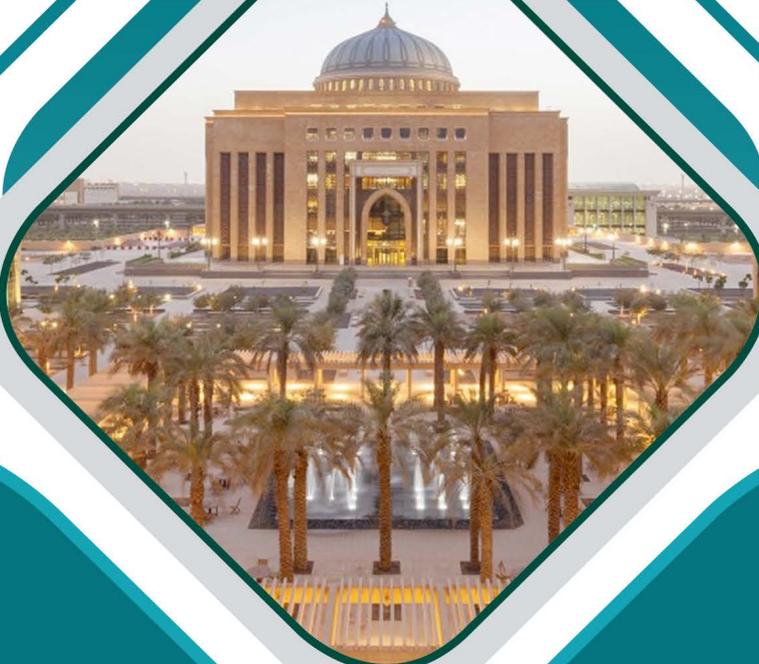




جامعة الأميرة نورة بنت عبدالرحمن  
Princess Nourah bint Abdulrahman University



# PNU Quality Management System Implementation

## Guidebook for Academic Programs

2024



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





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## Quality Management System (QMS)

### Preface:

The Development and Quality Deanship (DQD), as part of its supporting duties for all quality aspects at Princess Nourah Bint Abdul Rahman University (PNU), has adopted the facilitation of quality procedures and processes. Especially those derived from the Quality Management System Guidebook (1st Edition), which was developed according to clear and regulated processes, and included the details of both institutional and programmatic quality standards and practices. This has contributed in drawing clear work procedures, describing regulations and clearly defining tasks and responsibilities in each area, and all simplified within a procedural guide that is easy to refer to and implement.

Through this part of the guide, the Development and Quality Deanship (DQD), aims to ensure the quality of academic programs and unify the efforts made to facilitate the procedures for closing the Quality Cycle in accordance with quality standards and academic accreditation. Additionally, it seeks to establish development and improvement plans for the program.

This guide is concerned with national accreditations. All the forms referred to are the forms of the National Center for Academic Accreditation and Assessment (NCAAA).



## Key Terms Used in the QMS Guidebook

### Quality:

The value, quantitative amount, or level awarded to an educational institution or academic program in comparison with the accepted standards of an educational institution or academic program of its kind.

### Quality Assurance\*:

Regular and planned review operations, which involve ongoing monitoring to ensure that the institution or program meets specific standards or requirements. This is done to maintain the required level of performance and services, aiming to improve and align with the practices of internationally distinguished institutions or programs.

### Quality Management System (QMS):

It defines the procedures designed to ensure the quality of administrative, educational, research, and community partnership systems.

### Accreditation\*:

An official certification awarded by a recognized authority providing that a given institution or program has met the required academic accreditation standards.

### Accreditation Eligibility\*:

Institutions or programs are considered eligible for a final review visit to obtain academic accreditation upon meeting the eligibility requirements and conditions set by the National Center for Academic Accreditation and Assessment (NCAAA).

### Institutional Accreditation\*:

The accreditation of an institution of higher education and the acknowledgment that it meets the required quality assurance and academic accreditation standards.



### Program Accreditation\*:

The accreditation of an educational program by a recognized authority certifying that it meets the required standards for the delivery of a program at the required level.

### National Accreditation:

The National Center for Academic Accreditation and Assessment (NCAAA) is the local authority responsible for accrediting educational programs in the Kingdom of Saudi Arabia.

### International Accreditation:

There are many international accreditation organizations that accredit higher education programs and each has its own academic standards. The National Center for Academic Accreditation and Assessment (NCAAA) has set criteria for selecting the awarding organizations that the programs must adhere to and consider when applying for international accreditation.

### Full Accreditation\*:

This accreditation level signifies that the institution/program has undergone external evaluation and has successfully met all the NCAAA standards.

### Conditional Accreditation\*:

Accreditation is granted to an institution/program that meets the standards and key performance indicators but identifies areas for improvement. This allows the institution or program an opportunity to enhance and develop within a timeframe of up to two years from the accreditation decision date to achieve full accreditation.

### Academic Program\*:

A set of courses, activities, and learning experiences designed to achieve specific goals and learning outcomes over a period of time, which, when successfully completed, lead to obtaining a degree or specific qualifications.



### Evaluation:

The numerous efforts and activities carried out by the educational institution to identify strengths, as well as areas of improvement, and proposals for development and improvement in all educational, administrative, research and community partnership aspects. This is done through the assistance of a number of knowledgeable people with previous experience in the evaluation process, from within the institution (internal evaluation) or from outside (external evaluation), according to specific evaluation criteria.

### Self-study:

A set of procedural steps taken by the institution/program's members to evaluate their institution/program themselves based on the reference of local and international quality assurance and accreditation standards, through collecting information and data on the institutional program performance in the current situation, and comparing it with quality and accreditation standards.

### External Review:

The process of evaluating the extent to which the institution or the educational program fulfills the requirements of quality and accreditation standards, by an evaluation team formed by an independent third party, such as the NCAAA, which entails granting the educational institution or its programs academic accreditation.

### Internal Review:

The process of evaluating the extent to which the institution or the educational program fulfills the requirements of the standards of the accreditation organization, by the evaluation team that is formed by the university, or by any organization supervising it. Meaning that the internal review is the internal quality control process, which qualifies the educational institution to apply for accreditation.

### Internal Reviewer:

The internal reviewer is a faculty member at PNU, who has passed the training courses organized by the university, and is qualified as an accredited assessor to assess the university performance according to the "PNU-QMS".



### Peer Evaluation:

An evaluation carried out by experts from outside the institution to guide the institution. However, it does not entail granting the educational institution or its programs academic accreditation.

### Peer Visit (Mock Visit):

A visit made by experts from outside the institution to guide the institution and serve as a simulation of an external review. However, it does not entail granting the educational institution or its programs academic accreditation.

### Review Team\*:

An independent team of experienced individuals, including a chairman and several members, tasked with conducting with the final review visit and prepare the review team's report.

### Review Team Report/External Review Report\*:

A document prepared by the review team that includes a description of the institution's or program's performance in relation to the academic accreditation standards set by the NCAAA. It contains relevant comments, commendations, recommendations, suggestions, and subsequently, the accreditation decision recommendation.

### Follow-up Report\*:

An annual report including key data that reflects the institutional or programmatic characteristics (profile) and key performance indicators.

### Benchmark Comparison:

A comparison of the level of results achieved against another external entity in the same field.



### Learning outcomes\*:

The description of what a learner or trainee should know, understand, be able to do, and demonstrate in their behavior by the end of a specific educational or training program, representing the ultimate outcome of the educational or training processes.

### National Qualifications Framework\*:

A comprehensive system for designing, developing, organizing, and accrediting qualifications within eight levels, providing a description of learning outcomes at each level according to the targeted knowledge, skills, and values.

### Continuous improvement\*:

A set of actions carried out on inputs and outputs based on feedback from reports on actual practices, aimed at developing performance for activities (the institution/ academic program).

### Beneficiaries\*:

They are undergraduate and graduate students, employees, employers, sponsoring entities, community members served by the institution, and any other groups participating in the program/institution.

### Graduate Attributes:

The important behaviors, values, skills and characteristics that the university aims to develop in its graduates by the time of graduation to prepare them for future work and be responsible citizens and contributors in achieving social and economic well-being in society.

### Objectives:

The specific statements that refer to the desired results that the institution or program is striving to achieve.



### Performance Indicator:

A measure that indicates the organization's progress in achieving the aspired goals.

### Indicator Polarity:

Indicates the state of the indicator if increasing or decreasing.

## KPIs Terms:

**Target:** Refers to the agreed upon performance level to be achieved.

**New Target:** Refers to the desired performance level after achieving the current performance.

**Actual Performance Level:** Refers to the performance level from the current year.

### Internal Benchmark:

Refers to the value of the indicator from the previous year which serves as an internal benchmark for assessing the current year's indicator, providing a reference point for evaluating the university's performance.

### External Benchmark:

Refers to the comparison of the performance level with an external institution or program to determine the extent to which the target has been achieved and the current status of the university or program.

### Self-Study Report \*:

A report evaluating an institution or program's quality and effectiveness in pursuit of accreditation. It is prepared by the institution or program according to the standards established by the NCAAA.

