



جامعة الملك فهد للبترول والمعادن
King Fahd University of Petroleum & Minerals

A Manual for

AQAF

Academic Quality Assurance Framework

Deanship of Academic Development
Academic Assessment Center

First Edition

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Acronyms

Abbreviation	Full Form
AAAC	Academic Assessment & Accreditation Committee
AAC	Academic Assessment Center
AACSB	Association to Advance Collegiate Schools of Business
ABET	Accreditation Board for Engineering and Technology
AC	Academic Committee
ACF	Annual College File
ACR	Annual College Report
APF	Annual Program File
APR	Annual Program Report
AQAF	Academic Quality Assurance Framework
AQA	Academic Quality Assurance
AW	Assessment Week
AT	Accreditation Team
CC	College Council
CF	Course File
CGIS	College of Graduate and Interdisciplinary Studies
CLO	Course Learning Outcomes
CQAO	College Quality and Accreditation Office
CQC	College Quality Coordinator
DAAC	Department Assessment and Accreditation Committee
DAD	Deanship of Academic Development
DC	Department Council
DQAC	Department Quality Assurance Committee
DQC	Department Quality Coordinator
IAASC	Institutional Assessment and Accreditation Steering Committee
IAQR	Institutional Academic Quality Report
IRDC	Institutional Report and Documentation Committee
ISC	Institutional Support Committee
IPA	Institutional Planning & Analytics
KPI	Key Performance Indicator
MEET	Mock External Evaluation Team
NCAAAA	National Center for Academic Accreditation and Evaluation
PAAC	Program Assessment and Accreditation Committee
PASC	Programs Assessment Steering Committee
PDR	Program Development and Revision
PLO	Program Learning Outcomes
PQAC	Program Quality Assurance Committee
PQC	Program Quality Coordinator
PRDC	Program Report and Documentation Committee
QAC	Quality Assurance Committee
RW	Reporting Week
SAA	Self-Assessment and Accreditation
SESI	Self-Evaluation Scales of the Institution
SESP	Self-Evaluation Scales of the Program
SSRI	Self-Study Report for the Institution
SSRP	Self-Study Report for the Program
SSSC	Standards Self-Study Committees
VPAA	Vice President of Academic Affairs

I Introduction

Academic quality assurance is a critical process for any educational institution to maintain the highest standards and meet national expectations and requirements. It focuses on student learning by enhancing the quality of academic programs and fostering the continuous improvement of teaching and learning processes.

In this context, King Fahd University of Petroleum and Minerals (KFUPM) strives to achieve its mission and goals, while meeting the highest international and national educational standards. The Academic Quality Assurance Framework (AQAF) plays a vital role in this regard. It is designed to monitor and evaluate student learning and teaching processes, thereby enhancing their overall quality. It supports the academic programs at the university to successfully achieve their missions. Furthermore, AQAF gives feedback on whether the curriculum as a whole provides students with the knowledge, skills and competencies that they should possess in accordance with the program educational objectives and intended students' outcomes.

AQAF manages and monitors all aspects of academic quality at the university through a series of integrated quality assurance processes. These processes begin with course and program development, continue through their assessment and accreditation, and conclude with institutional self-assessment and accreditation.

On an annual basis, a comprehensive self-assessment process is conducted across all levels: course, program, college, and institution. At each level, designated entities are required to prepare and submit specific documents using specific templates. These documents must be completed, reviewed with relevant stakeholders, and submitted to the appropriate higher administrative level in a timely manner, in accordance with a predefined assessment calendar for review and evaluation. To support clarity and consistency, each template is accompanied by detailed guidelines that explain its components and provide examples where needed. Continuous improvement is ensured by closing the assessment loop at every level. For instance, course-level submissions are reviewed at the program level, with feedback returned to the course level to be addressed, and this process continues across higher levels. AQAF also identifies the responsible individuals or units for each task within the framework.

Accreditation at both the institutional and program levels is a national requirement, and King Fahd University of Petroleum and Minerals (KFUPM) is recognized as the first Saudi university to obtain accreditation for both its academic programs and the institution. In each accreditation cycle, KFUPM undergoes rigorous self-assessment and accreditation processes, including external evaluators' visits and comprehensive reviews, to independently verify the quality of its academic program and institutional performance. At the institutional level, accreditation is conducted nationally through the National Center for Academic Accreditation and Evaluation (NCAAA) on a seven-year review cycle. At the program level, accreditation is granted by various specialized bodies. Engineering and computing programs are accredited by the Accreditation Board for Engineering and Technology (ABET) with a six-year review cycle, while programs offered by the KFUPM Business School (KBS) are accredited by the Association to Advance Collegiate Schools of Business (AACSB), also on a six-year cycle. Additionally, all programs at the national level are accredited by NCAAA, with a five-year review cycle.

This manual outlines AQAF, its objectives, organizational structure, and key components. It also explains the annual self-assessment and accreditation processes, along with their associated procedures, guidelines and supporting templates.

1.1 What is the Academic Quality Assurance Framework (AQAF)?

AQAF is a structured and comprehensive framework that outlines the processes, organizational structure, and key components necessary to ensure and enhance academic quality. It serves to monitor, evaluate, and improve the quality of educational programs, teaching methods, and student learning outcomes. AQAF facilitates continuous improvement by aligning the university's academic activities with both national and international standards, ensuring that KFUPM meets its mission and maintains its commitment to academic excellence.

The AQAF main objectives are:

1. Ensure that the university and its academic programs fulfill national/international standards.
2. Provide feedback on academic quality assurance of the university and its academic programs.
3. Ensure that the university and its academic programs have clearly defined missions, educational objectives, and learning outcomes, and that these are being achieved.
4. Continuously improve the quality of the academic programs and act as an auditing mechanism for the university educational system.

1.2 AQAF Main Systems

AQAF is built upon three core systems, each designed to ensure the highest standards of academic quality and to provide comprehensive educational experience. These systems work in an integrated manner to oversee the entire lifecycle of academic programs, from initial development through ongoing evaluation and eventual accreditation. The three key systems are:

1.2.1 Program Development and Revision (PDR)

This system focuses on the creation and continual enhancement of academic programs and courses. It ensures that the design of curricula is aligned with the latest industry standards, educational best practices, and the university's mission and goals. The development process involves rigorous planning, input from stakeholders, and alignment with both national and international academic requirements. Programs are systematically reviewed every five years to maintain its relevance and alignment with evolving needs of students, the job market, and advancements in the field.

1.2.2 Academic Quality Assurance (AQA)

This system is designed to systematically collect, document, and report quality assurance activities across all academic levels, including courses, programs, and the institution. It serves as a centralized platform for generating formal records of academic quality processes, encompassing detailed course files, program files, college files, and institutional annual academic quality report. By maintaining comprehensive, accurate, and up to date quality documentation, the system enhances transparency and

accountability in academic operations. It also provides a structured foundation for evidence-based decision making and continuous improvement of academic offerings.

Furthermore, this system ensures alignment with institutional policies and facilitates compliance with national and international accreditation standards, reinforcing the university's commitment to academic excellence.

I.2.3 Self-Assessment and Accreditation (SAA)

This system involves the regular and systematic evaluation of both academic programs and the institution. Through self-assessment, a critical analysis of strengths and areas for improvement is conducted, fostering a culture of continuous enhancement. This process is complemented by external accreditation, where independent accrediting bodies verify the quality and adherence to relevant standards. Together, the self-assessment and accreditation processes not only confirm the university's adherence to national and international standards but also offer valuable feedback that drives ongoing institutional improvement.

Collectively, these three systems, as shown in Figure I.1, Program Development and Revision (PDR), Academic Quality Assurance (AQA), and Self-Assessment and Accreditation (SAA), are integrated to serve as the foundation of AQAF, ensuring that the university consistently upholds and continually improves the quality of its educational programs. This integrated approach enables the institution to meet evolving academic standards while fostering a culture of excellence and continuous improvement. The following sections will provide a detailed overview of each system.

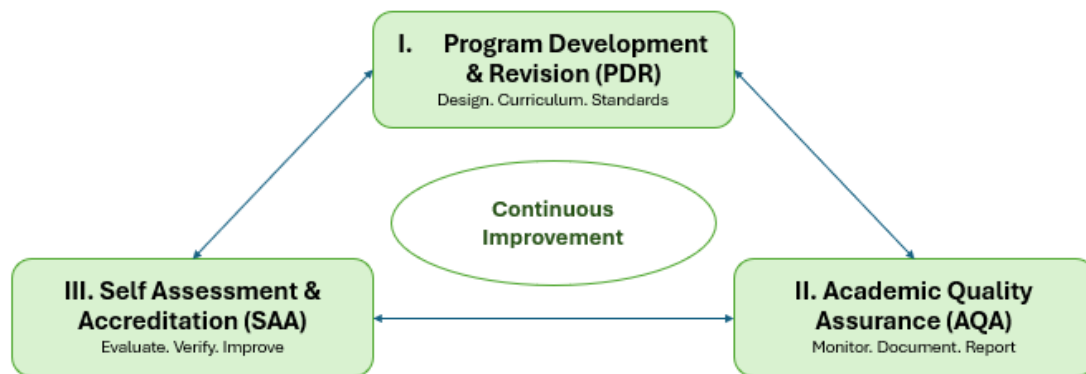


Figure I.1. AQAF Systems

II Program Development and Revision (PDR)

This section provides the procedures and requirements for Program Development and Revision (PDR). Whenever a course or program is developed or revised, the department concerned is required to submit a formal proposal. The proposal should be prepared and submitted by the host department, in collaboration with other departments where needed. It must then be reviewed and approved by the concerned entities, as prescribed in the organizational structure shown in Figure II.1. The PDR procedures and requirements shall apply to all KFUPM programs and courses, including those offered through educational partnerships.

