



جامعة المستقبل
Mustaqbal University
أول جامعة أهلية بمنطقة القصيم

Quality Policy and System Manual

Prepared by

Quality and Accreditation
Department

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Chair of the Standing Committee for Quality and Accreditation

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Preface

Mustaqbal University (MU) is proud to present its Quality Policy and System Manual, which governs its academic and administrative operations. This manual has been prepared under the full supervision of the Quality and Accreditation Department. It is designed to ensure that all stakeholders are fully informed about the structure, policies, and procedures of MU's quality assurance system, as well as their respective roles and responsibilities. It also highlights MU's experience in quality practices and academic accreditation.

Quality and Accreditation Committee Chair

Introduction

Institutional quality assurance and academic program quality constitute a central pillar of MU's mission and strategic objectives. These efforts directly enhance MU's outcomes across its three core domains: education, scientific research, and community service. Quality assurance processes at MU are administered through an integrated system of policies and procedures supported by a clearly defined and publicly communicated administrative structure, led by MU Rector, followed by the Standing Committee for Quality and Academic Accreditation, then the Quality and Accreditation Department, and extending to the quality units and committees within colleges, academic programs, centers, and administrative departments.

This manual provides a concise explanation of the overarching policy that governs MU's quality assurance system and all its units. It outlines the quality structure, the responsibilities of each unit, the policy for evaluating their performance, and the institutional and programmatic quality assurance procedures designed to ensure the achievement of the University's mission and goals.



Chapter One

Introduction

Ensuring the quality and management of institutional and academic programs is one of the primary responsibilities to which MU attaches great importance. These efforts positively influence the University's outcomes across its three core domains: education, scientific research, and community service. Quality procedures are implemented through an integrated system supported by a clearly defined and publicly communicated administrative structure headed by the University Rector. Strategic planning is undertaken by the Standing Committee for Quality and Academic Accreditation, and oversight is provided by the Quality and Accreditation Department, extending to the quality units and committees within colleges, academic programs, centers, and administrative departments.

This manual provides a description of the quality structure, the responsibilities of each unit, and the policy for evaluating their performance. It also offers an explanation of the general policies governing the University's quality assurance system, supporting the University's mission and objectives while ensuring the quality of its programs and institutional operations.

1.1 Manual Structure

This manual consists of seven chapters as follows:

1. Introduction
2. Quality Management Structure at the University
3. Quality Assurance Policies and Management
4. Planning, Implementation, Review, and Evaluation Cycles
5. Key Performance Indicators
6. Internal Review
7. National Institutional Academic Accreditation

2.1 Quality Terminology

Quality and Accreditation Department

To help achieve a common understanding of the important concepts and terminology used in the accreditation and quality assurance system, we provide definitions of some commonly used terms.

Term	Definition
Accreditation	It is a recognized certificate issued from an approved organization that approves that the educational program or the institution is following a specific required set of standards and criteria.
Programmatic Accreditation	Accrediting a program by providing the program a certificate that explains that it applies the proper standards of being acceptable as a valid educational program in a certain area with the required level.
Institutional Accreditation	Achieving the level of the educational quality of the institution according to a specific set of standards and criteria established by an external authority.
Assessment	A diagnostic formula for reviewing quality and assessing the learning and the teaching process and programs by examining the course curriculums, the organization and infrastructure and the mechanisms of assessing the internal quality in the university.
Academic Program	A set of correlated courses spread over a specified period which qualify the candidate in a specific specialization according to predefined rule.
Benchmarking	The comparison points or the performance levels used to determine the goals and evaluate the outcomes.
Evaluation	Measuring the performance according to set of standards and predefined criteria and thresholds.
Goals	Specific statements that apply missions or desires of the institution/program in specific subjects.



Term	Definition
Graduate Attributes; GA	Characteristics and qualities demonstrated by the graduates in the field.
International Accreditation	Accrediting an institution or its programs through an accreditation agency in a different country.
KPI(s)	Selected principal performance indicators used in assessing the performance.
Learning Outcomes	Knowledge, skills and values gained from participating in a specific program or taking a specific course.
Mission	It is a general short clear statement describing the work and purpose of a certain body
Objectives	General statements that describe and provide a guide on putting goals and detailed plans
Outcomes	The results of the teaching, learning, research and community activities in the institution.
Quality	There is a lot of definitions for quality: It is summarized in achieving the accuracy and high standards with continuous improvement.
Internal Quality Assurance	The processes done by the institution/program to ensure quality in all the activities, and is assessed by internal agency.
Quality Management	The management job is to specify and implement the quality strategy and dedicate the recourses and activities towards achieving quality.
Quality Inspection	Quality inspection is the process of evaluating and examining products (outcomes) or services to verify their conformity to required standards and specifications.
Quality Control	The process of inspecting the products (outcomes) and services, detecting variations from standard specifications,

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Term	Definition
	and making necessary corrections during the production process to achieve results that conform to specifications.
Quality Assurance	Quality assurance is a system or process that aims to ensure that all activities related to product (outcomes) development or service provision are carried out in accordance with predefined standards and procedures to ensure consistently high quality.
Comprehensive Quality	It is a philosophy with tools and techniques that aims to achieve the culture of continuous improvement which is achieved by all the institution workers in order to make the clients happy.
Standards	Diagnostic evaluation criteria for evaluating the education; research and community partnerships, the organization infrastructure, the governing policies, the leadership performance, and the mechanisms of assessing the quality in the university.



Chapter Two

Quality Management Structure at Mustaqbal University

2.1 Mustaqbal University's Strategic Framework

2.1.1 Vision

Nationally distinguished university in education and professionalization for future competencies.

2.1.2 Mission

Introducing distinguished educational and professional environment, enhancing innovation, encouraging partnerships to effectively meet community demands.

2.1.3 Strategic Objectives

The strategic objectives outlined in MU's First Strategic Plan are as follows:

1. Providing best practice institutionalization, governance and automation, and obtaining institutional accreditation.
2. Improving teaching and learning quality, and obtaining program accreditation.
3. Scientific, professional and skill empowerment of university graduates.
4. Enhancing research, development, and postgraduate studies.
5. Providing a stimulating environment for innovations, and sustainable community services.
6. Strengthening educational, research and community partnerships.
7. Developing the university's own resources, diversifying and sustaining its income sources, and marketing its services and products.

The first two objectives in the strategic plan are the primary drivers of quality assurance and academic accreditation processes at the University, as they focus on improving practices and enhancing operational efficiency to facilitate achieving both institutional and program accreditation.

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2.1.4 Values

- **Quality:** We are committed to high quality in inputs, processes and outputs.
- **Integrity:** We perform our work with sincerity, mastery and dedication in accordance with professional ethics.
- **Transparency:** We are committed to the highest levels of transparency, integrity and accountability within the framework of corporate governance.
- **Collectiveness:** We do our work in the spirit of one team.
- **Innovativeness:** We promote creative thinking and creative spirit, intellectually and productively.
- **Continuous Learning:** We support continuing education and learning inside and outside the university.
- **Development:** We believe in the necessity of development and growth in all fields and businesses