### Self-evaluation Scales\*:

A tool employed by an institution or program to assess its performance on a five-point scale according to the standards established by the NCAAA.



### Evidence \*:

Evidence or data that validates the attainment of indicators or standards.

### Documentation:

The systems of which the educational institution follows to document and maintain evidence of good practices that have been implemented to meet the standards of quality and academic accreditation.

### Tracks/Pathways:

The sub-specialties branching off the program. The student chooses the track after passing a number of accredited units that are common between the program tracks.

### Exit Points \*:

Qualifications for academic degrees that are intermediate to long educational or training programs, which learners or trainees receive from an awarding body upon achieving the targeted learning outcomes and meeting the placement requirements for a specific level. These qualifications are not equivalent to the degree of the initial program in which they enrolled.

### Academic Accreditation Standards\*:

The quality levels and conditions that institutions or programs must meet to obtain academic accreditation from the NCAAA.

### Criterion:

The target level to reach good performance.

### Sub-criterion:

A sub-criterion for measuring the performance process in order to evaluate it.

### Full Compliance\*:

Refers to the (institution/program) meeting all the requirements of the standard.



### Substantial Compliance\*:

Refers to the current fulfillment of the requirements of this standard by the (institution / program), but there is a possibility that the situation may change so that the (institution / program) does not meet the requirements of this standard before the next review.

### Low compliance\*:

This refers to the fact that the (institution / program) does not meet this standard in a way that ensures quality is not compromised, therefore immediate corrective actions are required before the next review.

### Non-compliance\*:

Failure to meet the requirements of this standard.

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(\*) Terminology by the NCAAA.

## The Four Main Stages of the Quality Cycle:

The following guide is divided into sections in accordance to the four main stages of the quality cycle, aimed at ensuring the closure of the quality cycle in development and continuous improvement processes, along with the specific forms and templates for each stage as follows::



Figure 1: Quality Cycle



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## Section One

### PLAN (Planning)

This section includes:

- 1) The Organizational Structure of Quality Management in the College.
- 2) The Role of The Development and Quality Deanship (DQD) in Supporting Academic programs.
- 3) The Role of the Graduate Studies Deanship (GSD) in Supporting Postgraduate Programs.



## The Organizational Structure of Quality Management System in the College:

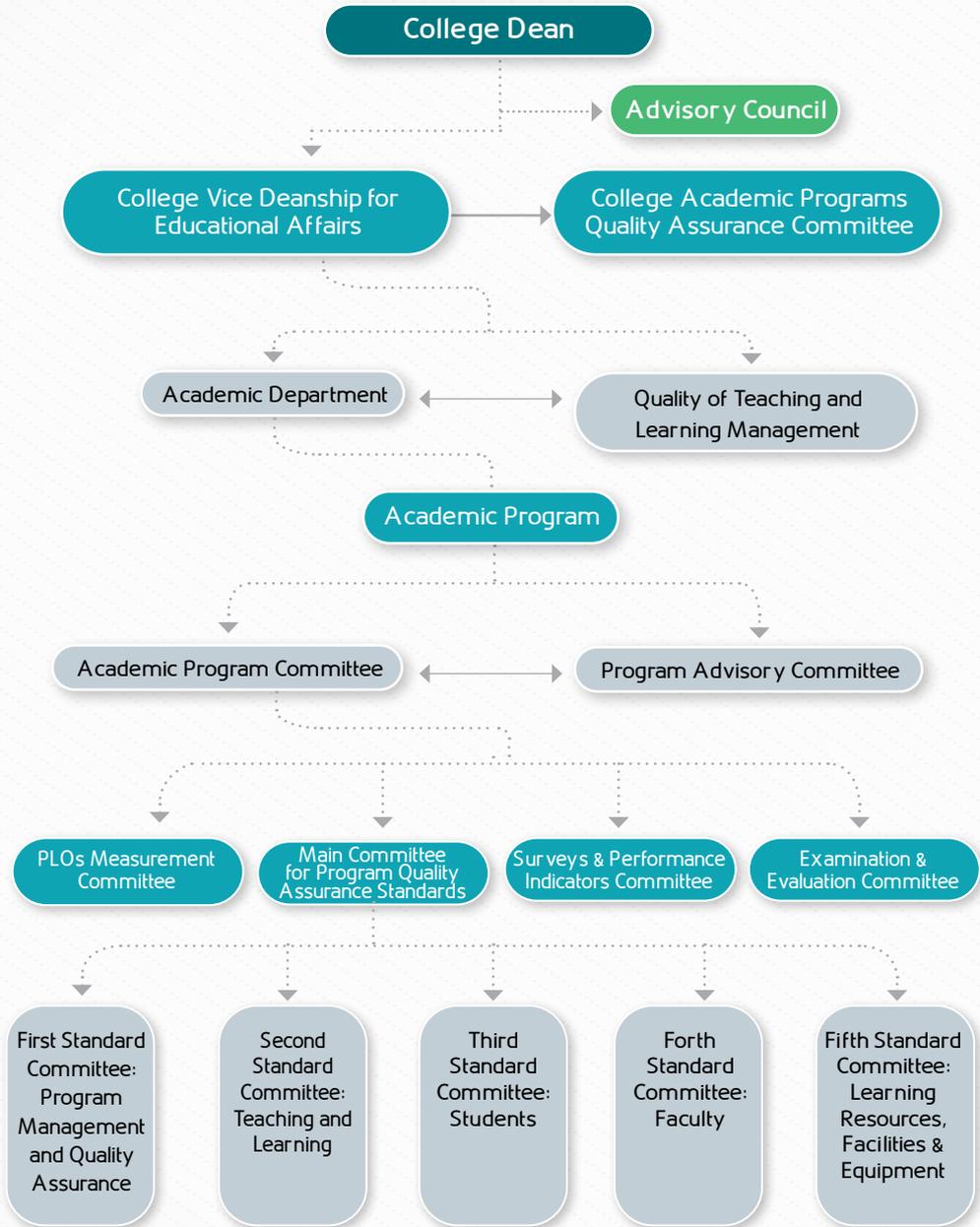


Figure 2: The organizational Structure of Quality Management System in the College

## The Role of the Development and Quality Deanship (DQD) in Supporting Academic Programs

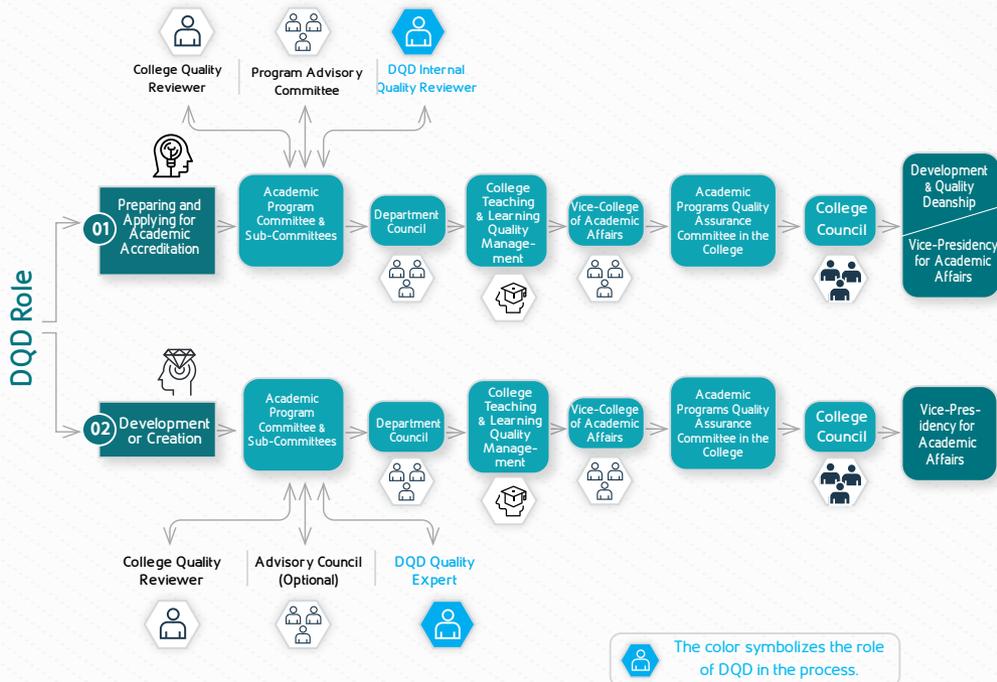


Figure 3: The Role of the DQD in Supporting Colleges



The above figure shows the role of DQD in supporting colleges to reinforce quality management system processes in academic programs, according to two tracks:

- 1- **The first track** is related to the preparation procedures for program accreditation.
- 2- **The second track** is related to the program development procedures or the creation of exit points for the program.

Below, we shall review each track and its procedures and tasks:

### The 1<sup>st</sup> Track: Preparing and Applying for Academic Accreditation:

In this track, the DQD is keen to provide the academic program with an internal quality reviewer to support the program when applying for accreditation in accordance to the program time plan for accreditation. Moreover, in the event that the program obtains conditional accreditation, the DQD shall support the program through reviewing the report for removing the condition and ensuring the quality of documents.