The following subsections provide further details on the PDR organizational structure as well as the required content of proposals for both courses and academic programs.

II.1 PDR Organizational Structure

The primary goal of the organizational structure, shown in Figure II.1, for the development and revision of programs and courses is to evaluate the quality, feasibility, and impact of proposed programs while maintaining accountability at each level. By involving key stakeholders and executive leadership, the structure fosters collaborative decision making, risk management, and resource allocation.

This structure outlines the hierarchy and process flow through which program and course proposals are reviewed, assessed, and approved, ensuring that all required criteria are met prior to final endorsement.

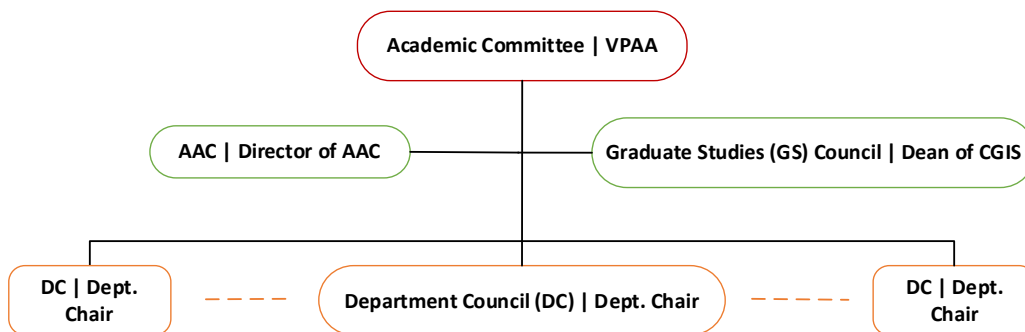


Figure II.1 Organizational Structure of Academic Quality relevant to PDR

The responsibilities of the units, councils, and committees involved in the development and revision of programs and courses, along with the roles and memberships of the associated committees, councils, and CQAOs, are outlined in the following sections.

1. Academic Committee

A university wide authority that advises the President of the university on all Academic issues and shall perform certain specific administrative duties regarding the operation of the Undergraduate and Graduate Programs.

Responsibilities:

- Develop strategic plans for the development of all academic programs.
- Review recommendations for changes in curricula and all aspects of academic rules at the undergraduate and graduate levels.
- Increase the level and intensity of coordination of curricula among academic colleges and institutes.
- Conduct periodic studies on all aspects of educational programs, policies and procedures.

- e. Initiate policy recommendations to the President governing all matters regarding the quality, effectiveness and efficiency of all academic programs and units.
- f. Recommend standards for the quality of academic programs and activities and develop procedures for quality measurements and quality assurance of program graduates, research output, and academic services.
- g. Plan and supervise the periodic external and internal evaluation of graduate and undergraduate programs; ensure that each program is evaluated internally and externally on a periodic basis; and ensure the timely progress of each evaluation effort until its successful completion with the submission of the final report of the evaluators to the President.
- h. Monitor the implementation of remedial actions that are adopted by the university as a result of each evaluation process and advise the President on progress of implementation.

Members:

- a. Vice President of Academic Affairs (Chairman).
- b. College Deans.
- c. Dean of Academic Development.
- d. Dean of Admission and Registration.
- e. Dean of College of Graduate and Interdisciplinary Studies.
- f. Dean of Research.
- g. Senior faculty member of each college to be appointed by the President of the university based on the recommendation of the Vice President of Academic Affairs.

2. Graduate Council

A university-wide authority overseeing all graduate programs (Master's and PhD)

Responsibilities:

- a. Serve as the oversight committee for the graduate programs.
- b. Initiate new Graduate Studies policies, revise existing policies, and act upon any questions affecting those policies.
- c. Establish and publish internal rules and regulations governing graduate programs in coordination with the academic departments, including the revision and updating of the Graduate Bulletin in accordance with approved policy changes.
- d. Propose admission criteria to graduate studies in coordination with academic departments and supervise their implementation.
- e. Recommend the approval of new or revised programs or courses in coordination with existing programs.
- f. Recommend actions regarding low performing graduate students.
- g. Approve, modify, or reverse actions taken by the council committees.
- h. Foster the relationship between graduate education and scholarly research.
- i. Formulate general guidelines for research plans; set up rules and regulations for writing theses; print, submit and develop forms for their defense and evaluation.

Members:

- a. Dean of College of Graduate and Interdisciplinary Studies (chairman).
- b. Dean of Research.
- c. Deputy Dean of College of Graduate and Interdisciplinary Studies, if any, holds the secretariat of the Council.

- d. One faculty member of professorial rank from each college with graduate programs. They are appointed by a decision of the University Council based on the recommendation of the college councils and the approval of the university President. Their appointment is for a renewable period of two years.

3. Department Council

The primary decision-making authority at the department level.

Responsibilities:

- a. Approving new/revised programs and courses (before college/university level).
- b. Faculty hiring recommendations.
- c. Promotion recommendations.
- d. Strategic planning (department vision, research direction).

Members:

- a. Department Chair (Chair of Council).
- b. All faculty members.

4. Academic Assessment Center:

A specialized unit within Deanship of Academic Development responsible for ensuring academic quality, continuous improvement, and alignment with national and international standards. It leads assessment and accreditation efforts across the university and promotes continuous improvement in teaching and learning.

Responsibilities:

- a. Support academic program development and revision, including providing guidelines and templates, and reviewing and approving proposals.
- b. Manage institutional and programmatic accreditation processes.
- c. Coordinate and support assessment activities across courses and programs.
- d. Train faculty on program/course development and revision, students' outcomes developments and assessment, and academic quality standards.
- e. Review self-assessment reports and ensure compliance.
- f. Track improvement actions ("closing the loop").
- g. Implement systems to enhance assessment and academic quality assurance tasks.

II.2 Approval Process

The host department is responsible for submitting a proposal for developing a new program or revising an existing one. This proposal must be prepared using the latest templates and adhere to the guidelines provided by the Academic Assessment Center, these guidelines is published in DAD website and can be accessed using the following link:

[Guidelines for Development/Revision of Academic Programs.](#)

The final proposal shall undergo approval by the relevant entities as outlined in the organizational structure (Figure II.1) and according to the approval procedure described below (Figure II.2).

The detailed steps for approving a revised program are as follows:

1. **Department Council Review:** The proposal is first presented to the department council for discussion and preliminary approval.
2. **Graduate Program Review (if applicable):** For graduate level courses or programs, the proposal is forwarded to the Council of Graduate Studies for review and approval.
3. **Academic Assessment Center (AAC) Review:** If approved by the Graduate Council, the proposal is submitted to the AAC to ensure compliance with institutional and academic standards. The AAC provides feedback and recommendations, if necessary. The department must then incorporate the suggested revisions and resubmit the updated proposal to the AAC for Approval.
4. **Academic Committee Evaluation:** Once the AAC has approved the proposal, it forwards it to the Academic committee for review and evaluation.
5. **University Council Approval and Implementation Planning:** If the proposal is approved by the Academic Committee, it is sent to the University Council. At this stage, the department, in collaboration with the Dean of Admissions and Registration, is instructed by the Chairman of the Academic Committee to prepare a detailed implementation and adjustment plan for the revised program.

The diagram of the entire procedure is illustrated in Figure II.2, ensuring clarity in the approval process and the roles of each approving entity.

