



Institutional Effectiveness Handbook

**Prepared By
Chief of Strategy and Development Office**

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Definitions

The University: Qatar University.

Academic Program: A combination of courses and/or requirements leading to a degree.

Academic Year: Begins at the start of the fall term and ends immediately after the summer term (e.g. academic year 2022/2023 includes fall 2022, winter 2023, spring 2023, and summer 2023). For calculation of graduation figures, the academic year begins at the start of summer and ends at the end of spring (e.g. academic year 2022/2023 includes summer 2022, fall 2022, winter 2023, and spring 2023).

Board of Regents: Appointed by an Emiri decree and functions as the supreme authority within the university. It is charged with setting out the overall policy of the university and monitoring its implementation, as well as providing general oversight of all its activities and systems. It exercises ultimate institutional authority as set forth in its bylaws and other policies as it deems to be appropriate.

Executive Management Committee: An advisory entity responsible for providing recommendations to the President in preparation for making decisions on academic and administrative matters related to university affairs. It also undertakes the role of monitoring performance in accordance with the university's mission. The committee includes the vice presidents and their equivalents and the general counsel, and is chaired by the President.

Financial Year: Begins at the start of the calendar year in January and ends at the end of December.

Unit: Each entity at the university such as a college, center, department, office, or section.

University Council: A consultative body assisting the President and the Executive Management Committee in making decisions on university-level matters. The council includes vice presidents and their equivalents, associate vice presidents, deans, the general counsel, and a number of directors and faculty appointed by the President, who chairs the council.

Acronyms

APQAO	Academic Planning and Quality Assurance Office
APR	Academic Program Review
AQAO	Academic Quality Assurance Office
AUR	Administrative Unit Review
BoR	Board of Regents
CSDO	Chief Strategy and Development Office
EMC	Executive Management Committee
GSO	Graduate Studies Office
IE	Institutional Effectiveness
IEC	Institutional Effectiveness Committee
KPIs	Key Performance Indicators
MoF	Ministry of Finance
OAS	Online Assessment System
PEP	Program Enhancement Plan
PLO	Program Learning Outcomes
RUR	Research Unit Review
SPA	Strategic Plan Assessment
SSR	Self-Study Report
UC	University Council
VPAA	Vice President for Academic Affairs
VPMHS	Vice President for Medical and Health Sciences
VPRGS	Vice President for Research and Graduate Studies

1. Introduction

The university defines assessment as the systematic and continuous process of collecting information with the aim of improving the overall effectiveness of the institution. The process includes:

- Preparing a clear institutional mission statement and clear institutional objectives.
- Defining clear and measurable outcomes based on the objectives.
- Collecting data and comparing results.
- Using assessment results to effectively allocate institutional resources.

Assessment is the cornerstone of the university's excellence, and thus, the university is committed to implementing processes that ensure the effectiveness of assessment. In 2011, the Executive Management Committee (EMC) approved several processes designed to define the responsibilities of colleges and departments, and to clarify how activities are interrelated within specific timelines. It is the responsibility of each dean, director, and chair of a standing committee to implement the approved processes.

2. About the University

An Emiri decree established the College of Education in 1973. The college had an enrollment of 93 females and 57 males and had its first class of 106 females and 92 males in 1977. In that same year, and with the addition of three new colleges, the university was established. The new university comprised the College of Education, the College of Sharia and Islamic Studies, the College of Science, and the College of Humanities and Social Sciences. In response to changes in the labor market, and to provide new opportunities for its students, the university expanded to further include the College of Engineering and the College of Business and Economics.

The university now comprises 11 colleges: the College of Arts and Sciences, the College of Business and Economics, the College of Education, the College of Engineering, the College of Health Sciences, the College of Law, the College of Medicine, the College of Pharmacy, the College of Sharia and Islamic Studies, the College of Dental Medicine, and the College of Nursing. To meet the needs of Qatari society, the university offers a wide range of academic programs including 50 Bachelor programs, 33 Master programs, seven PhD. programs, four Diploma programs, and a Doctor of Pharmacy (Pharm D.) program.

The university campus is located in the northwest of Qatar's capital, Doha – providing the community with easy access to the university and its resources. The university has adopted a plan for expansion, renovation, and construction in order to meet the needs of new programs and changes to existing programs. The plan also includes the expansion of research activities, the development of new graduate programs, and the enhancement of the efficiency and effectiveness of university operations. Road and service infrastructure across the campus are also being expanded and improved, promoting a safe and pleasant work and study environment.

3. Governance

The university has received the great attention and care from the country's leadership - a major source from which it draws its strength. Historically, His Highness the Emir of Qatar was the supreme leader of the university. In 2005, an Emiri decree formed the University Board of Regents (BoR). The board is currently chaired by His Highness the Deputy Emir Sheikh Abdullah bin Hamad Al-Thani and includes members from the public and private sector.

The BoR provides strong support to the university's executive management, which has proven to be a key driver of strategic improvements. The BoR was also one of the bodies that supported and encouraged the university's independence and decision-making sovereignty. Since the formation of the board, the university's financial resources have grown substantially. The responsibilities of the BoR are to approve the university's strategic direction, its policies, the organizational structures of its academic and administrative units, its budget, and to appoint the President and vice presidents of the university. The responsibility of executive management, however, is left to the university's President and the management team.

Dr. Omar Mohammed Al-Ansari was appointed as the President of the University in 2023. He is assisted by six vice presidents who oversee the core and supporting operations of the university - as shown in the university's approved organizational structure (Figure 1). The deans/ directors are appointed to carry out their assigned tasks, which are in line with university's mission. The university's current vision, mission, and strategic objectives were reviewed and approved by the BoR in 2018.

QU's Vision: "To be regionally recognized for distinctive excellence in education and research, an institution of choice for students and scholars and a catalyst for the sustainable socio-economic development of Qatar."

QU's Mission: "Qatar University is the national institution of higher education in Qatar. It provides high quality undergraduate and graduate programs that prepare competent graduates, destined to shape the future of Qatar. The University community has diverse and committed faculty who teach and conduct research, which address relevant local and regional challenges, advance knowledge, and contribute actively to the needs and aspirations of society."