**In this track, the quality workflow first starts from:**

- 1) The Academic Program Committee, which has a continuous and sustained relationship with the program supporting entities. They provide the program with advice and proposals for amendment or development. The supporting entities consist of the following: (the college quality reviewer, the program advisory committee, the internal quality reviewer).
- 2) Next, approving the program documents by the Department Council.
- 3) Then, submitting the program documents to the Quality of Teaching and Learning Management of the College.
- 4) Afterward, submitting the program documents to the College Council for approval.
- 5) Finally, submitting the program documents to the DQD to ensure the completion of the accreditation requirements before submitting them to NCAAA..

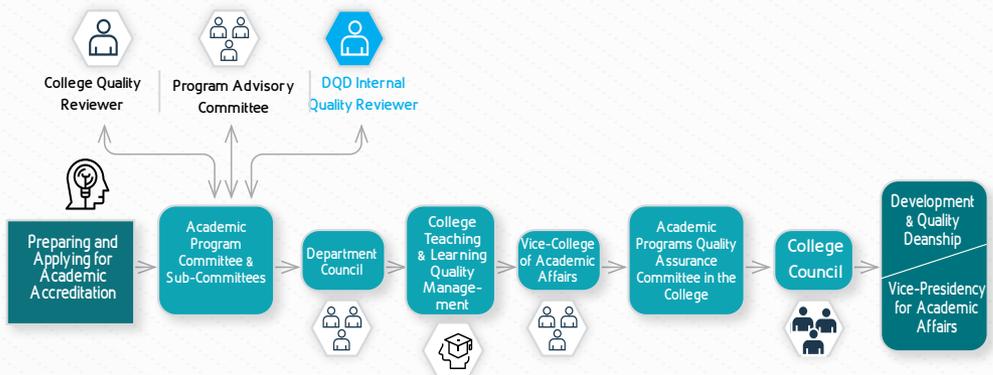


Figure 4: The 1st track of the role of the DQD in supporting academic programs

The following are QR codes for the forms related to the first five steps of the first track, which include all the details and documents:



## The 2nd track: Procedures for Developing the Academic Program or Creating Exit Points:

In this track, the DQD was keen to provide the academic program with counseling services by their quality experts through reviewing requests for modification or development of the program or creating an exit point to verify the quality of the documents.

**In In this track, the quality workflow first starts from:**

- 1) The Academic Program Committee, which has a continuous and sustained relationship with the program supporting entities. They provide the program with advice and proposals for modification or development. The supporting entities in this track consist of the following: (the college quality reviewer, the advisory council, the DQD quality expert).
- 2) Next, approving the program documents by the Department Council.
- 3) Then, submitting the program documents to the Quality of Teaching and Learning Management of the College.
- 4) Afterward, submitting the program documents to the College Council for approval.
- 5) Finally, submitting the program documents to the Study Plans and Curricula Unit at the Vice-Presidency for Academic Affairs to verify the completion of the modification requirements before submitting them to the Standing Committee for Plans and Curricula.



Figure 5: The 2nd track of the role of the DQD in supporting academic programs

The following are QR codes for the forms related to the first five steps of the second track, which include all the details and documents:



## The Role of the Graduate Studies Deanship in Supporting Postgraduate Programs

The quality processes for postgraduate programs are regulated in the same manner as those for undergraduate academic programs. Below is an explanation of the role of the Graduate Studies Deanship (GSD) in supporting postgraduate programs, as represented in the following tracks:

1. The first track is related to the procedures for establishing or developing local or joint postgraduate programs.
2. The second track involves monitoring the preparation for program accreditation.

### The 1st track: The Process of Establishing or Developing Local or Joint Postgraduate Programs:



Figure 6: The 1st track of the role of the GSD in supporting Postgraduate Programs

### Establishing or Developing Local Postgraduate Programs:

Postgraduate programs at PNU are approved in accordance with Article 5 of the Regulations Governing Postgraduate Studies in Universities and their Executive Rules, as outlined below:

- 1- The Program Committee submits the proposal to the Graduate Studies Department at the college after completing all the necessary steps to establish the program. The department then sends it to the Vice Deanship for Research, Innovation, and Enterprise. Throughout this process, the Program Committee maintains ongoing communication with its supporting entities to gather feedback and suggestions for any needed changes or improvements.

- The proposal is first reviewed by the college's Quality Reviewer, then by the Advisory Council, and finally by the expert reviewer at the Development and Quality Deanship (DQD).
- 2- The Vice Deanship for Research, Innovation, and Enterprise forwards the proposal to the Quality Assurance Committee to verify that all requirements have been met and to provide feedback.
  - 3- The proposal is presented to the relevant Department Council, in accordance with paragraph 4 of Article 7 of the Regulations Governing Postgraduate Studies in Universities.
  - 4- If the proposal is approved, it is then submitted to the College Council for final approval, in compliance with the relevant regulations and guidelines.
  - 5- If approved, the College Council for wards the proposal to the Graduates Studies Deanship, in accordance with Paragraph 4 of Article 7 of the Regulations Governing Postgraduate Studies in Universities.
  - 6- The Vice Deanship for Programs and Development at the Graduate Studies Deanship reviews the proposed program to ensure it meets all requirements, and then presents it to the Standing Committee for Programs at the Graduate Studies Deanship.
  - 7- The Vice Deanship for Programs and Development at the Graduate Studies Deanship submits the proposed program to the Standing Committee for Programs at the Graduate Studies Deanship after it has met all the requirements as per the committee's recommendations.

### **Establishing Joint Postgraduate Programs:**

1. A joint committee is formed from the relevant departments, colleges, universities, or research institutions, including specialists in the program's field. This committee is responsible for developing a detailed proposal for the program, in accordance with the regulations governing the approval of programs as outlined in the Regulations Governing Postgraduate Studies in Universities.
2. The joint program proposal is presented to the relevant Department and College Councils, and their recommendations are then submitted to the Standing Committee for Graduate Studies, which will forward the recommendation to the University Council.

3. A standing committee for the approved joint program is established by a decision of the University Council, in accordance with the regulations and rules governing standing committees as outlined in Article 9 of the Regulations Governing Postgraduate Studies in Universities.

QR Code for Postgraduate Studies Forms and Committees



### The 2nd Track: Monitoring the Preparation for Program Accreditation:

The Graduate Studies Deanship (GSD) monitors the timeline provided by the Development and Quality Deanship (DQD) for the approval of postgraduate programs, ensuring it aligns with the submitted schedule.

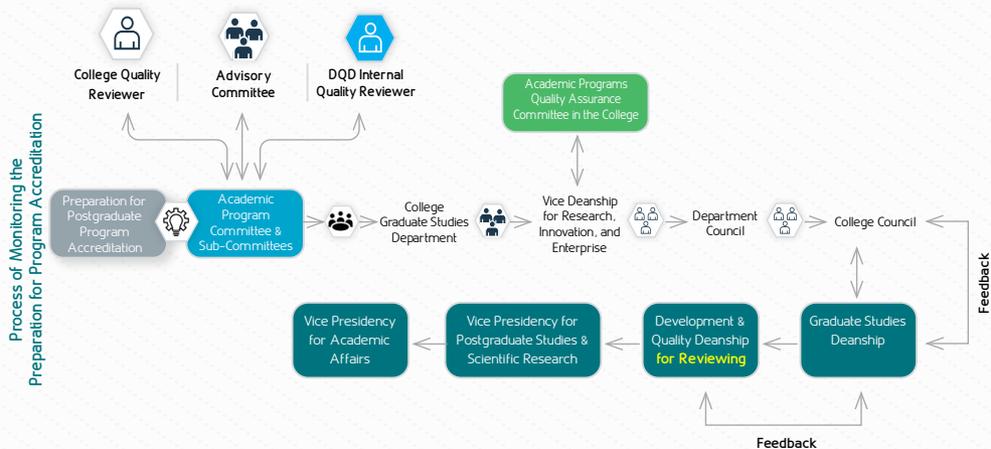


Figure 7: The 2st track of Monitoring the Preparation for Program Accreditation

**In this track, the quality process begins with:**

- 1- The Academic Program Accreditation Committee, which works closely with supporting entities to receive feedback and suggestions for improvement. The Accreditation documents are first reviewed by the College quality reviewer, then by the Advisory Council, and finally by expert reviewer at the Development and Quality Deanship (DQD).

- 2- The documents are then submitted to the Graduate Studies Department at the college and from there to the Vice Deanship for Research, Innovation, and Enterprise.
- 3- The College's Vice Deanship for Research, Innovation, and Enterprise sends The Accreditation documents to the Quality Assurance Committee to check if all requirements are met and to provide feedback. After that, the Accreditation documents are submitted to the Department Council.
- 4- The accreditation documents are then submitted to the College Council for approval. Following this, they are sent to the Graduate Studies Deanship to ensure all accreditation requirements are met, and then to:
- 5- The Development and Quality Deanship (DQD) for document review and submission to the Vice to the Vice Presidency for Postgraduate Studies and Scientific Research, which then forwards the documents to the Vice Presidency for Academic Affairs.