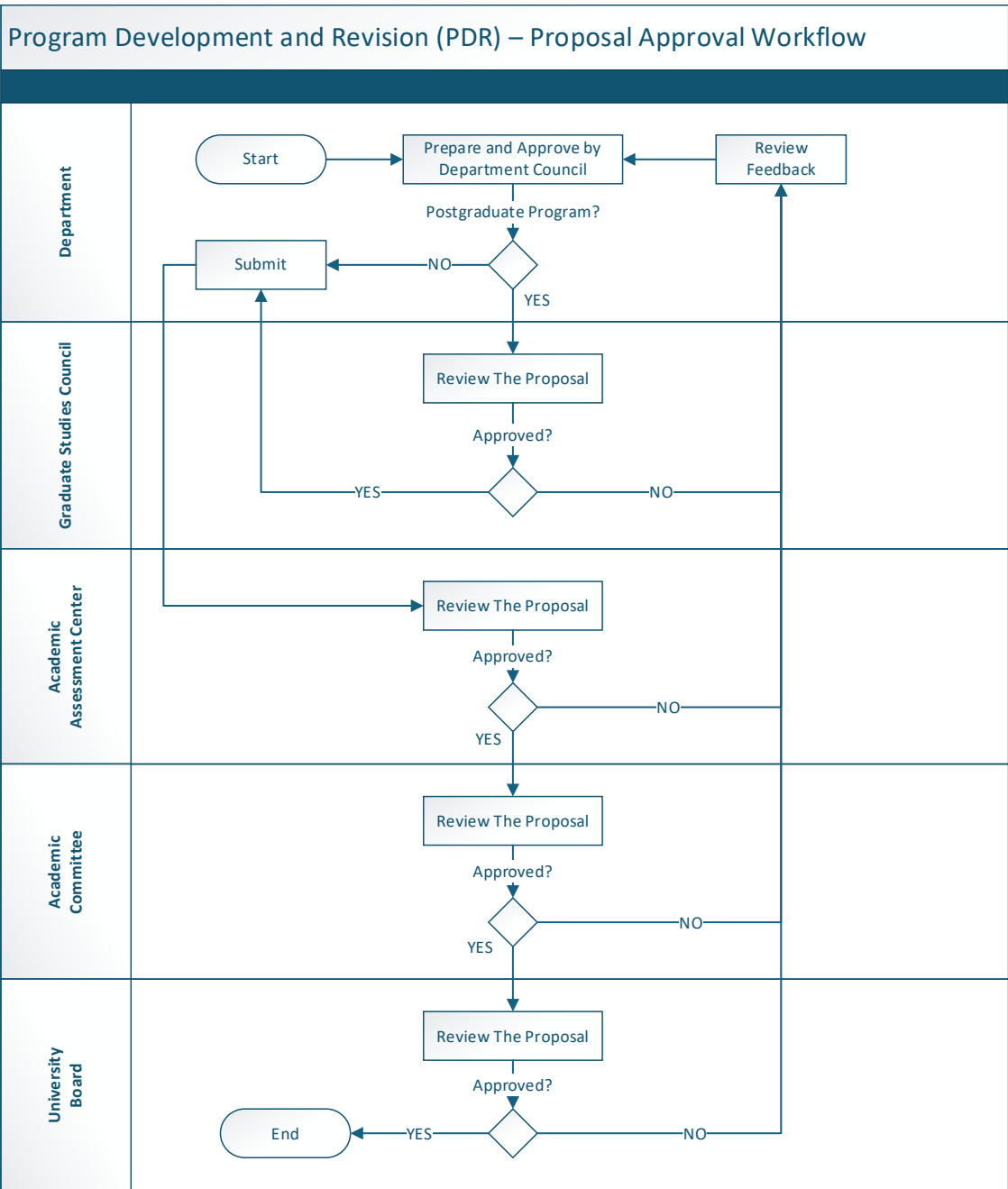


Figure II.2: PDR Approval Workflow

III Academic Quality Assurance (AQA)

The Academic Quality Assurance (AQA) framework provides a comprehensive and systematic approach for ensuring, monitoring, and continuously enhancing the quality of academic programs and educational outcomes within the institution. It establishes clear structures, responsibilities, processes, and documentation requirements that collectively support evidence-based evaluation and alignment with national and international accreditation standards. Through an integrated set of activities ranging from course level assessment to institutional reporting, the AQA framework promotes a culture of accountability, transparency, and continuous improvement across all academic units.

This AQA framework shall be applied to all academic programs and courses offered by the institution, including both undergraduate and graduate levels, as well as any courses or programs delivered through educational partnerships, where applicable. This ensures consistency in quality standards, assessment practices, documentation requirements, and accreditation compliance across the entire academic portfolio.

III.1 AQA Organizational Structure

AQA organizational structure is composed of different entities including committees, council, and College Quality and Accreditation Offices (CQAOs). These entities are responsible for implementing AQA effectively and efficiently. Figure III.1 depicts the structure of AQA. The charges of each responsible party are presented in the following lines.

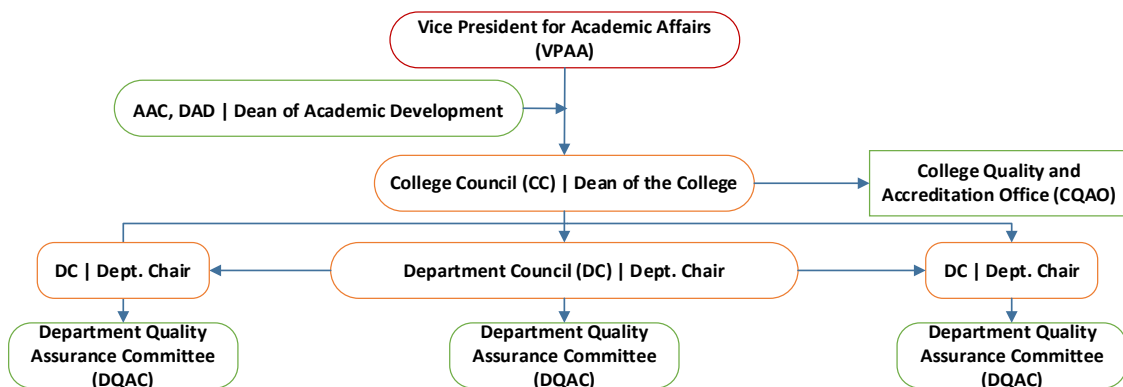


Figure III.1: AQA Organizational Structure

1. Vice President of Academic Affairs

The Vice President of Academic Affairs (VPAA) holds a pivotal role in shaping the academic vision of the university, ensuring the highest standards of academic excellence while maintaining operational efficiency across all academic functions. Within the

context of the Academic Quality Assurance (AQA), the VPAA's responsibilities include the following:

1. Academic Leadership and Strategic Planning.

Lead and coordinate the university's academic planning process, promoting innovation in teaching and curriculum development while ensuring that academic programs align with the institution's mission, vision, and strategic goals.

2. Curriculum and Program Oversight

Supervise the assessment and enhancement of academic programs, ensuring that they meet internal quality standards and external accreditation requirements.

3. Quality Assurance and Accreditation

Supervise the Academic Quality Assurance (AQA) fostering continuous improvement in academic offerings.

Lead institutional and program level accreditation efforts, working with external agencies to maintain compliance and credibility.

2. Academic Assessment Center (AAC)

AAC is one of the centers of the Deanship of Academic Development (DAD). It is responsible for reviewing and evaluating all academic quality reports related to assessment and accreditation throughout the accreditation cycle as well as the annual assessment of the colleges and programs. More specifically, the charges of the AAC in relation to AQA will be as follows.

AAC shall:

1. **Review and evaluate the Annual College Files**, ensuring they meet the university's academic quality standards and contribute to continuous improvement.
2. **Advise the College Quality and Accreditation Office (CQAO)** on necessary actions or corrections to enhance academic quality and maintain compliance with accreditation requirements.
3. **Prepare the Institutional Academic Quality Report (IAQR)**, which includes a comprehensive annual academic assessment of the university, its colleges, and academic programs.
4. **Adhere to and follow up on the assessment and accreditation plan**, ensuring all activities are aligned with the institution's goals and external standards.
5. **Review the Self Study Report for Programs (SSRP)** and the Self Study Report for the Institution (SSRI), ensuring they reflect accurate and complete assessments of academic quality.
6. **Provide feedback on the quality of the submitted documents**, highlighting areas for improvement and ensuring clarity and completeness.
7. **Ensure compliance of submitted documents with accrediting agency standards**, confirming that all criteria are met and documented appropriately.
8. **Review academic departments' implementation plans**, ensuring they align with assessment findings and institutional goals for quality enhancement.

9. **Monitor the progress of implementing corrective actions** and developmental plans, ensuring that these initiatives are carried out annually in accordance with the approved implementation plan.
10. **periodically review AQAF effectiveness** and recommend updates.

3. College Quality and Accreditation Office

The College Quality and Accreditation Office (CQAO) is the responsible entity in the college that collects, reviews and evaluates the Annual Program Files (APFs). In addition, the office is responsible for preparing the Annual College File (ACF). The CQAO shall perform the following tasks in coordination with AAC and concerned program quality coordinators.

The CQAO shall:

1. **Advise the College Dean on all matters related to the Academic Quality Assurance Framework (AQAF)**, ensuring alignment with institutional and accreditation standards.
2. **Review and evaluate the Program Files and related documentation** for all programs within the college, ensuring they meet quality standards and support continuous improvement.
3. **Advise the Department Quality Assurance Committee (DQAC)** on necessary actions or corrections to enhance program quality and compliance.
4. **Develop and monitor an accreditation and assessment plan** for the academic programs within the college, ensuring a strategic and comprehensive approach.
5. **Plan and implement training and awareness programs** related to the standards and requirements of accrediting bodies, enhancing faculty and staff understanding.
6. **Coordinate and facilitate activities for academic program self assessment** and national/international accreditation, ensuring the process is efficient and thorough.
7. **Ensure submitted documents comply with accrediting body standards and requirements**, maintaining the integrity and quality of submissions.
8. **Archive all quality, assessment, and accreditation related documents** for the college's programs, ensuring easy access and proper record-keeping.
9. **Prepare and present the Annual College File (ACF) to the College Council**, summarizing key quality and assessment activities.
10. **Provide the Academic Assessment Center with all required data** related to quality, assessment, and accreditation, including the ACF, ensuring transparency and collaboration.
11. **Review and monitor the implementation plan for academic programs** within the college, based on self-assessment and accreditation findings, ensuring timely follow-through.
12. **Provide recommendations for program and college improvements**, based on assessment results, accreditation feedback, and ongoing quality evaluations.

