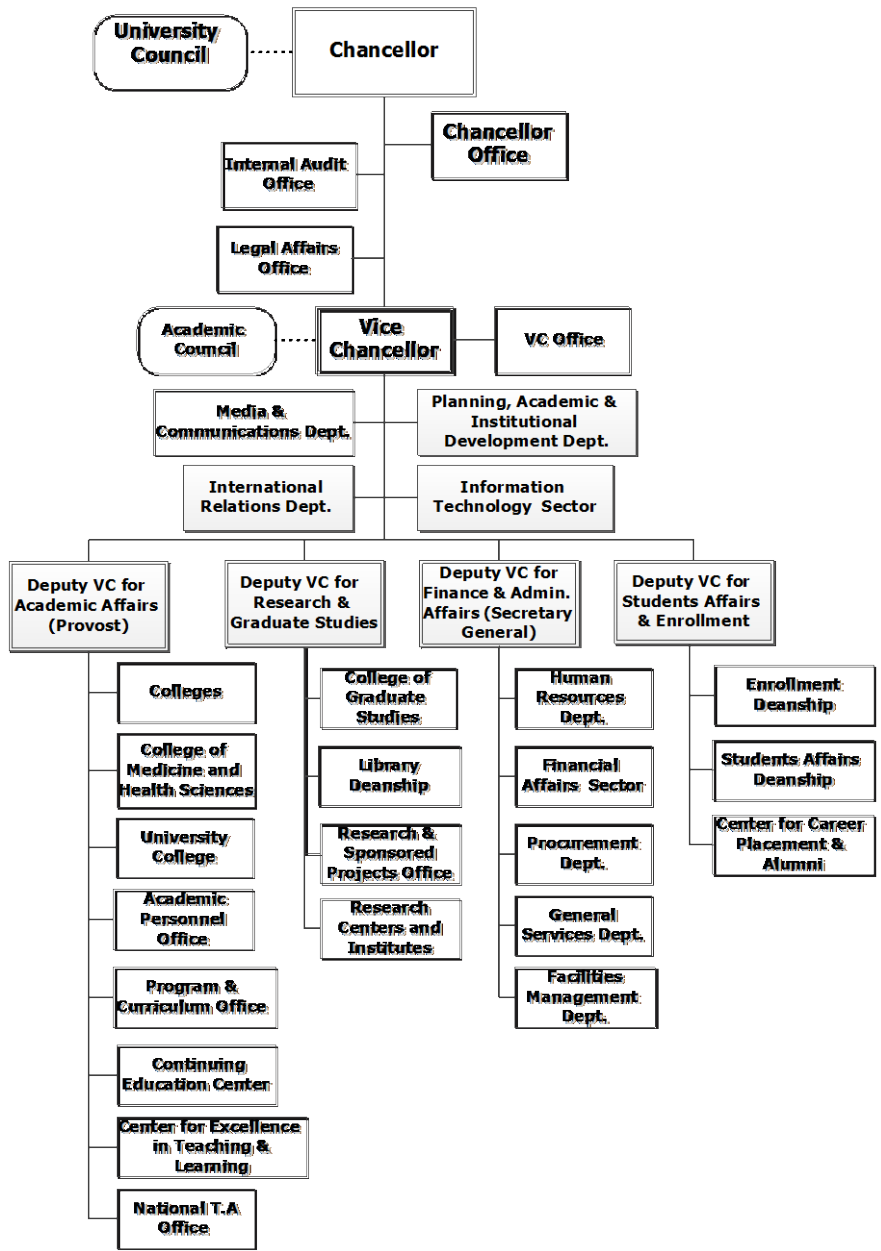
- (i) Administrative support functions;
- (ii) Academic activities; and
- (iii) The quality assurance system and QA infrastructure.

The following sections outline the QA processes that operate at UAEU in each of these areas, covering: (i) processes and timetables, (ii) types of evidence collected and analyzed, (iii) responsible units and/or individuals, (iv) procedures for review of results and development of action plans (including budgets), (v) protocols for communicating outcomes of review and for monitoring improvement plans.

SECTION 2: UAEU GOVERNANCE AND ORGANIZATIONAL STRUCTURE

At the highest level of the university’s governance, the [University Council](#), under the chairmanship of the Chancellor, is responsible for the quality, integrity, and financial sustainability of the University and for ensuring that its mission is being achieved. The Council exercises appropriate oversight over University policies and ongoing operations (Article 12 of the Federal Law No. 4 of 1976).

The University Council delegates the day-to-day management of the University to the Vice Chancellor and four Deputies, each of which has responsibility for a particular area of operations. These areas of responsibility are defined in the UAEU [organizational chart](#).