2.2 Mustaqbal University Organizational Structure

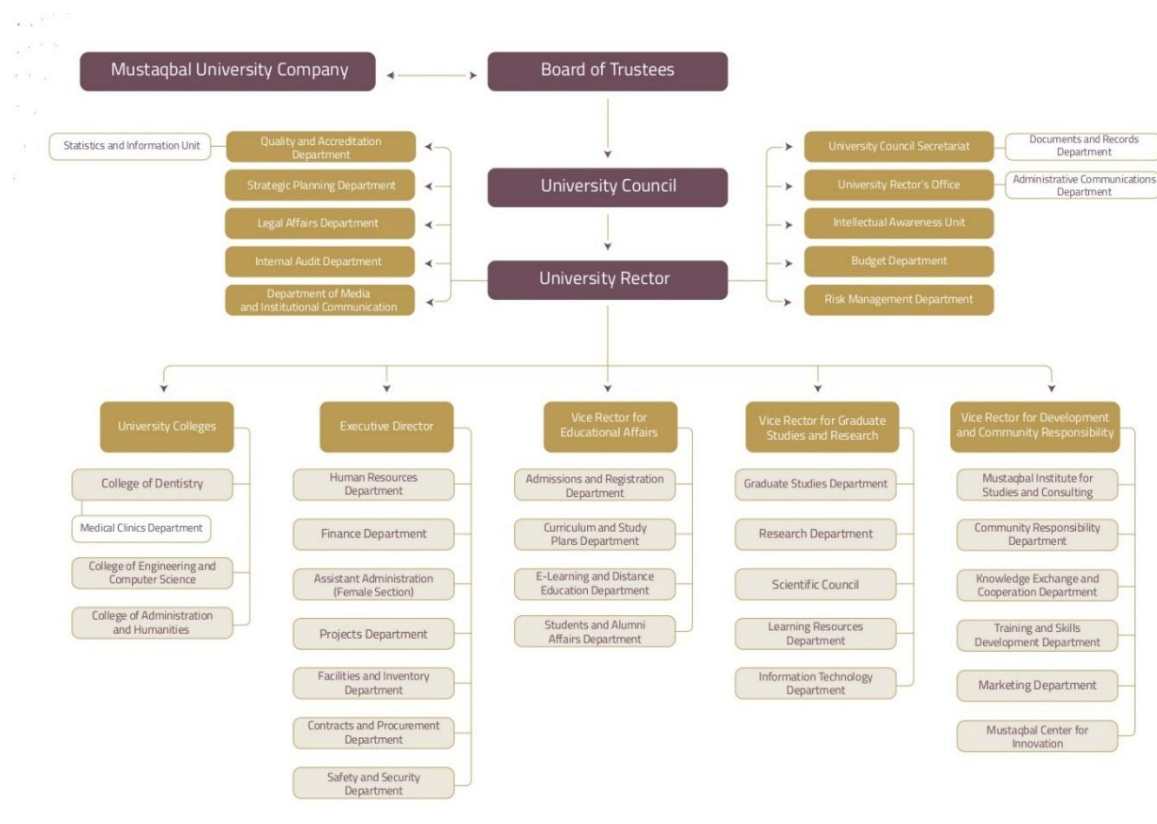


Figure 1: Mustaqbal University Organizational Structure



2.3 Components of the University Quality Structure

The process of quality assurance and its activities requires well-organized and collaborative units and committees. This is achieved through a set of supporting units and committees with clearly defined authorities, responsibilities, and tasks. Their work is supervised and coordinated with the University's quality bodies, such as the Quality and Accreditation Department. The University's quality structure has been established to ensure compliance with the Ministry of Education requirements and to meet the standards of the National Center for Academic Accreditation and Evaluation (NCAAA).

2.3.1 Standing Committee for Quality and Academic Accreditation

The Standing Committee for Quality and Academic Accreditation is formed annually by a decision of the University Rector in consultation with the Vice Rectors. Membership proposals for the Committee are based on the following criteria:

1. Representation of most colleges and branches (e.g., medical, scientific, and humanities colleges).
2. Balanced representation between male and female members.
3. Availability of necessary expertise among proposed members (e.g., directors of quality units in colleges, deans or vice-deans of accredited programs, former accreditation consultants).
4. Relevance of the member's entity to programmatic or institutional standards (e.g., supervisor of the Research Center, supervisor of the Community Service Center).

Responsibilities of the Committee:

- Establish and review general policies for development, quality, and academic accreditation activities.
- Design the internal review program for academic programs, centers, and administrative units.
- Supervise national and international ranking activities.
- Propose training plans for University staff in the aforementioned areas.

Quality and Accreditation Department

2.3.2 Quality and Accreditation Department

The University includes a Quality and Accreditation Department to manage and support academic quality activities across colleges, centers, and administrative departments.

Goals of the Quality and Accreditation Department:

- 1) Contributing in achieving the university's mission using advanced methods and mechanisms.
- 2) Contributing in formulating the University's strategic goals in the areas of development, quality, and academic accreditation.
- 3) Providing effective consulting support to the University's colleges and units to ensure quality and achieve institutional and programmatic accreditation.
- 4) Building collaborative relationships and partnerships with prestigious institutions in the fields of quality and accreditation to achieve strategic benefits for the university.
- 5) Developing distinguished expertise in the areas of quality, evaluation, and academic accreditation in higher education.
- 6) Supporting efforts to improve the university's academic ranking.
- 7) Promoting a culture of quality among university staff, organizing events related to quality and academic accreditation, and encouraging research in this field.

2.3.3 College and Program Quality Structure

Quality development and assurance at the college level are managed through the **Quality Assurance Unit (QAU)** in collaboration with other units such as Strategic Planning, Community Service, Curriculum, Information & Statistics, and IT units.

3.2.3.1 Quality Assurance Unit

Organizational Relationship:



- Reports administratively to the Dean of the College.
- Reports functionally to the Quality and Accreditation Department.

General Objective:

- Support the College in achieving its mission and objectives by ensuring quality, providing the necessary requirements for academic program accreditation, and maintaining compliance with the highest local and international standards across educational, administrative, organizational, and technical domains. This strengthens the College's ability to achieve sustainable competitive advantages aligned with its vision, mission, and strategic objectives.

Unit Composition:

- Unit Director, appointed by the Dean from faculty with expertise in quality assurance and academic accreditation.
- Academic Program Directors within the College.
- Representative from the College's Administrative Affairs.

Detailed Responsibilities:

1. Provide data and information for preparing, developing, and evaluating college plans and programs.
2. Participate in preparing and implementing the College's strategic plan.
3. Apply systems, controls, procedures, and standards for academic accreditation and ensure their continued implementation.
4. Monitor adherence to quality assurance systems and standards across educational, administrative, organizational, and technical domains.
5. Develop a comprehensive quality and accreditation manual for the College based on leading local and international practices to ensure accreditation and compliance with quality standards.
6. Continuously monitor best practices in quality assurance and accreditation, including policies, procedures, standards, tools, and techniques, and provide improvement recommendations.
7. Recommend institutions, universities, and colleges for collaboration or partnership in quality assurance and accreditation.
8. Identify specialized centers for consultation to support the College in accreditation efforts.

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9. Recommend appropriate accreditation bodies after thorough evaluation considering the College's vision, mission, and strategic objectives.
10. Propose standards, tools, and mechanisms for evaluating educational and administrative units' performance in quality assurance and accreditation, and monitor their adoption.
11. Continuously track and report on the performance of educational and administrative units, including improvement recommendations.
12. Develop and maintain an integrated quality assurance and accreditation database.
13. Implement programs to promote a quality culture within the College.
14. Submit semi-annual reports to the Quality and Accreditation Department on all activities and achievements.
15. Execute other tasks within the scope of the unit's responsibilities.

Performance Measurement Criteria:

1. Effectiveness in implementing the College's strategic plan.
2. Quality and utilization of best practices in quality assurance and accreditation.
3. Achievement and maintenance of local and international accreditation.
4. Completeness and quality of the College's quality and accreditation manual.
5. Quality of proposed accreditation bodies.
6. Quality of consultancy and services received in quality assurance and accreditation.
7. Quality of standards and tools for evaluating units' performance.
8. Quality and consistency of performance assessments of educational and administrative units.
9. Quality of proposals for digitizing quality assurance and accreditation processes.
10. Quality and completeness of the quality assurance and accreditation database.
11. Effectiveness in developing evaluation standards, tools, and performance measurement mechanisms.
12. Effectiveness in promoting a quality culture within the College.
13. Quality of coordination and interaction with the University's Quality and Accreditation Department.
14. Quality and periodicity of reports.
15. Accuracy and completeness of unit information on the College's website.



2.3.4 Student Advisory Committee

- Composed of students from different academic levels and programs.
- Main role: Evaluate the educational process, curriculum adequacy, learning resources, quality of services, and propose improvements.

2.3.5 Program-Level Quality Structure

Program quality relies on the **Program Quality Committee** and supporting committees. Program-level quality is ensured through multiple committees:

1. **Program Quality Committee:**
 - Composed of faculty knowledgeable in quality matters.
 - Main role: Implement and monitor the program's quality assurance system.
2. **Assessment and Evaluation Committee (Statistics & Information):**
 - Composed of faculty experienced in statistical analysis, documentation, and reporting.
 - Main role: Analyze course surveys, stakeholder surveys, learning outcomes evaluations, and other relevant data.
3. **Professional Advisory Committee:**
 - Composed of program experts, employer representatives, alumni, the program director, and a member of the program committee. Chaired by the Department Head.
 - Main role: Assist in defining and reviewing the program's mission, strategic objectives, learning goals, and outcomes, and evaluate graduate readiness for the labor market.

