



# **Institutional Effectiveness Handbook**

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## **Definitions**

**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 2020/2021 includes fall 2020, winter 2021, spring 2021, and summer 2021). For calculation of graduation figures, the academic year count begins at the start of summer and ends at the end of spring (e.g. academic year 2020/2021 includes summer 2020, fall 2020, winter 2021, and spring 2021).

**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 shall exercise ultimate institutional authority as set forth in its bylaws and in such other policy documents as it deems to be appropriate.

**Executive Management Committee:** A consultative entity helping the President in making policy decisions, and undertaking the role of monitoring performance towards meeting the University's mission. The Committee includes vice presidents and the general counsel, and it is chaired by the president of the University.

**Faculty:** Full-time individuals who hold academic rank titles of Professor, Associate Professor, Assistant Professor, Lecturer, and Teaching Assistant. Additional ranks may be created with the approval of the Board of Regents.

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

**Staff:** Full-time employees excluding full-time faculty, researchers, and research assistants.

**Unit:** Each entity at Qatar University including colleges, centers, departments, offices, and sections.

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

## **Acronyms**

QU: Qatar University

EMC: Executive Management Committee

CSDO: Chief Strategy and Development Office

BOR: Board of Regents

IE: Institutional Effectiveness

SLO: Student Learning Outcomes

APR: Academic Program Review

NAUR: Non-Academic Unit Review

IEC: Institutional Effectiveness Committee

KPIs: Key Performance Indicators

MOF: Ministry of Finance

APQAO: Academic Planning and Quality Assurance Office

AQAO: Academic Quality Assurance Office

GSO: Graduate Studies Office

VPAA: Vice President for Academic Affairs

VPMHS: Vice President for Medical and Health Sciences

OAS: Online Assessment Management System

VPRGS: Vice President for Research and Graduate Studies

SSR: Self-Study Report

PEP: Program Enhancement Plan

UC: University Council

## **1- Introduction**

Qatar University (QU) defines assessment as a systematic and continuous process of collecting information to improve the overall effectiveness of the institution. The process includes:

- Establishing a clear statement of institutional mission and objectives.
- Identifying clear and measurable outcomes tied to the objectives.
- Gathering data and comparing results.
- Using assessment results to allocate institutional resources effectively.

Indeed, the University is committed to implementing processes that ensure the effectiveness of the assessment, which is the cornerstone of the University Excellence. Thus, in 2011, the Executive Management Committee (EMC) formally approved several processes, which are time-based, and designed to specify the responsibilities of colleges and departments and indicate how activities are interrelated within specified timelines. It is the responsibility of every dean, director, and standing committee chairperson to apply the approved processes and contact the Chief Strategy and Development Office (CSDO) if assistance is needed or if there are suggestions for improving processes further.

## **2- About Qatar University**

An Emiri decree was issued in 1973 establishing the College of Education, which had an enrollment of 57 male and 93 female students. In 1977, the College had its first class of graduates that included 92 male and 106 female students. Later that year, QU was established and included the College of Education as well as three more colleges, namely: the College of Sharia and Islamic Studies, the College of Science, and the College of Humanities and Social Sciences. The College of Engineering and the College of Business and Economics were added to the other four colleges in recognition of changes in the labor market and the emergence of new opportunities. Nowadays, QU has ten 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, and the College of Dental Medicine. To meet the needs of Qatari society, QU offers a wide range of academic programs including approximately 45 Bachelor programs, 29 Master programs, 9 Ph.D. programs, 4 Diploma programs, and a Doctor of Pharmacy (Pharm D.) program.

The QU campus is located in the northwest area of Doha, Qatar's capital city; this location allows easy accessibility by the community to the University and its resources. In terms of facilities, the University has adopted an expansion, renovation, and construction plan to meet the needs of new programs and address changes in the focus of some existing programs. This development plan also supports the expansion of research activities and the development of new graduate programs, as well as enhancing the efficiency and effectiveness of University operations. At the same time, the road and service infrastructure is being expanded and improved throughout the QU campus, intended to promote a safe, secure, and pleasant work and study environment.

### 3- Governance

QU has received the utmost attention and care from the country's leadership, which is viewed as a major source of strength. Historically, His Highness the Emir of Qatar was the supreme leader of the University. In 2005, an Emiri decree was issued in which the University Board of Regents (BOR) was formed; the Board is currently chaired by His Highness Deputy Emir Sheikh Abdullah bin Hamad Al Thani and includes members representing public and private organizations.

The BOR provides strong support to the University's executive management, which has proved to be the main driver of strategic improvements. Moreover, it has been a promoter of the University's autonomy and sovereignty and since the formation of the Board, the financial resources of the University have grown substantially. Among other things, the responsibilities of the BOR include approving the University's strategic direction, policies, academic and administrative organizations, and budget, as well as appointing the President and vice presidents. At the same time, executive management is left to the President and the management team.

Since 2015, Dr. Hassan Rashid Al-Derham was appointed as the University President, and he is assisted by six vice presidents who oversee the core and support areas of operations as shown in Figure 1. The figure illustrates QU's official organizational structure. The college deans and the directors of centers, departments, and offices are appointed to their positions to work toward fulfilling the University's mission. The current vision, mission, and strategic objectives of the University 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."