SECTION 3: UAEU STRATEGIC PLANNING

The [UAEU Strategic Plan](#) is at the core of quality assurance. It is the main instrument for defining the University's quality agenda and measuring our progress and effectiveness. The Strategic Plan sets out the main strategic goals of the institution through the current 3-year planning cycle. It identifies indicators, targets and milestones for each goal. Through measurement of successful delivery against targets, the University is able to identify whether it is on track to achieve the key objectives in the plan, identify risks at an early stage, and take remedial actions if needed.

The University's mission and the goals and initiatives in the Strategic Plan provide the context for the mission, goals and activities that are defined by each academic and support unit. Planning is organized in a hierarchy such that goals and objectives are very broad at the institutional level but are more specific in scope and reflect specific tasks and activities at a program/unit level.

Strategic planning in all federal government agencies, including the federal higher education institutions, is mandated by the Prime Minister's Office (PMO). Planning is on a 3-year cycle (the current plan is 2014-16) and progress against KPIs is reported quarterly and/or annually to the PMO via their on-line 'ADAA' system. The implementation of the plan and the collection of the KPI data are monitored by the PM office and an annual audit is conducted.

Reports on the strategic plan are available to the senior management via the ADAA system, indicates which targets have been met. In addition, PAIDD monitors the strategic planning process and KPIs internally. Units within the University add comments and reasons for not meeting any targets. They are required to devise action plans to address any issues.

The strategic planning process mandated by the PM office requires that each department links its budget with its goals and objectives. All units are departments are now required to align their budget requests with their department goals and objectives. The University's *Budget and Planning Committee* reviews achievement reports as well as action plans and budget requests, and communicates its recommendations to the Vice Chancellor for approval and action by relevant departments (e.g. the concerned academic or administrative unit, HR, Budgets, Finance).

SECTION 4: QA INFRASTRUCTURE

The [Planning Academic and Institutional Development Department](#) (PAIDD) is located in the Vice Chancellor's area of responsibility and the Director reports to the Vice Chancellor. This Department has oversight of strategic planning and quality assurance at UAEU and is the unit responsible for reporting progress against the KPIs and milestones set out in the strategic plan.

PAIDD is comprised of three interrelated sections, which work together to advance the University's mission:

- *Strategic Planning and Performance Management Section* (SPPMS);
- *Institutional Quality and Excellence Section* (IQES);
- *Institutional Research and Analysis Section* (IRAS).

Across these three sections, PAIDD provides a variety of data-gathering, analysis and reporting services directed at empirically evaluating the university's administrative and service functions, and supporting the evaluation of academic quality.

In addition, PAIDD ensures that the University is well represented to external agencies by providing timely and accurate responses to reporting obligation from government, accreditation bodies, and strategic partners.

To achieve these tasks, PAIDD works with many other units across the institution – both academic areas and administrative support services. Of particular importance are *academic quality assurance*, located in the [Programs and Curriculum Office](#), *academic personnel*, located in the [Academic Personnel Office](#), and *research*, located in the [Research and Sponsored Projects Office](#). These offices are within the portfolios of the Deputy Vice Chancellor for Academic Affairs (Provost) and the Deputy Vice Chancellor for Research and Graduate Studies. Between them, these portfolios are responsible for processes that ensure quality of the university's core business: research, teaching-and-learning and service.

SECTION 5: QUALITY ASSURANCE OF SERVICES

The administrative support services at UAEU are delivered by the departments and other units that are listed in the organizational chart in Section 2, above, under the [Deputy Vice Chancellor for Finance and Administrative Affairs](#) (Secretary General) and the [Deputy Vice Chancellor for Student Affairs and Enrollment](#), as well as the four units reporting directly to the Vice Chancellor: the Departments of [Media & Communications](#), [International Relations](#) and, [Planning, Academic & Institutional Development](#), and the [Information Technology](#) Sector.

Quality assurance for administrative units is ensured through the process of an internal review for the units listed above. In addition to the internal review, certain administrative units require further external reviews every few years to ensure compatibility with international standards in areas including Institutional Research, Finance, and HR.

The internal review process, which will be conducted through an extensive self-assessment, will provide units with the opportunity to reflect on their performance, document what is being done well, identify areas where things need improvement, and plan for the future. The 5-year review cycle for administrative units will ensure that review outcomes contribute to improving the overall quality of the services provided by the units, without creating an unsustainable workload on the unit itself, and ultimately increase satisfaction with the services provided.

The outcomes of the review process will help the university in assessing its overall effectiveness and quality of operation and services, and these outcomes will be incorporated into the planning and continuous improvement efforts happening across the university.

Any administrative support unit that has been in place for two years or more will be subject to the review process. 14 administrative support units meets this condition and will be subject for review over a five-year cycle.