CQAO Members

- 1- College Quality Coordinator
- 2 One supporting staff.

4. Department Quality Assurance Committee

The Department Quality Assurance Committee (DQAC) or Program Quality Assurance Committee (PQAC) is the committee that will execute the implementation of AQA at the level of the department or the program with the objectives of adhering to quality standards and ensuring that the academic programs are subject to effective continuous improvement processes. The charges of DQAC are as follows:

The DQAC shall:

1. **Advise the Department Chair on all matters related to the Academic Quality Assurance Framework (AQAF)**, ensuring alignment with institutional quality standards and objectives.
2. **Review and evaluate Course Files and related documents**, ensuring they meet quality standards and adhere to the requirements of accrediting bodies.
3. **Advise course instructors on necessary actions or corrections**, ensuring continuous improvement and compliance with quality standards.
4. **Prepare the Annual Program File (APF)**, providing a comprehensive summary of the department's academic quality activities and assessments.
5. **Ensure adherence to the quality standards set by accrediting bodies**, maintaining high academic and institutional standards.
6. **Prepare the self-study report** in alignment with the accrediting body's standards, ensuring a thorough and accurate reflection of the department's academic quality.
7. **Ensure the availability of required documents** and review Course Files to ensure compliance with accrediting body standards.
8. **Collect, review, and interpret departmental assessment and accreditation findings**, providing data driven insights into program performance.
9. **Recommend improvements for departmental programs**, suggesting modifications and updates as appropriate to enhance quality and meet assessment findings.
10. **Develop a departmental implementation plan** based on recommendations and findings from assessment or accreditation activities, ensuring follow-through on improvement initiatives.
11. **Prepare an annual report** that highlights progress on the implementation plan, achievements, and proposed corrective actions to address any gaps or deficiencies.

DQAC Members

1. DQAC/PQAC Chairman
2. Faculty members appointed by the Chairman of the Dept.

DQAC/PQAC chairman shall lead the DQAC/PQAC efforts in reviewing course files and reports according to AQA requirements and providing continuous feedback or recommendations for improvements to the department chairman.

5. College Council

The primary responsibility of the College Council in relation to academic quality Assurance (AQA) is to ensure that the programs within the college meet the expected

quality standards and align with both internal and external accreditation requirements. The council plays a critical role in reviewing and approving the Annual College File (ACF), which serves as a comprehensive summary of the college's academic quality activities and outcomes. After thorough discussion and approval, the College Council may recommend corrective, or enhancement actions based on the findings. Once approved, the ACF is forwarded to AAC for further evaluation and necessarily follow-up actions.

The College Council's key responsibilities related to AQA are:

1. discuss and approve the Annual College File (ACF), ensuring that it accurately reflects the academic quality of the programs and meets established standards,
2. recommend or take necessary action based on the findings and outcomes outlined in the ACF, addressing any issues or opportunities for improvement, and
3. forward the approved ACF to AAC for further evaluation and follow-up actions, ensuring the continual enhancement of academic quality within the college.

These tasks are critical in maintaining a high standard of academic quality and ensuring alignment with both institutional goals and accrediting body requirements.

6. Department Council

The primary objective of the Department Council (DC) in relation to the AQA documentation is to ensure that the department's programs meet established quality standards and that the continuous improvement process is functioning effectively. To achieve this, the DC is responsible for discussing and approving key annual documentation related to program quality, particularly the Annual Program File (APF). DC may also recommend corrective, or enhancement actions based on the findings. Once approved, the APF is forwarded to the College Quality and Accreditation Office (CQAO) for further review and appropriate follow-up actions.

The Department Council's key responsibilities related to AQA are as follows:

1. discuss and approve the Annual Program File (APF), ensuring that the program quality is aligned with institutional and accreditation standards,
2. recommend or take necessary action based on the findings outlined in the APF, to address any areas for improvement or development, and
3. forward the approved APF to the College Quality and Accreditation Office (CQAO) for further evaluation and necessary actions, ensuring the ongoing enhancement of academic program quality.

III.2 AQA Components

Documentation is an integral part in the processes of quality assurance. It provides means for self-assessment, analysis, evaluation, and monitoring. AQA components encapsulated the needed documents at each level. There are four main components: Course File (CF), Annual Program File (APF), Annual College File (ACF), and Institutional Academic Quality Report (IAQR). These components shall document the processes of assessing and monitoring academic quality at respective levels throughout the whole academic year. The following provides a description of each component and its associated templates.

III.2.1 Course File

The Course File (CF) is the fundamental component of AQA. It provides all information needed at the level of the course to ensure its quality. The instructor/coordinator of the course shall complete the CF according to the templates available in DAD website and accessible via the following link: [Course File](#) . The main items of the CF are as follows:

- 1- Course Specifications (*Template CT1*), which includes:
 - a. Course identifications & general information
 - b. Course description and objectives
 - c. Course learning outcomes (CLOs), aligned teaching strategies and Assessment methods
 - d. Course contents
 - e. Office hours
 - f. Learning resources
- 2- Course Report (*Template CRF2*), which includes:
 - a. Course identification & general information
 - b. Course delivery (topics, and CLOs assessment)
 - c. Course results
 - d. Student evaluation of the course and textbook (survey results)
- 3- Syllabus
- 4- The assessment materials, such as assignments, quizzes, project, major exams, and final exams
- 5- Marked samples from the student work for each assessment method mentioned in point 4, these samples shall include the best, average, and worst cases
- 6- Course Learning Outcomes (CLOs) assessment report; the assessment of CLOs shall be conducted and documented every time the course is offered.
- 7- Instructional materials, e.g. slides, lecture notes, etc. (as appropriate)

For co-op, summer training, or internship courses, the course file shall be completed according to the templates available in DAD website and accessible via the following link: [Field Experience](#)

The main items of the Field Experience CF are as follows:

1. Field experience specifications (*Template CRF4*), which include:
 - a. Field Experience Course identification & general information
 - b. Student Learning Outcomes
 - c. Description of field experience activity

- d. Planning and preparation
- e. Evaluation of the field experience
2. Field experience report (*Template CRF5*), which includes:
 - a. Field Experience Course identification & general information
 - b. Field Experience Modifications or Adaptations from Planned Field Experience Specifications
 - c. Results
 - d. Program Learning Outcomes assessment
 - e. administrative issues
 - f. Evaluation of field experience activities
 - g. Planning for Improvement
3. Student outcome assessment report
4. Sample of student final report for best, average and worst cases
5. Field Experience Evaluation Surveys
6. Visitation report

III.2.2 Annual Program File

The Annual Program File (APF) contains documentation needed to ensure the quality of the program. It stipulates annual reports of key information associated with the overall performance of the program. APF helps the program to reflect on itself on an annual basis to ensure that the students, faculty, staff, and program administrator are engaging positively towards achieving program's mission and identify any gaps and accordingly suggesting any remedial action plans. It will also follow up on the implementation of previous action plans. The APF shall analyze assessment results, KPI trends, stakeholder feedback, and progress on previous action plans, and shall use these findings to develop evidence-based improvement actions.

The Department Quality Assurance Committee (DQAC)/Program Quality Assurance Committee (PQAC) shall complete the Annual Program File (APF) according to the templates available in DAD website and accessible via the following link: [Annual Program File](#).

The main items of the APF are as follows:

- 1- Program Specifications (*Template PT2*), which includes the following:
 - a. Program identification & general information
 - b. Mission, Goals, and Learning Outcomes
 - c. Curriculum
 - d. Thesis and Its Requirements (if any)
 - e. Student admission and support
 - f. Teaching and Administration staff
 - g. Learning resources, Facilities, and Equipment
 - h. Program Quality Assurance
 - i. Specification Approval Data
- 2- The Annual Program Report (*Template APF2*); which includes the following:
 - a. Implementation of previous action plans
 - b. Program statistics
 - c. Program Assessment

- d. Program learning outcomes assessment
 - e. Students' Evaluation of Courses
 - f. Students' Evaluation of Program Quality
 - g. Scientific research and innovation during the reporting year
 - h. Community partnership
 - i. Other Evaluation (if any)
 - j. Program Key Performance Indicators (KPIs)
 - k. Difficulties and challenges encountered by the program (if any)
 - l. Program Development Plan
 - m. Report approving authority
- 3- Assessment Plan for Program Learning Outcomes.
 - 4- Progress Report on Accreditation Related Recommendations and Action Recommendations
 - 5- Status Report on
 - a. Program Revision.
 - b. Program Accreditation.
 - c. Industrial Advisory Committee.

III.2.3 Annual College File

The Annual College File contains documents needed to report the status of the quality of all programs within the college. It will provide an annual comparative report on the performance of the programs and departments on various aspects related to academic quality.

The CQAO shall prepare the Annual College File (ACF) according to the templates available in the DAD website and accessible via the following link: [Annual College File](#).

