جامعة المستقبل
Mustaqbal University
أول جامعة أهلية بمنطقة القصيم

Internal Audit Guidelines

Prepared by

Quality and Accreditation Department

First Edition

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Manual Identification Card

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Objective	Guiding the University's internal auditing teams during the internal evaluation of the University's academic programs and departments
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Introduction

The Internal Audit process provides an independent and impartial opinion that helps improve quality levels in educational institutions. Mustaqbal University is committed to conducting this review periodically to identify and maintain strengths, as well as pinpoint weaknesses and opportunities for improvement. The Internal Audit process for academic programs, centers, and departments at Mustaqbal University is carried out through a specific mechanism overseen by the Quality Assurance and Accreditation Department and the Standing Committee for Quality and Academic Accreditation.

Academic Program Evaluation Criteria

The criteria for evaluating academic programs focus on the extent to which they meet the standards defined in the self-assessment criteria established by the Accreditation Center of the Education and Training Evaluation Commission (ETEC) in Saudi Arabia. The initial decision was to select the main criteria defined by the Accreditation Center, in addition to some other important criteria, as standards for evaluating the quality of these programs. For each criterion, a set of evidence and indicators has been defined that must be available to demonstrate the quality of its fulfillment. The criterion is evaluated on a scale of 1 to 4. The following table shows the selected criteria and their sub-criteria.

Table 1: Academic Program Evaluation Standards

Standard 1 : Program administration and quality assurance		
1-1 Program administration		
No.	**Criteria**	**Required Evidences and Proofs**
1-1-1	The program's mission and objectives align with the institution/college's mission and guide all its operations and activities.	1. Program description (including mission statement) according to the National Center's templates, updated and approved by the College Council/Department Council/Reference Committee. 2. Minutes of the College Council/Department Council/Reference Committee confirming the approval of the program's mission and objectives. 3. Letters/documents demonstrating the involvement of stakeholders (faculty members, students, alumni, employers, etc.) in formulating the program's mission and objectives (e.g., through surveys, interviews, and workshops). 4. An independent opinion report regarding the suitability of the program's mission and objectives. 5. Documents demonstrating the dissemination of the program's mission and objectives (e.g., in the program handbook, college or department entrances, website, etc.). 6. An approved report of the annual surveys that measure stakeholders' awareness of the program's mission and objectives and their evaluation of its clarity and suitability. This report should include a statistical analysis identifying the program's strengths and areas

		for improvement, plans for implementing the identified opportunities, and a progress report on the implementation of these plans. 7. Approved documents/reports indicating the periodic measurement of program objectives according to the performance indicators associated with each objective. 8. Reports or minutes of the College Council/Department Council/Reference Committee indicating the use and application of the program's mission and objectives in all decisions of the College/Department/Reference Committee.
1-1-2	The program has a sufficient number of qualified staff to carry out academic, administrative, professional, and technical tasks, and they have specific duties and responsibilities.*	1. Regulations and procedures for selecting and appointing program leaders. 2. Curricula vitae of the department head, program director, committee heads, and unit supervisors within the program. 3. An approved annual survey report (including faculty and student evaluations of program management) containing a statistical analysis identifying key strengths and opportunities for improvement, plans for implementing the identified opportunities, and a progress report on the implementation of these plans.
1-1-4	The program's administrators monitor the achievement of its objectives through specific performance indicators, and take the necessary steps for improvement.	1. An updated and approved report detailing the program's progress in its implementation plan, including performance indicators linked to objectives, an analysis highlighting strengths and opportunities for improvement, an implementation plan for improvement recommendations, and a plan completion report approved by both the department and college councils. 2. An independent opinion report regarding the extent to which the program's mission and objectives have been achieved.
1-1-6	The program management benefits from the opinions of professionals and experts in the program's specialization in evaluating, developing and improving its performance.	1. Letters establishing the program's advisory board, which should include experts, specialists, professionals, and representatives from employers of program graduates, as well as students, faculty members, and representatives from the program's quality assurance committees. 2.Sample correspondence/meetings/decisions/minutes of advisory board meetings related to developing and improving program performance. 3. A progress report, approved by the relevant councils, outlining the improvement recommendations stemming from advisory board meetings.
1-1-8	The program administration is committed to upholding the values of scientific integrity, intellectual property rights, ethical practices, and proper conduct in all academic, research, administrative, and service-related fields and activities.*	1. Declaration of intellectual property rights regulations and approved practices and conduct for beneficiaries (e.g., students, faculty members, staff). 2. Professional ethics guide for field experience courses (Ethical Code). 3. Sample departmental council/reference committee resolutions/minutes that demonstrate the implementation of the ethical rules and practices stipulated in the regulations.