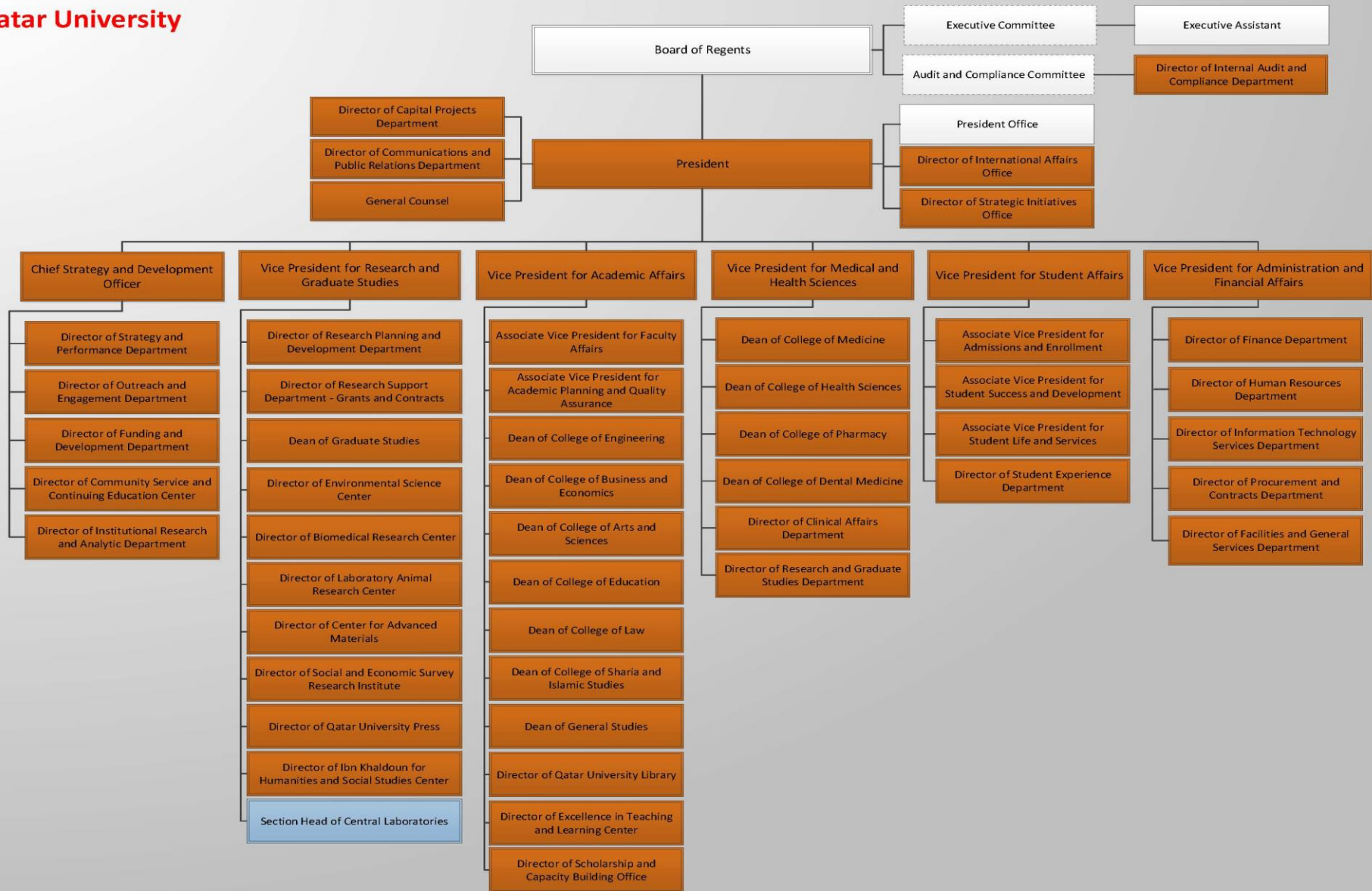


Figure 1: The University Organizational Structure

4. Handbook Methodology

This handbook explains the various planning and assessment processes for the university's programs and units, taking the budget preparation process into account. It is designed to help employees become familiar with these processes and to guide them as they complete the assessments of their own units.

Institutional Effectiveness (IE) aims to uncover whether a unit is achieving its mission. This takes into account a unit's objectives, as demonstrated by comprehensive and integrated planning and assessment processes across all aspects of the unit's operations. The results of IE help the university understand the quality of student learning and the performance of its operational services.

The IE process involves collecting and analyzing results, and using them to assess the extent to which the goals of a unit, and the university, are being met. Effectiveness requires ongoing processes. Clear and defined assessment procedures are systematically applied to assess the interrelated operations of institutional planning, resources, capacities, and practices with the objectives of a unit's strategic goals. Additionally, it assesses the extent to which a unit achieves its goals and the intended outcomes of its programs and services. The assessment results can be used to plan further improvements by the relevant units.

The management and employees of units involved in the IE process should view it within a framework guided by the following questions:

- ✓ Who are we? [Name of unit, mission, and overall objective(s)]
- ✓ What are we trying to accomplish? [The unit's goals]
- ✓ How well are we doing it? [Objectives and results]
- ✓ How can we improve what we are doing? [Actions to improve performance based on results]
- ✓ What evidence exists showing that we have improved? [The next cycle's results showing improved performance]

IE is based on four main pillars: planning, assessment, improvement, and budgeting.

I. Planning

Planning helps the management lead the institution from its current position to where it aspires to be in the future, as outlined in its mission and vision. The planning process is conducted through co-operation between the institution's management, faculty, researchers and staff to prepare a plan that contributes to achieving the institutional goals, given the resources available. Planning takes place at the institutional and departmental levels and involves:

- Identifying the goals and objectives at the institutional level based on information gathered at the unit level.
- Identifying annual priorities to achieve the goals at both the institutional and unit

levels.

- Making decisions about allocating resources to meet goals and priorities.
- Implementing and monitoring actions taken to meet the defined goals.

The university's plan is comprehensive, and is based on the activities of each unit. Each unit develops its strategic plan which provides data on the performance of the university's plan. To assess the plan annually, each unit defines its goals over the plan duration, which mirrors that of the university's plan. Moreover, in developing its annual plan, each unit must take the previous assessment's findings into consideration.

II. Assessment

Assessment is an ongoing process of collecting information, evaluating it, and using it to determine the extent to which units achieve their objectives, and the extent to which the assessment results fulfill the university's mission. Assessment at the university takes place through different mechanisms: the Strategic Planning Process and the Program Learning Outcomes (PLO) review process occur annually; the Academic Program Review (APR) process, the Administrative Unit Review (AUR) process and the Research Unit Review (RUR) process occur once every five years. Through the collective efforts of faculty, researchers, administrative staff, and students, the university gathers evidence related to student learning, determines the extent to which courses, programs, and research and administrative units achieve the expected outcomes, and monitors the extent to which the institutional mission and objectives have been achieved. The results of this assessment process are used to enhance and improve existing programs and services. Assessment is meaningless if it is not based on a continuous search for improvement through measurement and analysis.

III. Improvement

Improvement is the process by which units develop remedial plans based on the results of the annual assessment and the recommendations of the Institutional Effectiveness Committee (IEC). The improvement plan aims to enhance the performance of the university and to close the assessment cycle. Follow-up on the IEC recommendations is conducted annually to ensure that units implement the recommendations of the committee effectively.

IV. Budgeting

The budget is a detailed estimation statement that includes the expected revenues and expenses during the financial year. Units are responsible for requesting their own budgets after assessing their performance as reflected in the outcomes of their respective plan. The budget is defined as the requirements necessary for the unit to carry out its main functions and achieve its goals.

This handbook focuses on illustrating how these four main processes interact and integrate with each other to enhance the university's functional effectiveness. The handbook, therefore begins by clarifying the framework for IE and then outlines the assessment processes that form part of planning, assessment, improvement, and budgeting. Each assessment process has its own tasks,

responsibilities, and timelines. The university expects employees at various units to understand the assessment processes and assume their responsibilities accordingly. Given the interdependent nature of the units, timely action is crucial to ensure the success of university-wide effectiveness.

5. Institutional Effectiveness Framework

The first version of the IE framework was approved by the EMC in 2011. Although university units have been planning, assessing, and improving their performance for some time, the approved framework helps units to effectively implement processes by utilizing available resources. Figure 2 shows the approved IE framework, which illustrates the workflow, starting from the university's mission and vision and ending with the improvement plan.

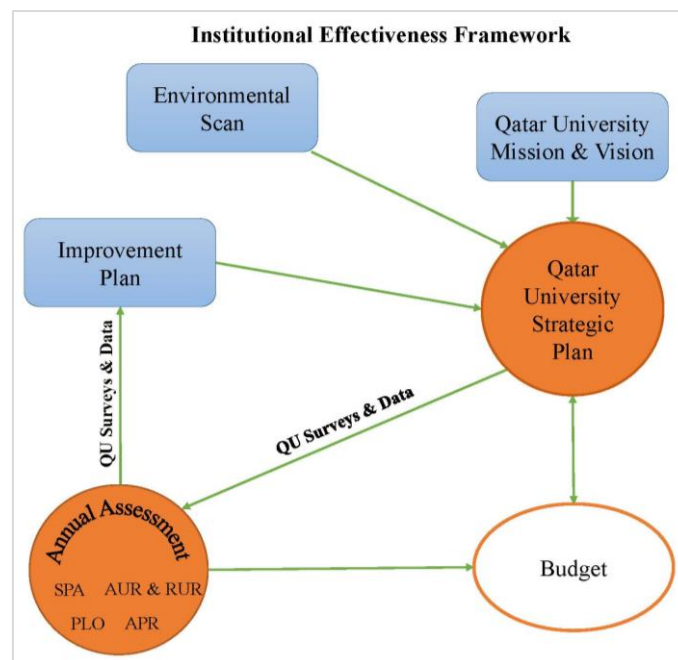


Figure 2: The Approved Institutional Effectiveness Framework

As previously mentioned, the purpose of the IE Framework is to demonstrate how the university assesses its performance in light of its mission and vision, and to illustrate how it uses the results to improve its operations. Effectiveness is an interconnected, integrated, multi-level, multi-sectoral mechanism, which can be systemized through planning, implementation, reporting, assessment, and improvement. The framework is summarized in the following processes:

- The university defines the **mission and vision**, which feeds into the **university strategic plan**.
- The **environmental scan** feeds into the **university strategic plan**, and is taken into account during the annual assessment phase. The **environmental scan** includes information and data related to the Qatari community such as: high school graduates, higher education institutions, and so on.
- **The university strategic plan** includes the annual strategic and operational plans of all the main sectors of the university and can be assessed annually by the **annual assessment**, taking the results of the **university surveys and data** into account.
- **The university surveys and data** consist of institutional and administrative surveys.

- During the preparation of the **budget**, the annual strategic and operational plans are taken into account to determine whether the allocated budget is sufficient for implementing the university's plans. In the event that the requested budget exceeds the specified budget ceiling, the university revises its plan according to the available budget.
- The **annual assessment** includes the PLO review, APR, AUR, RUR and the University Strategic Plan Assessment (SPA). The outcomes of the assessment process, along with the results of the **university surveys and data** are used to prepare the **improvement plan** for the following year.
- The **improvement plan** feeds into the following year's **university strategic plan** to improve the effectiveness of the university.
- The outputs of the IE process are the inputs for the five-year strategic plan cycle.