The main Templates of the ACF are as follows:

- 1- ACF1. College File Cover Page, which is a checklist for the ACF items
- 2- ACF2 M. Annual College Report, which contains the following
 - a. College goals & objectives
 - b. College management & administration
 - c. UG Statistical information
 - d. UG Status reports summary
 - e. UG Course files summary
 - f. UG PLOs assessment summary
 - g. UG College evaluation summary
 - h. College KPIs
- 3- ACF2 PG. Postgraduate (PG) Annual College Report, which contains the following:
 - a. PG Statistical information
 - b. PG Status reports summary
 - c. PG Course files summary
 - d. PG PLOs assessment summary
 - e. PG College evaluation summary
- 4- ACF3. Status report on accreditation recommendations and action recommendations

- 5- ACF4. Ten Years projected plan for assessment & accreditation
- 6- ACF5. Program Learning Outcomes assessment plan
- 7- ACF6. Recommendation and Action Plans

III.2.4 Institutional Academic Quality Report

The Institutional Academic Quality Report (IAQR) should provide a comprehensive report about the academic quality status in the Institution. It will summarize the major findings of the previous three components, i.e. CF, APF, and ACF. The IAQR shall be completed according to the templates available in DAD website and accessible via the following link: [Institutional Academic Quality Report](#).

The main contents of the IAQR are as follows:

- 1- Institutional identification and statistical information
- 2- Summary of the ACRs and APRs
- 3- Status Report on the institutional Accreditation Related Recommendations and Action Recommendations
- 4- Annual Self Study Report
- 5- Institution Level KPIs

III.3 AQA Workflow and Timeline

AQA workflow is a two-dimensional flowchart that illustrates the process of preparing, reviewing and evaluating the components of AQA. As shown in Figure III.2, the columns represent the process timeline in terms of semesters, which starts from preparing the Course Files (CFs) at the beginning of each semester all the way until submitting the IAQR. The rows represent the unit/person who is responsible for carrying out the corresponding tasks mentioned in the same row.

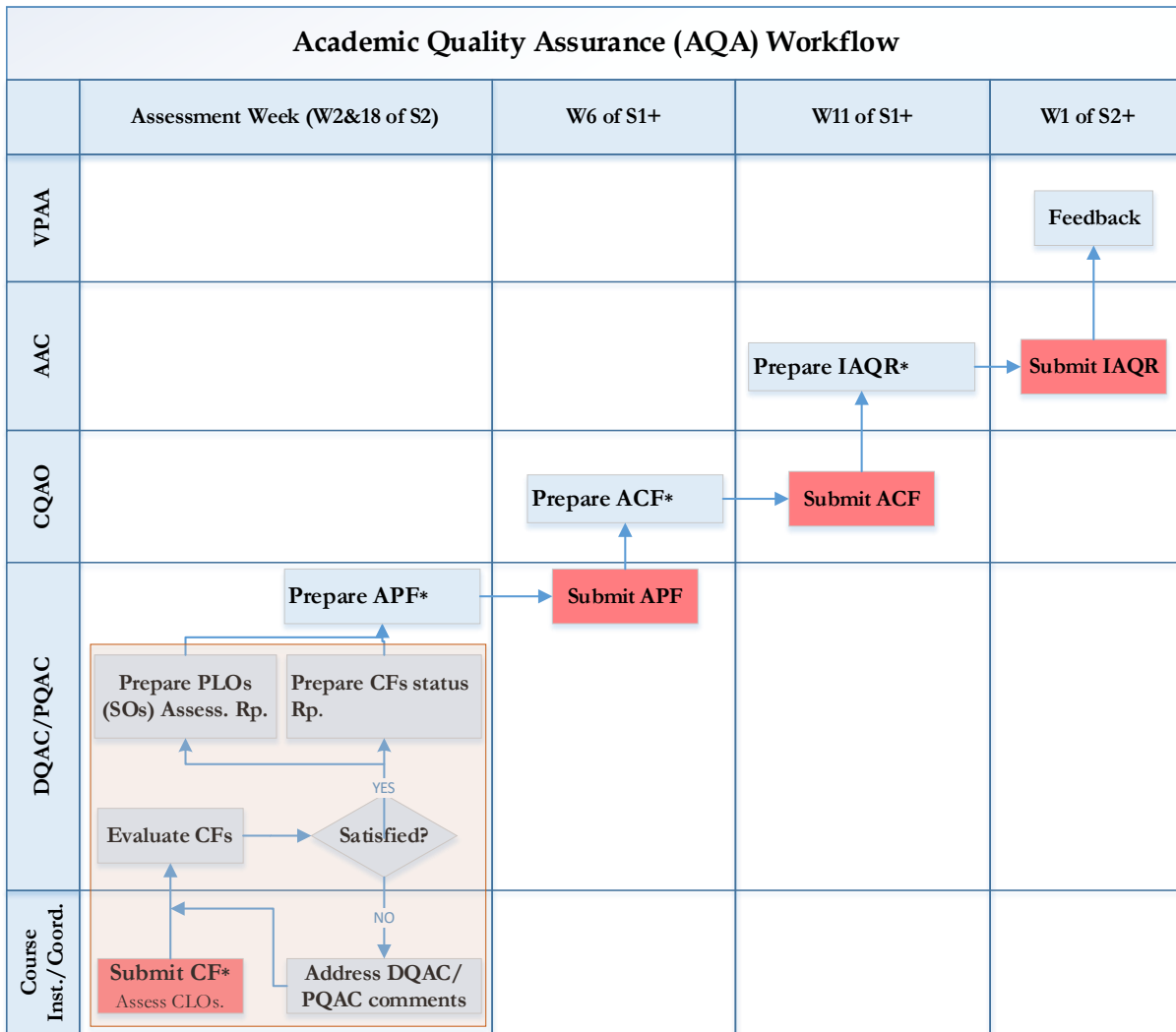
It should be noted that at each level (course, program, college, or institution) there will be feedback to the lower entity to close the assessment loop and thus enabling the continuous improvement. However, for the sake of clarity and simplicity of the flowchart appearance, this loop is illustrated only at the course level.

III.3.1 AQA Workflow

The following workflow describes the time frame and responsibilities of each person/committee, according to the assessment calendar.

- 1- The instructor/coordinator of the course shall
 - a. prepare the Course File (CF) according to CF templates accessible via the following link: [Course File](#), starting at the beginning of each semester, including summer session,
 - b. submit the CF to DQAC/PQAC. The CFs submission deadline is as follows:
 - i. CFs of the first semester: 2nd week of the second semester,
 - ii. CFs of the second semester: 18th week (Assessment week),
 - iii. CFs of the summer session: 9th week of the summer session,

- c. in case there is an input from DQAC/PQAC, the instructor shall revise and resubmit the CF within two days.
- 2- The DQAC/PQAC shall
 - a. review and evaluate the CFs within one week after receiving them. In this step, the DQAC/PQAC may send back the Course File to the instructor/coordinator to address their comments, if any,
 - b. prepare the report of Program level student Learning Outcomes (PLOs) assessment within one week after grade submission deadline of each semester,
 - c. start the preparation of the Annual Program File (APF) at the end of the academic year, within the assessment week (the 18th week), according to the templates accessible via the following link: [Annual Program File](#), including the program level KPIs, and
 - d. submit and present the APF to the department council.
 - 3- The department Council shall
 - a. Discuss and approve the APF.
 - b. Submit the APF to the College Quality and Accreditation Office (CQAO) in the 6th week of the first semester (next academic year).
 - c. In case there is feedback from CQAO, DQAC/PQAC shall revise and resubmit the APF within one week through the department council.
 - 4- The CQAO shall
 - a. review and evaluate the APFs;
 - b. prepare the Annual College File (ACF) according to the templates accessible via the following link: [Annual College File](#) including the college level KPIs;
 - c. suggest action recommendations if needed;
 - d. submit and present the ACF to the College Council;
 - e. in case there is an input from College Council, CQAO shall revise and resubmit the ACF within one week.
 - 5- The College Council shall
 - a. discuss and approve the ACF;
 - b. submit the ACF along with the APFs as attachments to DAD/AAC in the 11th week of the first semester (next academic year).
 - 6- The AAC shall
 - a. review and evaluate the ACFs. In this step, the AAC may send back the ACF to the CQAO in order to address the comments, if any;
 - b. prepare the Institutional Academic Quality Report (IAQR) according to the templates accessible via the following link: : [Institutional Academic Quality Report](#), including the Institution level KPIs;
 - c. submit the IAQR along with the ACFs as attachments to the VPAA in the 1st week of the second semester (next academic year).
 - 7- The VPAA shall
 - a. Discuss and approve the IAQR.
 - b. Recommend actions for improvements if needed.



Note: The CF loop in the shaded area is conducted in S1, S2, and summer session.. CF submission dates are (W2 in S2, W18 in S2, W9 in Summer Session)

*** Main contents of each submission**

CF: course specifications & report, syllabus, assignments, quizzes, exams, instructional material, CLOs assessment, and student evaluation

APF: course statistics/results/analysis of significant results, program's KPIs, PLOs assessment, progress on Rs & ARs, and status of program revision/accreditation/IAC

ACF: course statistics and major findings, college's KPIs, College SOs if any, statistics of Rs & ARs, and statistics of program revision/accreditation/IAC

IAQR: major findings from ACF, institution's KPIs, institution SOs assessment, and college-level statistics of Rs & ARs, program revision/accreditation/IAC

Closing the loop: in each level (Course, Program, College, and institution) there will be a feedback (if necessary) to close the assessment loop in order to ensure the continuous improvement, however, for the sake of clarity and simplicity of the flowchart appearance, this loop was illustrated only in the Course level.