		4. Independent opinion regarding this criterion.
1-2 Program Quality assurance		
No.	**Criteria**	**Required Evidences and Proofs**
1-2-1	The program management implements an effective quality assurance and management system, consistent with the corporate quality system. .	1. The decision and formation of the Quality Unit/Committee within the program, including a clear description of its tasks and responsibilities. 2. A Quality Manual, approved by the relevant councils, containing a complete description of the quality mechanism and system within the program and the college, consistent with the university's quality system. 3. Sample minutes of meetings of the Quality Units/Committees within the college and the program. 4. The annual plan of the Quality Unit/Committee. 5. The annual report of the Quality Unit, including the extent to which the annual plan was achieved, its most prominent accomplishments and activities, along with an analysis of strengths and opportunities for improvement, and a plan for implementing the improvement recommendations contained in this report. 6. A report on the implementation of the recommendations of the Internal Audit Team and the recommendations of national and international accreditation bodies.
1-2-2	The program analyzes key performance indicators and evaluation data annually and uses this data in planning, development, and decision-making processes	1. The program's annual report, complete, up-to-date, and approved (including the progress report in the implementation plan for the previous report), with documentation confirming its presentation to and approval by the relevant councils.

Standard 2: Education and learning		
2-1 Learning Outcomes		
No.	**Criteria**	**Required Evidences and Proofs**
2-1-2	The learning outcomes align with the requirements of the National Qualifications Framework, as well as with specialized standards and labor market demands.*	1. Report on alignment with the National Qualifications Framework 2. Report on alignment with specialized academic standards 3. Documentation demonstrating employer involvement in shaping learning outcomes
2-1-4	The program employs appropriate mechanisms and tools to measure learning outcomes and verify their achievement according to defined performance levels and assessment plans.*	1. Updated and approved program description (including matrices, mechanisms for measuring and evaluating outcomes, and independent verification of student achievement)
2.2 Curriculum		
No.	**Criteria**	**Required Evidences and Proofs**

2-2-1	The curriculum takes into account the program's objectives and learning outcomes, as well as scientific, technological, and professional developments in the field of specialization, and is reviewed periodically*.	1. Report on aligning program outcomes with objectives 2. Periodic review mechanism 3. Guide to developing the curriculum and courses
2-2-2	The study plan achieves a balance between general and specialization requirements, and between theoretical and practical aspects, while also ensuring the sequence and integration of courses.*	1. A report providing a comprehensive analysis to demonstrate that the curriculum achieves a balance between general and specialization requirements, and between theoretical and practical aspects, while also considering the sequence and integration of courses 2. Course structure diagram
2-2-4	Course learning outcomes are linked to program learning outcomes (program learning outcomes distribution matrix across courses).	1. Updated and approved program description (including a matrix of program learning outcomes distributed across courses).
2-2-5	Teaching and learning strategies and assessment methods vary within the program to suit its nature and level, and are aligned with the targeted learning outcomes at both the program and course levels.	1. Updated and approved program description. 2. Updated and approved sample course descriptions (including a matrix of course outcomes, teaching strategies, and assessment methods). 3. Independent opinion regarding this criterion.
2-2-6	The program verifies the effectiveness of field training and the quality of its supervision, and monitors the commitment of those in charge to the tasks assigned to them according to specific mechanisms.	1. Updated and approved description of field experience (if applicable). 2. Approved mechanism for selecting and accrediting training centers, certified by relevant authorities. 3. Independent opinion report regarding this criterion
2-2-7	The program ensures a unified application of the study plan, program description, and courses offered in more than one location (male and female student sections and in different branches).*	1. Course descriptions standardized across both sections 2. Course reports standardized across both sections, if available (with a comparison of performance across both sections) 3. Annual program report standardized across both sections, if available (with a comparison of performance across both sections)
Standard 3: Student		
No.	**Criteria**	**Required Evidences and Proofs**
3-0-3	Students in the program have access to effective academic, career, psychological, and social guidance and counseling services provided by a qualified and sufficient staff.*	1. An updated decision establishing the Student Guidance Unit/Committee, including a definition of its tasks. 2. An approved periodic report on the implementation of the Student Guidance Action Plan. 3. A periodic report on the performance of the Academic Guidance Unit/Committee, including a statistical analysis of student guidance questionnaires, identifying key strengths and opportunities for improvement, implementation plans for improvement recommendations, and a progress report on these plans. .
3-0-4	Appropriate mechanisms are in place to identify gifted, creative, high-achieving, and struggling students within the program, and suitable programs are	1. An approved academic guidance plan that includes programs to nurture, motivate, and support gifted, creative, high-achieving, and struggling students. 2. A periodic report on the performance of the Academic Guidance Unit/Committee, including a