UAEU took the decision to adopt the EFQM Excellence model in implementing quality assurance for administrative support services, as it provides the university with a proven management framework and approach that has been adopted by hundreds of organizations across the world that are aiming to foster sustainable organizational excellence. It is also well aligned with the criteria used by the UAE Federal Government in assessing organizational excellence.

The review process is outlined in the following sub-sections:

(i) Processes, infrastructure and timetables

The review process for the administrative supports units will be governed by the EFQM Excellence Model Criteria. The framework is designed to cover each management area in a department, regardless of its scope of work, and is divided into Enabler Criteria (5 enablers) and Results Criteria (4 results) (see Figure 5.1).

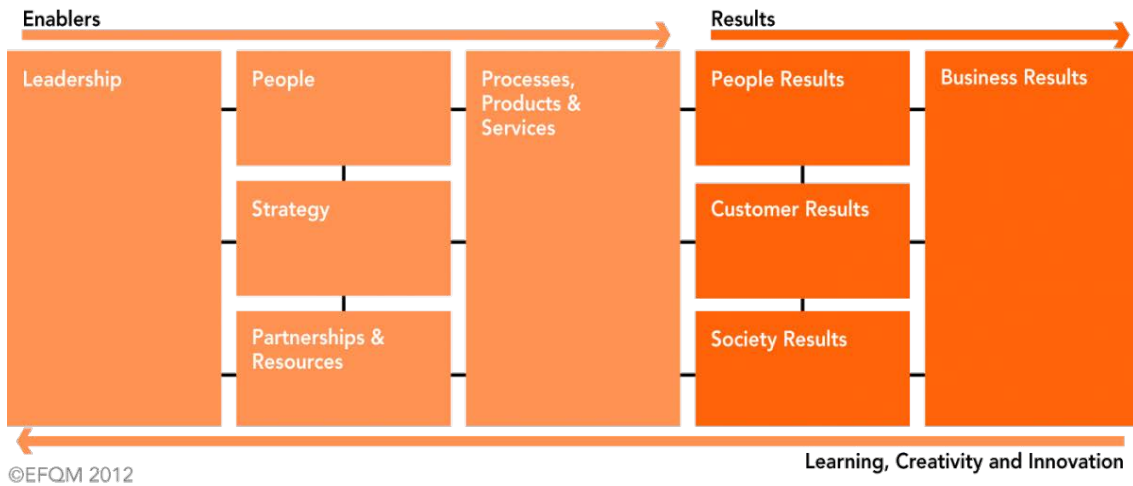


Figure 5.1: EFQM Excellence Model

The review process will be based on a self-assessment and will consist of the following steps (Figure 5.2):

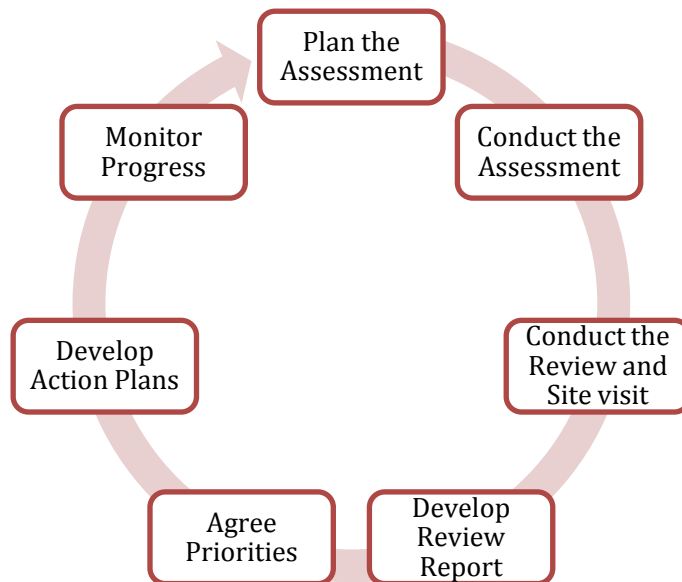


Figure 5.2: Unit Review Process

1. *Plan the Assessment:* This step will include setting the project team and project charter, agreeing how much time and resources available for the assessment, identifying who needs to be involved in the project team to get the information needed, and identifying outcomes desired from the assessment. After setting the project team, Individuals involved will be required to receive the proper training to be able to participate effectively In conducting the assessment. This could be a short briefing on the EFQM Excellence Model or specialized training (depending on the team-members experience with the excellence criteria).
2. *Conduct the Assessment:* Units will have the option to conduct the self-study according to the best suitable method using: questionnaires, workshops, desk review or interviews. This step will include reaching consensus among the project team and stakeholders on the

status of the unit in comparison to the EFQM Excellence criteria and the final output will be in the form of a detailed report, detailing the approaches adopted by the unit and the results achieved for each criteria.