6. Institutional Effectiveness Process

The IE process highlights achievements and limitations in the performance of major units and committees for the EMC. The process is managed by the IEC, which was formed by President's decree in 2010, and is reconstituted annually. The committee includes internal and external representatives who contribute effectively to the committee's work, and work alongside the university community to promote a culture of institutional effectiveness. The committee's work is therefore collaborative, and its timeline is aligned with the reports collected from various units and committees. Figure 3 shows the IEC's timeline and milestones and Table 1 highlights the IEC's timeline and detailed procedures. The committee fulfills an advisory, monitoring, coordinating, and regulatory role during the IE process. It also advises the EMC on the implementation and evaluation of the university strategic plan and on all aspects of institutional assessment. The committee's responsibilities include evaluating the external environment, evaluating annual assessments, and preparing improvement plans. It uses the university's mission, vision, strategic plan, and outcomes of the budget preparation as inputs to assist it in carrying out the following responsibilities:

- Review and analyze IE indicators such as evaluating the results of the PLO and the other indicators documented in the university's strategic plan.
- Review the results and reports submitted by administrative units and academic departments, including progress reports on strategic plans and action plans.
- Prepare the IE annual report, which are considered when preparing the budget.
- Provide recommendations to the EMC for continued improvements on campus, based on the results of IE process.
- Communicate the results of IE efforts to internal and external stakeholders to promote accountability and transparency.
- Work with the university community to fulfill institutional accreditation requirements.
- Serve as a reference and resource for IE efforts on campus.

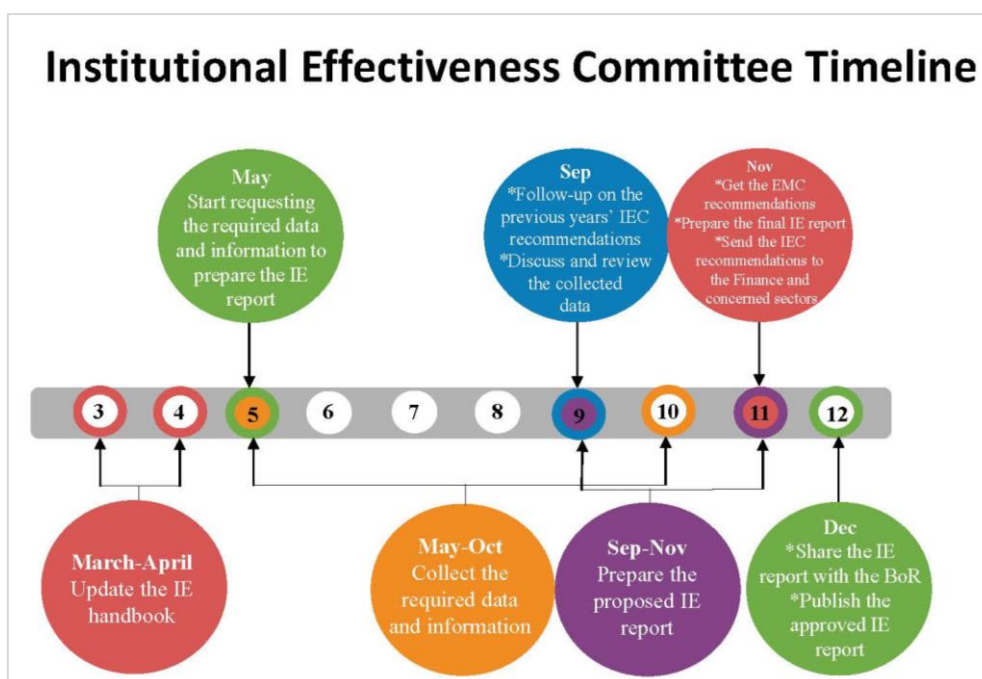


Figure 3: Institutional Effectiveness Committee’s Timeline and Milestones

Table 1: Institutional Effectiveness Committee’s Timeline and Detailed Procedures

Month	Objective	Input	Process	Output
March-April	Update the IE handbook	The updated procedures and processes documents mentioned in the IE handbook	Update the IE handbook based on the updated documents collected from concerned units	The updated IE handbook
May	Start requesting the required data and information to prepare the IE report	Email/official request	Send an email to the sectors to request the required data and information to prepare the IE report	None
May-Oct	Collect the required data and information	Reminder email	Collect the required data and information from the sectors	Data and information
Sep	Follow-up on the previous years’ IEC recommendations	Email/official request	Send follow-up reminder to the sectors on the previous years’ IEC recommendations	Action plans
	Discuss and review the collected data	Data and information	Discuss and review the collected data before starting the preparation of the IE report	None
Sep-Nov	Prepare the proposed IE report	Action plans, and data and information	Prepare the IE report and include the action plans of implementing the previous years’ IEC recommendations	The final proposed IE report

Nov	Get the EMC recommendations	The final proposed IE report	Present the IE report to the EMC	Recommendations and comments
	Prepare the final IE report	Recommendations and comments	Update the IE report based on the EMC recommendations and comments	The approved IE report
	Send the IEC recommendations to the Finance Department	IEC recommendations	Send the IEC recommendations to the Finance Department to be considered in the budgeting process	None
	Send the IEC recommendations to concerned sectors	IEC recommendations	Send the IEC recommendations to concerned sectors for implementation	None
Dec	Share the IE report with the BoR	The approved IE report	Share the approved IE report with the BoR	None
	Publish the approved IE report	The approved IE report	Publish the approved IE report on the university website	None

7. Strategic Planning Process

Strategic planning is a collaborative process through which the university's higher administration agree on the status the university seeks to achieve, and takes into account the measures needed to achieve its objectives and manage risks in order to move forward in the agreed direction. The strategic planning process sets the university's strategic priorities and determines how the available human and financial resources can contribute to achieving them. The process starts a year and a half before the new cycle begins, which is necessary given the large size of the university. Currently, the strategic plan is a five-year plan (2018-2023), and has been extended to August 2023 in line with the academic calendar, and in order to start the new strategic cycle at the beginning of the 2023/2024 academic year. It consists of six core strategies, namely: Teaching and Learning, Student Experience, Research and Knowledge Advancement, Institutional Excellence, Engagement, and Health and Medical Education. Additionally, two general enabling strategies overlap across the university's goals, these being the Digital Transformation Strategy, and the Entrepreneurship and Innovation Strategy. Through these strategies, the university pursues seven strategic goals, these are: the transformation of higher education in Qatar, education excellence, graduate's excellence, research excellence, institutional excellence, engagement excellence and transformation of health professions education in Qatar. The seventh goal was recently added given its strategic importance in meeting health and medical needs in Qatar. Under these goals, there are 26 strategic objectives, 58 strategic initiatives, and 12 key performance indicators (KPIs). The university has developed KPIs to measure the strategic objectives that it aims to achieve by 2023. The working principle for strategic planning is dependent on the interaction of the various sectors of the university. These sectors are: research and graduate studies, student affairs, medical and health sciences, academic affairs, administration and financial affairs, and strategy and development. Figure 4 illustrates the annual

strategic planning process's timeline and milestones.

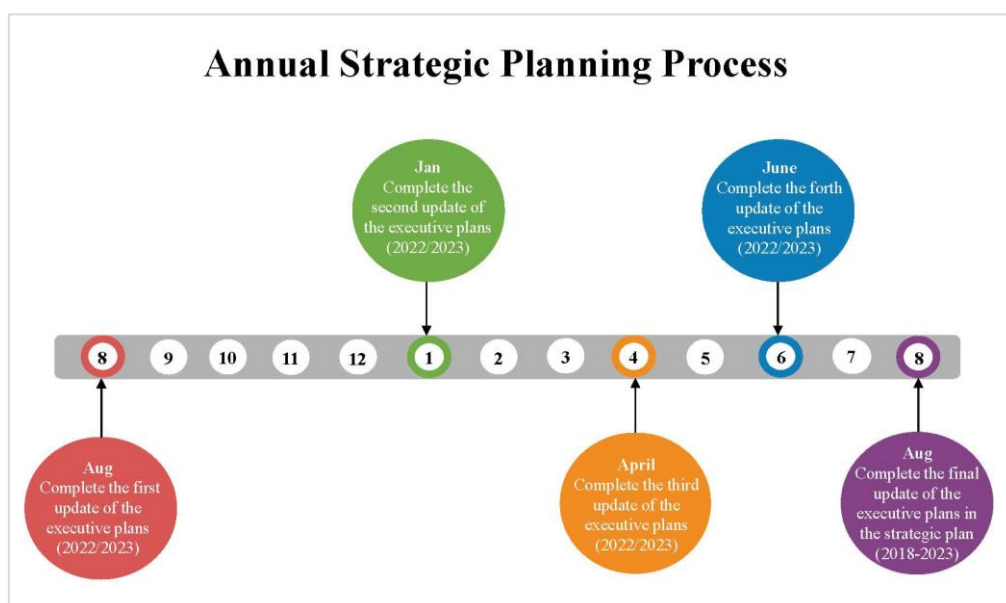


Figure 4: Annual Strategic Planning Process's Timeline and Milestones

Each sector assigns a focal point who will be responsible for communicating the progress of the executive plan to the Strategy and Performance Department. The Chief Strategy and Development Office (CSDO) directs the sectors to review their strategic plans once a year to ensure that each plan is well-maintained and continuously updated. During the strategic planning process, the Strategic Steering Committee meets at least once a month to discuss and approve the university's strategic plan, and to provide guidance on its implementation. Table 2 highlights the annual strategic planning process's timeline and detailed procedures.