	available to nurture, motivate, and support each group.	statistical analysis and evaluation of the mechanisms for identifying gifted, creative, high-achieving, and struggling students, identifying key strengths and opportunities for improvement, implementation plans for improvement recommendations, and a progress report on these plans
3-0-5	The program offers extracurricular activities in various fields to develop students' abilities and skills, and it takes appropriate measures to support and encourage their participation.	1. A decision to establish a student club unit, appoint a supervisor, and form a council for it. 2. An approved report on the implementation of the extracurricular activities plan, including a statistical analysis and evaluation of appropriate means to support and encourage student participation. This report should identify key strengths, opportunities for improvement, implementation plans for improvement recommendations, and a progress report on these plans.
3-0-6	The program employs an effective mechanism for communicating with graduates, involving them in its events and activities, soliciting their feedback, benefiting from their experiences, and providing them with support. It also maintains up-to-date and comprehensive databases about graduates.	1. A decision to establish a unit responsible for effective communication with graduates and providing up-to-date databases about them. 2. The above-mentioned unit's work plan. 3. An approved report detailing the plan's implementation, including an evaluation and statistical analysis of all communication mechanisms with graduates, its activities, and surveys. This report should identify key strengths, opportunities for improvement, implementation plans for improvement recommendations, and a progress report on these plans.
3-0-7	Effective mechanisms are implemented to evaluate the adequacy and quality of services provided to students, measure student satisfaction, and use the results for improvement.*	1. An approved report on the program and course evaluation questionnaires (including an evaluation of the services provided to students, a statistical analysis identifying key strengths and opportunities for improvement, plans for implementing the recommendations contained therein, and a progress report on the implementation plans).
Standard 4: Faculty		
No.	**Criteria**	**Required Evidences and Proofs**
4-0-1	The program has a sufficient number of faculty members at all its locations, and appropriate verification mechanisms are in place. *	1. A benchmarking report with a similar program, including a comparison of faculty adequacy in each department/branch of the program (if applicable), along with recommendations for improvement to be submitted to the relevant authorities, and a report on the implementation of these recommendations. 2. A study of faculty needs, including required numbers and workloads in different disciplines.
4-0-3	Faculty members actively and regularly participate in academic, research, and scholarly production activities, and their participation in these activities is a key criterion for their evaluation.	1. A periodic report on faculty participation in academic activities such as conferences, seminars, research projects, and thesis and dissertation review. 2. Sample performance evaluation/promotion forms for faculty members, completed by the relevant parties, that include evaluation criteria for participation in academic activities. 3. Faculty regulations pertaining to evaluation and promotion.