Chapter Three

Quality Assurance Policies and Management

3.1 Introduction

Mustaqbal University adopts quality policies aligned with the standards of the National Center for Academic Accreditation and Assessment (NCAAA). The University is committed to maintaining its institutional accreditation and continuously monitoring, reviewing, and evaluating all its programs in accordance with academic and administrative quality standards—making quality assurance a fundamental part of its mission: *“Introducing distinguished educational and professional environment, enhancing innovation, encouraging partnerships to effectively meet community demands.”*

The first two strategic goals of the University drive its quality assurance and academic accreditation efforts, as they focus on enhancing practices and improving efficiency to facilitate both institutional and programmatic accreditation.

Strategic Goals of the University (First Strategic Plan)

8. Providing best practice institutionalization, governance and automation, and obtaining institutional accreditation.
9. Improving teaching and learning quality, and obtaining program accreditation.
10. Scientific, professional and skill empowerment of university graduates.
11. Enhancing research, development, and postgraduate studies.
12. Providing a stimulating environment for innovations, and sustainable community services.
13. Strengthening educational, research and community partnerships.
14. Developing the university’s own resources, diversifying and sustaining its income sources, and marketing its services and products.



Numerous strategic initiatives—directly or indirectly—support the implementation of the University’s quality assurance system and the attainment of institutional and program accreditation. These include the first, seventh, ninth, twelfth, thirteenth initiatives, among others. Table 1 presents all 33 institutional initiatives included in the University’s strategic plan.

Table 1: MU Institutional Initiatives

Strategic Initiatives	
1.	Institutional accreditation initiative
2.	Preparing a plan for research and development initiative
3.	Establishing a university, a refereed magazine initiative
4.	Establishing research, consulting, training and service center initiative
5.	Electronic, professional training initiative
6.	Awareness for progressive future initiative
7.	Programs accreditation initiative
8.	Future jobs specialization initiative
9.	Development of learning and teaching methods initiative
10.	Introducing flexible different professional programs initiative
11.	Graduate services initiative
12.	Electronic learning initiative
13.	Partnership of national and international lecturers initiative
14.	Developing legislative and governing regulations initiative
15.	Developing organizational structure initiative
16.	Administration and strategic planning automation (Dashboard) initiative
17.	Improving the University international classification initiative
18.	Conducting higher studies with super universities nationally and internationally initiative

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Strategic Initiatives	
19.	Retaining and conducting and professional satisfaction initiative
20.	Developing the University electronic infrastructure initiative
21.	Developing electronic websites initiative
22.	Studying study fees, coding them and payment initiative
23.	Developing maintenance and utilities initiative
24.	Participating in international database rules initiative
25.	Developing scientific, research, community and investment partnership initiative
26.	Supporting community programs initiative
27.	Rationalizing initiative
28.	Increasing operational and non-operational profits initiative
29.	Developing marketing and information dimensions initiative
30.	Having a channel for University in you tube initiative
31.	Investment, endowment, and backing initiative
32.	Foundation of sport hall and entertainment activities initiative
33.	Opening a new branch of the University initiative

2.3 Quality Assurance Policies

Quality assurance processes encompass all academic units of the University and constitute an integral component of routine management and planning activities. The applied measures focus particularly on outcomes. Faculty, administrative staff, and students maintain a strong commitment to ongoing improvement and regularly review their performance. Quality is assessed based on evidence derived from performance indicators and credible external standards. The University's quality policy is founded on the following principles:



1. Establishing an Effective System for Quality Assurance and Management, Connected to Senior Leadership and Covering All Activities and Units

As part of MU's ambitious efforts to enhance its performance and academic programs and to achieve its strategic objectives, the University established the Department of Quality and Accreditation. It was essential to formulate the necessary arrangements to support the implementation of quality assurance processes across the entire institution. Accordingly, Quality Assurance Units were established in all colleges, as well as in all administrative units, with clearly defined responsibilities documented in approved manuals such as the *Quality System for Academic Programs at Mustaqbal University*. These units are evaluated and monitored periodically by the Quality and Accreditation Department and by relevant committees, including the Standing Committee for Quality and Academic Accreditation.

2. Providing Adequate Material, Financial, and Human Resources to Support Quality Assurance Requirements

Educational institutions must remain committed to sustaining and improving quality through effective leadership and active participation by faculty and staff. To fulfill this commitment, MU has undertaken the following actions:

- Integrating strategic quality and accreditation projects into the University's 2020–2025 Executive Plan.
- Providing financial and human-resource support to all quality units and committees across the institution, including the Standing Committee for Quality and Academic Accreditation.
- Establishing quality units within the colleges and supporting them with the necessary financial and human resources.
- Strengthening the Department of Quality and Accreditation with qualified staff and experienced consultants and reinforcing its structure with the required units.
- Approving financial incentives for programs that obtain academic accreditation.
- Approving reductions in teaching loads for faculty members involved in quality-related activities and processes.

- Providing summer compensation for faculty members.

3. Ensuring the Participation of All Stakeholders (Faculty, Staff, and Students) in Quality Assurance Processes

Quality assurance activities required to maintain high standards are applied across all functions performed within the educational institution. Faculty, staff, students, alumni, and employers participate in performance evaluation and improvement planning through the quality committees described in this manual. They also contribute to periodic reporting (e.g., course reports, self-study reports) and institutional surveys (e.g., student evaluations of programs and services). Stakeholder participation is further encouraged through reduced teaching loads, summer compensation, accreditation incentives, and other forms of support described in Section (2).

4. Establishing a Centralized System for Data Collection, Documentation, Analysis, Management, and Reporting

The University has established several central units and systems dedicated to data collection, documentation, analysis, management, and periodic reporting:

- **Statistics and Information Unit**, referenced in the *Information Collection, Analysis, and Exchange System Manual at Mustaqbal University*.
- **Electronic Academic System (e-Register)** for faculty and students, which includes electronic records, teaching loads, course registration, grades, and student course evaluations. Details are available on the Information Technology Department webpage.
- **Official Administrative Communication System** through institutional email via Microsoft Teams for department and unit leaders.
- **Stakeholder Relationship Management System (DAAEM)**, an electronic technical support system operated by the Information Technology Deanship.



5. Utilizing a Variety of Mechanisms and Tools to Monitor Performance and Measure Progress at All Levels

Specialized indicators have been defined to monitor performance, along with suitable benchmark reference points for evaluating the extent to which institutional goals and functions are achieved. The University's Department of Strategic Planning regularly measures and tracks the strategic plan's indicators. The Department of Quality and Accreditation, through Quality Assurance Units in the colleges, measures the performance indicators mandated by the National Center for Academic Evaluation and Accreditation (NCAAA) annually and prepares detailed quality reports based on the results. Further guidance is available in the *Performance Indicators Manual at Mustaqbal University*.

6. Conducting Benchmarking for Institutional Performance Using Defined Performance Indicators

The University is committed to conducting benchmarking at the institutional level as well as for individual units and programs:

- During the development of the first strategic plan, the University benchmarked with 31 universities to determine target indicators, including 16 national universities (six of which are within the Qassim region), 10 regional universities, and 5 international universities.
- The University compared NCAAA performance indicators with several Saudi institutions, including Qassim University, King Khalid University, and Buraydah Private Colleges, and incorporated the results into institutional self-study reports and improvement plans.
- Administrative units and centers apply standards developed by the Department of Quality and Accreditation under the supervision of the Standing Committee for Quality and Academic Accreditation, benchmarking their performance periodically against similar units in Saudi universities.
- Academic programs regularly benchmark their key performance indicators with comparable programs in national and international universities,

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following the *Performance Indicators Manual* and the *Benchmarking Manual for Academic Programs*.

- The Department of Quality and Accreditation also conducts internal benchmarking of institutional performance and prepares an annual performance and benchmarking report highlighting strengths, improvement opportunities, and actionable recommendations. This report is presented to the Standing Committee for Quality and Academic Accreditation, and relevant units are formally notified of its findings and recommendations.