Table 2: Annual Strategic Planning Process's Timeline and Detailed Procedures

Month	Objective	Input	Process	Output
Aug	Complete the first update of the executive plans (2022/2023)	Official email	Start and complete the first update of the executive plans (2022/2023)	The results of the first update of the executive plans (2022/2023)
Jan	Complete the second update of the executive plans (2022/2023)	Official email	Start and complete the second update of the executive plans (2022/2023)	The results of the second update of the executive plans (2022/2023)
April	Complete the third update of the executive plans (2022/2023)	Official email	Start and complete the third update of the executive plans (2022/2023)	The results of the third update of the executive plans (2022/2023)
June	Complete the fourth update of the executive plans (2022/2023)	Official email	Start and complete the fourth update of the executive plans (2022/2023)	The results of the fourth update of the executive plans (2022/2023)

Aug	Complete the final update of the executive plans in the strategic plan (2018-2023)	Official email	Start and complete the final update of the executive plans in the strategic plan (2018-2023)	The results of the final update of the executive plans (2018-2023)
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8. Budget Planning Process

Budget planning is a collaborative process by which the university determines expected expenditures at the unit level for the funds allocated by the Ministry of Finance (MoF).

The process of preparing the budget can be summarized as follows: (a) preparation of the budget requests by each unit, (b) discussion of the budget requests at the university level, (c) approval of the budget by the MoF, (d) allocation of the approved budget to the units, and (e) approval of the allocated budget by higher management and the President.

The Finance Department initiates the budget planning process by announcing the start of the annual budget planning process to all units of the university. Following this announcement, it arranges an initial meeting with budget holders to clarify procedures and to provide them with budget reports, previous expenditures, and essential commitments for their respective units. The Finance Department then reviews, analyzes, and consolidates the budget proposals received from all units. Subsequently, it receives the initial budget ceiling from the MoF. It then distributes the initial budget ceiling and the proposed budget in the MoF accounts for all chapters of the budget. The university receives the final budget ceiling from the MoF before the end of the financial year. During the same period, the Finance Department presents the budget allocations for each unit to the higher management and the President for approval and modifications, if needed. After receiving the final approval, the Finance Department announces the budget allocation for each unit. Figure 5 shows the budget planning process's timeline and milestones.

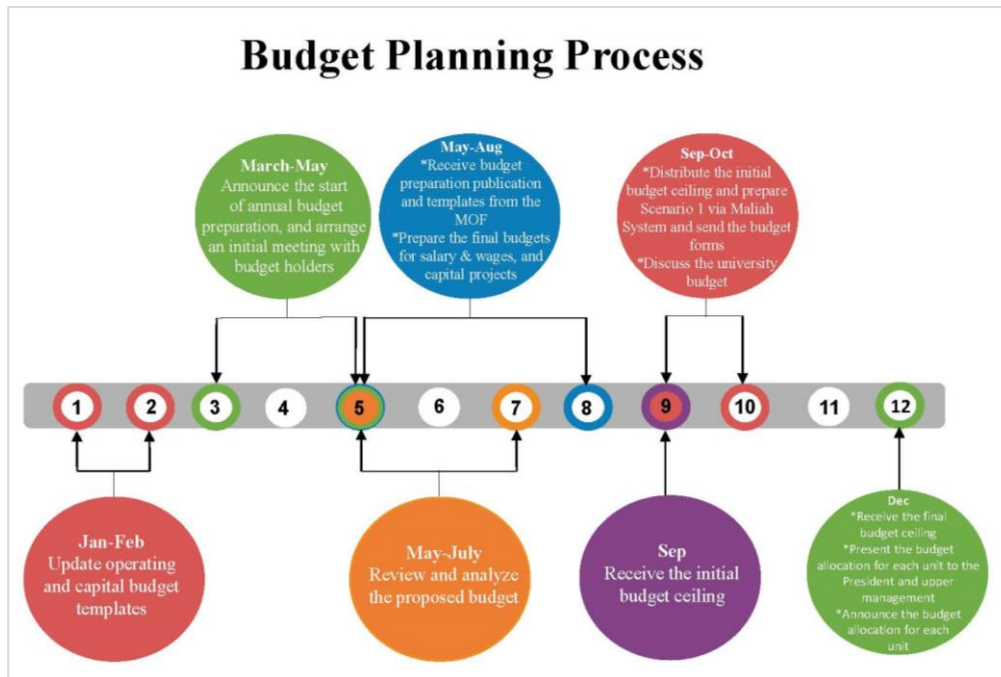


Figure 5: Budget Planning Process's Timeline and Milestones

Incorporating strategic planning into budget planning is a recent approach at the university, but this will be a standard methodology going forward. Each unit is required to review the performance of its strategic plan before submitting its budget request for the next financial year. Strategic performance results will be taken into account in the budget preparation process and decision-making. The university has established a system for the proposed budget, through which the units can prepare their proposed budget and submit them to the Finance Department. Table 3 outlines the budget planning process's timeline and detailed procedures.

Table 3: Budget Planning Process's Timeline and Detailed Procedures

Month	Objective	Input	Process	Output
Jan-Feb	Update operating and capital budget templates	Proposed templates in the budget system and budget base	Update operating and capital budget proposed templates in coordination with Strategy and Performance Department and centralized departments, and issue a call letter/email	Final operating and capital budget templates, budget based, and call letter/email
March-May	Announce the start of annual budget preparation, and arrange an initial meeting with budget holders	Budget templates, summary report of budget vs. expenditure for three years, and budget base	Announce the start of the annual budget preparation process to all the university units, share the summary report of budget vs. expenditures for three years and budget base with the units, and conduct an initial meeting with budget holders to collect filled-out budget templates	Completed budget proposal templates

May-July	Review and analyze the proposed budget	Completed budget proposal templates	Review and analyze the proposed budget received from units, and arrange a meeting with budget holders if needed	Finalized proposed budget
May-Aug	Receive budget preparation publication and templates from the MoF	None	Receive the budget preparation publication from the MoF, along with salaries and wages, and capital projects templates	Budget preparation publication and the MoF templates
	Prepare the final budgets for salary and wages, and capital projects	MoF budget templates	Coordinate with the Human Resources Department to prepare the salary and wages budget and with the Capital Projects Department to prepare the capital projects budget	Finalized salary and wages, and capital projects budgets
Sep	Receive the initial budget ceiling	Proposed budget at the university level	Receive the initial budget ceiling from the MoF	Adjusted university budget proposal
Sep-Oct	Distribute the initial budget ceiling and prepare Scenario 1 via Maliah System and send the budget forms	Adjusted university budget proposal	Distribute the initial budget ceiling and Scenario 1 (the proposed budget) to the MoF accounts for all chapters and send the budget forms after the President's approval	Allocated budget for each chapter per the MoF account
	Discuss the university budget	Allocated budget for each chapter per the MoF account	Discuss the university budget with the MoF	None
Dec	Receive the final budget ceiling	None	Receive the final budget ceiling from the MoF	Final budget ceiling from the MoF
	Present the budget allocation for each unit to the President and higher management	Final budget ceiling from the MoF	Present the budget allocation for each unit to the President and higher management for approval and any needed modification	Approved budget allocation for units
	Announce the budget allocation for each unit	Approved budget allocation for units	Announce the budget allocation for each unit	Announcement

* Changes in the MoF budget preparation publication may affect the university budget timelines and processes.

9. Program Learning Outcomes Assessment Process

The PLO assessment process includes a set of institutional systematic processes of continuous evaluation and analysis designed to monitor and evaluate student attainment of program-level learning outcomes. Its goal is to stimulate the continuous improvement of academic programs

and the student learning process.

All academic programs are required to assess the extent to which students achieve program-level learning outcomes using the program's approved assessment plan. The assessment plan spans a period of two-to-four-years and specifies assessment methods and activities, the context in which these assessment activities will be carried out, and the semester in which the planned activities will take place during the adopted assessment cycle for the program. The assessment aims to monitor students' acquisition of the knowledge, skills, and attitudes defined in each program learning outcome and to identify gaps in student learning. The PLO assessment process emphasizes the use of assessment results, whether positive or negative, as a catalyst for meaningful discussion and reflection on the program curriculum, the teaching and learning methods used, content delivery methods, and the resources available to the program. This process enables faculty to innovate ways to enhance student engagement in the learning process and to sustain IE (which reflects the extent to which the university fulfills its mission and meets its goals). Figures 6, 7 and 8 illustrate the timelines and milestones of the PLO assessment process for undergraduate programs of the academic affairs sector, undergraduate programs of the medical and health sciences sector, and graduate programs respectively.