4-0-4	Faculty members also participate in community engagement activities, and their participation in these activities is another criterion for their evaluation.	1. A periodic report on faculty participation in partnership/community service activities. 2. Sample performance evaluation/promotion forms for faculty members, completed by the relevant parties, that include evaluation criteria for participation in community partnership activities. 3. Faculty regulations pertaining to evaluation and promotion.
4-0-5	Faculty members receive professional and academic development programs tailored to their needs and designed to enhance their performance.	1. The training plan for the program/college is based on a survey of faculty development needs. 2. A training plan implementation report, including an evaluation of the plan and attached attendance certificates.
4-0-6	Faculty performance is regularly evaluated according to specific and publicly available criteria, and feedback is provided to them. The results are then used to improve performance.	1. Completed faculty performance evaluation forms, including confirmation that faculty members have received feedback from the program/college administration. 2. An approved periodic report on faculty performance in the program, based on annual evaluations (functional and other), including a statistical analysis identifying key strengths and areas for improvement, plans for implementing the recommendations, and a progress report on the implementation of those plans.
Standard 5: Learning resources, facilities, and equipment		
5-0-1	The program ensures the adequacy and suitability of learning resources and services to meet its needs and student numbers, and these are updated regularly.	1. A decision to establish a Learning Resources Management Unit within the college/program, specifying its responsibilities, tasks, and work procedures. 2. Sample minutes from this unit's meetings. 3. An approved guide to policies and procedures related to learning resources and educational services provided to students. 4. An approved report on annual/quarterly surveys and feedback regarding user (faculty and students) evaluations of learning resources in terms of their adequacy, suitability, and effective management. This report should include a statistical analysis identifying key strengths and areas for improvement, plans for implementing the recommendations, and a progress report on the implementation of these plans.
5-0-3	Safety, environmental protection, and hazardous waste disposal standards are implemented efficiently and effectively, with all public and occupational health and safety requirements met in facilities, equipment, and educational and research activities.	1. A report from the relevant university departments confirming the program's implementation of safety, environmental protection, and hazardous waste disposal standards efficiently and effectively. 2. An expert opinion report on the efficiency and effectiveness of implementing safety and environmental protection standards in the program. 3. A report from the relevant university departments confirming that all health and safety requirements are met in the facilities, equipment, and activities. 4. A quarterly evacuation plan (actual) for students, faculty, and staff, conducted in the presence of the relevant university departments.

		5. A report outlining how the program manages potential risks in activities and facilities.
5-0-4	The program provides the necessary technologies, services, and environment for courses delivered electronically or remotely, in accordance with their respective standards.	1. A decision to establish a unit dedicated to e-learning and distance education, defining its tasks and responsibilities. 2. Sample minutes from this unit's meetings. 3. An approved report on the annual surveys/opinion polls related to the evaluation of beneficiaries (faculty and students) of the technologies and services offered in the program electronically or remotely. This report should include a statistical analysis identifying key strengths and opportunities for improvement, plans for implementing the recommendations, and a progress report on these implementation plans. 4. A benchmarking report that includes an analysis of the technologies and services offered in the program in terms of their adequacy and suitability, highlighting key strengths and opportunities for improvement, implementation plans for the improvement recommendations, and a progress report on these plans. 5. An independent opinion report related to this criterion.
5-0-5	The program evaluates the effectiveness and efficiency of learning resources, facilities, and equipment of all types, and uses this evaluation to improve the program.	1. An approved report on the annual questionnaires related to the evaluation by beneficiaries (faculty and students) of learning resources, facilities and equipment in terms of their adequacy, suitability, maintenance, updating and effectiveness, including a statistical analysis that identifies the most prominent strengths and opportunities for improvement and plans to implement the recommendations contained therein, and a progress report for the implementation plans.

Department and Center Evaluation Standards

Educational processes are supported and facilitated by numerous departments, centers, and units within the university, such as the Admissions and Registration Department, the Human Resources Department, the Scientific Research Center, and the Information Technology Department, among others. Ensuring the quality of these departments and centers necessitates reviewing and evaluating all policies, procedures, activities, and interactions to achieve quality in each. This, in turn, contributes to the overall quality of all university activities across its educational, research, and community service and development pillars, thus facilitating the university's acquisition of institutional accreditation as well as academic accreditation for its programs. Ensuring the quality of departments and centers requires the following:

1. Clarity and transparency, providing clear and accurate information to internal and external stakeholders.

2. Defining clear and precise objectives for these entities, which must align with their mission, which in turn must align with the university's mission.

3. Ensuring the availability of the necessary conditions for effectively achieving and maintaining the objectives of the departments and centers.

4. The commitment and engagement of all staff members in these entities in the quality assurance processes and their active participation in all activities. 5. Involving beneficiaries of these departments and centers in the evaluation processes.