7. Utilizing the Results of Satisfaction Surveys and Performance Evaluations for Continuous Improvement

At the institutional level, improvement is achieved through the following:

- Using the results of annual surveys (e.g., course evaluations, program evaluations, employer satisfaction surveys, and alumni surveys) to formulate actionable recommendations directed to relevant units and senior leadership.
- Using the results of annual performance indicator measurements to develop improvement recommendations.
- Following up on the implementation of improvement recommendations during the annual measurement cycle through internal reviews conducted by the Department of Quality and Accreditation.
- Developing action plans to address recommendations from independent reviewers and external accreditation bodies.

At the level of units and academic programs, improvement is achieved through:

- Preparing periodic internal review reports and communicating resulting recommendations to programs and units annually. The Department of Quality and Accreditation follows up on the implementation of these recommendations during the next review cycle.
- Developing unit and program evaluation reports based on NCAAA and administrative standards, producing actionable recommendations



submitted to senior leadership, with follow-up conducted by the Department of Quality and Accreditation during the subsequent review cycle.

8. Conducting Developmental Research and Studies Necessary for Performance Improvement and Goal Achievement

The University's strategic plans were developed based on a carefully designed developmental approach. The University has also engaged in the development study associated with the *Evaluation of Quality in Private Colleges and Universities Project*, which was launched in 2020 and continues to progress through multiple phases.

In pursuit of quality and accreditation objectives, the Quality and Accreditation Department prepares annual reports that analyze the performance of all colleges, programs, and administrative units in accordance with national quality standards. These reports employ a comprehensive range of research tools—including surveys, statistical analyses, and both quantitative and qualitative methods—to identify strengths and improvement opportunities at the institutional level. Subsequently, actionable recommendations are formulated and submitted to the University's senior leadership for direction, implementation, and follow-up.

9. Continuous Evaluation and Improvement of the Quality Assurance System

The internal quality assurance system at MU is evaluated annually upon the completion of internal reviewing processes, based on the following:

1. The results of internal reviews and the practices undertaken during the internal review of academic programs and administrative units.
2. Policies approved by the Standing Quality Committee or proposed to the Quality and Accreditation Department, based on internal developments (e.g., establishing new units related to quality operations, changes in the administrative structure, or senior leadership decisions that directly intersect with quality processes), or external developments such as changes in accreditation bodies' policies or updates to quality standards.

3. Feedback from stakeholders, including quality coordinators in academic programs and members of quality committees, collected through various electronic communication channels.
4. Academic program accreditation results, including comments and recommendations related to quality enhancement within the programs.

3.3 Mustaqbal University-Specific Definitions

The quality assurance process at the University begins with the Strategic Planning Department, in collaboration with relevant stakeholders and subject-matter experts. The process starts with defining the University's vision, mission, values, and strategic objectives. The mission articulates the University's purpose, activities, and target groups, and serves as a clear and concise statement describing the institution's core functions and primary stakeholders.

The University's strategic objectives represent long-term, goal-oriented statements that must align with the Kingdom's Vision and the Ministry of Higher Education's plans. These objectives are operationalized through strategic projects. Subsequently, the Standing Quality Committee identifies the University's graduate attributes and learning outcomes, which serve as a foundational guide for all academic programs.

University Mission

Introducing distinguished educational and professional environment, enhancing innovation, encouraging partnerships to effectively meet community demands.

University Values

1. Quality: We are committed to high quality in inputs, processes and outputs.
2. Integrity: We perform our work with sincerity, mastery and dedication in accordance with professional ethics.
3. Transparency: We are committed to the highest levels of transparency, integrity and accountability within the framework of corporate governance.
4. Collectiveness: We do our work in the spirit of one team.



5. Innovativeness: We promote creative thinking and creative spirit, intellectually and productively.
6. Continuous Learning: We support continuing education and learning inside and outside the university.
7. Development: We believe in the necessity of development and growth in all fields and businesses

Graduate Attributes

Graduate attributes refer to the characteristics and competencies demonstrated by graduates in the workplace, in accordance with the definitions of the ETEC and the Saudi National Qualifications Framework. Based on these references, MU has identified its general graduate attributes, as illustrated in Table 2. These attributes are cultivated through program learning outcomes and various academic and extracurricular activities. Table 2 also demonstrates the alignment and coherence of these attributes with the University's strategic objectives.

Table 2: MU Graduate Attributes

MU Graduate Attributes	Alignment with MU Goals
1. A comprehensive and well-organized understanding of a body of knowledge within a specific academic program, along with familiarity with the theories and principles related to that program.	Enhancing the quality of education and learning, and achieving program accreditation.
2. Mastery of a broad and integrated range of knowledge and skills required for effective practice in a professional field, if the program is professionally oriented.	Enhancing the quality of education and learning, and achieving program accreditation.
3. In-depth knowledge, comprehensive understanding, and the ability to analyze and interpret issues within the field of specialization, if the	Enhancing the quality of education and learning, and achieving program accreditation.

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program is academic and does not involve professional practice.	
4. Possession of problem-solving skills for complex issues and the capacity to develop innovative solutions.	Providing a stimulating environment for innovation and sustainable community services.
5. Ability to select and apply the most appropriate mechanisms for communicating results and outcomes to stakeholders.	Academic, skill-based, professional, and marketing empowerment of university graduates.
6. Demonstration of leadership skills, accountability, and readiness for full cooperation with others in joint projects and initiatives.	Strengthening educational, research, and community partnerships.
7. Proficiency in technical and effective communication skills.	Academic, skill-based, professional, and marketing empowerment of university graduates.
8. Commitment to professional ethics and adherence to Islamic values.	Academic, skill-based, professional, and marketing empowerment of university graduates.

Mustaqbal University Learning Outcomes

The university's learning outcomes fall under the domains of knowledge, skills, and values. These outcomes shape the characteristics of graduates and distinguish them in the labor market. Table 3 presents these outcomes.

Table 3: Mustaqbal University Learning Outcomes

Knowledge and understanding	The student should be able to understand comprehensive knowledge, theories, and principles related to academic programs.
	The student should be proficient in a broad and integrated range of knowledge and skills required for effective practice in a professional field.



	The student should be capable of grasping deep knowledge, comprehensive understanding, and the ability to analyze and interpret within the field of specialization
Skills	The student should acquire skills for solving complex problems and developing innovative solutions.
	The student should be able to select and use the most appropriate mechanisms to communicate results to beneficiaries.
	The student should have technical skills and effective communication abilities.
Values, Autonomy, and Responsibility	The student should uphold professional ethics and Islamic values.
	The student should possess leadership skills, take responsibility, and demonstrate readiness to collaborate fully with others in joint projects and initiatives.

Chapter Four

The Planning, Implementation, Review, and Evaluation Cycle

4.1 Introduction

The measurement, evaluation, and review cycle at MU consists of three main components implemented across all levels of the University's organizational structure, as follows:

1. The quality assurance cycle at the academic program level.
2. The quality assurance cycle at the college level.
3. The quality assurance cycle at the university level.

4.2 Quality Assurance Cycle at the Academic Program Level

The academic program conducts continuous evaluation of its courses, in addition to an annual assessment of learning outcomes, key performance indicators, and stakeholder satisfaction surveys. The program prepares annual reports that present strengths and opportunities for improvement, from which enhancement plans are developed. At the end of each cycle, the program carries out a comprehensive self-evaluation and prepares the Program Self-Study Report. This cycle and its procedures are described in detail in the *Quality Assurance System for Academic Programs at Mustaqbal University* manual, as well as in related guides such as the *Key Performance Indicators Manual* and the *Program Self-Study Manual*.