Program Accreditation  
Application Form -  
(Postgraduate Programs)



Required Documents for the  
Review Visit - (Postgraduate)



Annual Program Report -  
(Postgraduate)



Course Report -  
(Postgraduate)



Course Specification Form -  
(Postgraduate)



Program Specification Form -  
(Postgraduate)





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## Section Two

### Do (Implementation):

This section includes:

- 1- Program Tree.
- 2- Program Specification.
- 3- Course Specification.
- 4- Field Experience Specification.
- 5- Program & Course Rubrics (Learning Outcomes Measurement)
- 6- Surveys.
- 7- KPIs.



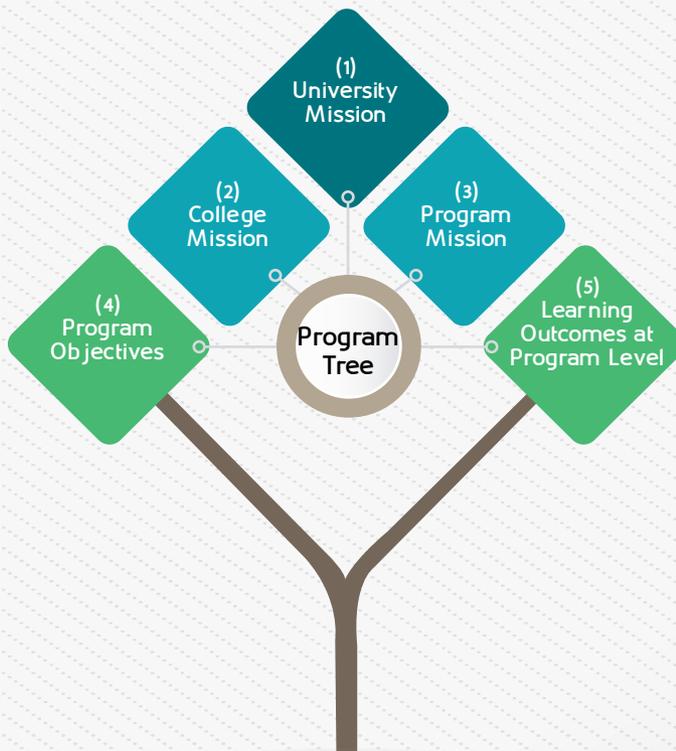
## Program Tree:

The program tree is considered one of the most important pillars in developing an academic program and achieving quality assurance standards. It clarifies the connection between the program mission, objectives and learning outcomes, which is reflected in the course learning outcomes

## The Components of the Program Tree and its Connection to the Mission of the College and University:

The program tree is considered one of the most important pillars in developing an academic program and achieving quality assurance standards. It clarifies the connection between the program mission, objectives and learning outcomes, which is reflected in the course learning outcomes.

The program tree includes the alignment of the following key elements:





It is important to correctly formulate the program mission statements to be consistent with the university mission statement. There are three essential keywords in the university mission statement of which the college derives its mission statement from.

These keywords are the following:

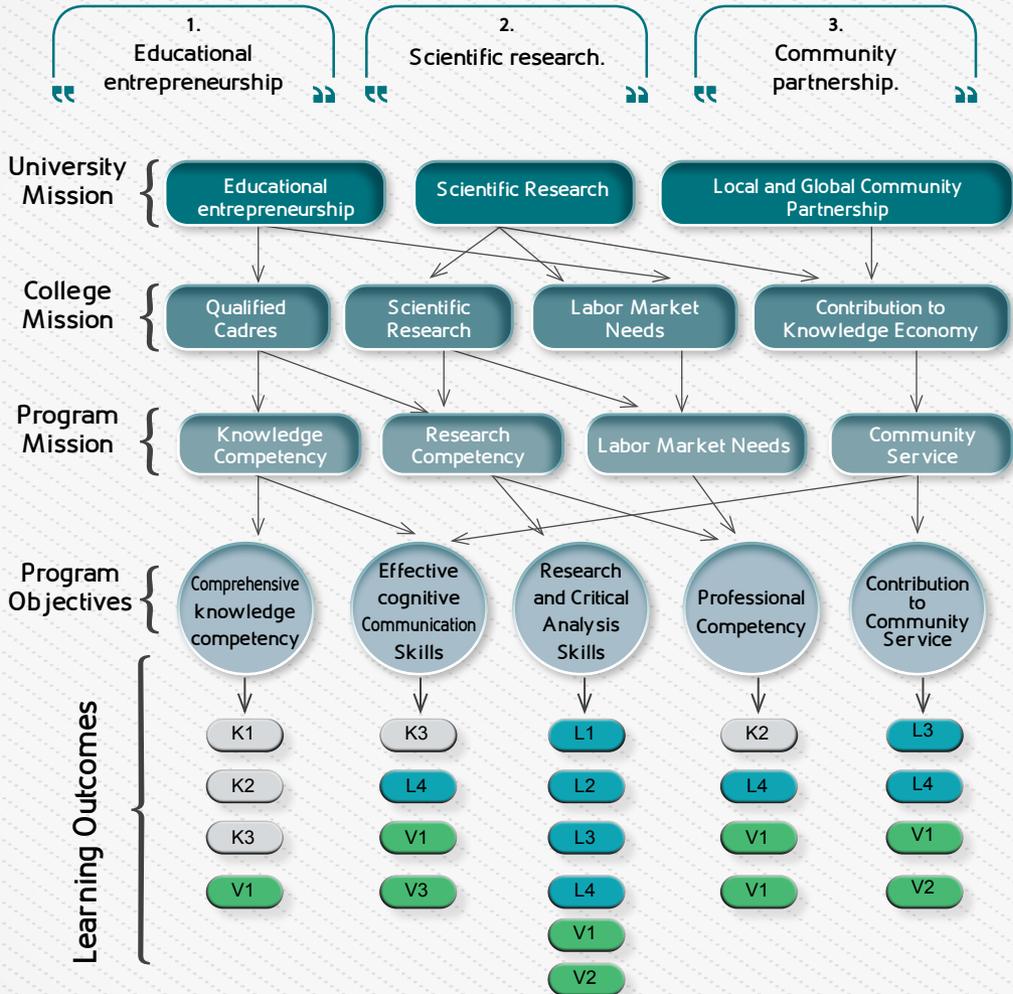


Figure 8: An Example of Program Tree

**The Program tree color key:**

- The gray color refers to knowledge learning outcomes.
- The blue color refers to skills learning outcomes.
- The green color refers to value learning outcomes.



## Program, Course & Field Experience Specifications:

All specifications shall be created according to the latest version of the NCAAA forms. The following are the key elements that should be provided accurately when filling out each specification form:

**1. The Program Specification** includes several elements, of which the most important are the following:

- **The Program Mission** is derived from the college mission which is aligned with the university mission.
- **The Program Objectives** are derived from the college objectives which are aligned with the university objectives.

- **The Program Graduate Attributes:**

When determining the program graduate attributes, it is important to make sure they are consistent with the university graduate attributes and connected to the program objectives.

Since the program objectives and learning outcomes are also compatible with the mission of the program, college and university, the achievement of the program objectives shall directly contribute to the achievement of the university mission and graduate attributes, as shown in the following figure:

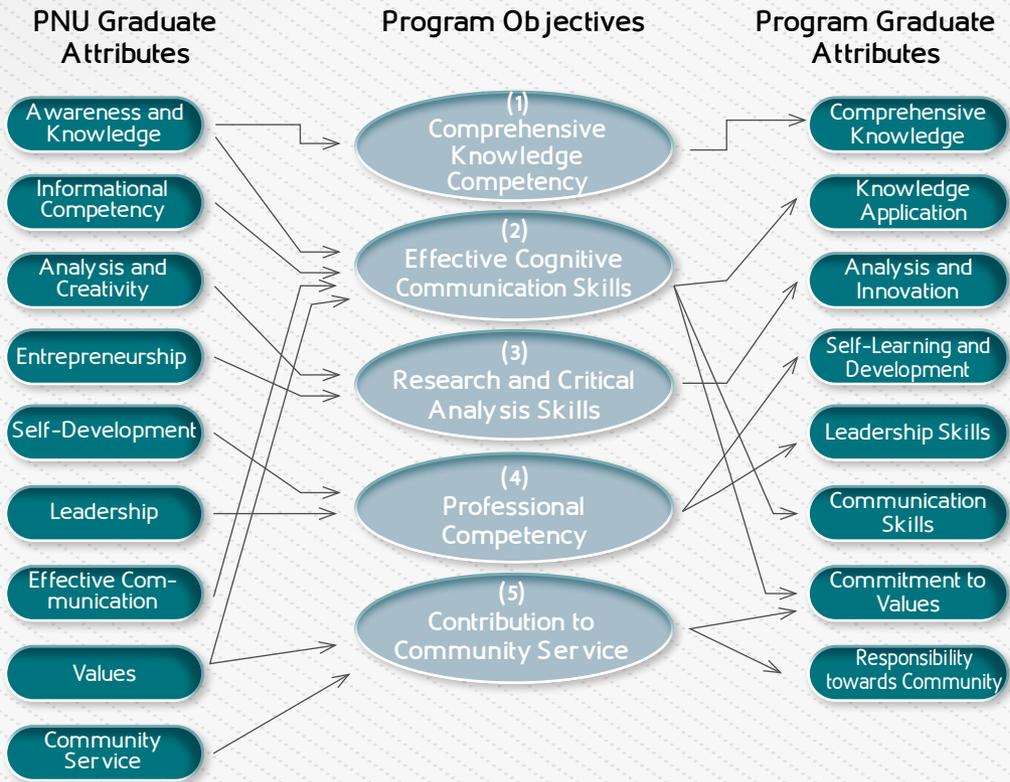


Figure 9: An illustrating example of the alignment of the program objectives with the program & university graduate attributes