To ensure the overall quality of the educational process, quality standards have been established for these departments and centers, as shown in the following table:

Table 2: Department and Center Evaluation Standards

No	Standard	Criteria and Requirements	Required evidences and proofs
1	**(1) Strategies (60 Marks)**	Strategic Plan (20 marks)	• Minutes of the strategic plan preparation meeting. • University administration's decision to approve the strategic plan.
2		Implementation Plan for the Strategic Plan (20 marks)	• Minutes and reports of the implementation plan preparation meeting. • University administration's decision to approve the implementation plan.
3		Examples of Progress Reports for Strategic Plan Projects (20 marks)	• Monitoring project progress. • Writing a progress report for each project on a regular basis. • Report approval by the dean
4	**(2) Administration and Authorities (100 points) (10 additional points for item (8)**	Preparing the Center/Department Manual (20 marks)	• A current guide. • Proof of guide publication.
5		Preparing the Department's Annual Report (20 marks)	• Reports detailing the center/department's achievements, strengths, challenges, opportunities for improvement, and improvement recommendations. • Operational plans for implementing the improvement recommendations in the report. • Maintaining reports for the past three years.
6		Examples of Center/Department Board Meetings (20 marks)	• A record of the center/department's board meetings, signed by board members.
7		Women's Participation (for applicable entities) (15 marks)	• Sample decisions regarding the appointment and assignment of female staff. • Sample decisions regarding the appointment and assignment of female staff in the center's/administration's departments. and systems.

8		Implementing Policies and Regulations (25 marks)	• A procedural guide to the center's/administration's policies and regulations. • Evidence of the application of regulations
9		Approved Center/Department Department Report Templates (10 marks)	• An annual report including achievements, strengths, obstacles, opportunities for improvement, and improvement recommendations. • Plans for implementing improvement recommendations. • Maintaining reports for the past three years.
10	**(3) Quality Assurance and Improvement Management (100 points) (15 additional points for item 13)**	Establishment of a Quality Assurance Unit/Department (15 marks)	• Decision to establish the unit/department. • Decision to appoint a supervisor. • Decision to form a quality committee within the center/department. • Definition of tasks for each of the above.
11		Preparation of a Quality Assurance Unit Manual (10 marks)	• Quality manual. • Evidence of the manual's publication in print on the center/department's website.
12		Develop an annual plan for the Quality Assurance Unit (20 marks)	• Annual Quality Management Plan • Print and publish the plan in hard copy on the center/department website. • Implementation Plan and Progress Report
13		Develop and implement a plan to promote a culture of quality (15 marks)	• A plan for disseminating a culture of quality. • Activities that promote a culture of quality (lectures or workshops). • Printing and distributing the plan in both print and electronic formats within the center/department.
14		Developing quality standards for center/department operations (20 marks)	• Developing performance indicators for the center/department's operations. • Setting targets for each department. .
15		Developing mechanisms for continuous improvement of center/department activities (20 marks)	• Developing plans for implementing the improvement recommendations outlined in the annual reports. • Conducting benchmarking against similar departments.
16		Maintaining environmental, health, and occupational safety standards at the center/department (15 marks)	• Coordinating with the university's safety department to ensure compliance with safety requirements and preparing a report on these requirements (infection control, emergency exits, fire safety measures, accessibility for people with disabilities,

			and the safety of equipment and connections). • Developing an implementation plan for the improvement recommendations mentioned in the report. • Approving a safety and evacuation plan for the center/department
17	**(4) Dealing with beneficiaries (120 points)**	Beneficiary Records (30 points)	• Identifying beneficiaries and the services provided by the center/department. • Opening files for beneficiaries of the center/department's services. • Maintaining records and forms of the services provided.
18		Defining Beneficiary Relationship Requirements (25 points)	• Defining the mechanism for dealing with beneficiaries. • Beneficiary interaction forms.
19		Procedures for Handling Beneficiary Suggestions (25 points)	• Analyze the results of interviews or surveys. • Develop a plan for the proposed improvement recommendations. and weaknesses.
20		Measuring Beneficiary Satisfaction (25 points)	• Conduct random interviews with beneficiaries. • Prepare a beneficiary satisfaction survey. • Administer the survey periodically. • Analyze the survey to identify strengths
21		Public Satisfaction Achievement Plans (15 points)	• Develop an improvement plan based on beneficiary feedback (from interviews or surveys) and its implementation.
22	**(5) Infrastructure and Facilities (70 degrees)**	Preparing an annual report on the suitability of equipment (15 marks)	• Coordination with the University's Projects and Maintenance Department to ensure the suitability of equipment for the workplace and to prepare a report on this (facilities and devices). • Coordination with the University's Services Department to ensure the suitability of equipment for the workplace and to prepare a report on this (facilities and devices). • Developing a plan to implement the improvement recommendations mentioned in the report.
23		Submitting the center's/management's annual needs assessment (15 marks)	• Preparing a letter outlining annual needs.
24		Establishing an IT and technical support unit (40 marks)	• Decision to establish the unit. • Decision to assign an employee to it. • Defining the tasks for each of the above
25	**(6)**	The presence of collaborators with the center/administration and their	• Examples of appointment and assignment decisions for members from