The annual assessment report, prepared by each program following the end of the academic year, is one of the most important outputs of this process. This report documents the assessment plan, implementation details, assessment results, outcomes, and improvement measures taken during the previous academic year after conducting a comprehensive analysis and evaluation of the results obtained.

A sector-level annual report is also developed by each of the following offices: the Academic Planning and Quality Assurance Office (APQAO) for undergraduate programs of the academic affairs sector, the Academic Quality Assurance Office (AQAO) for undergraduate programs of the medical and health sciences sector, and the Graduate Studies Office (GSO) for graduate programs. This sector-level report serves as the basis for comprehensive evaluation and monitoring of programs performance at both the sector and university levels. Tables 4, 5 and 6 illustrate the timelines and detailed procedures of the PLO assessment process for undergraduate programs of the academic affairs sector, undergraduate programs of the medical and health sciences sector, and graduate programs respectively.

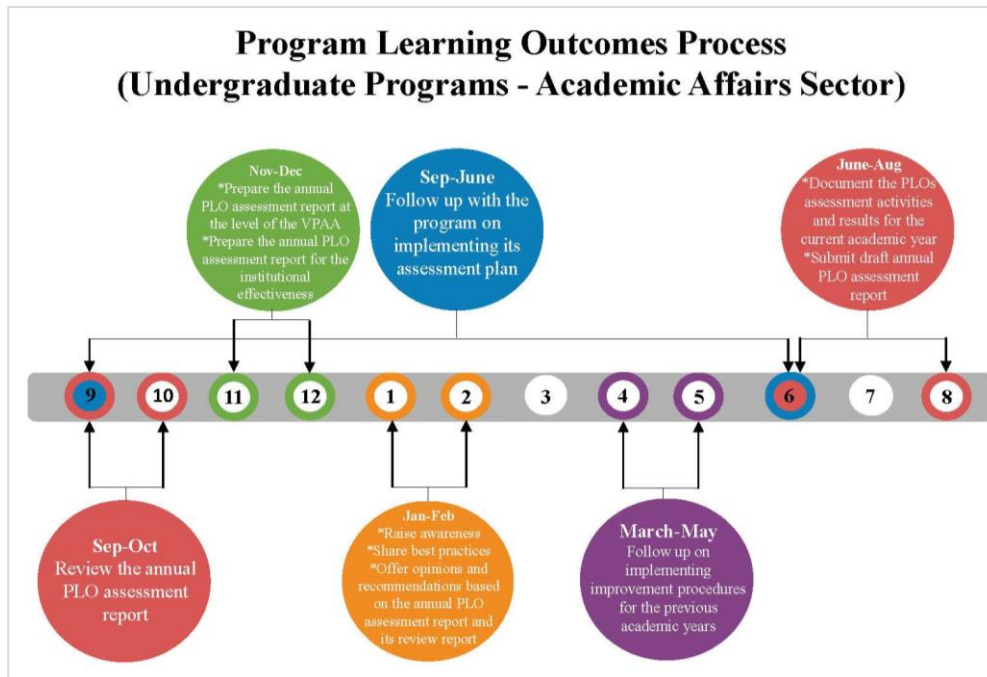


Figure 6: PLO Assessment Process's Timeline and Milestones for Undergraduate Programs of the Academic Affairs Sector

Table 4: PLO Assessment Process's Timeline and Detailed Procedures for Undergraduate Programs of the Academic Affairs Sector

Month	Objective	Input	Process	Output
Sep-Oct	Review the annual PLO assessment report	Final version of the annual PLO assessment report	A taskforce from within the university conducts a review of the annual PLO assessment report, and prepares a review report containing observations and recommendations for the improvement of the assessment process and its outcomes	The review report for the annual PLO assessment report
Nov-Dec	Prepare the annual PLO assessment report at the level of the Vice President for Academic Affairs (VPAA)	Annual PLO assessment report and its review report	Prepare the annual PLO assessment report at the level of the VPAA, focusing on performance indicators adopted by the APQAO	Annual PLO assessment report at the level of the VPAA
	Prepare the annual PLO assessment report for the institutional effectiveness	Annual PLO assessment report and its review report	Prepare the annual PLO assessment report for the institutional effectiveness that includes the performance indicators adopted by the PLOs Committee at the university level	Annual PLO assessment report for the institutional effectiveness

Jan-Feb	Raise awareness, share best practices, and offer opinions and recommendations based on the annual PLO assessment report and its review report	Annual PLO assessment report and its review report, surveys, and expressed program needs	Conduct visits and meetings with colleges and programs to discuss key observations and recommendations, hold the annual learning outcomes forum, and deliver presentations, workshops, and support as needed	None
Sep-June	Follow up with the program on implementing its assessment plan	Assessment plan and other data in the Online Assessment System (OAS)	Regularly check the implementation of the assessment plan for the program	Email and phone communications for reminders and notifications
March-May	Follow-up on implementing improvement procedures for the previous academic years	Annual PLO assessment report and its review report	Gather and list planned improvement actions from the annual PLO assessment report and its review report, schedule them, and monitor the progress in their implementation	Updated schedule of improvement plans
June-Aug	Document the PLOs assessment activities and results for the current academic year, and submit draft annual PLO assessment report	Assessment activities listed in the OAS, and draft of the annual PLO assessment report	Periodic follow-up on the implementation of scheduled assessment activities, remind program of the deadline for submitting its draft of the annual PLO assessment report, and conduct an initial review of the draft report	Initial feedback and recommendations on the content of draft annual PLO assessment report

**Program Learning Outcomes Process
(Undergraduate Programs - Medical and Health Sciences Sector)**

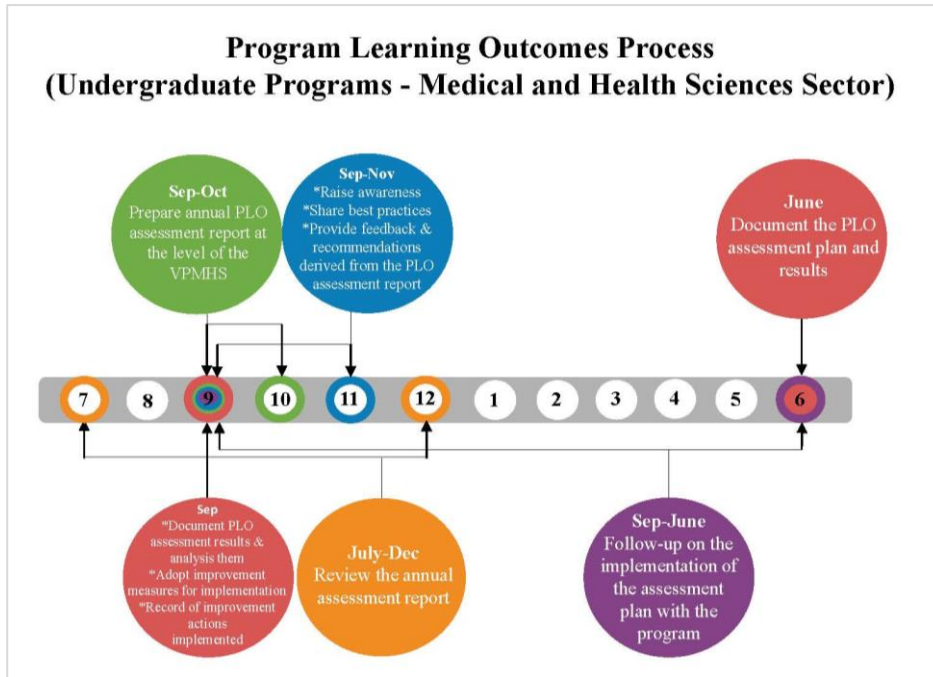


Figure 7: PLO Assessment Process’s Timeline and Milestones for Undergraduate Programs of the Medical and Health Sciences Sector

Table 5: PLO Assessment Process’s Timeline and Detailed Procedures for Undergraduate Programs of the Medical and Health Sciences Sector

Month	Objective	Input	Process	Output
Sep	Document PLO assessment results, analysis of results, adopt improvement measures for implementation in the upcoming academic year, and record of improvement actions implemented	Details of assessment activities and results	Collect details of assessment activities and consolidate assessment results for each PLO, meet with faculty to analyze results and adopt improvement actions. Collect, document, and reflect on improvement actions implemented during the previous academic year	Annual assessment report
Sep-Oct	Prepare annual PLO assessment report at the level of the Vice President for Medical and Health Sciences (VPMHS)	Annual PLO assessment report	Prepare annual PLO assessment report at the level of the VPMHS	Annual PLO assessment report at the level of the VPMHS
July-Dec	Review the annual assessment report	Annual assessment report	Conduct an internal and/or external review of assessment activities and other content of the annual report submitted by program, and prepare feedback and recommendations report	PLO feedback and recommendations report