- **The Program learning Outcomes (PLOs)** are specific statements that identify what students are expected to know, be able to do and demonstrate in their behavior in the field of learning. Learning Outcomes are the final outcome of the learning process that must be measurable through the use of the appropriate assessment tools to the associated level of qualification. (As stated in the National Qualifications Framework NQF).
- **The Program Learning Outcomes Mapping Matrix** links the learning outcomes of the program and the courses according to the following levels:  
I = Introduction, P = Practiced, M = Mastered

2. **The Course Specification** includes several elements, of which the most important are the following:

- **The Course Learning Outcomes (CLOs):**

- The CLOs should be aligned with the PLOs.
- The number of CLOs should be 3-6 learning outcomes.
- The CLOs should be categorized under the three learning domains.

- **The Course objectives**

- **The Alignment of CLOs with teaching strategies and assessment methods.**

3. **The Field Experience Specification:**

In addition to the information required in the course specification, the field experience specification form includes special additional information that defines in detail the duration of the field experience (paragraph A in the form). The form also focuses on the tables attached to Paragraph (C) regarding the field experience administration, requirements of selecting a field experience site, the supervisory staff responsibilities and other detailed information that the academic program must fill out accurately and clearly.

The following are QR codes for the above-mentioned forms:



- The program can create its own forms if desired, without needing to refer to or obtain approval from the DQD.



## Learning Outcomes Measurement Procedures

The evaluation process is one of the most important elements in the educational process. Recent international trends in learning are seeking to adopt a learning outcome-based method. Learning outcomes are statements that identify what students are expected to know and be able to do after completing a specific program or course. Various assessment methods are used to measure the extent to which the intended learning outcomes for the programs and courses are achieved. The evaluation process also helps in reviewing and developing the methods and strategies of teaching, learning and assessing based on the results of measurement and analysis. Assessment activities are mechanisms for judging the extent to which the students have achieved the program objectives and learning outcomes.

Therefore, it is very important to measure and monitor students' performance accurately and measure their achievement of the program learning outcomes periodically, provided that these processes are subject to the principles, policies and organizational procedures undertaken by the Examination Committee at the program level.

**The Learning Outcomes Assessment & Measurement Committee** is responsible for verifying the efficiency and accuracy of the measurement and assessment processes in terms of: objectivity, transparency and effectiveness, as well as the existence of binding procedures for those in charge of the measurement and assessment processes. Furthermore, verifying the use of mechanisms and tools that ensure the continuous quality of the processes.

Therefore, the Development and Quality Deanship (DQD) has provided a detailed description of the measurement process and the tasks of the Learning Outcomes Assessment & Measurement Committee, which primarily involves monitoring the extent to which the learning outcomes of the programs are effectively achieved, reviewing and analyzing them, and exploring ways for development and improvement using specific tools. This ensures the continuous development of the program and closure of the quality cycle.

## Steps for Preparing PLOs Rubrics and Measurement Procedures:

After completing the program tree (as previously detailed at the beginning of the second section of this guide), and ensuring the quality and alignment of the program's learning outcomes, mission, and objectives with those of the college and university, as well as verifying the alignment of the program's objectives with the graduate's attributes of the program and university, the Academic Program Committee shall proceed to develop the PLOs Rubric according to the following steps:

- 1- Prepare a rubric for each PLO separately (specific grid for each outcome), then identify the appropriate performance indicators (PIs) related to the PLO. The number of PIs usually range from 3 to 6 in accordance to the targeted knowledge or skill of the learning outcome, for example:

The 1st learning outcome statement under the learning domain (Knowledge and Understanding) (K1) is as follows:

### Identify literary and cultural theories and concepts, and the strategies related to language skills.

PI1	PI2	PI3
An ability to identify literary and cultural theories and concepts and the strategies related to language skills.	An ability to organize logical and interrelated thoughts and opinions.	An ability to use proper oral and written language.

- 2- Determine a scale weight for each PI according to its importance and relevance to the outcome, so that the sum of the weights of all performance indicators of the learning outcome equals 100%.

An illustrative example using the previous example used in step (1):

PI1 = 40 %	PI2 = 30 %	PI3 = 30%
------------	------------	-----------

- 3- Identify the levels of achievement for each performance indicator by standardizing the rubric type in terms of the number of rating scale levels (three, four, or five). It is recommended to use the five-level rating scale to obtain the most accurate results in the measurement process.

The tables below illustrate the three types:

### Three-Level Rubric

PLO: State the code and number of the learning outcome, then write the text of the outcome as stated in the program specification.						
PI No. & Code	PI Text	PI Weight	Level of Performance			
			Satisfactory	Developing	Unsatisfactory	
PI 1	Write PI text	40%	Describe the targeted level of performance & determine the achievement rate (85% to 100%)	Describe the targeted level of performance & determine the achievement rate 84.9 % to 70%	Describe the targeted level of performance & determine the achievement rate 69.9% and below	
PI 2	Write PI text	30%	As indicated above	As indicated above	As indicated above	
PI 3	Write PI text	30%	As indicated above	As indicated above	As indicated above	

### Four-Level Rubric

PLO: State the code and number of the learning outcome, then write the text of the outcome as stated in the program specification.						
PI No. & Code	PI Text	PI Weight	Level of Performance			
			Exemplary	Satisfactory	Developing	Unsatisfactory
PI 1	Write PI text	40%	Describe the targeted level of performance & determine the achievement rate (90% to 100%)	Describe the targeted level of performance & determine the achievement rate (89.9% to 75%)	Describe the targeted level of performance & determine the achievement rate (74.9% to 60%)	Describe the targeted level of performance & determine the achievement rate (59.9% and below)
PI 2	Write PI text	30%	As indicated above	As indicated above	As indicated above	As indicated above
PI 3	Write PI text	30%	As indicated above	As indicated above	As indicated above	As indicated above

### Five-Level Rubric

PLO: State the code and number of the learning outcome, then write the text of the outcome as stated in the program specification.							
PI No. & Code	PI Text	PI Weight	Level of Performance				
			Excellent	Very Good	Good	Fair	Unsatisfactory
PI 1	Write PI text	40%	Describe the targeted level of performance & determine the achievement rate (90% to 100%)	Describe the targeted level of performance & determine the achievement rate (89.9% to 80%)	Describe the targeted level of performance & determine the achievement rate (79.9% to 70%)	Describe the targeted level of performance & determine the achievement rate (69.9% to 60%)	Describe the targeted level of performance & determine the achievement rate (59.9% and below)
PI 2	Write PI text	30%	As indicated above	As indicated above	As indicated above	As indicated above	As indicated above
PI 3	Write PI text	30%	As indicated above	As indicated above	As indicated above	As indicated above	As indicated above

- 4) Determine the appropriate assessment method for each PLO, whether direct or indirect, including but not limited to the following methods: (quizzes – year long assessment – final exams – assignments – projects – visual presentations – group work – etc.).
- 5) Select the courses for measuring each Program Learning Outcome (PLO) from the PLO mapping matrix, as indicated in the program specification form. It is advisable to choose courses from the senior levels (the last two years of a 4-year program).
- 6) After completing the rubric for each Program Learning Outcome (PLO) as detailed in the previous steps, the program director, in coordination with the program committee members and course coordinators, will create rubrics for the specialized core courses selected for the measurement process. It is very important to align the CLOs rubrics with the PLOs rubrics in terms of the number of performance indicators and their relative weights (if the course has multiple sections, it is recommended to include the CLOs rubrics with the



course specification to standardize it across all sections, and to apply it each semester for grading exams, projects, and all course-related assignments and activities). Aligning course rubrics with program rubrics is crucial as it forms the foundation of the entire assessment process. Since students' achievements in these courses are assessed against the Program Learning Outcomes (PLOs), it is essential to carefully review this alignment to ensure the accuracy and quality of the evaluation process.