Abbreviations

CF: Course File
 APF: Program File
 ACF: Annual College File
 IAQR: Institutional Academic Quality Report
 PAAC: Program Quality Assurance Committee
 DAAC: Department Quality Assurance Committee
 CAAC: College Quality Assurance Committee
 AAC: Academic Assessment Center
 VPAA: Vice President for Academic Affairs

Inst: Instructor
 Coord: Coordinator
 CLOs: Course-level Student Learning Outcomes
 SOs: Student Outcomes
 PLOs: Program-level Student Learning Outcomes
 Rp.: Report
 S1: First Semester
 S2: Second Semester
 S1+: first semester of the following academic year

Assess.: Assessment
 R: Recommendations
 AR: Action Recommendations
 IAC: Industrial Advisory Committee

Notes:

- CF should be approved by Course Instructor/Coordinator
- APR should be discussed & approved by Department Council
- ACR should be discussed & approved by College Council
- IAQR should be approved by Dean of DAD

Figure III.2: AQA Workflow

IV Self-Assessment and Accreditation (SAA)

Accreditation is a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance, integrity, and quality, which entitles them to the confidence of the educational community and the public they serve. Since accreditation status is reviewed on a periodic basis, recognized institutions and professional programs are encouraged to maintain continuous self-assessment and improvement mechanisms, which is the main objective of the KFUPM AQAF. The accreditation process requires institutions and programs to systematically review their goals, activities, and outcomes, consider feedback from external review teams, and implement corrective actions in response to accrediting body requirements.

At KFUPM, self-assessment and accreditation are conducted by several committees, most of which are Ad hoc. Those committees are formed such that the concerned personnel such as faculty, staff, and administrators are truly engaged in the self-assessment process identifying areas of strength and weaknesses and recommending correction plans if needed. The following sections present the formation of relevant committees and the procedures for both institutional accreditation as well as program accreditation.

It is important to note that institutional accreditation is mandatory to ensure compliance with national accreditation standards. Similarly, undergraduate programs are required to obtain accreditation after graduating at least one cohort. In contrast, graduate programs are not required to seek accreditation, although they are encouraged to do so. Regardless of accreditation status, all programs must conduct self-assessments according to AQA requirements, including periodic evaluations of learning outcomes and key performance indicators (KPIs).

IV.1 Institutional Accreditation

This section details the committee formation and the process of institutional self-assessment and accreditation. All relevant academic and administrative units are involved in this process. The information regarding strategic planning, quality assurance, performance monitoring, KPI reporting, and action plans for improvements are the main components of institutional self-assessment and accreditation reports. The institutional accreditation process should result in producing documents needed by the national accrediting agency NCAAA. The main document will be the Self Study Report for the Institution (SSRI) along with other reports that need to be attached such as KPI reports, Self Evaluation Scales for Institutions (SESI) and supporting evidence files. The following sections provide descriptions of the institutional accreditation committee formation and the detailed procedure for conducting such accreditation process.

IV.1.1 Institutional Accreditation Organizational Structure

Upon the initiation of the institutional self-assessment and accreditation process, relevant committees are formed, in addition to the existing committees. Figure IV.1 shows the organizational chart of the institutional assessment & accreditation committees. These committees include the following standing committees:

- Academic Assessment & Accreditation Committee (AAAC)
- Quality Assurance Committee (QAC)

And the following ad hoc committees:

- Institutional Assessment & Accreditation Steering Committee (IAASC),
- Institutional Report & Documentation Committee (IRDC),
- Standards Self Study Committees (SSSCs). Each SSSC shall be responsible for one or more NCAAA Institutional Quality Standards.

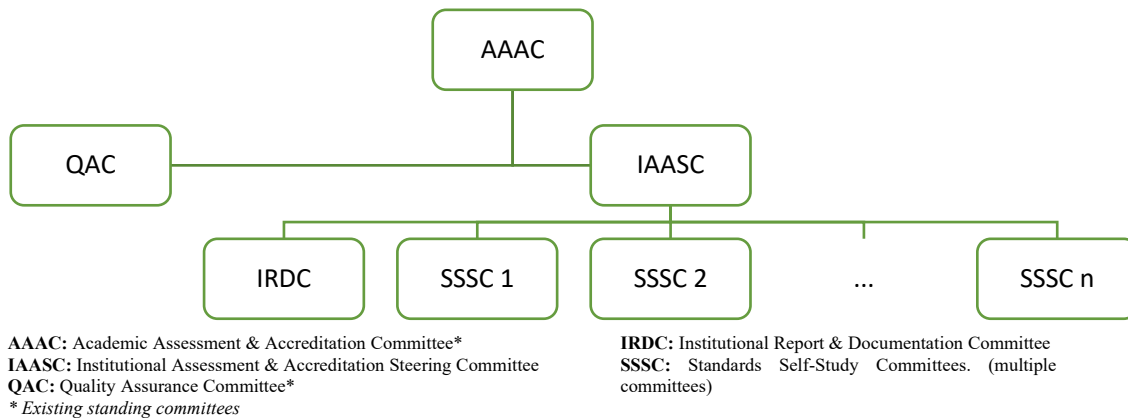


Figure IV.1: Organizational structure for institutional accreditation

The following are the charges of the standing committees:

1. Academic Assessment and Accreditation Committee

The Academic Assessment and Accreditation Committee (AAAC) is an Institutional-level standing committee that oversees the implementation of the Self-Assessment and Accreditation (SAA) system. The committee shall advise the President on the policy and institutional matters pertaining to the assessment & accreditation of the institution as well as the academic programs. It should also approve the implementation plan on assessment team findings or recommendations. More specifically, the charges of the committee will be as follows:

The committee shall:

- 1- approve and supervise the implementation of a comprehensive accreditation & assessment plan for academic programs at the university,

- 2- initiate, revise and approve policies and procedures to enhance and assure quality of academic programs,
- 3- approve corrective actions and developmental plans, based on self-assessment and accreditation findings and monitor its implementation,
- 4- advise the President on all matters related to academic quality including accreditation of the institution and its academic programs, and
- 5- submit reports to the President after accreditation or self-assessment visits documenting strengths, weakness of the concerned department or college based on the assessment team findings or recommendations.

AAAC Members

- 1- Vice President of Academic Affairs - Chairman
- 2- Dean of Academic Development
- 3- All college deans and Dean of Research
- 4- Director, Academic Assessment Center

2. Quality Assurance Committee

The Quality Assurance Committee (QAC) is an institutional level committee dedicated to ensuring and enhancing academic quality. The committee is tasked with advising the university on policies and institutional matters related to academic quality and overseeing the implementation of the Academic Quality Assurance (AQA), with particular emphasis on institutional and program assessment and accreditation. The Committee also follows up on action plans developed in response to self-assessment findings. The Committee's specific charges are as follows:

The committee shall:

1. serve as an advisory body for the university on important matters pertaining to self-assessment and accreditation process,
2. recommend and oversee the implementation of a comprehensive accreditation and assessment plan for academic programs at the university, aiming to maintain and enhance educational quality,
3. recommend quality related policies and procedures by initiating, reviewing, and proposing updates to academic quality policies, procedures, and guidelines to ensure alignment with recognized standards and evolving best practices, and
4. recommend corrective actions and developmental plans based on self-assessment and accreditation findings and monitor their implementation to ensure continuous improvement.

QAC Members

1. Director of Academic Assessment Center Chairman
2. College Quality Coordinators (CQCs) of all colleges

The following are the charges of the ad hoc committees:

3. Institutional Assessment & Accreditation Steering Committee (IAASC)

This committee is chaired by Dean of Academic Development, and co-chaired by the director of Academic Assessment Center with the following charges:

1. manage the entire self-assessment process,
2. provide directions to the self-study committees,
3. plan and arrange the external review team visit,
4. gather internal and external feedback on the self-assessment draft report,
5. recommend priorities for improvement, and
6. review the final self-assessment report.

4. Institutional Report and Documentation Committee (IRDC)

This committee is chaired by the Director of AAC. It shall be responsible for writing and compiling the Self Study Report for the Institution (SSRI) along with all of its supporting documents. The tasks of IRDC include:

1. prepare the Institutional Accreditation Eligibility report. Collect the necessary documentations to fulfill the Eligibility requirements and suggest remedy actions in case of any shortcomings to the Vice President of Academic Affairs,
2. prepare guidelines for SSSCs on how to fill the SESI, write initial report, and suggest necessary action recommendations related to their respective standards,
3. conduct meetings with the SSSCs to discuss the initial Self Evaluation Scales (SESs) and the report write up, and action recommendations related to their respective standards,
4. fill the final SESI and write the final report of each standard along with necessary action recommendations,
5. coordinate with SSSCs and relevant administrative and academic units to collect necessary evidence and properly archive them for easy reference and/or citation,
6. provide necessary reports on the recommendations from the previous cycle and suggest further action plan based on the collected data,
7. finalize the write up and the compilation of the whole SSRI along with all necessary appendences and/or attachments according to the requirements of the NCAAA,
8. respond to the factual errors, current recommendations from the External Evaluation Team and NCAAA Accrediting Team as well as all the documentation requested by NCAAA, and
9. provide support and guidance to NCAAA Teams during their visits to KFUPM.