	Partners (80 degrees)	participation in its councils and committees (30 points)	outside the center/administration committees.
26		The center/administration's partnerships and coordination with other entities inside and outside the university to facilitate operations (30 points)	• Examples of letters issued to colleges and departments within the university. • Examples of letters issued to entities outside the university
27		The level of partner satisfaction (20 points)	• Preparation of a partner satisfaction survey. • Periodic administration of the survey. • Analysis of the survey to identify strengths and weaknesses.
28	**(7) Financial Planning and Management (80 points)**	Preparing the financial plan and budget (30 marks	• A copy of the department's financial plan.
29		Risk management procedures (30 marks)	• Sample price quotations. • Sample invoices. • Sample account statements. • Sample checks and receipts.
30		Financial audit procedures (20 marks)	• Sample checks and invoices. • Sample disbursement and receipt vouchers, advances, and consumption reports.
31	**(8) Human Resources (90 points)**	Work Policies and Procedures (15 points)	• Guidelines for internal center/department work regulations and policies.
32		Recruitment and Contracting Procedures (15 points)	• Sample assignments and commencement of work forms. • Samples for promotions, recruitment, and secondment of male and female employees
33		Specialized Training and Personal and Professional Development for Center/Department Staff (20 points)	• Sample training requests and reports for center/department staff. • Samples of opportunities granted to center/department staff to complete their studies. • Samples of additional diplomas obtained by center/department staff.
34		Measuring Employee Satisfaction (30 points)	• Preparing an employee satisfaction survey. • Administering the survey. • Analyzing the survey results. • Implementing improvement recommendations
35		Employee Disciplinary Procedures (10 points)	• Publishing and enforcing the approved disciplinary regulations within the Human Resources and Civil Service Department.
36			
37	**(9) Relationship with the community**	Identifying the center/department's community service activities (20 marks)	• Decision to establish a Community Service Unit. • Decision to appoint a supervisor for the unit.

	(50 points)		• Defining the tasks for each of the above. • Community Service Unit plan for the center/department.
38		Documents of the center/department's community service activities (20 marks)	• Photos and examples of activities and projects of the Community Service Unit at the center/department.
39		Awards and letters of appreciation for the administration (10 marks)	• Examples of awards and letters of appreciation from outside the university.
40	**(10)** **Center/Department Work Results** **(250 points)**	Center/Department Performance Evaluation and Audit Processes (40 marks)	• Approved list of performance indicators for the center's/department's units. • Self-assessment form. • Benchmarking with similar departments.
41		Documents of Sound Financial Planning Results (30 marks)	• Financial settlement reports. • Financial audit report.
42		Training and Development of Center/Department Staff (30 marks)	• Lists of trainees from the center/administration staff • Samples of training certificates for center/administration staff • Examples of educational development
43		Sample Awards and Letters of Appreciation for Management (20 marks)	• Samples of awards and letters of appreciation from within and outside the university
44		Collaboration with partners inside and outside the university (20 points)	• Examples of partnership transactions within and outside the university and an analysis of their results (Criteria No. 27)
45		Staff, beneficiary, and partner satisfaction levels (50 points)	• A report detailing the results and impact of a survey measuring the satisfaction levels of beneficiaries, employees, and partners after its implementation in Criteria Nos. 21, 28, and 36.
46		Use of technology and technical support within the center/department (40 points)	• Maintaining and updating the center/department's website. • Utilizing technology for communication (e-message, text messages, email, and social media).
47		Center/department activities in community service and their outcomes (20 points)	• A report from the Community Service Center on the center/department's community activities in Criteria Nos. 38-40.
	Total (1000 points)		

Internal Audit Mechanism for Academic Programs

First: Review Preparation Phase

1- The Quality Assurance and Accreditation Department determines the program evaluation criteria during the internal quality review and submits them to the Standing Committee for Quality and Academic Accreditation for approval.

2- The Quality Assurance Department forms Internal Audit teams comprised of specialists with sufficient experience in this field, under the supervision of the Vice President for Development and Quality.