- 7) Course Learning Outcomes (CLOs) are assessed either quarterly or annually, depending on the course's teaching plan. Program Learning Outcomes (PLOs), on the other hand, are evaluated according to a specific schedule established by the Program Committee, with each measurement cycle lasting up to two years.

**for example:**

- The Program Committee may decide to measure all PLOs each semester (if they are limited in number or the required staff are available and dedicated to the measurement processes),
- Or measure the PLOs over two semesters (as shown in the table below), assuming that the total number of the PLOs is 8 learning outcomes (covering the 3 learning domains as follows: 2 in knowledge & understanding, 4 in skills, and 2 in values, responsibility and Independence ):

1st semester of 1443 H	2nd semester of 1443 H
K1- S1-S2 - V1	K2-S3- S4- V2
1st semester of 1444 H	2nd semester of 1444 H
K1 - S1- S2- V2	K2- S3 - S4 - V2

\* It is observed that learning outcomes are assessed once every two semesters, with a semester gap between the first and second assessments.

- 8) When conducting periodic assessments of learning outcomes, it is essential to consider the nature of specialized and professional programs, as well as the duration of the program.





## Surveys:

Surveys are the most important means of indirect assessment. They are an effective method for collecting data and information on a specific topic. A survey consists of a form that includes a set of items and questions answered by a sample of the study population. The aim is to gather opinions and attitudes, identify strengths and areas for improvement, all of which contribute to enhancing performance.

The Development and Quality Deanship (DQD) has created eight surveys simultaneously with its establishment in 1435 AH to measure the satisfaction with the university services and the quality of the educational process based upon the requirements of NCAAA.

In 1442 AH, the DQD reviewed surveys implemented eight years ago. This review prompted an initiative to enhance the surveys aligned with university objectives and strategic plans, while incorporating graduate attributes and national accreditation standards for both traditional and online education formats. This development was facilitated by the Department of Indicators and Reports and university experts. This resulted in eight main surveys, with three of them having two versions each: (Face-to-Face Education – Distance Education).

## Survey Results Scope of Use:

- 1 Supporting leaders in making decisions at the university and program levels.
- 2 Supporting strategic plans at the university and college levels.
- 3 PLOs measurement report.
- 4 Faculty member quarterly course report.
- 5 Program annual report.
- 6 Program self-evaluation report.
- 7 Self-study at the university and program levels to obtain academic accreditation.
- 8 Creating development plans at the institution and program levels.
- 9 NCAAA key performance indicators for institutions and programs.



## DQD Surveys at PNU:

The Quality surveys in PNU measure two services:

The stakeholders' satisfaction with the quality of the educational process.

The stakeholders' satisfaction with the university's services and environment.

as detailed below:

### a) Surveys of stakeholders' satisfaction with the quality of the educational process

	Survey Type	Survey Purpose	Target Group	Activation time	
1	Course evaluation survey (in-person-distance)	The survey aims to gather students' opinions on the course they have studied in the program.	Students	Week 12 of the 1st & 2nd semester	
2	Program evaluation survey in the middle of the program (in-person-distance)	The survey aims to gather students' opinions in the middle of the program to improve the educational experience without waiting until the end of the program.		Students	Week 10 of the 1st semester until the end of the academic year
3	Program evaluation survey at end of the program (in-person-distance)	The survey aims to gather students' opinions on the program and their educational experience.			
4	Alumni evaluation survey of the program	The survey aims to gather graduates' opinions on the program they graduated from.			
5	Employer evaluation survey of PNU graduates	The survey aims to explore the extent to which employers are satisfied with the work-related knowledge and skills of the graduates.			

b) Surveys of stakeholders' satisfaction with the university's services and environment				
	Survey Type	Survey Purpose	Target Group	Activation time
1	Student satisfaction survey with the university's services and environment	The survey aims to gather students' opinions on the environment and services provided by the university.	Students	Week 10 of the 1st semester until the end of the academic year
2	Faculty member satisfaction survey with the university's services and environment	The survey aims to gather faculty opinions on the environment and services provided by the university.	Faculty members	
3	Employee satisfaction survey with the university's services and environment	The survey aims to gather employees' opinions on the environment and services provided by the university.	Employees	

### Surveys Activation:

The surveys are activated through the electronic quality system, within a time plan announced by the Department of Indicators and Reports of DQD. The Indicators and Reports Department monitors performance across colleges and institutes by activating surveys for both the college and program levels, extracting results, and providing the College Teaching and Learning Quality Management with feedback. This feedback is used to construct developmental plans aimed at enhancing and improving services provided to beneficiaries.



## The Distribution of Survey Tasks among Administrative Entities:

Activation procedures of quality surveys within colleges or institutions			
Tasks	DQD	College	
	Indicators and Reports Department	Quality of Teaching and Learning Management	Data Management and Performance Measurement Unit
Preparing the time plan for launching the surveys.	✓		
Implementing the timeline plan across the colleges.	✓		
Creating a developmental plan at the college level to address and improve low response rates.			✓
Reviewing the development plan to activate previously prepared surveys and making necessary modifications if needed.			✓
Promoting survey culture and supporting beneficiaries during the survey activation period.			✓
Identifying issues faced by beneficiaries with the survey system and raising a ticket on the technical support system "TechCare" to describe the problem and include a screenshot from the survey system to clarify the issue			✓
Extracting results at the end of the activation period – end of the academic year.	✓	✓	✓
Analyzing the results, creating development plans based on survey outcomes, and closing the quality cycle by creating action plans and obtaining approval from the department council and college council.		✓	
Submitting the development plans for survey results via email to the Office of the DQD.		✓	

### Survey Calculation Mechanism:

1. Calculating the average responses of the exploratory sample to the survey items electronically.
2. Measuring the responses to the open-ended questions electronically.
3. Extracting the results at the university, college, program and course levels.
4. Calculating the percentage of responses at the college level using the equation:  
The number of responses from the colleges and the number of participating students from the college divided by the total number of participants from all colleges. points of improvement and development are identified based upon the survey results, considering the average score that is valued at less than 3.75. If the target is achieved, the value is increased by a rate of (0.10) in the survey items that are at the programs and college level. Also, consideration should be given to the disagreement rate in positively polarized items, which should be less than 20%, and for negatively polarized items, identifying values where the disagreement rate is less than 80% as areas for improvement. If the response rate for all items is zero, this indicates a malfunction in the survey activation. While it's not essential to address all weaknesses, prioritizing those of higher importance is crucial. This process requires different sectors of the university, each according to its role, to take necessary measures for development to enhance satisfaction levels with the quality of the educational process, university services, and environment. This will ultimately contribute to achieving the university's goals and aspirations.

The following QR code includes all DQD survey forms:

1. Student Evaluation Survey of the Course (in-person – distance).
2. Student Evaluation Survey of the Program (at the middle of the program) (in-person – distance).
3. Student Evaluation Survey of the Program (at the end of the program), (in-person – distance).
4. Alumni Evaluation Survey of the Program.
5. Employer Evaluation Survey of PNU Graduates.



6. Student Satisfaction Survey with the University's Services and Environment.
7. Faculty Satisfaction Survey with the University Services and Environment.
8. Employees Satisfaction Survey with the University Services and Environment.

Survey Development  
Plan Form



### Key Performance Indicators (KPIs):

Performance indicators are important tools for evaluating the quality of educational institutions and programs and monitoring their performance. Key performance indicators (KPIs) are measured using several tools, such as surveys, statistical data, etc. according to the nature and objective of each indicator.

### Types of KPIs:

The National Center for Academic Accreditation and Assessment (NCAAA) has identified a number of key performance indicators, which are:

- (20 indicators) to measure the performance of the educational institution.
- (11 indicators) for both diploma and bachelor's degree programs.
- (13 indicators) for the graduate studies programs.
- The institution or program can also use additional performance indicators as needed to ensure quality.

### Program Performance Indicators:

Program performance indicators contribute in measuring the performance of the academic program, which are consistent with the program accreditation standards. The college is responsible of the program performance indicators.

### Performance levels for indicators:

The academic program shall identify the following values for each of the KPIs:

1. Actual performance level.
2. Target performance level.
3. Internal performance level (Internal Benchmark).
4. External performance level (External Benchmark).
5. New target performance level.

### Purpose of KPIs analysis:

- Identifying the actual level of performance compared to the target levels.
- Identifying the reasons behind low performance.
- Identifying obstacles and risks.
- Comparing the values of the indicators against distinguished programs.
- Formulating recommendations for performance improvement and creating development plans based on the improvement opportunities.
- Determining the person responsible for implementing the recommendations (development plans) and the expected period of implementation.

### Measuring KPIs:

KPIs should be measured during the academic year to evaluate the quality of academic programs and monitor their performance. The following are the general steps of the KPIs measurement process:

1. The program analyzes the KPIs results to identify strengths and weaknesses.
2. The program prepares a comprehensive report on the program KPIs that includes the following points:
  - Measurement.
  - Results.
  - Analysis (identifying strengths and weaknesses).
  - Comparisons by positions.
  - Positive or negative change in performance.
  - Recommendations.
  - Development plan.