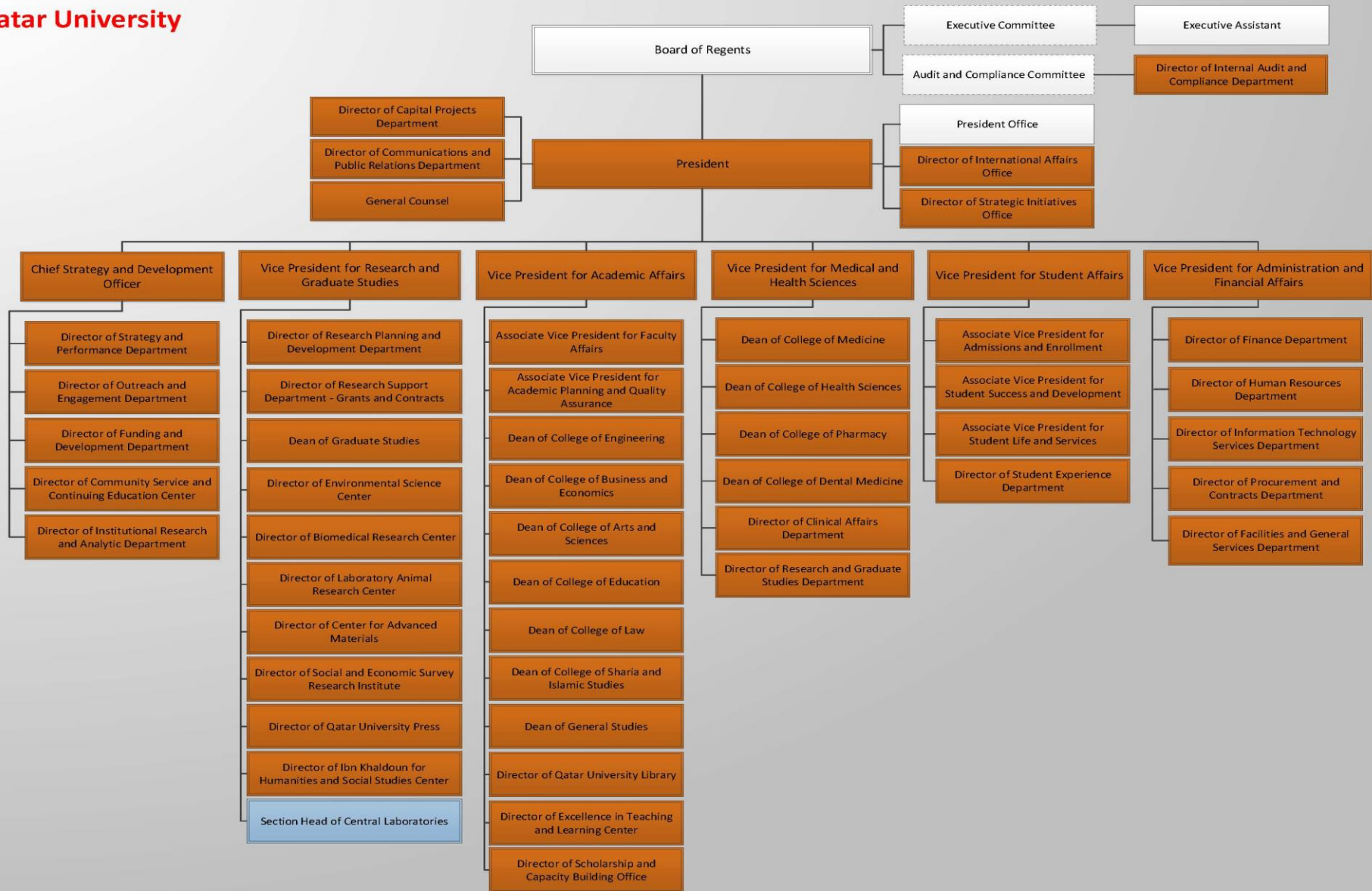


Figure 1: QU Organizational Structure

#### **4- Approach to this Handbook**

This handbook is a guide to the various processes of planning and assessment for QU programs and units concerning budgeting. The handbook is designed to help all employees to become familiar with these processes and to guide them as they complete the assessment processes of their units.

Overall, Institutional Effectiveness (IE) is meant to illustrate whether a college, department, program, center, or office is achieving its mission for its established goals, as demonstrated by comprehensive and integrated planning and assessment processes, focused on improving all aspects of its operations. The IE outcomes help the University to understand how well students are learning and how well operational services are functioning.

IE involves collecting, analyzing, and using results to assess whether the objectives of a unit and the University are being met. Effectiveness requires ongoing processes; it is not a one-time task. It regularly and systematically applies clearly defined evaluation procedures to appraise the interrelationships of institutional planning, resources, capacity, and practices with the objectives of a unit's strategic goals. Also, it assesses the extent to which the unit accomplishes those objectives and achieves the intended outcomes of its programs and services. The assessment results are used to plan further improvements by relevant entities.

When a unit is involved in the IE process, its management and staff have to envision it within a framework that is guided by the following questions:

- ✓ Who are we? [Name of unit, mission, and overall goal(s)]
- ✓ What are we trying to accomplish? [The unit's objectives]
- ✓ How well are we doing it? [Targets 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 stands firm on four major components, namely: planning, assessment, improvement, and budgeting.

##### **I. Planning**

Planning is a way that helps the management to lead the institution from its current position to where it seeks in the future, as reflected in its mission and vision. The planning process is conducted as a collaboration among the management, faculty, and staff to formulate a plan that is designed to achieve institutional goals with the available resources. Planning takes place at the institutional and departmental levels. The planning process involves:



- Identifying the goals and objectives to be achieved at the institutional level based upon information gathered at the unit level.
- Identifying annual priorities to achieve the objectives at the institutional and unit levels.
- Making decisions on allocating resources to meet objectives and priorities.
- Implementing and monitoring actions taken to meet the defined objectives.

The University plan is overarching and depends on each unit's activities. Each unit develops its strategic plan that, taken collectively with those of other units, provides data on the performance of the University plan. This is monitored annually; every unit defines its objectives to cover the duration of its plan, which mirrors the duration of the University plan. Moreover, in developing its annual plan, each unit also takes into consideration the previous assessment findings.

## **II. Assessment**

Assessment is a continuous process of collecting, evaluating, and using the information to determine to what extent the units achieve their objectives, and how the assessment results fulfill the University's mission. Assessment at QU takes place through different mechanisms, which are the Strategic Planning Process and Student Learning Outcomes (SLO) that occur annually. However, the Academic Program Review (APR) process and the Non-Academic Unit Review (NAUR) process occur once every five years. In a collective effort involving faculty, administrators, students, and staff, the University gathers evidence of student learning; discovers the degree to which courses, programs, and research and administrative units accomplish expected outcomes; and probes the achievement of the institutional mission and objectives. Throughout the assessment, results are used to enhance and improve current programs and services. Without a continuous search for improvement through ongoing measurement and analysis, assessment is meaningless.

## **III. Improvement**

Improvement is the process by which units develop remedy plans, based on the annual assessment results and Institutional Effectiveness Committee (IEC) recommendations. The improvement plan aims to enhance University performance and close the assessment loop. The follow-up on IEC recommendations takes place semi-annually to ensure that units are implementing the Committee's recommendations effectively.

## **IV. Budgeting**

The budget is a detailed estimated statement that includes the revenues that the University is expected to receive, and the expenses that will be spent during the fiscal year. Units weigh their responsibility in requesting their budget after assessing their performance as reflected in planning outcomes. The base budget is defined as what a unit requires to function properly and meet its objectives.

This handbook focuses on explaining how these four main processes complement each other interactively to promote effectiveness in what the University does. Thus, it begins by explaining the IE framework and then outlines the assessment processes, which form a part of planning, assessment, improvement, and budgeting. Each of these assessment processes involves tasks, responsibilities, and timelines. The University expects employees at colleges, departments, centers, and other entities to fully understand these assessment processes and undertake their responsibilities accordingly. Due to the interdependence among them, timely actions in each process are crucial to the success of the drive towards effectiveness at QU.

## 5- Institutional Effectiveness Framework

In spring 2011, the EMC approved the first version of the IE framework, which was revised and approved in fall 2020. Although University units have been planning, assessing, and improving their performance for a long time, the approved framework commits the units to implement effective processes by better utilizing available resources. Figure 2 shows the approved IE framework, which illustrates the workflow and informational interactions from the University's mission and vision to the improvement plan.

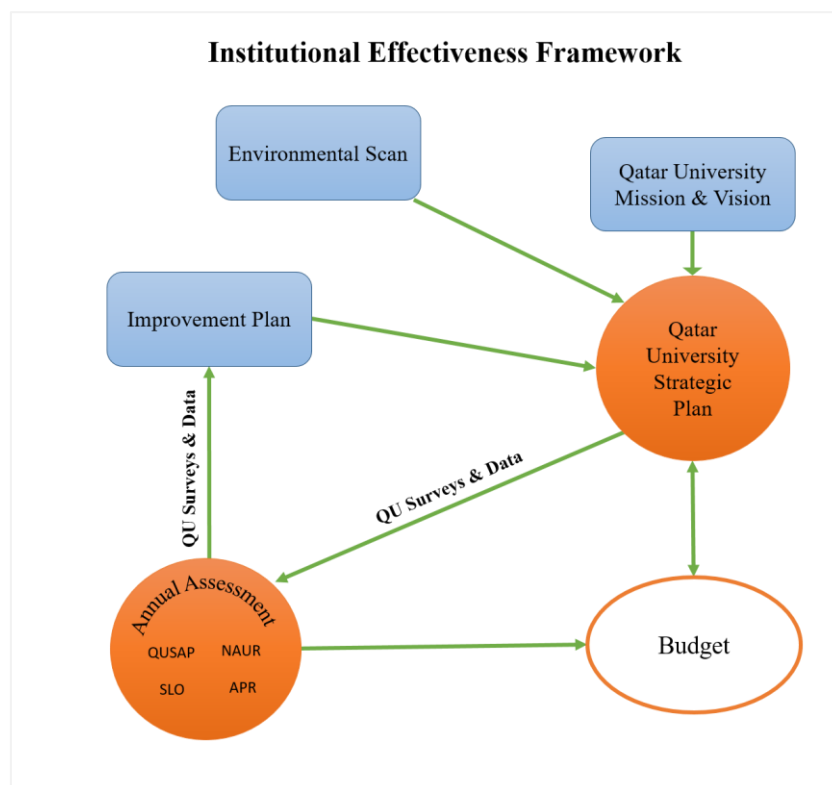


Figure 2: The Approved Institutional Effectiveness Framework

As stated earlier, the purpose of the IE Framework is to demonstrate how QU assesses its performance in light of its mission and vision, as well as showing how well it is using the results to improve its operations. Effectiveness is a multi-level, multi-sector, and interdependent mechanism that can be systemized through planning, implementation, reporting, evaluation, and improvement. The framework is summarized in the following processes:

- QU defines the **Mission and Vision**, which feeds into the **Qatar University Strategic Plan**.
- The **Environmental Scan** feeds into **Qatar University Strategic Plan** to be considered during the **Annual Assessment** phase. The **Environmental Scan** contains internal and external information and data related to the Qatari community such as its demographics, the existence of other private and semi-governmental universities in the country, and so on.
- **Qatar University Strategic Plan** is a combination of the annual strategic and operational plans of all main sectors at QU and is assessed annually by the **Annual Assessment** with the assistance of **QU surveys and Data**.
- **QU surveys and Data** consist of institutional, administrative, and academic surveys.
- The annual strategic and operational plans are considered during the preparation of the **Budget** to determine if the expected budget is appropriate for executing the University's plans. If the requested budget exceeds the budget ceiling, the University revises its plan as per the available budget.
- The **Annual Assessment** includes SLO, APR, NAUR, and the QU Strategic Assessment Plan. The outcomes of the assessment process are used to prepare an **Improvement Plan** for the following year; the results of **QU Surveys and Data** are considered at this step to facilitate this phase.
- The **Improvement Plan** feeds into **Qatar University Strategic Plan** of the following year 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 brings to the attention of the EMC the achievements and any impediments that have emerged from the performance of major units and committees. The IE process is handled by the IEC, which was initially formed by the President's decree in 2010 and is reconstituted annually. The committee has internal and external representatives who make effective contributions to the committee work. The committee works hand in hand with the University community to promote the IE culture. Thus, this work is collaborative and its timeline is aligned with reports that are generated by various units and committees. Figure 3 shows the IEC timeline and milestones. Table 1 highlights the IEC timeline and processes. In addition, the Committee is charged with providing leadership for the overall direction and support of the University's effectiveness. It fulfills an advisory, monitoring, coordinating, and regulatory role during the IE process. In addition, it advises the EMC on the implementation and evaluation of the QU Strategic Plan and all aspects of institutional assessment. The Committee's responsibilities include evaluating the Environmental Scan, assessing annual assessments, and preparing improvement plans. The Committee uses QU's mission, vision, Strategic Plan, and budget preparation outcomes as inputs to assist it in carrying out the following responsibilities:

- Review and analyze IE indicators such as SLO assessment and other indicators documented in the University's Strategic Plan.

- Review results and reports from academic departments and administrative units, including reports on the progress of strategic and action plans.
- Prepare the IE annual report, which becomes available for budget preparation in October of every year.
- Provide recommendations to the EMC for continuous improvements on campus, based on the results of IE processes.
- Communicate the results of IE efforts to appropriate internal and external stakeholders to promote accountability and transparency.
- Work with the QU community to fulfill institutional accreditation requirements.
- Serve as a resource for IE efforts on campus.

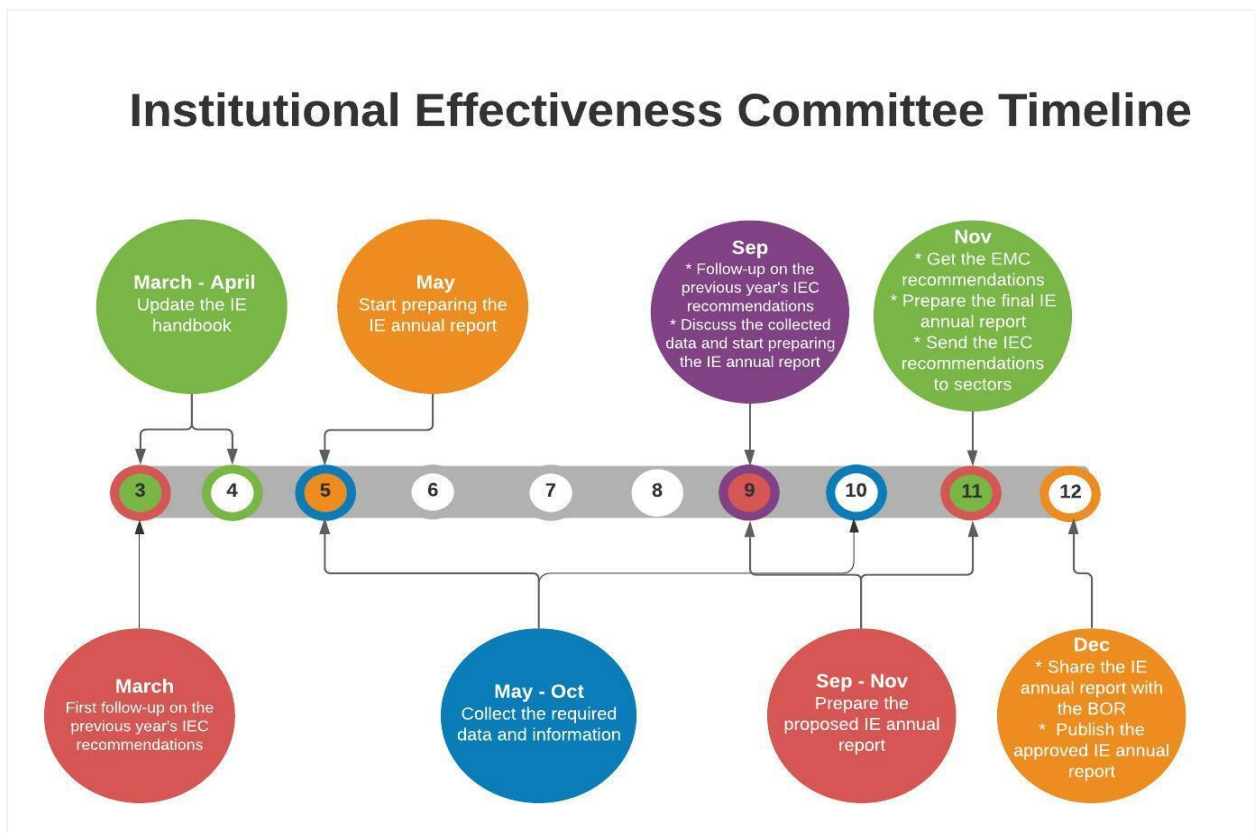


Figure 3: Institutional Effectiveness Committee Timeline and Milestones

Table 1: Institutional Effectiveness Committee Timeline and Processes

Month	Objective	Input	Process	Output
March-April	To update the IE handbook	The updated procedures and processes mentioned in the IE handbook	Update the IE handbook based on the updated documents collected from concerned units	The updated IE handbook

March	To follow-up on the previous years' IEC recommendations	Reminder email	Send the first follow-up reminder on the previous years' IEC recommendations	Action plans
May	To start preparing the IE annual report	Email/ official request	Send an email to the sectors to collect the required data and information to prepare the IE annual report	None
May-Oct	To collect the required data and information	None	Collect the required data and information from concerned units	Data and information
Sep	To follow-up on the previous years' IEC recommendations	Reminder email	Send the second follow-up reminder on the previous years' IEC recommendations	Action plans
	To discuss the collected data and start preparing the IE annual report	Data and information	Discuss the collected data and start preparing the IE annual report	None
Sep-Nov	To prepare the proposed IE annual report	Action plans, and data and information	Prepare the IE annual report and include the action plans of implementing the IEC's recommendations during the first week of November	The final proposed IE annual report
Nov	To get the EMC recommendations	The final proposed IE annual report	Present the IE annual report to the EMC during the second week of November	Recommendations and comments
	To prepare the final IE annual report	Recommendations and comments	Update the IE annual report based on the EMC recommendations and comments during the third week of November	The approved IE annual report
	To 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
	To send the IEC recommendations to concerned sectors	IEC recommendations	Send the IEC recommendation to concerned sectors for implementation	None
Dec	To share the IE annual report with the BOR	The approved IE annual report	Share the approved IE annual report with the BOR	None
	To publish the approved IE annual report	The approved IE annual report	Publish the approved IE annual report on the QU website	None