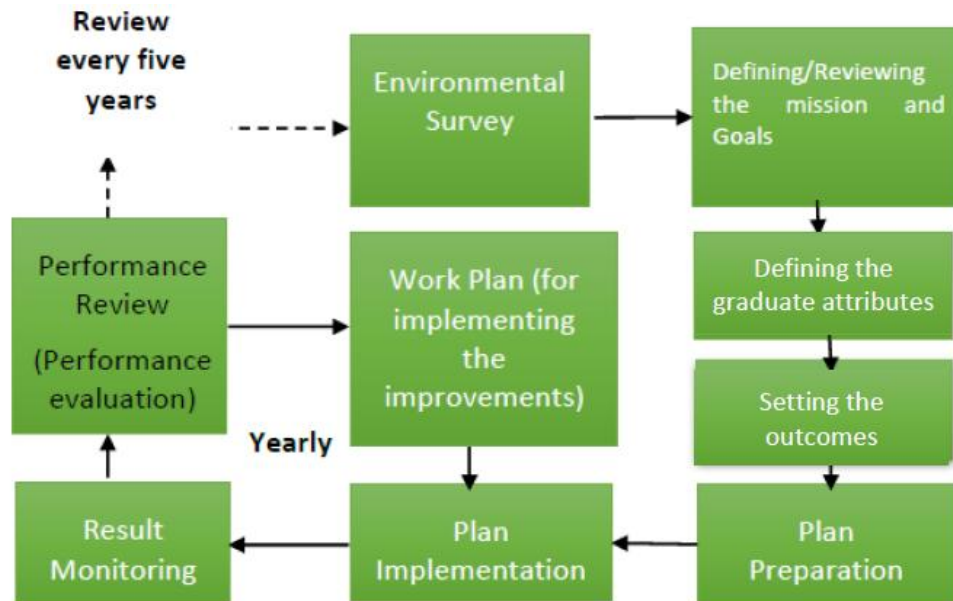


Figure 2: Quality Assurance Cycle at the Academic Program Level

4.3 Quality Assurance Cycle at the College Level

The Quality Assurance Unit develops an annual quality plan in which the outputs and results of the previous plan serve as key inputs. This plan is evaluated by the Unit, and its implementation is monitored through measuring quality levels across the college's academic programs, conducting the annual assessment of key performance indicators at the college level, and administering stakeholder satisfaction surveys.

The Unit also prepares the College Annual Quality Report, which includes strengths and opportunities for improvement. In addition, it follows up on the extent to which academic programs within the college implement the recommendations generated from this report and from internal review reports, in accordance with the enhancement plans submitted by those programs to the Quality and Accreditation Department.

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Figure 3: Quality Assurance Cycle at the College Level

4.4 Quality Assurance Cycle at the University Level

The quality assurance cycle at the university level is closely aligned with the objectives of the Quality and Accreditation Department, which are themselves linked to the strategic quality objectives outlined in the University's plan. The university-level quality assurance cycle is based on the core components of Quality Management Systems (QMS), particularly the Deming Cycle (Plan–Do–Check–Act), through ongoing performance monitoring, planning, implementation, and continuous improvement.

This cycle primarily relies on the policies, documents, and standards of the National Center for Assessment and Accreditation. Furthermore, the university-level cycle is driven by three principal tools across all of its stages:

1. Key performance indicators and benchmarking.
2. Stakeholder surveys.
3. The annual internal review of colleges, academic programs, deanships, departments, centers, and all administrative units at the University.



Key Performance Indicators and Benchmarking

Academic programs prepare annual reports that include the results of measuring the key performance indicators (11 KPIs), as outlined in the *Mustaqbal University KPI Manual*. These reports are then submitted to the Quality and Accreditation Department and uploaded to the electronic repository. Based on these reports, the Department calculates the institutional key performance indicators (20 KPIs). This calculation is either done directly by averaging the corresponding program KPIs or by using data obtained from the relevant internal units.

The Department then prepares the **University KPI and Benchmarking Report**, which includes:

1. Analysis of each indicator by its components, disaggregated by male and female tracks, historical trends (internal benchmarking), and comparative data from peer institutions (external benchmarking).
2. Identification of key strengths and opportunities for improvement.
3. Improvement recommendations.

After review by the higher quality committees (such as the Standing Committee for Quality and Academic Accreditation) and formal approval of its contents, the results and recommendations are communicated to the relevant units. Each unit prepares an action plan for implementing the recommendations and submits it to the Department. During the next assessment cycle, the Department evaluates the extent to which recommendations have been implemented and assesses the impact of implementation through KPI measurement in the following year.

Stakeholder Surveys

The University has recommended conducting a set of electronic surveys. These surveys can be accessed through the Quality and Development Manuals available on the Department's website. Undergraduate programs upload the annual survey results as mandated by the University. Examples of the recommended surveys include, but are not limited to:

1. Course evaluation questionnaires.
2. Program evaluation surveys.

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3. Employer evaluation surveys.
4. Graduate evaluation surveys.
5. Other targeted surveys.

Once at least 70% of the required survey reports for all programs have been completed, the Department prepares a comprehensive report for each survey based on the average results across all University programs. Each report includes:

1. Analysis of each survey item according to stakeholder groups (e.g., male, female).
2. Identification of key strengths and opportunities for improvement.
3. Improvement recommendations.

As institutional quality standards may require gathering stakeholder feedback on aspects not fully addressed by the above surveys, the Department prepares additional survey reports such as:

1. Evaluation of the University's mission, vision, and values.
2. Satisfaction with University administrative departments.
3. Evaluation of community partnership activities.
4. Evaluation of field training.
5. Evaluation of services provided to students with special needs.

The Department then prepares statistical reports for all surveys, including strengths, opportunities for improvement, and actionable recommendations. These reports are reviewed and approved by the Standing Committee for Quality and Academic Accreditation. Afterwards, the results and recommendations are communicated to the relevant units, which then develop implementation plans and submit them to the Department. In the next assessment cycle, the Department monitors progress and evaluates the quality of implementation by re-administering the surveys in the following year.



Annual Internal Review

The annual internal review is one of the most important tools in the University's quality assurance cycle. Over the years, the review process has undergone continuous refinement and development in response to internal and external changes, as well as updates in the accreditation policies of bodies such as the ETEC. Despite these developments, the review remains the core mechanism for quality assurance and enhancement across all University units, serving as the primary method for evaluating performance and improving inputs, processes, and outputs.

The annual internal review process begins with the development of a timeline prepared by the Quality and Accreditation Department and submitted to the Standing Committee for Quality and Academic Accreditation. The plan includes several key components, most notably:

1. Identifying the academic programs and academic/administrative units subject to review.
2. Forming review teams and appointing new members annually as supporting reviewers.
3. Preparing the schedule for electronic document review and on-site verification visits.
4. Preparing electronic review templates aligned with national standards for academic programs and with specialized criteria for administrative departments and centers.
5. Preparing on-site verification visit templates, specifying key questions and elements requiring verification according to the stakeholder groups the review teams will interview.
6. Training new review team members through workshops on the internal review process.

The review is carried out over a period of four to six weeks. After review teams complete their evaluation reports, the Quality and Accreditation Department reviews them and returns them for revision when necessary. Each academic program or administrative unit then receives a detailed report containing its evaluation results against the standards and criteria, along with a set of

improvement recommendations. Programs and units respond to these recommendations by accepting, rejecting, or modifying them with justifications, and by preparing an implementation plan.

A final comprehensive internal review report is then prepared, providing an analysis of the performance of all academic programs and administrative units based on the standards and criteria, and highlighting key strengths and opportunities for improvement at the University level. This report serves as the basis for recognizing outstanding colleges and programs at the annual Quality Ceremony and informing University leadership and the University Council of improvement areas. The Department also follows up on the implementation of these recommendations in the internal review of the subsequent year.