3- The Quality Assurance and Accreditation Department develops the work mechanism, defining tasks, responsibilities, procedures, and the review, evaluation, and visit schedule, and then submits it to the Standing Committee for Quality and Academic Accreditation for approval.

4- The Quality Assurance and Accreditation Department contacts the academic programs to obtain the necessary documents electronically for review.

Second: Review Phase

1- Internal Auditers adhere to the review schedule and deadlines.

2- The Quality Assurance and Accreditation Department provides each team leader with an Excel file containing the program evaluation form.

3- Each team leader and team members are granted access to review the program files and documents electronically. 4- Electronic Document Review through the following:

a. Holding a meeting between the head and members of each evaluation team to define tasks and responsibilities and unify the vision regarding the program's compliance with quality standards.

b. Reviewing all evidence and documentation for all programs electronically.

c. Using the evidence and documentation in the attached evaluation form, which is based on the attached evaluation criteria approved by the Standing Committee for Quality and Academic Accreditation, to evaluate the criteria.

d. Adhering to the scoring system in the academic program evaluation form, assigning a score of 1 to 4 for each criterion that applies, and avoiding percentages for the evaluation elements shown in the table below.

Table 3: Academic Program Performance Evaluation Scale (Rubric)

Academic Accreditation Self-Evaluation Scales

Evaluation Elements	N/A	Unsatisfactory		Satisfactory	
		Not Met	Partially Met	Met	Excellently Met
		1	2	3	4
Availability of criterion elements & components		No or few elements of the criterion are available.	Most elements of the criterion are available.	All elements of the criterion are available.	All elements of the criterion are available.
Quality of implementation for each element		Elements are not implemented at all or implemented at a very weak level.	Elements are implemented at a weak level.	Elements are implemented at a good level.	Elements are implemented at a proficient/mastery level.
Consistency of implementation, evaluation, and evidence		• Rarely applied. • No or irregular evaluation. • Insufficient evidence.	• Applied irregularly. • Irregular evaluation. • Insufficient evidence.	• Consistent application of all elements. • Regular evaluation. • Sufficient evidence.	• Consistent application of all elements. • Regular and effective evaluation. • Sufficient and diverse evidence.
Continuous improvement & results (KPIs & Benchmarking)		Rarely applied.	Limited or ineffective improvement procedures.	Regular improvement procedures and acceptable results.	Regular improvement procedures and good results compared to previous years.

e. If the criterion receives a rating of 4, the reviewer should write a commendation for the criterion and praise.

f. If the criterion receives a rating of less than 3, the reviewer should write a recommendation directly on the criterion in clear and simple language (e.g., recommending...). The reviewer should not recommend providing an example or evidence; the recommendation should focus on the criterion itself. If the reviewer wishes to add a recommendation related to a specific

aspect within one of the pieces of evidence (e.g., the description is not approved, or the sample is not representative of a questionnaire), they can add this after writing the recommendation for the criterion and then refer to the relevant example.

g. The evaluation results should be categorized into commendations, recommendations, and suggestions in the program's final report.

h. The files should be thoroughly reviewed to minimize comments and program responses to the final report. This fosters confidence among program administrators and faculty in the team and reflects the accuracy of the evaluation.

i. Comparisons between the program being evaluated and other similar programs should be avoided.

j. Team members should collaborate in preparing the final program report; the effort should not be concentrated on one person. Third: Review Results Phase

1. The review team is committed to preparing the final report using the template approved by the Quality Assurance and Accreditation Department and according to the deadlines set by the University's Standing Committee for Quality.

2. The head of each team receives the program evaluation report from the team members and reviews it for the wording of commendations and recommendations, as well as the report's completeness.

3. The team head submits all reports to the University's Quality Assurance and Accreditation Department.

4. Strict confidentiality is maintained regarding the evaluation processes, scores, and level determinations. No opinions regarding the evaluation process or its results are to be expressed.

5. Data, information, or documents related to the programs are not to be used, even after the report is submitted.

6. Reviewers must possess the required qualities, including fairness, objectivity, honesty, integrity, and accountability.

7. The head of the evaluation team is responsible for adhering to the guidelines outlined in this manual.

Internal Audit Mechanism for Departments and Centers

First: Review Preparation Phase

1. Internal Audit teams are formed from specialists with sufficient experience in this field by the Quality Assurance Department, under the supervision of the Assistant to the University President for Development and Quality. 2. The Quality Assurance and Accreditation Department develops the work mechanism, defines tasks, responsibilities, procedures, and the

review, evaluation, and visit schedule, and then submits it to the Standing Committee for Quality and Academic Accreditation for approval.