3. *Conduct the Review and Site Visit:* A panel from external and internal EFQM assessors will be formed to conduct the unit review, this step will include desk review of the report submitted by the unit followed by a site visit to verify the report content.
4. *Develop the Final Review Report:* The unit review will be concluded with a detailed feedback report from the assessors panel scoring the unit performance In comparison to each of EFQM criteria and identifying strengths areas to be maintained and areas of improvement.
5. *Agree Priorities:* The self-assessment will result in a number of improvement areas, units will be required to priorities improvement areas based on its impact on the organizational performance and feasibility to perform.
6. *Develop Action Plans:* After agreeing on the priority improvement areas, units will required to develop action plans to deliver the agreed upon improvements.
7. *Monitor Progress:* Action plans will be monitored regularly to ensure implementation progress, and units will be required to submit annual report status of the action plans.

(ii) Types of evidence collected and analyzed

The project team will be required to provide solid evidence for each of the excellence criteria and meet the RADAR assessment method requirements.

For the five enablers criteria, the evidence collected should showcase the sound and integrated approaches being used, explain how these approaches are used in relevant areas, and show that the unit is assessing and refining their approaches based on results achieved. Evidence used in this part could include strategic plans, policies, procedures, project charts, meeting minutes, benchmarking studies, external evaluation reports, improvement plans.

For the four results criteria, the unit should provide solid evidence of key results achieved by the unit, demonstrating good performance. The unit should provide evidence of sustained performance over three years, evidence that the unit sets and consistently achieves its targets. Results should be appropriately segmented to provide meaningful insight and relevant external comparisons should be made in relation to each of the key areas. Evidence used in this part will focus on two areas: (i) results of perception surveys (by students, employees, and other relevant stakeholders) and (ii) results of performance indicators relevant to each of the criteria.

(iii) Responsibility for the process

The unit review process will involve the unit being reviewed, the panel team of assessors, and the Quality & Institutional Excellence Section (QIES) of PAIDD. QIES will take on the responsibility of overseeing and managing the unit review process.

(iv) Procedures for reviewing results and developing improvement plans

The panel of assessors will be implementing the RADAR assessment method in reviewing the unit self-review report. After concluding the site visit and verifying the report content, the panel will be drafting a feedback report scoring the unit on each

criteria and identifying the strengths and areas of improvement for each. Units will be responsible in preparing the corresponding action plans to cover the major areas of improvement identified in the feedback report.

(v) *Communicating review outcomes and monitoring improvement plans*

The Quality & Institutional Excellence Section (QIES) will be responsible in following up with units in implementing the action plans. The section will also be reporting review outcomes of units to the concerned Deputy Vice Chancellor and the Vice Chancellor's Senior Executive Council, as well as monitoring progress in implementing action plans.

SECTION 6: ACADEMIC QUALITY ASSURANCE

The core business of the university is its academic functions of research, teaching-and-learning, and service to the community. Key responsibility for these functions lies in the organizational units that are shown in the organizational chart in Section 2 as reporting to the [Deputy Vice Chancellor for Academic Affairs](#) (Provost) and the [Deputy Vice Chancellor for Research & Graduate Studies](#).

Each of the units in these portfolios is required to engage in the university’s strategic planning process and the quality assurance steps that flow from it – outlined in Section 5 above.

Academic quality assurance relating to student success at UAEU encompasses three main components assuring that new degree programs are of high quality and the quality of existing programs is maintained, teaching is maintained at a high standard, and students are achieving the institutional and program learning outcomes.

Quality assurance of academic affairs at UAEU therefore has a number of particular, well-defined requirements that are outside the strategic planning process because they are part of our core business. These relate specifically to teaching and learning and cover: (i) approval of new degree programs, (ii) periodic review of degree programs; (iii) performance evaluation of the teaching faculty, and (iv) assessment of student learning outcomes.

Like the strategic planning process, quality assurance in these areas is a cycle. The key elements are highlighted in Figure 6.1. They include (i) close communication between the Planning, Academic and Institutional Development Department and the Program and Curriculum Office, (ii) multi-year cycles of program review, learning outcomes assessment and faculty promotion, and (iii) annual review cycles linked to each of these processes.