5. Standards Self Study Committees (SSSCs)

The members of the committee can be selected from relevant administrative personnel in addition to some selected faculty members. Each standards' self-study committee shall be responsible for one or more NCAAA institutional quality standards. They are expected to provide their initial input regarding the assigned standards. Their input will include SESI, report write up, action recommendations, and supporting references and documentation associated with the assigned standards.

IV.1.2 Procedure for Institutional Accreditation

The institutional accreditation procedure at KFUPM is as follows:

- 1- AAC Director shall initiate the institutional assessment & accreditation process after getting approval from Academic Assessment & Accreditation Committee (AAAC) based on the institutional master plan for Assessment & Accreditation.
- 2- The formation of the institutional assessment and accreditation Ad Hoc committees and their roles shall be furnished by the AAC Director with the approval of the Dean of Academic Development, Vice President of Academic Affairs (VPAA) and the President. The formation letter of these committees shall be issued from the office of the President.
- 3- The Chair of the IAASC advises IRDC and SSSCs to start the institutional self-assessment process according to the NCAAA requirement, conduct self-evaluation against the national accreditation standards, and write the relevant parts in the SSRI.
- 4- SSSCs shall submit their inputs related to their respective standards to IRDC for review and to start the preparation of SSRI. The SSSC input includes the initial write up of their respective standards with supporting documentations, the Self Evaluation Scales for the Institution (SESI) and their perceived action recommendations.
- 5- IRDC shall meet each SSSC to discuss their input and fill the final SESI and write the final report of each standard along with necessary action recommendations and supporting documentation.
- 6- IRDC shall submit the draft of the SSRI to the QAC through IAASC for review in order to ensure that it is prepared according to the national accreditation standards and the report is in line with the required format. In this step, QAC may communicate with the IRDC for any clarifications if needed.
- 7- IAASC shall form a Mock External Evaluation Team (MEET) and negotiate the schedule of mock visit and report submission at least two months before mock visit.
- 8- QAC shall submit its review report to IRDC through IAASC within one month from receiving the SSRI.
- 9- IRDC shall submit the final draft of the SSRI to IAASC within one month from receiving the QAC review report.

- 10- IAASC shall send the final draft of the SSRI to the MEET and finalize the schedule of the mock visit.
- 11- IAASC shall prepare for the mock visit in coordination with Public Relations and IRDC and form a task force team to provide logistic support during the mock visit.
- 12- IAASC shall form other task force teams in coordination with AAC, if necessary, to check the readiness of various academic and/or administrative units for the visit.
- 13- Once the MEET conducts the visit, they are expected to submit its evaluation report to the IAASC and presents its findings according to NCAA protocols.
- 14- The IAASC shall send the MEET report to IRDC to make any necessary modifications in coordination with the concerned SSSCs.
- 15- If necessary, action plans are needed as per the recommendations of the MEET, IRDC shall prepare and submit an action plan, in coordination with relevant SSSC, according to the form available in the DAD website and accessible via the following link: [Template APF5](#).
- 16- IRDC shall update SSRI according to MEET report and submit the updated report to QAC within one month.
- 17- QAC shall review the updated report ensuring that all MEET findings are resolved. In this step, QAC may communicate with the IRDC for any clarifications if needed. QAC shall submit its review report to IRDC within two weeks of receiving the updated SSRI.
- 18- IRDC shall submit the final SSRI to IAASC within one month from receiving the QAC review report.
- 19- IAASC shall send the final SSRI to NCAA and finalize the schedule of the accreditation visit.
- 20- IAASC shall form taskforce teams as indicated in Steps 11 and 12 for the preparation of accreditation visit.
- 21- Upon receiving the report of Accreditation Team (AT), the IRDC shall prepare a report to respond to the factual errors and response on the recommendations as per NCAA protocols.

After going through the accreditation process, AAC shall follow up on the corrective actions based on AT findings, as shown in Figure IV.3. In the next cycle, AAC shall initiate self-assessment according to a timeline that will be sent to AAAC. The self-assessment process must be initiated at least two years before the next accreditation or re accreditation visit.

IV.2 Programmatic Accreditation

In its efforts to improve the quality and level of performance of the academic programs, KFUPM initiated the process of accreditation of its Academic Programs. Accreditation of the Engineering and Computing Programs is provided by the Accreditation Board for Engineering and Technology (**ABET**) with a review cycle of 6 years. Accreditation of the Business School programs is done by the Association to Advance Collegiate Schools of Business (**AACSB**) with a review cycle of 6 years. Accreditation of all the programs at National level is done through National Center for Academic Accreditation and Evaluation (**NCAAA**) with a review cycle of 5 years.

In the next section, the program accreditation committee formation is explained. Then, the procedure for program accreditation is presented in the following section. It should be noted that regardless of the accrediting agency, the committee formation and the procedures for program accreditation will be essentially the same.

IV.2.1 Program Accreditation Organizational Structure

For program accreditation, additional ad hoc committees are needed to be formed in addition to the existing academic quality structure, shown in Figure III.1. A steering committee is formed for each accrediting body, i.e. NCAAA, ABET, and AACSB. One of the concerned college Deans shall be assigned by the Vice President of Academic Affairs (VPAA) as the chair of the Programs Accreditation Steering Committee (PASC) and the other colleges' deans will be members. The chair of PASC shall be the contact person with the accrediting body. The committee structure of program accreditation is illustrated in Figure IV.2.

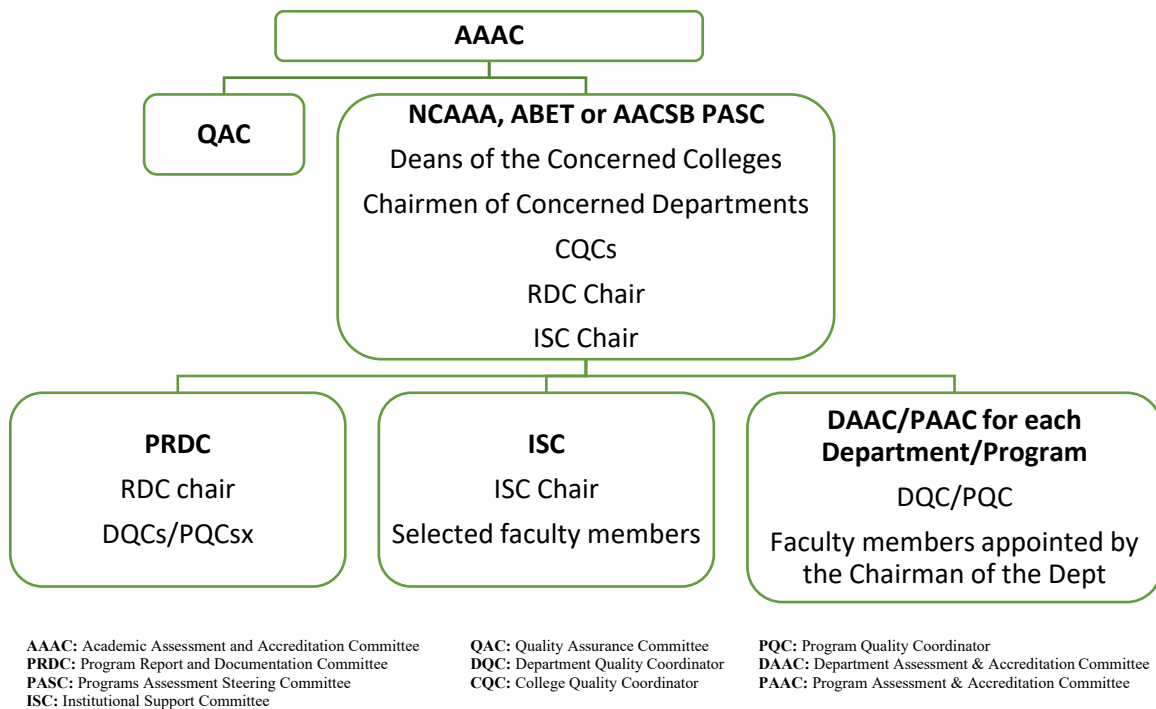


Figure IV.2: Organizational structure for programmatic accreditation

The charges for the standing committees AAAC and QAC have been mentioned in section IV.1.1. The following are the charges of the ad hoc committees:

1. Programs Accreditation Steering Committee (PASC)

The chair of PASC shall be one of the college Deans concerned and appointed by the VPAA. Members of this committee are the chairmen of concerned departments, CQCs, PRDC chair and ISC chair. The following are the PASC charges:

1. manage the entire self-assessment process,
2. provide directions to other committees (ISC, PRDC and DQAC/PQAC),
3. plan and arrange the visits by external review team (Mock) and accrediting teams,
4. gather internal and external feedback on the self-assessment draft report, and
5. approve the Self Study Reports, and other related documentation, and recommendations for improvements and their action plans.