Second: The Review Phase

1. Internal Auditers adhere to the review process schedule and dates.

2. The head of each team from the Quality Assurance and Accreditation Department is provided with an Excel file containing the evaluation form for departments and centers.

3. The head of each team and its members are granted access to review and examine the electronic files and documents of the department and center.

4. The review of documents is conducted through the following:

a. A meeting is held between the head and members of each evaluation team to define tasks and responsibilities and to unify the vision regarding the department/center's compliance with quality standards.

b. All evidence and documentation from all departments and centers is reviewed.

c. The evaluation of criteria is based on the evidence and documentation provided in the attached evaluation form, which is based on the evaluation criteria approved by the Standing Committee for Quality and Academic Accreditation.

d. Adherence to the grades provided in the Departments/Centers Evaluation Form, so that a grade is given on the criterion that is appropriate to the criterion situation. The table below shows the evaluation scale.

Table 4: Department/Center Performance Evaluation Scale (Rubric)

Evaluation Elements	N/A	Unsatisfactory		Satisfactory	
		Not Met	Partially Met	Met	Excellently Met
		≤%29	30% - 59%	60%-84%	≥85 %
Availability of criterion elements & components		No or few elements of the criterion are available.	Most elements of the criterion are available.	All elements of the criterion are available.	All elements of the criterion are available.
Quality of implementation for each element		Elements are not implemented at all or implemented at a very weak level.	Elements are implemented at a weak level.	Elements are implemented at a good level.	Elements are implemented at a proficient/mastery level.
Consistency of implementation, evaluation, and evidence		• Rarely applied. • No or irregular evaluation. • Insufficient evidence.	• Applied irregularly. • Irregular evaluation. • Insufficient evidence.	• Consistent application of all elements. • Regular evaluation. • Sufficient evidence.	• Consistent application of all elements. • Regular and effective evaluation. • Sufficient and diverse evidence.
Continuous improvement & results (KPIs & Benchmarking)		Rarely applied.	Limited or ineffective improvement procedures.	Regular improvement procedures and acceptable results.	Regular improvement procedures and good results compared to previous years.

e. If the criterion receives an evaluation score higher than 84%, the reviewer writes a commendation for the criterion and praises...

f. If the criterion receives an evaluation score lower than 60%, the reviewer writes a recommendation directly on the criterion in clear and simple language (recommend...). The recommendation does not specify the provision of a witness or evidence; rather, it focuses on the criterion itself. If the reviewer wishes to add a recommendation related to a specific aspect within one of the pieces of evidence (e.g., the evidence is not reliable, or the sample is not

representative of a questionnaire), they can add this after writing the recommendation for the criterion and then refer to the relevant witness.

g. The evaluation results should be categorized into commendations, recommendations, and suggestions in the final report for the department/center.

h. Files should be thoroughly reviewed to minimize comments and responses from departments/centers to the final report. This fosters confidence among department and center staff in the team and reflects the accuracy of the evaluation.

i. Comparisons between the department/center being evaluated and others should not be made.

j. Collaboration among team members in preparing the final report for the department/center is essential; the effort should not be concentrated on a single individual.

Third: Review Results Phase

1. The review team is committed to preparing the final report using the template approved by the Quality Assurance and Accreditation Department and according to the deadlines set by the University's Standing Committee for Quality.

2. The head of each team receives the department/center evaluation report from the team members and reviews it for clarity, including praise and recommendations, and for completeness.

3. The team head submits all reports to the University's Quality Assurance and Accreditation Department.

4. Strict confidentiality is maintained regarding the evaluation process, scoring, and level determination. No opinions regarding the evaluation process or its results are to be expressed.

5. Data, information, or documents belonging to departments and centers are not to be used, even after the report has been submitted.

6. Reviewers must possess the required qualities of an effective reviewer, including fairness, objectivity, honesty, integrity, and accountability.

7. The head of the evaluation team is responsible for adhering to the guidelines outlined in this manual.

Conclusion

This guide includes everything required to guide the Internal Audit teams at Mustaqbal University, in order to ensure the success of the evaluation and Internal Audit process, which supports and raises the level of quality and helps in achieving the desired accreditations, whether institutional or programmatic.

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