Sep-Nov	Raise awareness, share best practices, and provide feedback and recommendations derived from the	Annual assessment report, and the PLO feedback and recommendations report	Organize meetings with colleges and programs as needed	Scheduled assessment meetings
Sep-June	Follow-up on the implementation of the assessment plan with the program	Assessment plan and other information recorded in the OAS	Periodically verify the implementation of the assessment plan for each program	Reminder email and notification
June	Document the PLO assessment plan and results	Assessment plan, conducted assessment activities and aggregated assessment results	Collect details of assessment activities and results, conduct a preliminary analysis of implemented activities, and collect findings to record the main findings before the start of the summer break	Annual assessment report

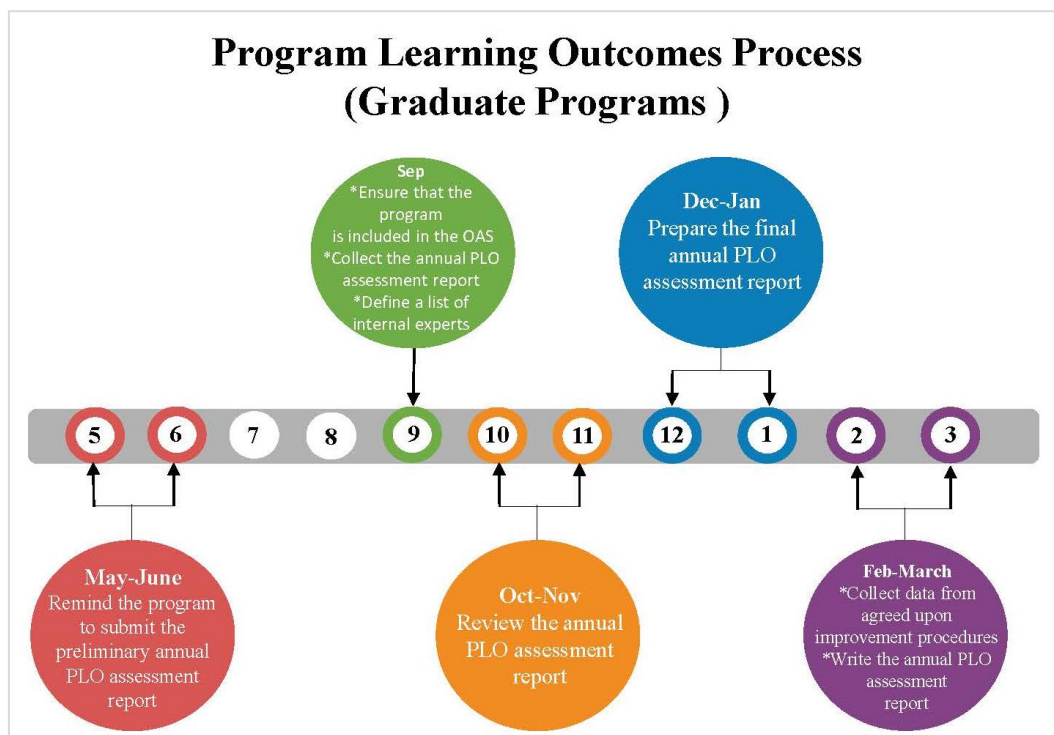


Figure 8: PLO Assessment Process's Timeline and Milestones for Graduate Programs

Table 6: PLO Assessment Process's Timeline and Detailed Procedures for Graduate Programs

Month	Objective	Input	Process	Output
May-June	Remind the program to submit the preliminary annual PLO assessment report	Communication between the GSO, and department heads and programs' coordinators	Send a reminder to the program to submit the preliminary version of the annual PLO assessment report	Reminder and notification
Sep	Ensure that the program is included in the OAS	None	Ensure that the program included in the OAS	None
	Collect the annual PLO assessment report	Communication between the GSO, and department heads and programs' coordinators	Collect the annual PLO assessment report	Annual PLO assessment report
	Define a list of internal experts to review the PLO assessment report	Communication between the GSO, and department heads and programs' coordinators	Review the list of internal experts, and appoint an expert for each program	Final list of internal experts
Oct-Nov	Review the annual PLO assessment report	Annual PLO assessment report	Meet with the internal experts to review the PLO assessment report and send suggestions to the concerned program	Recommendations/ comments
Dec-Jan	Prepare the final annual PLO assessment report	Communication between the GSO, and programs' coordinators, Preliminary annual PLO assessment report, and internal experts' recommendations/ comments	Update the annual PLO assessment report based on feedback from internal experts and the GSO	Final version of the annual PLO assessment report
Feb-March	Collect data from agreed upon improvement procedures and write the annual PLO assessment report	Final version of the annual PLO assessment reports including recommendations and comments	Collect data and write the final version of the annual PLO assessment report and get the Vice President for Research and Graduate Studies (VPRGS) approval	Annual PLO assessment report approved by the VPRGS

10. Academic Program Review Process

All academic programs undergo a periodic review through the APR process - which contributes to improving of the effectiveness and quality of academic programs. The primary goal of the APR process is to enhance the standards and quality of the university's academic programs, in keeping with the university's mission, goals, and strategic plan. This process also aims to identify a program's strengths and weaknesses and to evaluate its feasibility, productivity, and quality, in order to guide the continuous improvement of the program and the program's future direction (i.e. to maintain, improve, restructure, or deactivate a program).

The review process consists of several stages, including the development of: (1) a comprehensive internal Self-Study Report (SSR), (2) an external review report following an on-site visit by an external reviewer, and (3) a Program Enhancement Plan (PEP).

The development of the SSR is a step taken by a program that is under review; it provides the faculty with an opportunity to self-diagnose and reflect on the program's offerings, performance, and quality. The PEP provides a clear plan for program improvement, and takes into account the feedback and recommendations provided in the external review report together with the faculty's insights and analysis of the program's performance and current offerings. The PEP presents the program's future directions, actions required for the proposed improvements, and detailed action plans. It also identifies additional resources that the program may require. If additional financial resources are required, requests should be included in the following year's budget.

The APQAO, AQAO, and GSO provide colleges with the required templates for this process, review the SSR, share the SSR with external reviewers for feedback and recommendations, and follow-up on the implementation of the recommendations.

The review process requires each academic program to be reviewed during a five-to-seven-year review cycle. An APR master calendar is adopted before the beginning of each cycle to determine the semester allocated for each academic program during the review cycle. Each undergraduate program undergoes review one time during the review cycle, either in the fall semester or spring semester. In the spring semester, the APR process begins six months before the date scheduled in the master calendar, following the same steps as in the fall semester. For graduate programs scheduled in the master calendar, the APR process begins in the fall semester. Figure 9, 10 and 11 show the timeline and milestones of the APR process for undergraduate programs of the academic affairs sector (fall semester), undergraduate programs of the medical and health sciences sector (fall semester), and graduate programs respectively. Table 7, 8 and 9 outline the timeline and detailed procedures of the APR process for undergraduate programs of the academic affairs sector (fall semester), undergraduate programs of the medical and health sciences sector (fall semester), and graduate programs respectively.

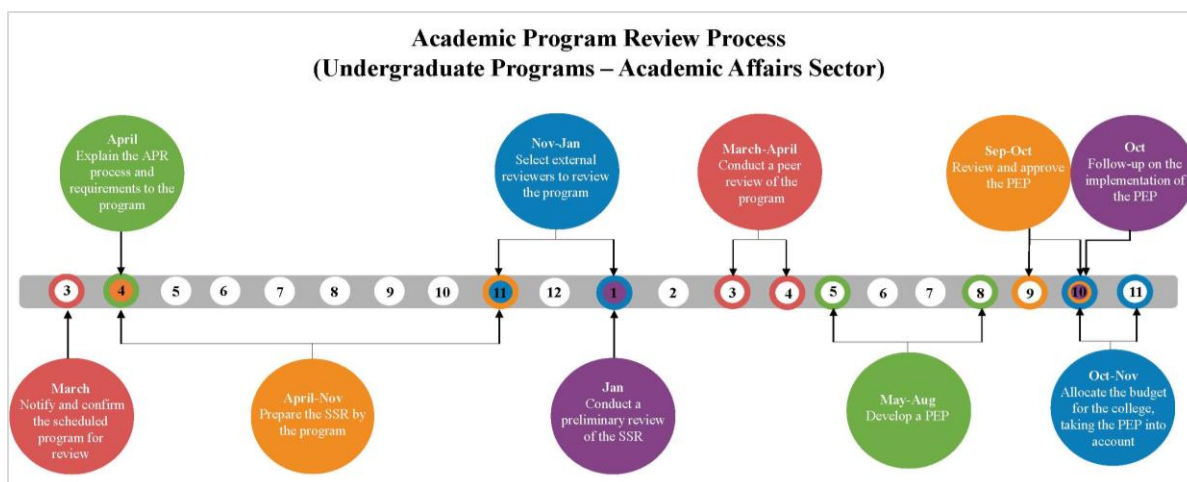


Figure 9: APR Process’s Timeline and Milestones for Undergraduate Programs of the Academic Affairs Sector (Fall Semester)