## 7- Strategic Planning Process

Strategic planning is a collaborative process of building a common agreement among the University’s leadership concerning the direction the University should aim for, taking into account the success measures, targets, and risk control measures appropriate for going in that direction. The strategic planning process defines the University’s strategic priorities and determines how existing human and financial resources will facilitate achieving them. The strategic planning process starts a year and a half before the new cycle begins, which is necessary given the large size of the University. The current QU plan is a four-year cycle covering the academic years from 2018/2019 to 2021/2022. It consists of five core strategies, namely: learning and teaching, student experience, research and knowledge advancement, institutional excellence, and engagement. In addition, one general enabling strategy is spread across QU’s goals. By establishing these strategies, QU works towards the accomplishment of six strategic goals; these are the transformation of higher education in Qatar, education excellence, graduate excellence, research excellence, institutional excellence, and engagement excellence. Under these goals, there are 20 strategic objectives, 40 strategic initiatives, and 56 key performance indicators (KPIs). The University has developed KPIs to measure the strategic objectives that QU aims to achieve by 2022. The working principle for strategic planning is based on interaction among different sectors of the University, including 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 timeline and milestones.

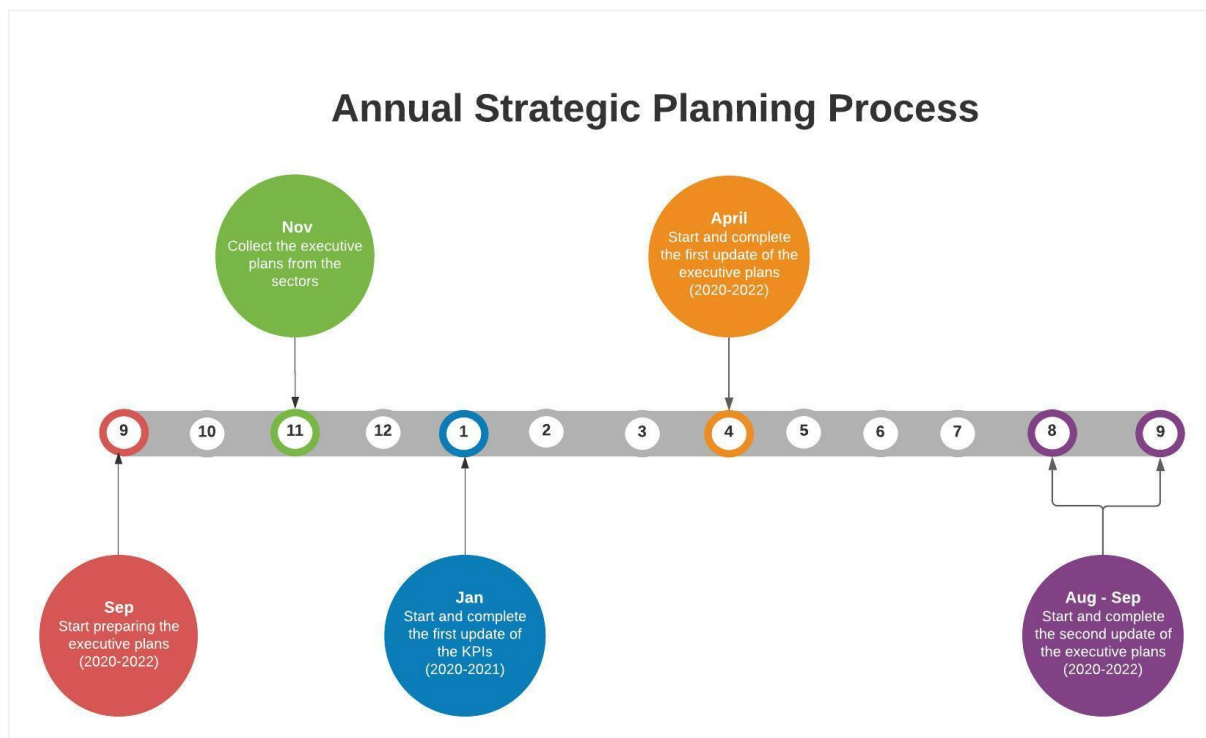


Figure 4: Annual Strategic Planning Process Timeline and Milestones

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 CSDO mandates the sectors to

revise their strategic plans once a year to ensure that each plan is well maintained and up-to-date. During the strategic planning process, the strategic steering committee meets at least once a month to discuss, approve, and give directions concerning the implementation of the University’s Strategic Plan. Table 2 highlights the annual strategic planning timeline and processes.

Table 2: Annual Strategic Planning Timeline and Processes

Month	Objective	Input	Process	Output
Sep	To start preparing the executive plans (2020-2022)	Strategic Plan (2018-2022)	Review of the strategic plan and assess the priorities (2018-2022)	The master executive plan (2020-2022)
Nov	To collect the executive plans from the sectors	The master executive plan (2020-2022)	Collect the executive plans from the sectors	The sectors executive plans (2020-2022)
Jan	To start and complete the first update of the KPIs (2020-2021)	Official email	Start and complete the first update of the KPIs (2020-2021)	The results of achieving the KPIs
April	To start and complete the first update of the executive plans (2020-2022)	Official email	Start and complete the first update of the executive plans (2020-2022)	The results of the first update of the executive plans (2020-2022)
Aug-Sep	To start and complete the second update of the executive plans (2020-2022)	Official email	Start and complete the second update of the executive plans (2020-2022)	The results of the second update of the executive plans (2020-2022)

## 8- Budget Planning Process

Budget planning is a collaborative process by which the University establishes a planned level of projected expenditures at the unit level for the funds to be allocated by the Ministry of Finance (MOF).

The process for developing the unit budget can be grouped into the following phases: (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 the upper management and the President.

The Finance Department starts the budget planning process by announcing the start of the annual budget preparation process to all units of the University and arranges an initial meeting with budget holders. Each sector has a budget committee charged with coordinating the budget process across the units within the sector, as well as across other sectors when necessary. Then, the Finance Department starts reviewing, analyzing, and consolidating the budget proposals

received from all units. Afterward, the Finance Department receives the initial budget ceiling from MOF. Then, the department distributes the initial budget ceiling and the proposed budget for MOF accounts for all chapters in the budget project. Before the end of the year, the University receives the final budget ceiling from MOF. During the same period, the Finance Department presents the budget allocation for each unit to the upper management and the President for approval and any needed modifications. After receiving the final approval, the Finance Department announces the budget allocation for each unit. Figure 5 shows the budget planning process timeline and milestones.