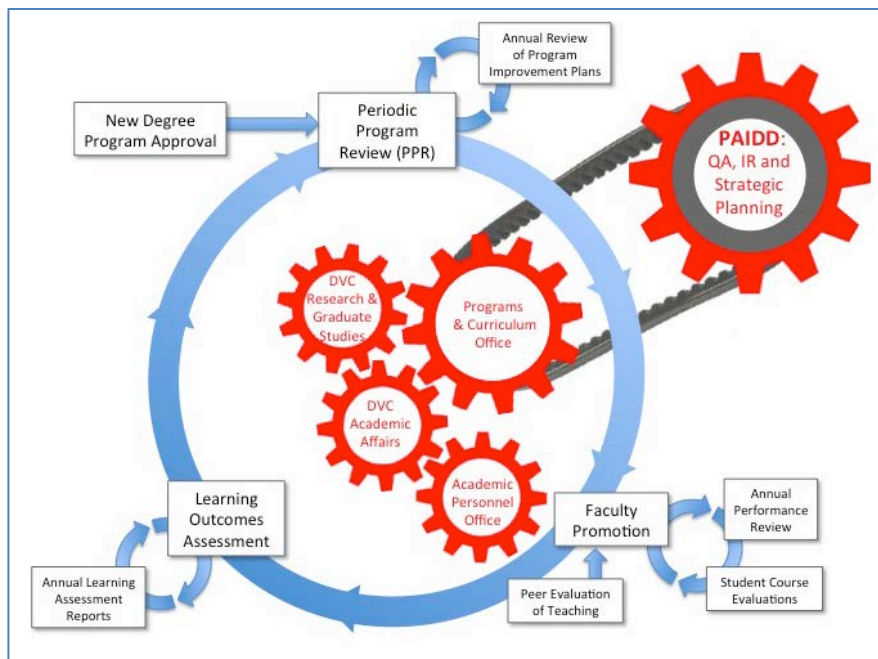


Figure 6.1: Schematic representation of links between the three key areas of academic quality assurance: periodic program review, learning outcomes assessment, and faculty performance appraisal and promotions. The link between academic quality assurance and institutional QA is particularly important.

The specific quality assurance processes that are related to these areas are outlined in the following sub-sections, organized by five key areas of focus: (i) processes, infrastructure and timetables; (ii) types of evidence collected and analyzed; (iii) responsibility for the process; (iv) procedures for reviewing results and developing improvement plans; and (v) communicating review outcomes and monitoring improvement plans.

6.1 *Approval of Degree Programs*

(i) *Processes, infrastructure and timetables*

The quality of the curriculum is initially assured through the program proposal and approval process, which is governed by sets of policies and procedures at both [undergrad](#) and [graduate](#) levels.

The program proposal system is controlled through CurricUNET, with an embedded work-flow approval line. Curriculum changes are also initiated and approved via the CurricUNET system, for both [undergrad](#) and [graduate](#) courses and programs.

New program proposals or major changes to existing programs are normally initiated by an academic Department and approved by the College Council, before being reviewed by the Undergraduate Programs and Curriculum Committee (for undergraduate programs) or the Graduate Studies Council. They are then approved by the Academic Council and, if necessary, the University Council. As such, the following steps are implemented:

Initial proposal → UAEU University Council approval → CAA approval → approval by WSCUC as a 'substantive change'.

(ii) *Types of evidence collected and analyzed*

The key quality assurance elements of the degree program approval process include:

- An environmental scan/competitor analysis;
- Data on potential market and potential demand, gleaned from surveys and/or focus groups;
- International benchmarks for program structure and content obtained through reports of qualified international reviewers.

(iii) *Responsibilities*

New program proposals and modifications to existing courses and programs are the responsibility of the initiating Department(s), with approval lines through the College, Programs and Curriculum Office (undergraduate) or Graduate Studies Council (graduate), and the Academic Council and University Council.

The Signatory Authority Matrix for [undergraduate](#) and [graduate](#) levels defines the approval lines for the different types of changes.

(iv) *Procedures for review of results and development of action plans*

The process of Periodic Program Review (see 6.2, below) is the mechanism for reviewing the quality of degree programs and constituent courses, and establishing program improvement plans.

(v) *Communicating review outcomes and monitoring improvement plans*

The Periodic Program Review process (See 6.2, below) describes the communication of review outcomes and monitoring of progress of improvement plans.

6.2 Periodic Program Review

(i) *Processes, infrastructure and timetables*

Periodic Program Review (PPR) is at the core of continuous improvement in educational effectiveness. PPR occurs on a 4-6 year cycle for undergraduate programs and a 3-4 year cycle for masters programs and a 5-7 year cycle for doctoral programs. Different cycle times are the result of the different durations of these programs.