Table 7: APR Process’s Timeline and Detailed Procedures for Undergraduate Programs of the Academic Affairs Sector (Fall Semester)

Month	Objective	Input	Process	Output
March	Notify and confirm the scheduled program for review	Notification letter and a confirmation form	Send a confirmation form to the selected program, after which the program reports back its acceptance or request to delay the review	Filled-out confirmation form
April	Explain the APR process and requirements to the program	APR related materials (template, criteria, etc.) and the filled confirmation form	Organize an orientation meeting in collaboration with the selected program to outline the processes and clarify issues	Scheduled orientation meeting
April-Nov	Prepare the SSR by the program	APR templates, policy and procedures, needed data from CSDO, PLO assessment data and evaluation, and continuous improvement actions from previous assessment results	Obtain data and other information sources as needed, write the SSR and submit it to the college for endorsement, and communicate SSR to the VPAA office by program committee/team from APQAO	SSR
Nov-Jan	Select external reviewers to review the program	List of candidate reviewers from the program with their resumes, and the reviewer selection and evaluation rubric	Suggest candidates’ reviewers by the program and evaluate them using an evaluation rubric, and select external reviewers after the program’s approval	List of approved external reviewers
Jan	Conduct a preliminary review of the SSR	The SSR, and related materials	Review the SSR and related materials, and give feedback to the program if needed	SSR internal review report

March-April	Conduct a peer review of the program	The SSR, and related materials	Provide the SSR to external reviewers, review the SSR and related materials, conduct a visit if applicable, and submit the peer review report to the VPAA office	Peer review report
May-Aug	Develop a PEP	Peer review report, and the SSR	Develop a PEP by the program based on faculty reflection on the program and taking into consideration peer review report feedback and recommendations	PEP
Sep-Oct	Review and approve the PEP	PEP	Review and discuss the PEP with the program and make recommendations to the VPAA	Approved PEP
Oct-Nov	Allocate the budget for the college, taking the PEP into account	Approved PEP, the currently available funds, and the planned budget	Discuss the allocation of funds from the current budget, and the new budget request for the following year by the program head with the dean	Approved budget request
* Oct	Follow-up on the implementation of the PEP	Approved PEP	Follow-up on the adopted action plans for improvement actions in collaboration with the program	Periodic progress report

* The follow-up process starts in October and lasts until the next scheduled review.

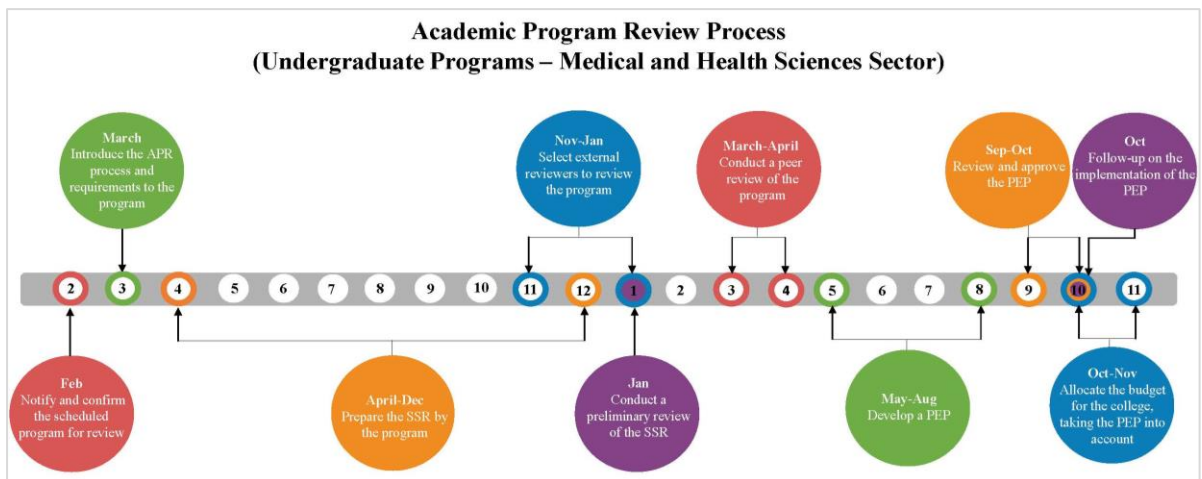


Figure 10: APR Process's Timeline and Milestones for Undergraduate Programs of the Medical and Health Sciences Sector (Fall Semester)

Table 8: APR Process's Timeline and Detailed Procedures for Undergraduate Programs of the Medical and Health Sciences Sector (Fall Semester)

Month	Objective	Input	Process	Output
Feb	Notify and confirm the scheduled program for review	Notification letter and a confirmation form	Send a confirmation form to the selected program, after which the program reports back its acceptance or request to delay the review	Filled-out confirmation form
March	Introduce the APR process and requirements to the program	APR related materials (template, criteria, etc.) and the filled confirmation form	Organize an orientation meeting in collaboration with the selected program to outline the processes and clarify issues	Scheduled orientation meeting
April-Dec	Prepare the SSR by the program	APR templates, policy and procedures, needed data from CSDO, PLO assessment data and evaluation, and continuous improvement actions from previous assessment results	Obtain data and other information sources as needed, write the SSR and submit it to the college for endorsement, and communicate the SSR to the VPMHS office by program committee/team from AQAO	SSR
Nov-Jan	Select external reviewers to review the program	List of candidate reviewers from the program with their resumes, and the reviewer selection and evaluation rubric	Suggest candidates' reviewers by the program and evaluate them using an evaluation rubric, and select external reviewers after validation and endorsement by the program	List of approved external reviewers
Jan	Conduct a preliminary review of the SSR	The SSR, and related materials	Review the SSR and related materials, and give feedback to the program if needed	SSR internal review report
March-April	Conduct a peer review of the program	The SSR, and related materials	Provide the SSR to external reviewers, review the SSR and related materials, conduct a visit if applicable, and submit the peer review report to the VPMHS office	Peer review report
May-Aug	Develop a PEP	Peer review report, and the SSR	Develop a PEP by the program based on faculty reflection on the program and taking into consideration peer review report feedback and recommendations	PEP

Sep-Oct	Review and approve the PEP	PEP	Review and discuss the PEP with the program and make recommendations to the VPMHS	Approved PEP
Oct-Nov	Allocate the budget for the college, taking the PEP into account	Approved PEP, the currently available funds, and the planned budget	Discuss the allocation of funds from the current budget, and the new budget request for the following year by the program head with the dean	Approved budget request
* Oct	Follow-up on the implementation of the PEP	Approved PEP	Follow-up on the adopted action plans for improvement actions in collaboration with the program	Periodic progress report

* The follow-up process starts in October and lasts until the next scheduled review.

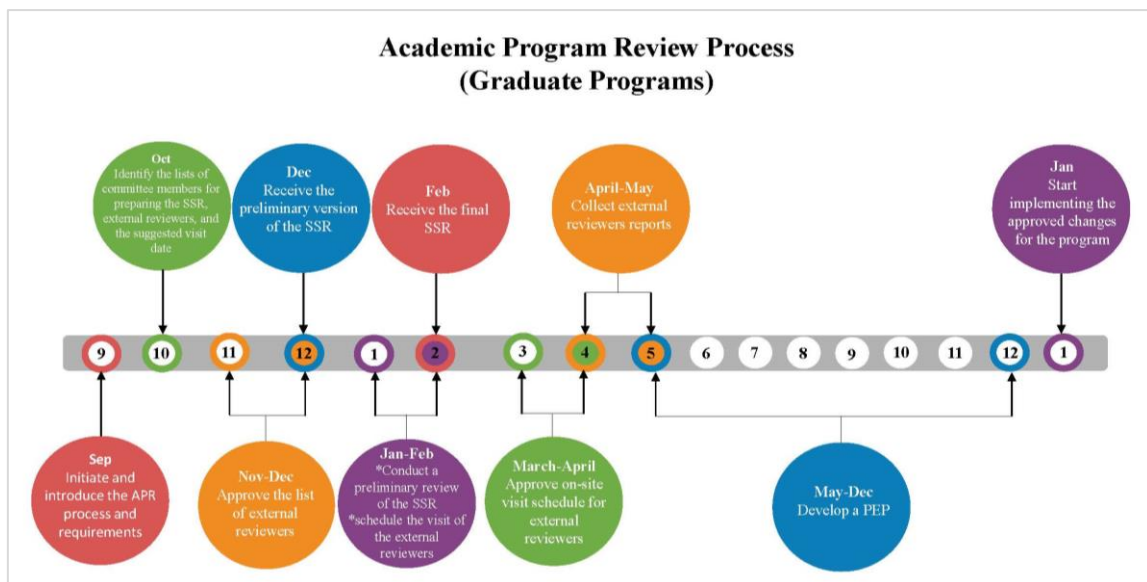


Figure 11: APR Process's Timeline and Milestones for Graduate Programs

Table 9: APR Process's Timeline and Detailed Procedures for Graduate Programs

Month	Objective	Input	Process	Output
Sep	Initiate and introduce the APR process and requirements	APR related materials (template, criteria, policy, etc.)	Contact the department heads and deans to confirm the APR, and meet to introduce the process	Confirm a program to review
Oct	Identify the lists of committee members for preparing the SSR, external reviewers, and the suggested visit date	Official correspondence between the GSO and the college	Collect the lists of committee members for preparing the SSR and external reviewers, and set a preferred visit date by the program	Lists of committee members and external reviewers, and the visit date