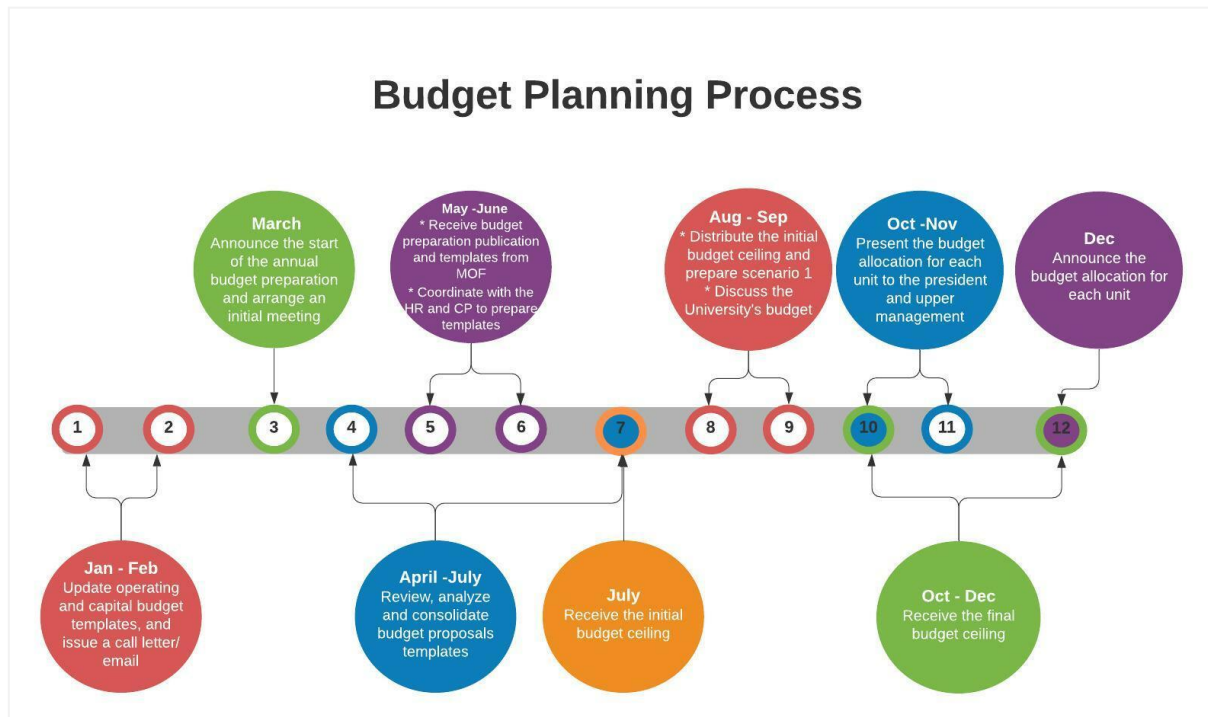


Figure 5: Budget Planning Process Timeline and Milestones

Incorporating strategic planning into budget planning is a recent approach at QU, but this will be a standard methodology going forward. Each unit needs to review its strategic plan performance before submitting its budget request for the next financial year. Strategic performance results will be used as input in the budgetary process and decision-making. Table 3 outlines the budget planning timeline and processes.

Table 3: Budget Planning Timeline and Processes

Month	Objective	Input	Process	Output
Jan-Feb	To update operating and capital budget templates, and issue a call letter/email	Proposed templates	Update operating and capital budget proposed templates in coordination with Strategy and Performance Department and centralized departments	Final operating and capital budget templates, and call letter/announcement email



March	To announce the start of annual budget preparation, and arrange an initial meeting with budget holders	Budget templates and summary report of budget vs. expenditure for 3 years	Announce the start of the annual budget preparation process to all QU units, attaching budget templates and the summary report of budget vs. expenditures for 3 years, and conduct the initial meeting with budget holders to collect filled-out budget templates	Completed budget proposal templates
April-July	To review, analyze, and consolidate budget proposal templates	Completed budget proposal templates	Review, analyze, and consolidate budget proposal templates received from units, and arrange a meeting with budget holders if needed	Finalized proposed budget
May-June	To receive budget preparation publication and templates from MOF	None	Receive the budget preparation publication from MOF, along with salaries and wages, and capital projects templates	Budget preparation publication and MOF templates
	To coordinate with the Human Resources and Capital Projects Departments to prepare the required templates	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
July	To receive the initial budget ceiling	Proposed budget at the University level	Receive the initial budget ceiling from MOF	Adjusted University budget proposal
Aug-Sep	To 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 MOF accounts for all chapters and send the budget forms after the unit head's approval (QU)	Allocated budget for each chapter per MOF account
	To discuss the QU budget	Allocated budget for each chapter per MOF account	Discuss the QU budget with MOF	None
Oct-Dec	To receive the final budget ceiling	None	Receive the final budget ceiling from MOF	Final budget ceiling from MOF
Oct-Nov	To present the budget allocation for each unit to the President and upper management	Final budget ceiling from MOF	Present the budget allocation for each unit to the President and upper management for approval and any needed modification	Approved budget allocation for QU units
Dec	To announce the budget allocation for each unit	Approved budget allocation for QU units	Announce the budget allocation for each unit	Announcement

\* Changes in MOF budget preparation publication may affect QU budget timelines and processes.

## 9- Student Learning Outcomes Process

The SLO Assessment process is an ongoing process of evaluation and analysis designed to monitor and evaluate student attainment of program-level learning outcomes. Its goal is to affect the continuous improvement of programs and the student learning process.

All academic programs must assess student attainment of the program-level learning outcomes following the program's adopted assessment plan. Assessment of all program-learning outcomes is conducted following a two-to-three-year assessment cycle. The assessment plan of each program identifies the assessment methods and activities, the context in which assessment activities are to be implemented, and the specific semester in which each of the planned activities is to be implemented during the program's adopted assessment cycle. The purpose of the assessment is to identify gaps in student learning and to use the results, positive or negative, to stimulate meaningful discussion and reflection about the program curriculum, the adopted teaching, and learning methods, the types of instruction and modes of delivery, and the resources available to the program. Faculty reflect on how instruction can be modified to engage students in the learning process and to sustain IE. IE reflects how well the University is meeting its mission and goals. Figure 6 shows the SLO process timeline and milestones for undergraduate programs. Figure 7 illustrates the SLO process timeline and milestones for graduate programs.

An important output from the process is the annual SLO report prepared by each program following the end of the academic year. These reports document the assessment activities and results, the program's findings, and improvement actions that were implemented in the previous academic year following a thorough analysis and evaluation of the obtained results. The programs adopt improvement actions to improve students' performance. A sector-level annual report is also developed by the Academic Planning and Quality Assurance (APQAO) for undergraduate programs, Academic Quality Assurance Office (AQAO) for health cluster programs, and the Graduate Studies Office (GSO) for graduate programs. These sector-level annual reports serve as the basis for the overall evaluation and monitoring of program performance at the sector and University levels. Table 4 illustrates the SLO timeline and processes for undergraduate programs. Table 5 shows the SLO timeline and processes for graduate programs.