2. Program Report and Documentation Committee (PRDC)

The chair of this committee shall be appointed by the chair of PASC. Members of this committee are DQCs/PQCs. The tasks of PRDC include:

1. Preparing guidelines for report writing and documentation of SSRP and other needed documents by the accrediting body.
2. Review the SSRP and other documents needed for accreditation to ensure their quality and compliance with the accreditation requirements.
3. Review the response of the DQAC/PQAC on the factual error reports and recommendations of the external evaluation team (Mock) as well as accrediting team and their action plans.

3. Institutional Support Committee (ISC)

Members of this committee are faculty members selected by the chair of PASC. The task of ISC will be to collect data and prepare documentation common to all programs going through the accreditation.

IV.2.2 Procedure for Program International/National Accreditation

The procedure for conducting an international or national accreditation for KFUPM academic programs is described below.

1. The Vice President of Academic Affairs (VPAA) forms the PASC in coordination with concerned colleges. There will be one PASC for each accrediting body, i.e. there will be ABET PASC, NCAAA PASC, and AACSB PASC.
2. PASC shall identify the academic programs to seek initial accreditation/re accreditation or self-assessment after getting approval from Academic Assessment & Accreditation Committee (AAAC) based on the master plan for Assessment & Accreditation.

3. In case of international accreditation, the chair of PASC shall contact NCAAA 6 months before contacting the international accrediting body to get its approval.
4. Chair of PASC is the point of contact with accrediting body, and he is the one responsible for sealing the agreement with accrediting body and initiating the accreditation process in appropriate timing in coordination with AAC.
5. PASC shall agree on detailed timeline for the whole process of self-assessment and accreditation including tentative dates for the visits of mock evaluators as well as the accreditation panel. This timeline shall be in line with the master plan for Assessment & Accreditation.
6. PASC forms the Program Report and Documentation Committee (PRDC) to provide guidelines for the write up of the Self Study Report for Program (SSRP), and to ensure the quality, timeliness and completeness of the SSRPs. PRDC shall prepare the guidelines within two weeks from the formation of the committee and send them to PASC.
7. PASC forms the Institutional Support Committee (ISC) to write the common parts of the SSRPs, especially the ones related to the institutional support.
8. PASC shall inform the Department Assessment & Accreditation Committee (DAAC)/Program Assessment & Accreditation Committee (PAAC) to prepare the Self Study Report for the Program (SSRP) according to the accrediting body requirements and PRDC guidelines.
9. The findings of the SSRP and associated action recommendation shall be discussed and approved by the Council of the department concerned or the College.
10. DAAC/PAAC shall submit the draft SSRP and its supporting documents to PRDC for review.
11. If satisfied, PRDC forwards the draft SSRP and supporting documents to the QAC to review it within one month for quality assurance. Otherwise, PRDC shall send it back to DAAC/PAAC with a review report detailing the issues found in the draft SSRP.
12. QAC shall send its review report back to PRDC for corrections. Based on QAC input, PRDC prepares a review report to address all issues pertaining to the draft SSRP and send it to the concerned DAAC/PAAC.
13. DAAC/PAAC shall update the draft SSRP based on PRDC review report and send the updated draft SSRP to the PRDC. DAAC/PAAC shall also prepare a response report to respond to the PRDC review report and include it with the updated draft SSRP.
14. PRDC shall review the updated draft SSRP. If there are other issues, a review report shall be sent back to DAAC/PAAC. Otherwise, PRDC shall send the draft SSRP to PASC.
15. PASC shall review the draft SSRP. If there are issues in draft SSRP, PASC shall return it back to PRDC with a review report. Otherwise, PASC shall send the draft SSRP to the

Mock External Evaluation Team (MEET) and plan the schedule of the MEET visit after the approval of AAAC.

16. MEET conducts the visit, submits an evaluation report and presents its findings according to accrediting body protocols.
17. PASC forwards MEET evaluation report to the PRDC and AAAC.
18. PRDC shall review MEET evaluation report within two weeks and send its input along with the MEET report to the concerned DAAC/PAAC.
19. DAAC/PAAC shall prepare an action plan to respond to the MEET and PRDC inputs according to the form available in the DAD website and accessible via the following link: [Template APF5](#). The plan must include MEET findings and the corrective actions to be taken, assignment of responsibility and a time frame for such actions.
20. AAAC approves the action plan and forwards it to the PASC, which in turn forwards it to the concerned DAAC/PAAC.
21. DAAC/PAAC prepares the updated SSRP according to accrediting body requirements based on MEET recommendations and the action plans approved by AAAC.
22. Repeat Steps 9 to 13.
23. PASC shall review the SSRP. If there are issues in SSRP, PASC shall return it back to PRDC with a review report. Otherwise, PASC shall send the SSRP to the Accrediting Agency to meet their timeline requirements.
24. PASC shall plan the schedule of the AT visit and shall make necessary arrangements.
25. The AT conducts the visit, submits a report and presents its findings at an exit meeting that will be attended by VPAA, DAD, PASC, AAC director, PRDC and DAAC Members.
26. Upon receiving the report of AT, PRDC shall prepare a report to respond to the factual errors and to its recommendations as per accrediting body protocols in coordination with the relevant departments.

After going through the accreditation process, Academic Assessment Center shall follow up on the corrective actions based on AT findings, as shown in Figure IV.3.

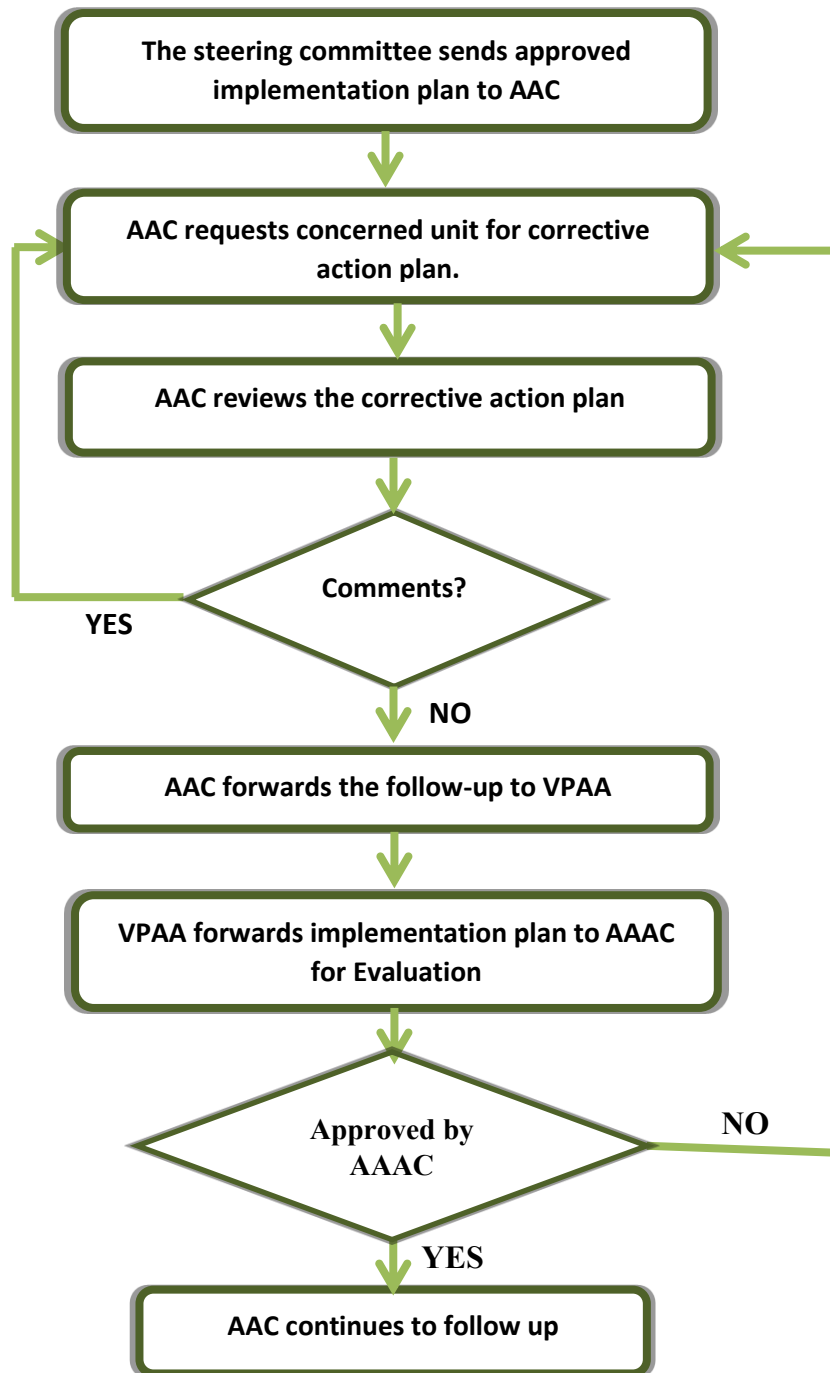


Figure IV.3: The process of follow-up on accreditation Recommendations & Action Recommendations