5.4 Stages of the University-Level Quality Assurance Cycle

The university-level quality assurance cycle consists of two stages:

1. **Short-Term Stage (Annual)**
2. **Long-Term Stage (6–7 Years)**

5.4.1 Short-Term Stage

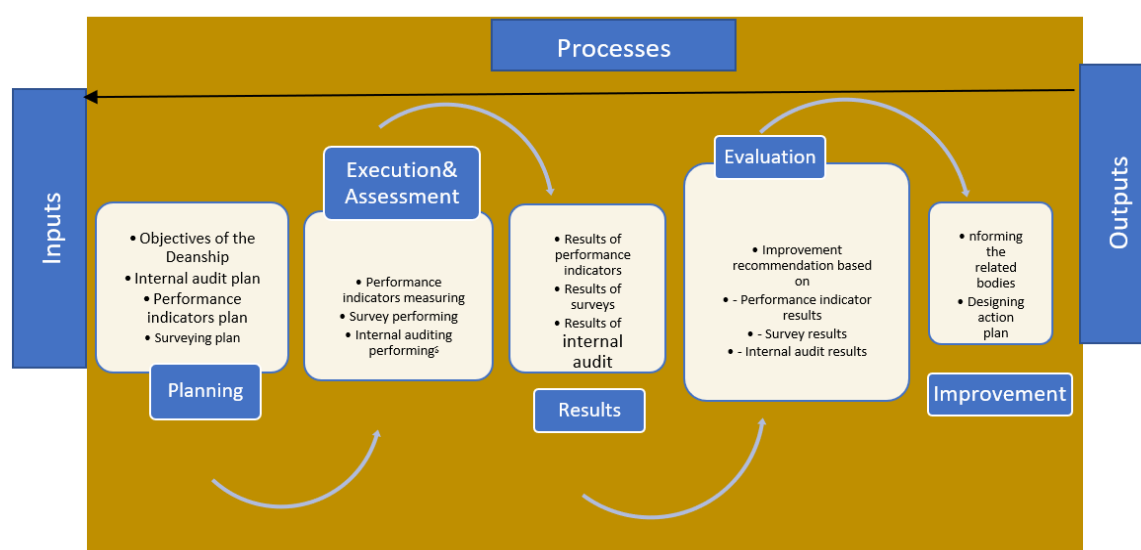


Figure 4: Quality assurance short cycle



The short-term cycle begins at the end of the second semester each year. It starts with developing plans for internal reviews, performance indicator measurement, and stakeholder surveys, all based on the objectives of the Quality and Accreditation Department and the University's strategic quality goals. This is followed by the implementation of these plans—measuring performance, conducting internal reviews, gathering results, analyzing findings, and generating improvement recommendations accordingly. The cycle concludes with communicating these recommendations to the relevant entities (e.g., academic programs and major Departments), which in turn develop their own implementation plans. These improvement plans serve as the primary outputs of this stage and form the main inputs for the following year's cycle.

5.4.2 Long-Term Stage (Every 6–7 Years)

This stage recurs every six or seven years, aligned with the beginning and end of institutional accreditation cycles. The inputs to this stage include several key elements, most notably:

1. Results of the short-term stages (performance indicators and benchmarking results, survey outcomes, and internal review findings) for at least the previous five years.
2. Results of implementing strategic objectives, including those related to quality and accreditation.
3. Results of the previous institutional accreditation, along with subsequent development plans and the extent of their implementation.
4. Results of the preliminary institutional performance evaluation based on the National Center for Assessment and Accreditation standards.

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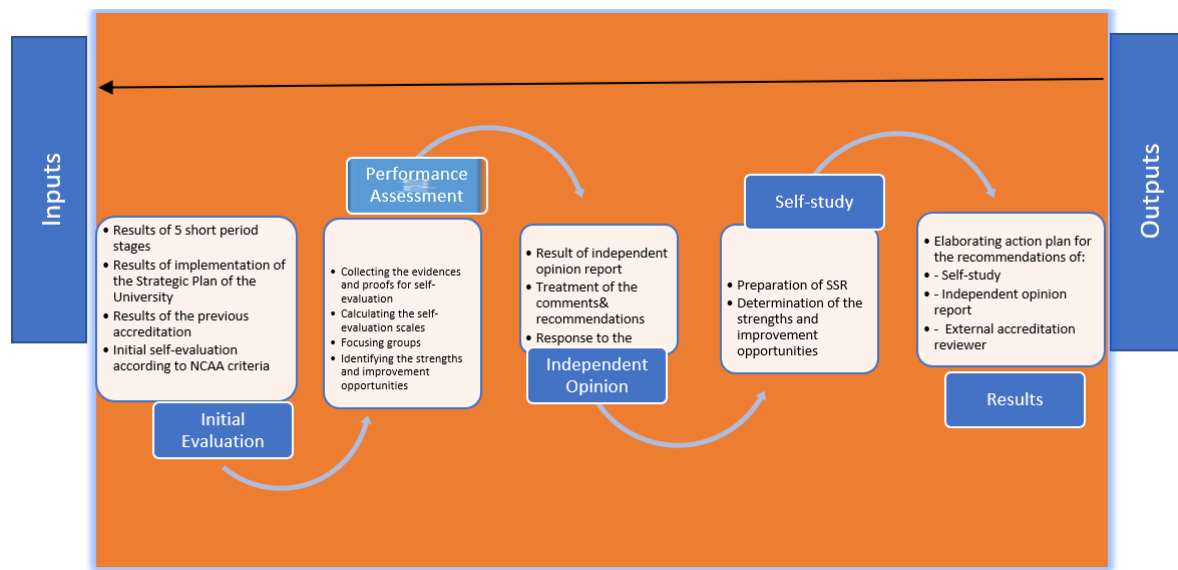


Figure 5: Quality assurance long comprehensive cycle

Following this, all academic and administrative units across the University are evaluated in accordance with the institutional standards of the National Center (eight standards), and the results are documented in the institutional self-evaluation instruments. The outcomes of this evaluation are then submitted for an independent external review, through which a report is prepared assessing the University's overall performance against the institutional standards. This stage concludes with the preparation of the Institutional Self-Study Report, accompanied by improvement and development plans designed to implement the recommendations derived from the self-evaluation processes and the independent external review. The stage continues with systematic follow-up on the implementation of these improvement and development plans, such that the outputs of this phase form the primary inputs for the next measurement cycle.



Chapter Five

Key Performance Indicators

5.1 Introduction

Performance indicators are defined forms of evidence used by academic institutions or other agencies to demonstrate the quality of their performance. They serve as essential tools for evaluating the quality of academic programs and monitoring their performance. They contribute directly to continuous improvement processes and support evidence-based decision-making.

5.2 General Features and Characteristics

- The Key Performance Indicators (KPIs) are among the most essential tools for evaluating institutional quality according to the standards of the National Commission for Assessment and Accreditation. They represent one of the most prominent practices that support decision-making and follow-up. Although a wide range of diverse evidence may be used, decisions must be made regarding which information elements can be expressed in quantitative form, and such indicators should be predefined as part of the planning process.
- In 2023, the NCAAA identified the key program-level performance indicators, all aligned with the 2022 version of the institutional accreditation standards. These indicators represent the minimum required for periodic measurement. Qatar University has also proposed additional performance indicators to support comprehensive evaluation of institutional performance.
- The University is expected to measure the Key Performance Indicators using benchmarking practices and appropriate tools such as surveys, statistical data, and other relevant sources.
- For each indicator, the following must be specified:
 - Actual performance
 - Target performance level
 - Internal benchmark (internal standard)
 - External benchmark (external standard)
 - Revised target performance level
- Regular reports are expected to be submitted, describing and analyzing the results of each indicator (including performance changes and comparisons

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by campuses and gender). These reports must include a precise and objective identification of strengths and areas requiring improvement.

5.3 University Key Performance Indicators

5.3.1 Key Performance Indicators Recommended by the NCAAA

In 2023, the National Commission for Assessment and Accreditation recommended the following Key Performance Indicators as a minimum requirement for evaluating educational institutions. The recommended KPIs are presented in Table 4.