Nov-Dec	Approve the list of external reviewers'	The list of external reviewers	Select external reviewers as per adapted rubric and get the VPRGS approval	Approved list of external reviewers
Dec	Receive the preliminary version of the SSR	Official correspondence between the GSO and the college	Receive the preliminary version of SSR	Preliminary version of the SSR
Jan - Feb	Conduct a preliminary review of the SSR, and schedule the visit of the external reviewers	Preliminary version of the SSR, criteria for evaluation, approved list of external reviewers, and the visit date	Review the preliminary SSR, and coordinate with external reviewers and Human Resources Department to schedule the reviewers' visit	SSR internal review report and the scheduled external reviewers visit
Feb	Receive the final SSR	Official correspondence between the GSO and the college	Receive the final SSR and send it to external reviewers	Final SSR
March-April	Approve on-site visit schedule for external reviewers	On-site visit schedule for external reviewers	Coordination with the college and external reviewers regarding the on-site visit schedule and approve it	On-site visit schedule
April-May	Collect external reviewers reports	Official correspondence between the GSO and external reviewers	Receive external reviewers reports and send it to the college	External reviewers reports
May-Dec	Develop a PEP	External reviewers reports, and official correspondence between GSO and the college	Receive the PEP according to external reviewers report and the GSO's recommendations	PEP
Jan (Following Year)	Start implementing the approved changes for the program	Official correspondence between GSO and the college	Receive the report of implementing the approved changes for the program	The report of implementing the approved changes for the program

11. Administrative Unit Review Process

The AUR process assists units in identifying areas for improvement to order to achieve their missions and objectives and to enhance their overall performance. The EMC approved the AUR process which began being implemented in the academic year 2010/2011. All units are expected to undergo a comprehensive assessment once every five years. The approved AUR master calendar indicates which units should be reviewed in the fall or spring semesters - both of which follow the same procedures. The SSR prepared by the units is the main step in this process. It gives an overview of the unit's activities, after which, it is discussed with the AUR committee to improve the units' performance. The reviewed units are also expected to prepare an action plan to implement the recommendations endorsed by the University Council (UC). One year

after endorsing the recommendations, the unit is requested to prepare a follow-up report highlighting the actions taken toward achieving the recommendations; this is then discussed with the AUR committee before being presented to the UC.

Based on the observations of the university management on the effectiveness of the AUR process in achieving its objectives, a decision was made to suspend the AUR process in the academic year 2022/2023, and until the completion of an internal review. Figure 12 illustrates the AUR process’s timeline and milestones (fall semester) and Table 10 outlines the AUR process’s timeline and detailed procedures (fall semester) .

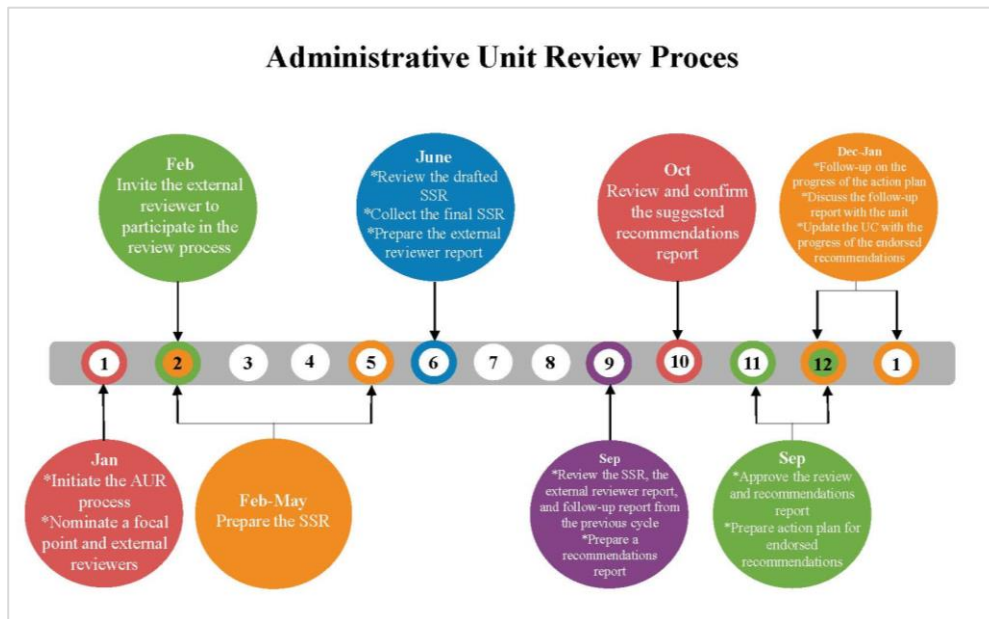


Figure 12: AUR Process’s Timeline and Milestones (Fall Semester)

Table 10: AUR Process’s Timeline and Detailed Procedures (Fall Semester)

Month	Objective	Input	Process	Output
Jan	Initiate the AUR process	AUR master calendar	Review the master calendar by AUR committee members, and initiate the process by sending an official request to the relevant unit	Confirmation email
	Nominate a focal point and external reviewers	AUR policy and SSR template	Form an internal team to prepare the SSR; the unit nominates a focal point and external reviewers	The focal point and external reviewers nominations
Feb	Invite the external reviewer to participate in the review process	External reviewers nominations, AUR policy, responsibility letter	Send an official invitation to the external reviewer to participate in the AUR process	Confirmation email

Feb-May	Prepare the SSR	AUR policy and the SSR template	Prepare the SSR by the unit and contact the AUR facilitator as needed	None
June	Review the drafted SSR	Reminder email	Receive and review the drafted SSR	Revised SSR, including comments
	Collect the final SSR	Revised SSR including comments	Share the SSR including comments with the unit for review, and receive the final SSR from the unit	Final SSR
	Prepare the external reviewer report	Final SSR	Share the final SSR with the external reviewer for his/her review	External reviewer report
Sep	Review the SSR, the external reviewer report, and follow-up report from the previous cycle, if applicable	The SSR, the external reviewer report, and the follow-up report from the previous cycle, if applicable	Schedule a meeting with the AUR committee, the external reviewer, and the unit director to review the SSR, the external reviewer report, and follow-up report from the previous cycle, if applicable	Suggested recommendations
	Prepare a recommendations report	Suggested recommendations	Prepare a suggested recommendations report based on the AUR committee meeting	Suggested recommendations report
Oct	Review and confirm the suggested recommendations report	Suggested recommendations report	Share the suggested recommendations report with the unit for review and confirmation	Review and recommendations report
Nov-Dec	Approve the review and recommendations report	Review and recommendations report	Present the review and recommendations report at the UC for approval	Endorsed recommendations
	Prepare action plan for endorsed recommendations	Endorsed recommendations	Send the endorsed recommendations to the unit to prepare an action plan, to be reflected in its current operational plan and the following year's strategic plan	Action plan
Dec-Jan (Following Year)	Follow-up on the progress of the action plan	Action plan	Prepare a follow-up report by the unit after a year from endorsing the recommendations	Draft of the follow-up report
	Discuss the follow-up report with the unit	Draft of the follow-up report	Conduct a meeting with the unit that was reviewed to discuss the follow-up report	Comments and feedback

	Update the UC with the progress of the endorsed recommendations	Final follow-up report	Update the UC with the unit's progress of implementing the endorsed recommendations	UC recommendations
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12. Research Unit Review Process

In the academic year 2021/2022, the university decided that the research and graduate studies sector undertook the process of reviewing research entities after separating them from the AUR. The sector is currently preparing a master calendar and clear policy and procedures for reviewing research entities. The first cycle of the RUR committee is expected to begin in fall 2023. To maintain continuity of procedures, the AUR committee has continued to follow-up on its recommendations for previously reviewed research entities in order to close the current cycle.