PPR is based on self-study and reflection of measures of program well-being (including assessment of learning outcomes – see 6.4, below), uses input from external reviewers, leads to action plans. Progress is reviewed annually, as summarized in Figure 6.2 and [published on-line](#):

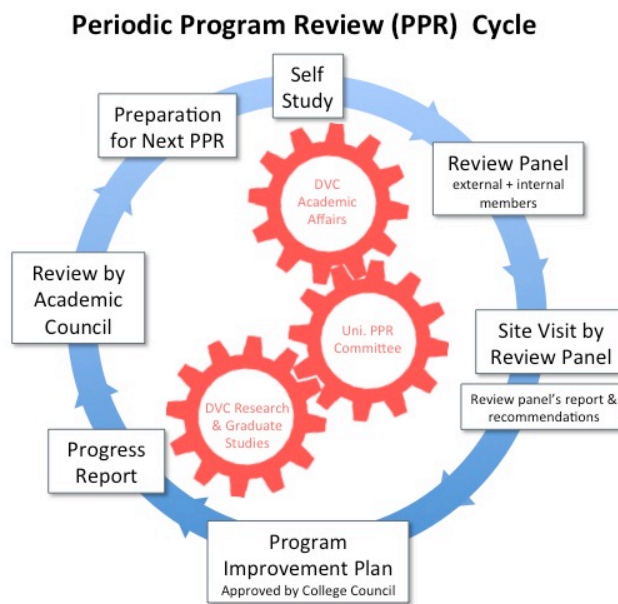


Figure 6.2: Schematic diagram of the periodic program review cycle, illustrating the steps in the process and the administrative units responsible for driving and monitoring the process and outcomes.

PPR is embedded in policy and procedures ([undergrad and graduate](#)) and a [timetable](#) for upcoming reviews is published on-line.

(ii) Types of evidence collected and analyzed

The Self-Study Report [template](#) identifies to key items of evidence that must be collected as a basis for the review of a program. It includes many measures of program well-being, related to student success.

The recommendations in the program review report form the basis for the Program Improvement Plan (PIP). Information relating to progress in each part of this plan is reported annually.

In addition to the Self-Study and PIP processes, there is an annual report on the program by the Program Coordinator, based on a set of measures of educational effectiveness, including:

- Statement of on-going need for the Program;
- Student profile, and retention and graduation rates;
- Faculty profiles;
- Management of curricula and delivery of program;
- Progress in learning outcomes assessment;
- Identification of additional resources needed.

(iii) Responsibilities

Several individuals and university bodies are involved in the PPR process including the Program Coordinator, Department Chair, College Dean, Program and Curriculum Office, Undergraduate Periodic Program Review Committee, (UPPRC – undergraduate) or Graduate Studies Council (GSC –graduate), and Academic Council. Each has a specific role set out in the PPR policy and procedure ([undergrad](#) and [graduate](#)).

The Program Coordinator/Department Chair has responsibility for the program’s annual report with the support of all faculty involved in the program. The report is reviewed by the College Council and Dean of the respective College.

(iv) Procedures for review of results and development of action plans

The PPR review panel reviews the SSR and is engaged in the site visit. The review panel submits a final report. The program prepares a Program Improvement Plan (PIP) in response to the recommendations in the review team’s report. *Something on external advisory boards – what role?*

(v) Communicating review outcomes and for monitoring improvement plans

Full details of each PPR are uploaded to the SharePoint [intranet site](#) of the Program and Curriculum Office. These include the Self-Study Report, the agenda of the site visit, the review team’s final report, the PIP, and UPPRC feedback on the PIP and on annual progress reports.

The PIP and annual reports on progress of each action in the PIP are reviewed by the UPPRC (for undergraduate programs) or GSC (for graduate programs). These committees submit a regular report on progress on each PIP to the Academic Council.

6.3 Quality of Faculty

(i) Processes, infrastructure and timetables

A number of processes at UAEU combine to assure the quality of faculty across all three areas of their responsibility: teaching, research, and service. The key QA processes are recruitment, performance review, qualification as graduate faculty, and promotion.

The detailed procedures and timelines are set out in the approved policies and procedures documents as follows:

- Faculty recruitment ([policy & procedures](#)) – Timeline: As needed. However, faculty appointments are normally made at the commencement of Fall and Spring Semesters (August and January of each year).
- Performance review ([policy & procedures](#)) – Timeline: 2-year cycle, annual review (see Figure 6.3).