Table 4: Key Performance Indicators Recommended by the ETEC

Standard	Code	Key Performance Indicators	Description
-1- Mission, Vision, and Strategic Planning	KPI-I-01	Percentage of achieved indicators of the institution's strategic plan objectives	Percentage of performance indicators of the strategic plan objectives of the institution that achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year.
	KPI-I-02	Students' evaluation of the quality of learning experience in the programs*	In an annual survey, the Average overall rating of final year students for the quality of learning experience in the programs on a five-point scale.
	KPI-I-03	Graduates' employability and enrolment in postgraduate programs*	Percentage of graduates from undergraduate programs who, within a year of graduation, were: a. employed b. enrolled in postgraduate programs



Standard	Code	Key Performance Indicators	Description
-3- Teaching and Learning			during the first year of their graduation to the total number of graduates in the same year.
	KPI-I-04	Graduation rate for Undergraduate Students in the specified period*	Percentage of undergraduate students who completed the programs during the specified period in each cohort.
	KPI-I-05	Satisfaction of beneficiaries with learning resources*	<p>Average of beneficiaries' satisfaction rate with learning resources on a five- point scale in an annual survey in terms of:</p> <ul style="list-style-type: none"> a. their adequacy and diversity (references, journals, databases ... etc.) b. Support services provided for their utilization.
	KPI-I-06	Employers' evaluation of the institution graduate's proficiency*	Average of overall rating of employers for the proficiency of the institution graduates (By NQF domains) on a five- point scale in an annual survey

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Standard	Code	Key Performance Indicators	Description
-4- Students	KPI-I-07	Students' satisfaction with the offered services*	Average of students' satisfaction rate with the various services offered by the institution (restaurants, transport, sports facilities, academic advising, ...) on a five-point scale in an annual survey
	KPI-I-08	Ratio of students to teaching staff*	The ratio of the total number of students to the total number of full-time or full-time equivalent teaching staff - for the institution as a whole and each program separately
-5- Faculty and Staff	KPI-I-09	Proportion of faculty members with doctoral qualifications*	Percentage of faculty members with verified doctoral qualifications to the total number of teaching staff
	KPI-I-10	Proportion of teaching staff leaving the institution*	Percentage of teaching staff leaving the institution annually for reasons other than age retirement to the total number of teaching staff.
	KPI-I-11	Percentage of self-income of the institution	Percentage of self-income of the institution to the total income of the institution
-6- Institutional Resources	KPI-I-12	Satisfaction of beneficiaries with technical services*	Average of beneficiaries' satisfaction rate with technical services ...) on a five-point scale in an annual survey in terms of: <ul style="list-style-type: none"> a. Suitability. b. Safety and confidentiality. c. Availability and ease of access.



Standard	Code	Key Performance Indicators	Description
			d. Maintenance and support services.
-7- Scientific Research and Innovation	KPI-I-13	Percentage of publications of faculty members*	Percentage of full-time faculty members who published at least one research during the year to total faculty members in the institution
	KPI-I-14	Rate of published research per faculty member*	The average number of refereed and/or published research per faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)
	KPI-I-15	Citations rate in refereed journals per faculty member	The average number of citations in refereed journals from published research per faculty member in the institution (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published)
	KPI-I-16	Number of patents, innovations, and awards of excellence	Number of: a. Patents and innovations b. Awards of excellence obtained by the institution's staff annually at the national/ regional/ international level.

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Standard	Code	Key Performance Indicators	Description
	KPI-I-17	Proportion of the research budget	The proportion of the budget dedicated to research by: <ul style="list-style-type: none"> a. proportion of the budget dedicated to research to the total budget of the institution b. proportion of external research funding to the total research budget during the year.
-8- Community Partnership	KPI-I-18	Satisfaction of beneficiaries with community services	Average of beneficiaries' satisfaction rate with the community services provided by the institution on a five-point scale in an annual survey
	KPI-I-19	Percentage of faculty members and students participating in community activities*	The percentage of faculty/students who participated in community service activities to the total faculty/students in the institution
Additional indicators for accredited institutions			
-2- Governance, Leadership, and Management	KPI-I-20	Proportion of accredited programs	The proportion of programs with valid accreditation from approved accrediting bodies to the total number of programs in the institution

* Measurement levels: Institution, branches (if any), specializations (health, engineering, computer science, scientific, administrative, humanities, Arabic language, Islamic studies, etc.), gender (male, female).

5.3.5 Additional Performance Indicators Adopted by the University



The University has adopted additional performance indicators to be used by its programs, administrative units, centers, and main departments to support comprehensive evaluation of institutional performance. These additional performance indicators are accessible through the University's Quality and Accreditation Management publications, development manuals, and the websites of the relevant administrative units, centers, and academic programs.

5.4 Objectives and Polarity

Each Key Performance Indicator (KPI) must be linked to the University's strategic objectives and evaluation criteria. The polarity of a KPI can be either positive or negative:

- A KPI has **positive polarity** if an increase in its value reflects improved performance.
- A KPI has **negative polarity** if a decrease in its value reflects improved performance.

5.5 Calculation Methods for NCAAA KPIs

Indicator #1: Percentage of achieved indicators of the institution's strategic plan objectives

$$\text{KPI-I-1} = \frac{\text{Number of strategic plan objectives achieved}}{\text{Total number of objectives}}$$

Indicator #2: Students' evaluation of the quality of learning experience in the programs*

Average overall rating by final-year students on the quality of learning experiences in the program, satisfaction with various services (cafeteria, transportation, sports facilities, academic, career, psychological counseling, etc.), and adequacy/diversity of learning resources (references, journals, databases, etc.) on a five-point scale from an annual survey.

$$\text{KPI-I-2} = \frac{\text{Sum of student evaluations on learning experience items}}{\text{Number of students surveyed}}$$

Indicator #3: Graduates' employability and enrolment in postgraduate programs*

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Percentage of program graduates within one year of graduation who are:

- Employed within 12 months,
- Enrolled in postgraduate programs.

$$\text{KPI-I-3-1} = \frac{\text{Number of employed graduates}}{\text{Total graduates of the cohort}}$$

$$\text{KPI-I-3-2} = \frac{\text{Number enrolled in postgraduate programs}}{\text{Total graduates of the cohort}}$$

Indicator #4: Graduation rate for Undergraduate Students in the specified period*

Percentage of undergraduate students completing the program within the minimum stipulated duration.

$$\text{KPI-I-4} = \frac{\text{Number of students completing program within minimum duration}}{\text{Total students in cohort}}$$

Indicator #5: Satisfaction of beneficiaries with learning resources*

Average satisfaction of beneficiaries on a five-point scale from an annual survey regarding:

- Adequacy and diversity of learning resources (references, journals, databases, etc.)
- Support services for resource utilization

$$\text{KPI-I-5-a} = \frac{\text{Sum of beneficiary evaluations on adequacy/diversity}}{\text{Number of beneficiaries surveyed}}$$

$$\text{KPI-I-5-b} = \frac{\text{Sum of beneficiary evaluations on support services}}{\text{Number of beneficiaries surveyed}}$$

Indicator #6: Employers' evaluation of the institution graduate's proficiency*

Average rating by employers on graduates' competencies using a five-point scale from an annual survey.



$$\text{KPI-I-6} = \frac{\text{Sum of employer evaluations on graduates' competence}}{\text{Number of employers surveyed}}$$

Indicator #7: Students' satisfaction with the offered services*

Average rating by students on the services provided by the program (cafeteria, transportation, sports facilities, academic counseling, etc.) using a five-point scale from an annual survey.

$$\text{KPI-I-7} = \frac{\text{Sum of student evaluations on services}}{\text{Number of students surveyed}}$$

Indicator #8: Ratio of students to teaching staff*

Ratio of total students to total full-time equivalent faculty members in the program.

$$\text{KPI-I-8} = \frac{\text{Total number of students}}{\text{Total number of faculty members}}$$

Indicator #9: Proportion of faculty members with doctoral qualifications*

$$\text{KPI-I-9} = \frac{\text{Number of faculty members with PhDs}}{\text{Total faculty members}}$$

Indicator #10: Proportion of teaching staff leaving the institution*

Percentage of faculty leaving the program annually for reasons other than retirement.

$$\text{KPI-I-10} = \frac{\text{Number of faculty leaving for non-retirement reasons}}{\text{Total faculty members}}$$

Indicator #11: Percentage of self-income of the institution

$$\text{KPI-I-11} = \frac{\text{Self-generated income}}{\text{Total institutional income}}$$

Indicator #12: Satisfaction of beneficiaries with technical services*

Average satisfaction on a five-point scale in terms of:

- a. Suitability
- b. Safety and confidentiality
- c. Availability and accessibility
- d. Maintenance and support services

Indicator #13: Percentage of publications of faculty members*

Percentage of full-time faculty members who published at least one research paper during the year.

$$\text{KPI-I-13} = \frac{\text{Number of faculty publishing } \geq 1 \text{ paper}}{\text{Total faculty members}}$$

Indicator #14: Rate of published research per faculty member*

$$\text{KPI-I-14} = \frac{\text{Total number of refereed and/or published research papers}}{\text{Total number of full-time faculty or equivalent}}$$

Indicator #15: Citations rate in refereed journals per faculty member

$$\text{KPI-I-15-x} = \frac{\text{Total citations in refereed journals for faculty member x}}{\text{Total research papers of faculty member x}}$$

$$\text{KPI-I-15} = \text{Average of KPI-I-15-x across all faculty members}$$

Indicator #16: Number of patents, innovations, and awards of excellence

Annual count of:

- a. Patents and innovative products
- b. National and international excellence awards received by students and staff



Indicator #17: Proportion of the research budget

- a. Ratio of research budget to total institutional budget
- b. Ratio of external research funding to total research budget

Indicator #18: Satisfaction of beneficiaries with community services

Average satisfaction on a five-point scale regarding community services provided by the institution.