Activation procedures of program accreditation performance indicators				
Tasks	DQD	College		
	Indicators and Reports Department	Quality of Teaching and Learning Management	Data Management and Performance Measurement Unit	Program Administration
Preparing the timeline for activating program accreditation indicators and coordinating with the colleges to begin data collection.	✓			
Collecting the values of indicators and entering the values into the electronic quality system (Jadeer).				✓
Collecting the values of indicators and entering the values into the electronic quality system (Jadeer).		✓		✓
Verify the indicators values entered into the electronic quality system (Jadeer) in coordination with the Quality of Teaching and Learning Management.		✓	✓	
Submitting the development plans for survey results via email to the Office of the DQD.		✓		

The following are QR codes for the KPIs forms:



- Undergraduate Program KPIs  
- Program KPIs Table





Postgraduate Program KPIs



## Section Three

### Check (Assessment):

At this stage, the program should collect and analyze the results of measuring the learning outcomes at the level of the program in order to identify points of strengths and areas of improvement in the program.

This section includes:

- 1. Course Report.
- 2. Field Experience Report.
- 3. Annual Program Report, including:
  - Learning Outcomes Measurement Results.
  - Surveys Results.
  - KPIs Results.





## Course Report:

One of the main tasks assigned to faculty members is filling out the course report form at the end of each semester. Faculty members shall fill out the course report clearly and accurately, and complete all the required data as it is the main source of the development and improvement processes in the program.

**The course report includes a number of elements, the most important of which are:**

- 1) Students' results, comments and recommendations on the results.
- 2) Table of course learning outcomes assessment results and recommendations based on the results.
- 3) Topics not covered (if any) and their impact on learning outcomes and the compensating actions.
- 4) Teaching strategies and assessment methods.
- 5) Methods of verification of the credibility of students' results.
- 6) Course development plan (if any).

## Field Experience Report:

The field experience report form shall be filled out by the faculty member with the participation of the field supervisor.

**The field experience report includes a number of elements, the most important of which are:**

- 1) Students' results and comments and recommendations on the results.
- 2) Table of field experience learning outcomes assessment results and recommendations based on the results.
- 3) Difficulties and challenges and their impact on the program and the compensating actions taken.
- 4) Field experience development plan.



## Program Annual Report:

The program annual report form shall be filled out by the program director in coordination with the members of the program committee and the coordinators of the multi-sectioned courses. When filling out the form, members shall complete all the required data and follow-up on the actions that have been implemented from the previous development plan of the previous annual program report. The program annual report includes a number of important statistics and results, which contribute to drawing the program's roadmap, identifying strengths and improvement opportunities, and offering recommendations with detailed implementation steps in the program's development plan.

### The program annual report main elements are:

#### a) Program statistics, including:

##### 1) Students statistics:

- Total number of students in the program.
- Number of students who enrolled in the program for the reporting year.
- Total number of students who completed the program.

##### 2) Analysis of the program statistics.

#### b) Program Evaluation:

- 1) Assessment and analysis of the program learning outcomes in accordance with the learning outcomes measurement plan:
  - i. The Program Learning Outcomes Measurement & Assessment Committee implements and monitors the following tasks:
    - Collecting and analyzing results to identify strengths, areas of improvement and suggestions for development, then reporting the findings to the program administration.
    - Reviewing student grades across all courses to ensure they are within reasonable ranges, with no significant deviations upwards or



- downwards, preferably before finalizing the grades for the course.
- Investigating the causes of grade deviations by reviewing exam questions and evaluation criteria for the courses, and consulting with course coordinators or holding meetings with them.
  - Reporting the committee activities and effectiveness to the program director annually.
- ii. The Program Committee prepares development plans based on the learning outcomes assessment reports that address strengths and areas for improvement at the program level and includes them in the program annual report.
- 2) Students' evaluation of the courses: Including student evaluation of the course and development recommendations.
- 3) Students' evaluation of the program's quality and the program response.
- 4) Research and innovation and the discussion of research and innovation activities.
- 5) Community partnership and the comments on its activities.
- 6) Results of any other evaluations and the program response.
- c) **Results of the program's key performance indicators:** including the KPIs required by NCAAA and any additional indicators required by the program administration. The quantitative data analysis process begins by calculating the performance result to determine the extent to which the indicator has met its target values during the measurement period and how well the program has achieved the targeted outcomes. The actual values of performance indicators are compared with the pre-established targets, and the result is calculated using fixed equations based on the polarity of the indicator. Subsequently, gaps are analyzed, and improvement proposals are included in the program's development plan.
- d) **Difficulties and challenges faced by the program,** their impact, and the actions taken to address them.
- e) **Program Development plan,** taking into consideration the following:
- Priorities for improvement.

- Actions.
- Actions responsibility.

\* **Note:** Including aspects of improvement that were not completed last year, if any.

The following are QR codes for the above-mentioned forms:

Field Experience Report



Course Report



Learning Outcomes  
Assessment Report Form



Program Annual Report





## Section Four

### Act (Improvement):

This section includes: This chapter includes:

- 1. Program Development Plans and Closing the Quality Cycle.
- 2. Self-Study Report and Self-Evaluation Scales for Academic Programs.



The improvement phase focuses on monitoring the implementation of development plans derived from various sources such as: the reports of the programs, relevant committees, surveys, KPIs, or feedback from stakeholders) to identify and execute improvement steps through action plans with defined timelines and responsibilities. It also includes ensuring compliance with academic program self-evaluation requirements based on program quality assurance standards and preparing for program accreditation. This phase utilizes development plan templates and accreditation documentation.

The role of the Academic Programs Quality Assurance Committee in the College is highlighted in ensuring the programs compliance with all required reports and verifying their accuracy, and in following up on the implementation of recommendations to close the quality cycle, as illustrated in the continuous improvement process flowchart below:

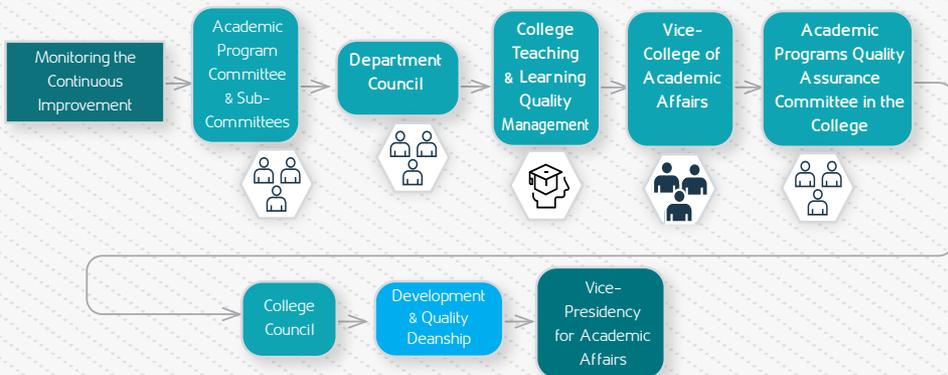


Figure 10: The Process of Monitoring the Continuous Improvement of Academic Programs at PNU

### Flow of the Continuous Improvement Process:

The DQD has established this track to ensure the quality of academic programs and courses at all levels and to regularly review, evaluate, and improve them.

In this track, the continuous improvement process and the verification of closing the quality loop are activated through a timeline prepared by the Academic Program

Quality Assurance Committee to schedule periodic reviews of the college's academic programs, according to the following steps:

- 1) All requirements must be submitted and verified for completeness, including: (Program and course specifications - operational and implementation plans - course reports and assessment of learning outcomes at the end of each semester - program annual report and development plans - quarterly report on the activation of quality and advisory committees), and other documents, through the Academic Program Committee authorized to submit the documents and program requirements.
- 2) Next, approving the program documents by the Department Council.
- 3) Then, submitting the program documents to the Quality of Teaching and Learning Management of the College, which in turn submits the program documents to the Vice-Deanship of Academic Affairs of the college.
- 4) Reviewing the program documents by the Quality Assurance Committee to verify the completeness and provide feedback.
- 5) After ward, submitting the program documents to the College Council for approval.
- 6) Finally, submitting the program documents the DQD for verification and feedback and then to the Vice-Presidency for Academic Affairs (for diploma and bachelor's programs), or the Deanship of Graduate Studies (for postgraduate programs) to be reviewed by the relevant committees, providing feedback, and approving the final reports to ensure, review, evaluate, and improve academic programs and courses at all levels.



## Program Self-Evaluation Scales (SES):

The Self-Evaluation Scales (SES) document has been integrated with the Program Self-Study Report (SSRP), aiming to conduct evaluations objectively based on the program quality assurance standards. The SES can be used for planning, internal review, and supporting quality improvement strategies for the academic program. Self-evaluation procedures begin midway through the academic program's duration (i.e., two years before applying for accreditation and before preparing the self-study).