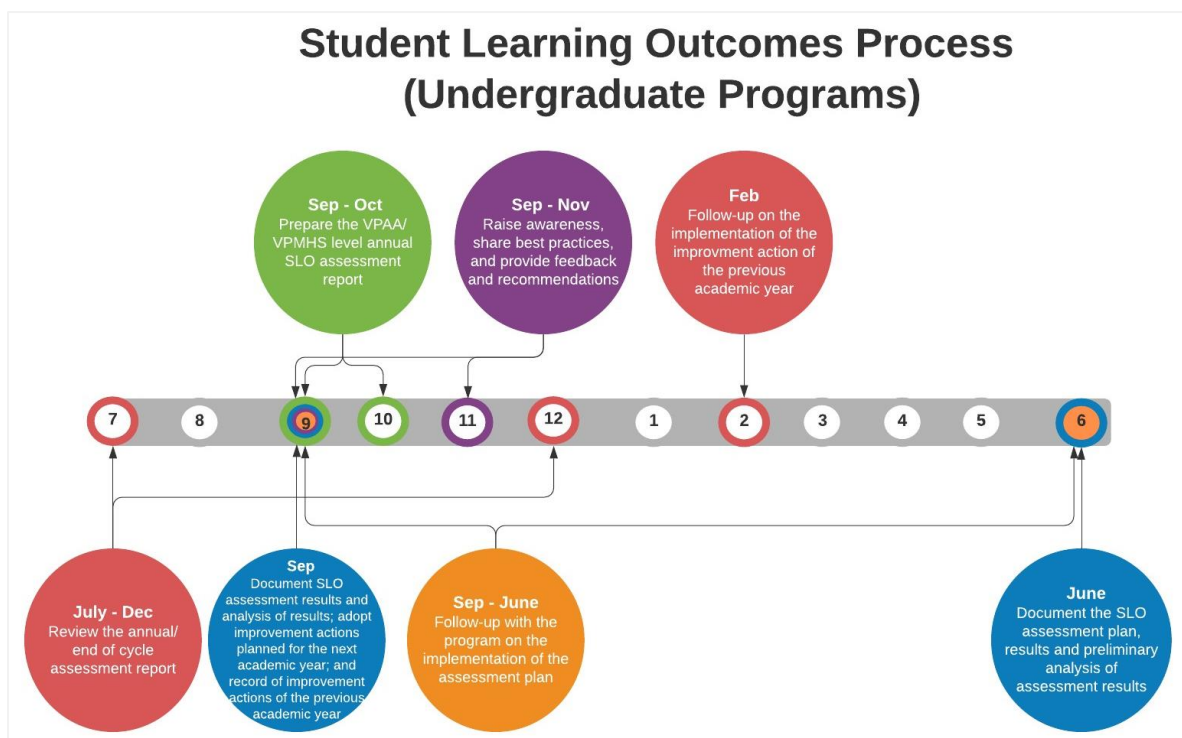


Figure 6: SLO Process Timeline and Milestones for Undergraduate Programs

Table 4: SLO Timeline and Processes for Undergraduate Programs

Month	Objective	Input	Process	Output
Sep	To document SLO assessment results, findings, and analysis of results; adopt improvement actions for implementation in the next academic year; and record of improvement actions implemented during the previous academic year	Details of assessment activities and results	Collect details of assessment activities and aggregate assessment results per learning outcome; meet with faculty to analyze results and adopt improvement actions; and collect, document, and reflect on improvement actions implemented during the previous academic year	Annual/ end of cycle assessment report
Sep-Oct	To prepare annual SLO assessment report at the level of the VP of Academic Affairs (VPAA)/VP Medical and Health Sciences (VPMHS)	Annual/end of cycle assessment report	Prepare the VPAA/VPMHS level annual SLO assessment report	VPAA/VPMHS level annual SLO assessment report
July-Dec	To review the annual/end of cycle assessment report	Annual/end of cycle assessment report	Conduct an internal and/or external review of assessment activities and other information included in the annual reports submitted by programs, and prepare feedback and recommendations reports for each program	SLO feedback and recommendations report

Sep-Nov	To raise awareness, share best practices, and provide feedback and recommendations based on the SLO assessment report	Program-level annual/end of cycle SLO assessment report, and the SLO feedback and recommendations report	Organize meetings with colleges and programs as needed	Scheduled assessment meetings
Sep-June	To follow-up with the program on the implementation of the assessment plan	Assessment plan and other information recorded in the online assessment management system (OAS)	Verify periodically the implementation of the assessment plan for the program to ensure adherence to the plan	Reminder email and notification
Feb	To follow-up on the implementation of the improvement actions of the previous academic year	Reminder email and notification	Collect the interim report from the program and follow-up on the implementation of improvement actions adopted by the program in the previous academic year	Fall interim report for implementation of improvement actions, and status of implementation of improvement actions
June	To document the SLO assessment plan, results, and preliminary analysis of assessment results	Assessment plan, implemented assessment activities and aggregated assessment results	Collect details of assessment activities and results, perform a preliminary analysis of implemented activities and obtain results to record main findings before the start of the summer break	Annual/end of cycle assessment preliminary report

## Student Learning Outcomes Process (Graduate Programs)

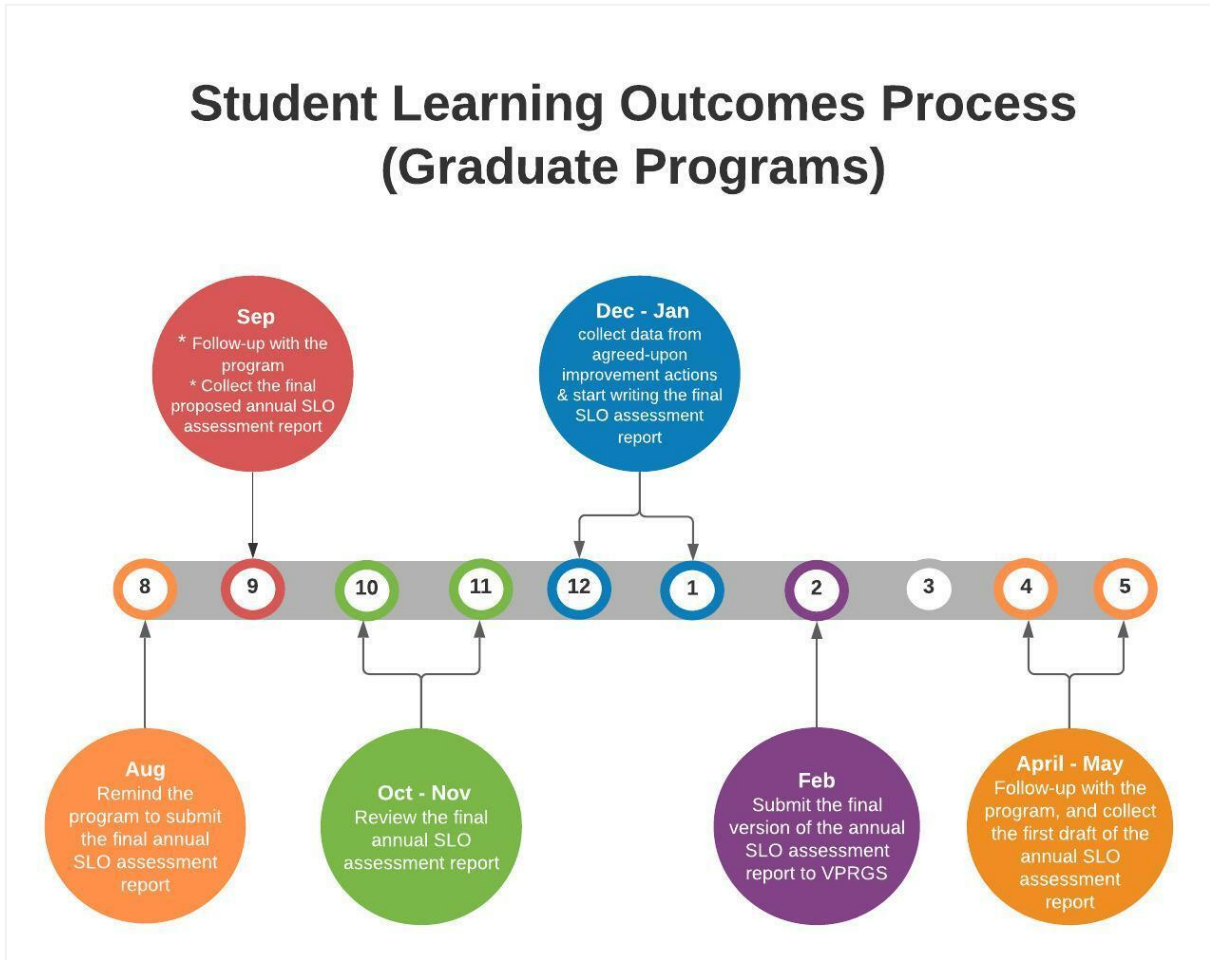


Figure 7: SLO Process Timeline and Milestones for Graduate Programs

Table 5: SLO Timeline and Processes for Graduate Programs

Month	Objective	Input	Process	Output
Aug	To remind the program to submit the final annual SLO assessment report	None	Send a reminder to the program to submit the final version of the annual SLO assessment report	Reminder and notification
Sep	To follow-up with the program	None	Follow-up with the program using OAS	Notification
	To collect the final proposed annual SLO assessment report	Reminder and notification	Collect the final proposed annual SLO assessment report	Final proposed annual SLO assessment report
Oct-Nov	To review the final annual SLO assessment report	Final proposed annual SLO assessment report	Meet with the internal experts to review the final version of the SLO assessment report	Recommendations/ comments

Dec-Jan	To collect data from agreed-upon improvement actions and start writing the final SLO assessment report	Final proposed annual SLO assessment report, including recommendations and comments	Collect data and write the first draft of the final annual SLO assessment report	First draft of the final annual SLO assessment report
Feb	To submit the final version of the annual SLO assessment report to the Vice President for Research and Graduate Studies (VPRGS)	Final annual SLO assessment report	Submit the final version of the annual SLO assessment report to the VPRGS and then to the President	Final version of the annual SLO assessment report
April-May	Follow-up with the program, and collect the first draft of the annual SLO assessment report	Reminder and notification	Receive the first draft of the annual SLO assessment report	None

## 10- Academic Program Review Process

The APR process is a periodic review process that contributes to the improvement of academic programs' effectiveness and quality. The primary goal of the APR process is to enhance academic standards and the quality of academic programs offered within the University, in line with the University's mission, goals, and strategic plan. The main purpose of the process is to identify a program's strengths and weaknesses and to evaluate its viability, productivity, and quality to inform and direct the continuous improvement of the program and the program's future direction (i.e., whether to maintain, improve, restructure, or deactivate a program).