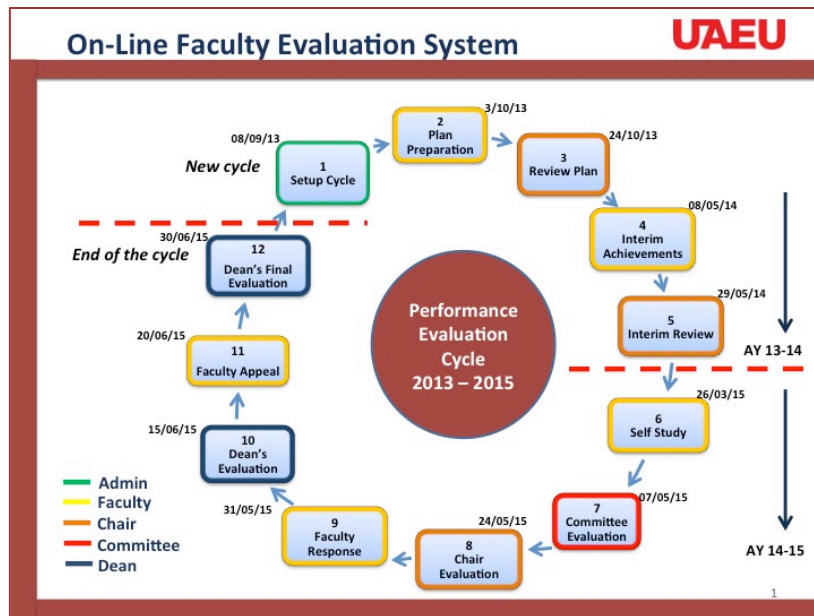


Figure 6.3: Biennial cycle of faculty performance review, illustrating steps in the process and responsibilities

- Qualification of graduate faculty ([as per policy](#)) – Timeline: On initial appointment, with 3-yearly review thereafter.
- Promotions ([policy & procedures](#)) – Timeline: Determined by applicant, except non-Emirati assistant professors must apply for promotion to Associate Professor no later than the beginning of the 7th year of initial appointment.

(ii) Types of evidence collected and analyzed

The faculty recruitment process includes a written application, CV and list of publications and grants, an interview, and input from referees. Using these sources of

evidence, the suitability of an applicant is judged against the criteria specified for the position.

Faculty performance reviews and promotions are based on a portfolio of evidence assembled by the faculty member, covering teaching, research, and service – as defined in the procedures documents. Reports of external reviewers are also included in the review process for faculty promotions, as are the results of student evaluation of teaching and peer evaluation of teaching. The review of all promotion applications is conducted by committees at the Department, College and University levels.

(iii) Responsibilities

Responsibilities for various parts of the processes relating to faculty recruitment, performance appraisal and promotion are identified in the relevant policies and procedures (see (i), above), and the relevant part of the academic personnel Signatory Authority Matrix. The following summarizes the various responsibilities for each:

- *Faculty recruitment*: Department Chair, Applicant, Search Committee, Dean, Provost, Vice Chancellor, Chancellor.
- *Faculty performance review*: Faculty member, Department Chair, Department Review Committee, Dean.
- *Graduate faculty qualification*: Faculty member, Department Chair, Dean, Graduate Studies Council.
- *Faculty promotion*: Faculty member, Department Chair, Department/College Promotions Committee, Dean, Provost, Vice Chancellor.

(iv) Procedures for review of results and development of action plans

Reviews of all faculty personnel activities are built in to the respective policies and procedures. While these processes are all faculty-led at the Department level, with the involvement of the Department Chair, the Dean is responsible for review of both the process and the outcome. In the case of faculty recruitment and promotion, the Provost and the Vice Chancellor also has a review and approval role.

In faculty performance review, an interim review is built in to the 2-year cycle. The Department Chair is expected to give feedback to the faculty member on the qualities of his/her contributions and provide assessment of the faculty member's teaching, research, and university and community service, based on the progress made during the first year of the review cycle. The feedback is expected to be constructive and motivational.

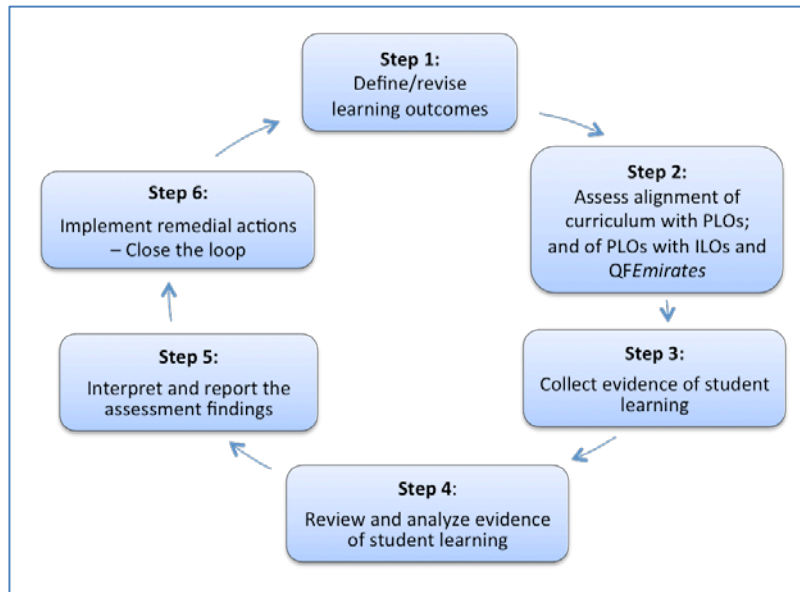
The Director of the Academic Personnel Office, reporting to the Provost, has responsibility for ensuring the integrity and effectiveness of the various processes in this portfolio, and developing proposals for changes, where they are needed. The Dean of the College of Graduate Studies reviews the designation of faculty as graduate faculty based on their qualifications and research productivity and quality.