The Main Committee for Accreditation assigns the evaluation of each standard to the sub-committees. The evaluation of the quality level is based on specific elements that guide the assessment process for all the criteria listed under each standard. These evaluation elements for the criteria consist of the following:

- 1 The extent of availability of the criterion's elements and components.
- 2 The quality of the application of each element.
- 3 The regularity of application and assessment, along with the availability of evidence.
- 4 The level of continuous improvement and results in relation to indicators and benchmarks.
- 5 Excellence and creativity in the implementation of criterion practices.



The program should support the SES with evidence, proofs, and indicators demonstrating the level of quality.

The quality of the program's performance is evaluated in two phases:

1. Evaluation of the criterion.
2. Evaluation of the standard.

\* **Note** that no program shall apply for accreditation unless it has achieved a compliance level of at least (3 points) for each criterion and each standard and in each of the essential criteria.

### Program Accreditation Standards Used for Evaluation:

#### Undergraduate Programs Accreditation Standards:

No.	Main Standard	Sub-Standard	No. of Criteria
1	Program Management & Quality Assurance	Program Management	9
		Program Quality Assurance	3
2	Teaching & Learning	Learning Outcomes	5
		Curriculum	7
		Quality of Teaching and Students' Assessment	6
3	Students	Students	7
4	Faculty	Faculty	6
5	Learning Resources, Facilities & Equipment	Learning Resources, Facilities & Equipment	5
<b>Total</b>	<b>5</b>	<b>8</b>	<b>48</b>

The academic program shall identify the strengths and areas of improvement. It is worth noting that the Program SES includes a section for an independent opinion—which is optional—to support the self-evaluation process with an external assessment from outside the educational institution.

The following are QR codes for the SES forms:



## Program Self- Study Report (SSRP):

The periodic self-study review of the academic program is considered an entry point to continuous improvement of the performance, and preparation of the necessary development plans. The SSRP is considered one of the most important components of the accreditation requirements that are submitted to NCAAA, as it provides a clear and comprehensive idea of the reality of this program, and helps the external review team in evaluating the performance and the extent to which the specified criteria have been met..

### Purpose of the Program Self-Study:

1. Evaluating the performance of the academic program and achieving the desired goals.
2. Determining the quality level of the program outcomes and the extent to which the study plan objectives are achieved.
3. Continuous planning to develop the program outcomes, and strengthening the bonds with the community and meeting its needs.

### The Importance of Self-Study:

The SSRP is the core document for both the internal and external evaluation of the academic program and the cornerstone in the development of the academic

process. This is achieved through the following:

1. The participation of all faculty members and employees in preparing and writing the SSRP, as quality is a collective responsibility.
2. Identifying strengths and areas of improvement and enhancing transparency through internal quality reviews.
3. Committing to making distinguished academic and scientific changes aimed at building a culture of distinguished learning in the program.

## Stages of the Self-Study Process:

### Stage 1: Providing the Necessary Resources:

This stage aims to provide the necessary human and financial resources to start preparing the program self-study.

1. Human Resources: the program shall form the main committee for accreditation standards according to the formation attached in the following QR code:



2. Financial Resources: the program shall allocate the financial budget to meet the needs and activities of the program self-study. The budget shall cover the following:
  - Training the members of the accreditation committees.
  - Cooperating with an external expert as an independent opinion.
  - Paying the dues of the external reviewers who conducted the mock visit.

## Stage 2: Reviewing the Academic Program:

The purpose of this stage is to review the basic components of the academic program in accordance with the requirements of academic accreditation, and identify strengths and areas of improvement.

1. Analyzing the reality of the academic program in light of the program accreditation standards:

The purpose of analyzing the program reality is to provide a critical and objective analysis of the program, to know the strengths, areas of improvement, available opportunities and threats impacting the academic program, based upon the program accreditation standards.

2. Reviewing the program specification:

The purpose of the review is to ensure that the academic program provides the appropriate amount of knowledge, skills, values, and field-experience training that are comprehensive and current.

3. Reviewing the course specifications:

The purpose of the review is to verify that all courses in the program fulfill the learning activities according to accurate planning and organization, leading the students to achieve the course learning outcomes.

## Stage 3: Preparing the Self-Study Report (SSRP):

In this stage, the program prepares a written document of the self-study and supporting annexes, including sufficient evidence that proves fulfilling the standards of program accreditation, and completing all the contents of the SSRP form.



### 1. Preparing a draft of the SSRP:

The Main Committee for Accreditation shall divide the preparation of the SSRP among the sub-committees that were formed with respect to each of the program accreditation standards. Each sub-committee prepares an initial draft of the SSRP for the assigned NCAAA standard, including all the supporting data and evidence.

### 2. Preparing the final version of the SSRP:

The Main Committee for Accreditation shall unify the reports of the sub-committees into one report, while ensuring the consistency of its contents, eliminating repetition, and completing shortcomings.

## When writing the SSRP, it is necessary to consider the following aspects:

1. Any inaccurate or undocumented information will negatively affect the evaluation of the program, therefore, a good preparation of the report will make the review process goes easier, faster and in the right direction. when preparing the self-study report, it is important to be careful, accurate and transparent.
2. Attaching the supporting annexes and evidence, preferably in the form of electronic links.
3. It is not necessary to submit a detailed report on each item in each subsection of each standard unless it is requested in the SSRP form/template of NCAAA.

## Steps for Applying for National Accreditation:



After completing the SES and SSRP, the program shall obtain the approval of the university administration to apply for national academic accreditation and sign the contract, then implements the following steps:

### 1. Arranging for a mock visit:

The program shall propose a team of external reviewers with expertise and experience in the field of quality to conduct a mock visit in order to evaluate the program using the (selected) accreditation body standards, as well as provide the program with feedback on the strengths, weaknesses and areas of improvement for each accreditation standard. The team notes and comments are used to make any necessary modifications to the final version of the SSRP before submitting it to the accreditation body.

This step is not mandatory, but will benefit the program if a budget was allocated for it.

### 2. Submitting the accreditation documents to NCAAA:

The program submits the accreditation documents to NCAAA for initial examination. NCAAA shall send an eligibility document review letter to the program, so that the program shall thoroughly review and address the notations and recommendations and resend the final version of the accreditation documents before the verification visit.

### 3. Preparing for the NCAAA verification visit:

After the program submits the final version of the accreditation documents, the NCAAA advisor shall conduct a verification visit. The objective of the verification visit is to provide feedback on the program's readiness for accreditation. During this stage, the program management and NCAAA schedule dates for the visit and interviews that shall be carried out by the review team.

#### 4. Preparing the program members and local community for the external review visit:

It is necessary to prepare the program members and local community for the review visit through engaging them in the program planning process and familiarizing them with the SSRP given that the review team shall enquire the opinions of the program members, graduates as well as the employers.

#### 5. Arranging for the external review visit:

In this step, the program members are enabled to provide sufficient evidence to demonstrate the program's viability to obtain accreditation, as well as facilitate the work of the external review team by setting up a room for the review team containing all the accreditation documents in both paper and electronic versions.

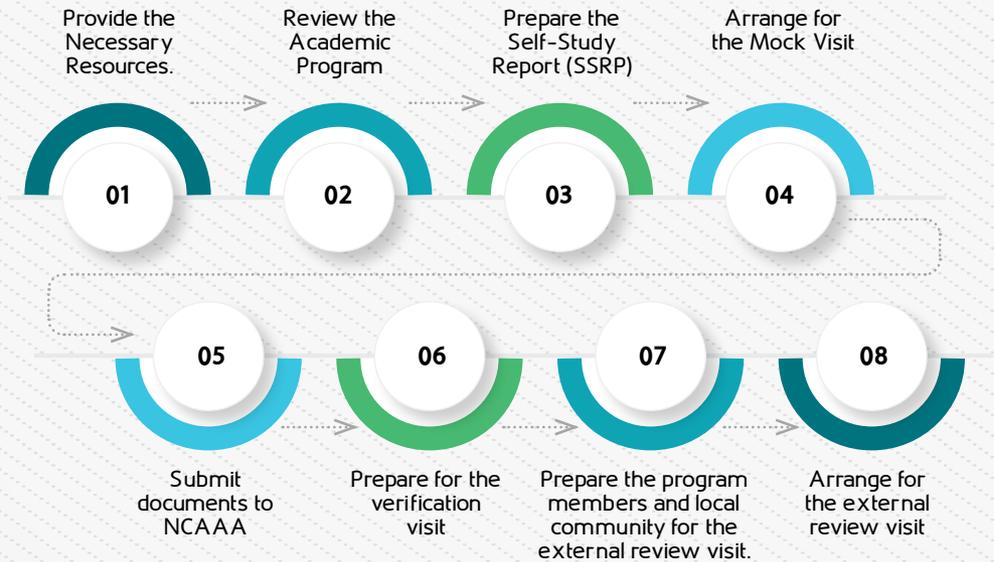


Figure (11) Steps of the Self-Study Process for programs applying for accreditation

The following is a QR code for the SSRP form.



SSRP Form for  
Undergraduates Programs



SSRP Form for Postgraduates  
Programs



Operational Plan Form