The review process has several components, among which are the development of a comprehensive internal Self-Study Report (SSR), an external review report following an on-site visit by an external reviewer, and a Program Enhancement Plan (PEP). The PEP provides a clear plan for improving the program, taking into account the feedback and recommendations provided in the external review report and the program faculty's reflection and analysis of the current offerings and performance of the program. The development of the SSR is a step taken by a program that is under review; it provides the program faculty with an opportunity to self-diagnose and reflect on the current program's offerings, performance, and quality. The APQAO, GSO, and AQAO provide colleges with the required templates for this process and share the completed SSR with external reviewers to get their feedback and recommendations. The PEP presents the program's future directions, records proposed improvement actions and detailed action plans and identifies additional resources that may be needed by the program. If additional financial resources are needed, requests should be included in the following year's budget.

The process adopted at the University requires reviewing every academic program within a five-to-seven-year program review cycle. A master calendar for academic programs review is adopted before the beginning of each cycle to identify the semester of review for each academic

program during the review cycle. For undergraduate programs, each academic program goes through the review cycle one time, either in the fall or spring semester. The APR process for the spring semester starts six months before the scheduled date in the master calendar, following the same process as in the fall semester. For graduate programs, the APR process for the scheduled programs in the master calendar starts in the fall semester of the academic year. Figure 8 shows the APR process timeline and milestones for undergraduate programs (fall semester). Figure 9 indicates the APR process timeline and milestones for graduate programs. Table 6 outlines the APR timeline and processes for undergraduate programs (fall semester), and Table 7 highlights the APR timeline and processes for graduate programs.

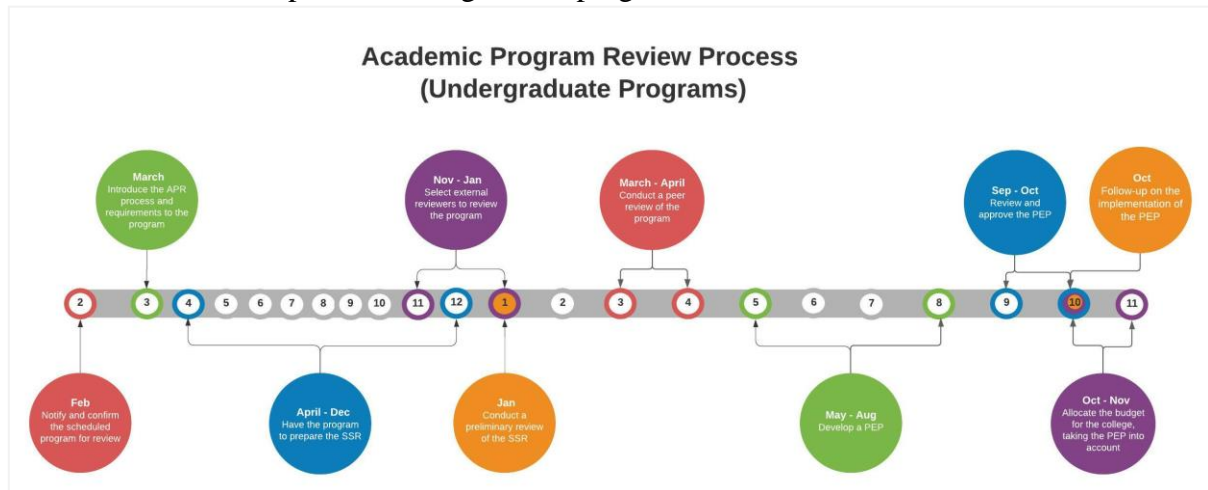


Figure 8: APR Process Timeline and Milestones for Undergraduate Programs (Fall Semester)

Table 6: APR Timeline and Processes for Undergraduate Programs (Fall Semester)

Month	Objective	Input	Process	Output
Feb	To notify and confirm the scheduled program for review	Notification letter and a confirmation form	Send the form to the selected program, after which the program reports back its acceptance or request to delay the review	Filled-out confirmation form
March	To 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	To have the program prepare the SSR	APR templates, policy and procedures, needed data from CSDO, SLO assessment data and evaluation, and continuous improvement actions from previous assessment results	Obtain data and other information sources as needed, write the SSR, submit SSR to the college for endorsement, and communicate SSR to the VPAA/VPMHS office by program committee\ team from APQAO\AQAO	Completed SSR

Nov-Jan	To 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 two external reviewers after validation and endorsement by the program	List of selected external reviewers
Jan	To conduct a preliminary review of the SSR	Completed SSR, and related materials	Review the SSR and related materials, and give feedback to the program if needed	SSR internal review report
March-April	To conduct a peer review of the program	Completed 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/VPMHS office	Peer review report
May-Aug	To 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	To review and approve the PEP	PEP	Review and discuss the PEP with the program and make recommendations to VPAA/VPMHS for a final decision	Approved PEP
Oct-Nov	To 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	To follow-up on the implementation of the PEP	Approved PEP, and the budget request	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.