(v) Communicating review outcomes and for monitoring improvement plans

Individual faculty members are informed on their performance through the on-line Faculty Evaluation System <https://facultyevaluation.uaeu.ac.ae/> once the evaluation is

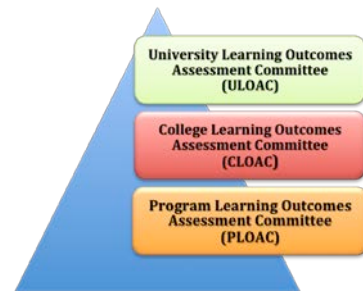
completed by the concerned committee and Department Chair and approved by the Dean. The outcomes of successful faculty promotions, and qualification as graduate faculty are announced to the university community annually. Any changes needed to improve the procedures (see (iv), above) are reviewed and approved by the Academic Council and the Vice Chancellor.

6.4 *Assessment of Student Learning*



(i) *Processes, infrastructure and timetables*

To promote integration of assessment activities across the university, assessment committees are appointed at the beginning of each academic year at the University, College, and Department levels. The university learning outcomes assessment committee (ULOAC) comprises faculty representatives from each College.



Assessment is focused on measuring the achievement of student learning outcomes that have been defined at both the institutional level (covering a set of core competencies) and at the program level.

All graduate and undergraduate programs are expected to assess their learning outcomes periodically. The length of the assessment cycle is 4-6 years for undergraduate programs, 3-4 years for master’s programs, and 5-7 years for doctoral programs.

Each program is required to have an assessment plan that includes the following:

1. Target attainment level for each outcome;
2. Assessment timeline, which indicates when the assessment evidence for each outcome is to be collected and analyzed, and when the remedial actions will be implemented;
3. The assessment tools that will be used to collect the evidence;
4. Who is responsible for collecting the assessment evidence;

5. Who is responsible for analyzing the collected evidence, and the associated process;
6. How the assessment loop is closed by addressing the findings and recommendations.

(ii) *Types of evidence collected and analyzed*

The program assessment plan specifies what will be assessed, when it will be assessed, and how the results of the assessment will be used for improvement. The types of evidence that will be collected for each outcome include both direct evidence, such as exit exams, capstone, internship, portfolios) and indirect evidence (exit interviews and employer, alumni and internship surveys).

(iii) *Responsibilities*

The Program and Curriculum Office oversees the assessment planning and reporting of all departments involved in student learning across the university, to enforce a commitment to student learning that aligns with the mission, vision and strategic priorities of the university.

Assessment committees are responsible for overseeing the implementation of the assessment processes, and ensuring that the assessment results and findings are accurately and sufficiently documented and discussed with the appropriate entities.

(iv) *Procedures for review of results and development of action plans*

The Program Learning Outcome Assessment Committee (PLOAC) compiles the collected assessment evidence and evaluates the attainment level. The attainment level is then compared with the target and the levels from previous cycles. The trends are analyzed as well as the likely effectiveness of remedial actions. A detailed report is submitted to the College Learning Outcome Assessment Committee (CLOAC).

After collecting the reports from the different programs, the CLOAC discusses the assessment findings and devises appropriate recommendations to address any deficiencies. The college curriculum committee is responsible for implementation of remedial actions related to curriculum or course modifications.

In the case of the institutional learning outcome (ILOs), the Program and Curriculum Office (PCO) oversees the collection of the annual ILOs assessment evidence. The evidence is compiled by the PCO and the ILO attainment levels are analyzed. The PCO leads discussion on the ILO assessment findings and defines remedial actions to address any deficiencies. The PCO is responsible for overseeing the implementation of the remedial actions at the program level.

(v) *Communicating review outcomes and monitoring improvement plans*

The PLOAC prepares an annual assessment report that discusses the assessment findings, and specifies the recommendations and the remedial actions to be implemented (see (iv), above). The assessment report is submitted to the CLOAC for approval. The approved assessment report is the submitted to PCO and published on the PCO website. The PLOAC is responsible for overseeing the implementation of the remedial actions. Likewise, the PCO is responsible for communicating the annual ILO assessment reports and overseeing the implementation of remedial actions.