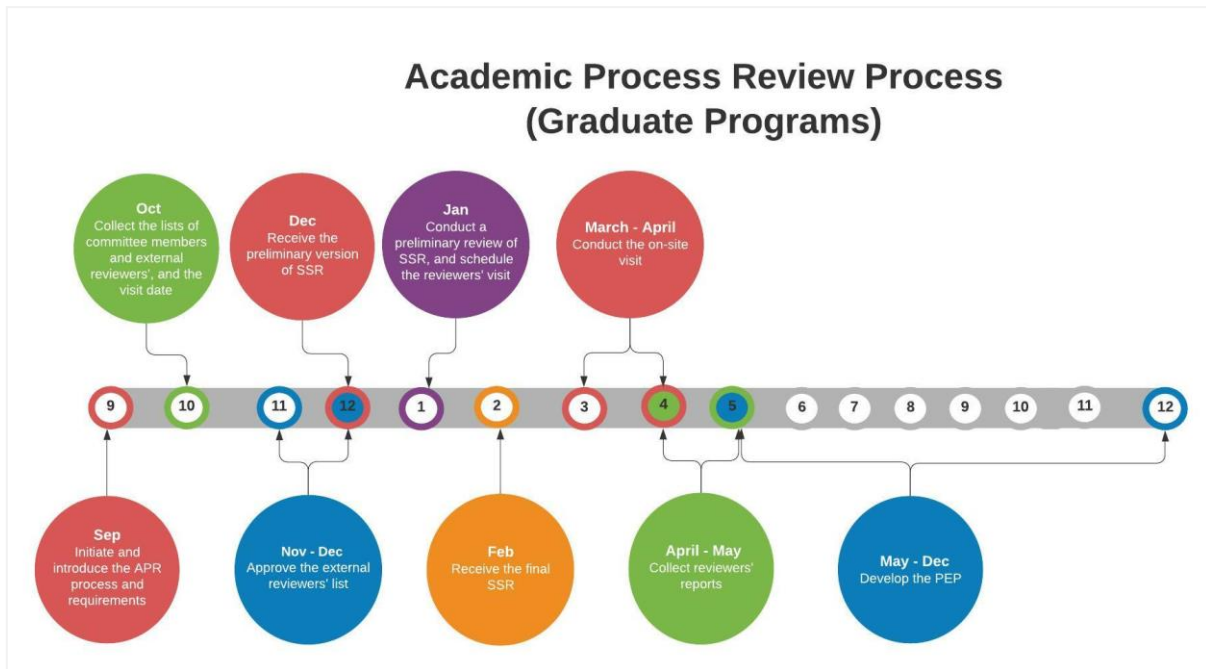


Figure 9: APR Process Timeline and Milestones for Graduate Programs

Table 7: APR Timeline and Processes for Graduate Programs

Month	Objective	Input	Process	Output
Sep	To initiate and introduce the APR process and requirements	APR related materials (template, criteria, policy, etc.), and a confirmation form	Call the department heads and deans to confirm the APR, and meet to introduce the process	Filled-out confirmation form
Oct	To collect the lists of committee members and external reviewers and the visit date	Official email/request	Collect the lists of committee members for preparing the SSR and external reviewers, and choosing a preferred visit date by the program	Committee members and external reviewers lists, and the preferred visit date
Nov-Dec	To approve the external reviewers' list	Committee members and the external reviewers' list	Get VPRGS approval for the external reviewers' list	Approved external reviewers list
Dec	To receive the preliminary version of SSR	Official email/request	Receive the preliminary version of SSR	Preliminary version of the SSR
Jan	To conduct a preliminary review of SSR, and schedule the reviewers' visit	Preliminary version of SSR, criteria for evaluation, approved reviewers list, and the visit dates	Review the preliminary SSR, and coordinate with the reviewers and HR to schedule the reviewers' visit	SSR internal review report and the scheduled reviewers visit
Feb	To receive the final SSR	Official email/request	Receive the final SSR and send it to reviewers	Final SSR
March-April	To conduct the on-site visit	Final SSR, criteria for evaluation, and other materials	Conduct the on-site visit	None

April-May	To collect reviewers reports	Final SSR, criteria for evaluation, and other materials	Collect reviewers reports	Peer review report
May-Dec	To develop the PEP	Peer review report	Develop the PEP	None
Jan (Following Year)	To collect the PEP	Reminder email	Collect the PEP	PEP

## 11- Non-Academic Unit Review Process

The NAUR process assists units in identifying areas for improvement to help them achieve their missions and objectives and to enhance their overall performance. The NAUR process was approved by the EMC and started in the academic year 2010/2011. All units are expected to undergo a comprehensive assessment once every five years. The approved NAUR master calendar indicates which units are to be reviewed in the fall or spring semesters. The same procedures and steps are followed in the fall and spring semesters. The SSR, which is prepared by the unit, is the core step in this process, as it enables the unit to look over its activities. Then, the unit discusses the report with the NAUR committee to improve its performance. The unit being reviewed is 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 to highlight the actions taken toward achieving the endorsed recommendations; this is then discussed with the NAUR committee before being presented to the UC. Figure 10 illustrates the NAUR process timeline and milestones (fall semester). Table 8 outlines the NAUR timeline and processes (fall semester) .

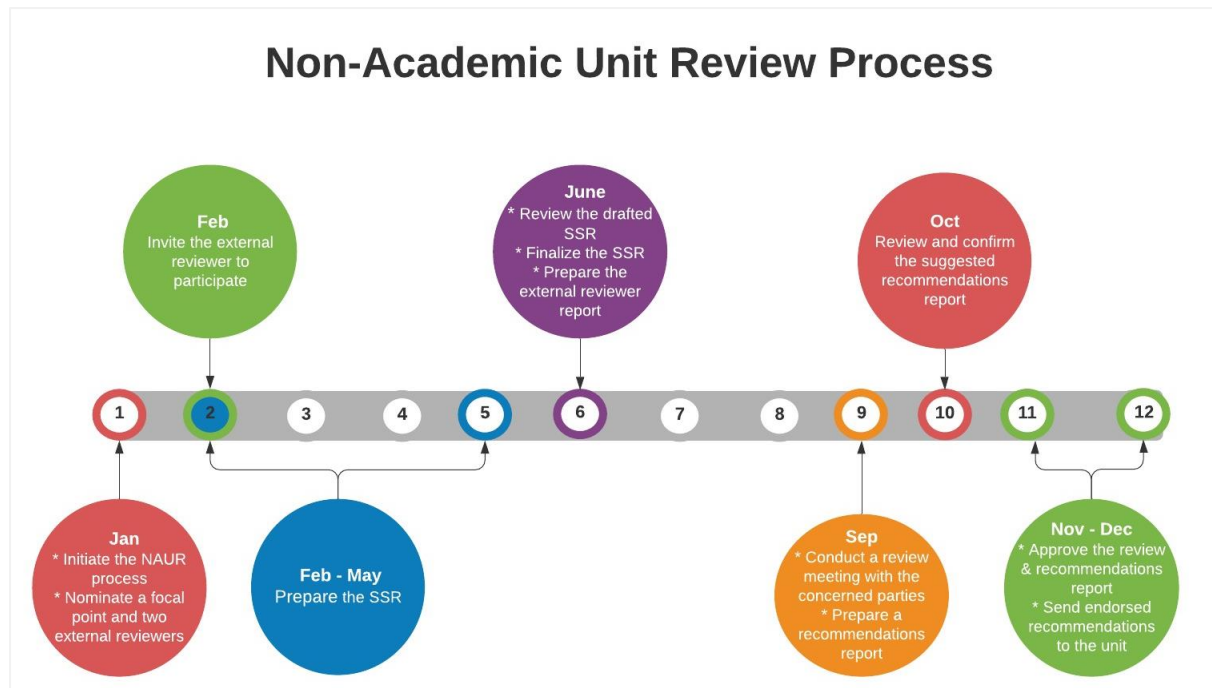


Figure 10: NAUR Process Timeline and Milestones (Fall Semester)

Table 7: NAUR Timeline and Processes (Fall Semester)

Month	Objective	Input	Process	Output
Jan	To initiate the NAUR process	NAUR master calendar	Review the master calendar by NAUR committee members, and initiate the process by sending an official request to the relevant unit	Confirmation email
	To nominate a focal point and two external reviewers	NAUR policy and SSR template	Form an internal team to prepare the SSR; the unit nominates the focal point and external reviewers	The focal point and external reviewers nominations
Feb	To invite the external reviewer to participate	External reviewers nominations, NAUR policy, responsibility letter, and the external reviewer report template	Prepare and send to the external reviewer an official invitation to participate in the NAUR process	Confirmation email
Feb-May	To prepare the SSR	NAUR policy and SSR template	Prepare the SSR by the unit and contact the NAUR facilitator as needed	None
June	To review the drafted SSR	Reminder email	Receive and review the drafted SSR	Revised SSR, including comments
	To finalize the SSR	Revised SSR, including comments	Share the SSR with the unit for review, and receive the final SSR	Final SSR
	To prepare the external reviewer report	Final SSR	Share the final SSR with the external reviewer for his/her review	External reviewer report
Sep	To conduct a review meeting with the concerned parties	SSR, the external reviewer report, and the follow-up report from the previous cycle, if applicable	Schedule a meeting with the NAUR committee, the external reviewer, and the unit director to review and discuss the SSR, the external reviewer report, and follow-up report from the previous cycle, if applicable	Suggested recommendations
	To prepare a recommendations report	Suggested recommendations	Prepare the suggested recommendations report based on the NAUR meeting	Suggested recommendations report
Oct	To 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	To approve the review and recommendations report	Review and recommendations report	Present the review and recommendations report at the UC for its approval	Endorsed recommendations

	To send endorsed recommendations to the unit	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)	To follow up on the progress of the action plan	Action plan	Prepare a follow-up report by the unit after a year after endorsing the recommendations	Draft of the follow-up report
	To 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
	To update the UC with the progress of the endorsed recommendations	Final follow-up report	Update the UC with the unit's progress on the implementation of the endorsed recommendations	UC recommendations