Indicator #19: Percentage of faculty members and students participating in community activities*

Percentage of faculty and students participating in community service activities relative to the total number of faculty and students.

Indicator #20: Proportion of accredited programs Percentage of programs holding valid accreditation from recognized accreditation bodies relative to the total number of programs in the institution.

Chapter Six

Internal Review

6.1 Annual Internal Review System

The annual internal review is considered one of the most critical tools in the university-wide quality assurance cycle. Over the past years, the annual review process has undergone continuous improvement and development in response to internal and external changes affecting the University, as well as updates to accreditation policies by relevant authorities such as the ETEC. Despite these developments, the review has retained its core function as the primary instrument of the University's quality assurance and quality confirmation system across all units, serving as the optimal method to evaluate performance and improve inputs, processes, and outputs.

The annual internal review process begins with the preparation of a timeline by the Quality and Accreditation Department, which is then submitted to the University's Standing Quality Committee. This plan includes several key elements, including:

1. Identifying all academic and administrative units within the University subject to the review process.
2. Forming review teams and including new members annually as supporting staff.
3. Preparing schedules for electronic document review and on-site verification visits.
4. Developing electronic review templates based on the NCAAA standards for academic programs and administrative standards for departments and centers.
5. Developing on-site verification templates specifying questions and elements requiring verification according to the categories of beneficiaries that the internal review teams will engage with.
6. Training new review team members on the internal review process through workshops.

The review is then executed over a period of 4 to 6 weeks. Upon completion, the evaluation reports generated are reviewed by the Deanship's consultants and returned to the review teams for modification if necessary. Subsequently, a



detailed report is issued for each reviewed academic program or administrative unit, including evaluation results according to standards and criteria, along with specific improvement recommendations. The reviewed program or administrative unit responds to these recommendations by either accepting them and developing an implementation plan or proposing modifications with justifications.

Following this, a comprehensive internal review report is prepared, providing an analysis of the performance of all programs, colleges, and administrative units according to the standards and criteria, highlighting key strengths and opportunities for improvement at the University level. This report serves as the basis for honoring colleges and academic programs during the annual Quality Ceremony and informing University management and Council members of identified improvement opportunities. The Deanship also monitors the implementation of these recommendations in the subsequent year's internal review.

6.2 Internal Review Standards and Requirements for Academic Programs

Under the supervision of the University's Standing Quality Committee, the Quality and Accreditation Management has developed standards for evaluating and assessing the performance of all academic programs at the diploma, bachelor's, and postgraduate levels. These standards include key criteria, additional requirements, and procedures for program responses to the recommendations and conditions set by the NCAAA. Weights for each standard and requirement have been defined. Table 5 outlines the standards and criteria. For further details, refer to the **"Internal Review Guidelines at Mustaqbal University."**

Table 5: Standards and Criteria for Academic Program Review

Standard		Required Evidence and Documents
Standard 1. Program Management and Quality Assurance		
1-1	Program Management	
1-1-1	The program's mission and goals are consistent with the mission of the institution/college and guide all its operations and activities.	1. Updated Program Specification (including the mission) prepared according to the National Center's official templates and approved by the College Council, Department Council, or Reference Committee.

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Standard		Required Evidence and Documents
		<p>2. Minutes of the College Council, Department Council, or Reference Committee confirming the approval of the program mission and objectives.</p> <p>3. Correspondence or documents demonstrating stakeholder engagement (faculty members, students, alumni, employers, etc.) in formulating the program mission and objectives (e.g., surveys, interviews, workshops).</p> <p>4. Independent review report assessing the appropriateness of the program mission and objectives.</p> <p>5. Evidence of dissemination of the program mission and objectives (e.g., program handbook, college or department entrances, website).</p> <p>6. Approved annual survey report measuring stakeholders' awareness of the program mission and objectives, including their evaluation of clarity and relevance. The report must include statistical analysis identifying key strengths and improvement opportunities, action plans, and a progress report on plan implementation.</p> <p>7. Approved documents or reports demonstrating periodic measurement of program objectives based on the associated performance indicators.</p> <p>8. Reports or minutes of the College Council, Department Council, or Reference Committee showing the use of the program mission and objectives in institutional decision-making.</p>
1-1-2	The program has a sufficient number of qualified staff to perform its administrative, professional, and technical tasks, and they have defined tasks and authorities. *	<p>1. Regulations and criteria governing the selection and appointment of program leadership.</p> <p>2. CVs of the Department Chair, Program Director, committee heads, and unit coordinators within the program.</p> <p>3. Approved annual survey report (including faculty and student evaluations of program management) with statistical analysis identifying strengths and opportunities for improvement, action plans, and an implementation progress report.</p>
1-1-4	The program management monitors the achievement of its goals, and actions are taken for improvement.	<p>1. Updated and approved progress report showing the program's advancement toward its implementation plan, including performance indicator values for each objective, analysis of strengths and improvement opportunities, an action plan for recommendations, and an approved progress report from both the Department and College Councils.</p>



Standard		Required Evidence and Documents
		2. Independent review report assessing the extent to which the program mission and objectives have been achieved.
1-1-6	The program builds on the views of professionals and experts in the program specialization, contributing to its evaluation, development, and performance improvement.	<ol style="list-style-type: none"> 1. Appointment letters establishing the Program Advisory Board, ensuring representation of experts, specialists, professionals, employers of program graduates, students, faculty members, and quality committee representatives. 2. Sample correspondence, meetings, decisions, or minutes of the Advisory Board related to program development and performance improvement. 3. Approved progress report from the relevant councils documenting implementation of improvement recommendations issued by the Advisory Board.
1-1-8	The program management is committed to activating the values of scientific integrity, intellectual property rights, rules of ethical practices, and proper conduct in all academic, research, administrative, and service fields and activities. *	<ol style="list-style-type: none"> 1. Published regulations on intellectual property rights and approved ethical conduct guidelines for stakeholders (e.g., students, faculty, staff). 2. Professional Ethics Handbook for Field Experience Courses (Ethical Code). 3. Sample decisions or minutes of the Department Council or Reference Committee demonstrating the activation of ethical regulations and practices stipulated in the policies. 4. Independent review report related to this criterion.
1-2	Program Quality Assurance	
1-2-1	The program management implements an effective quality assurance and management system that is consistent with the institution's quality system.	<ol style="list-style-type: none"> 1. A resolution establishing the Program Quality Unit/Committee, including a clear description of its duties and authorities. 2. An approved Quality Manual issued by the relevant councils, providing a complete description of the quality system and mechanisms in the program and college, aligned with the university's quality system. 3. A sample of meeting minutes from the quality units/committees at the college and program levels. 4. The annual plan of the Quality Unit/Committee. 5. The annual report of the Quality Unit, detailing the extent to which the annual plan was achieved, its major accomplishments and activities, an analysis of strengths and opportunities for improvement, and an action plan for implementing the improvement recommendations in the report.

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Standard		Required Evidence and Documents
		6. A progress report on the implementation of recommendations issued by the internal review team and by national and international accreditation bodies.
1-2-2	The program analyzes the key performance indicators and the evaluation data annually, and results are used in planning, development, and decision-making processes. *	The program's annual report, comprehensive, updated, and approved (including the progress report on the implementation plan from the previous year), along with evidence confirming its presentation to and approval by the relevant councils.
Standard 2. Teaching and Learning		
2-1	Learning Outcomes	
2-1-2	The learning outcomes are consistent with the requirements of the National Qualifications Framework, academic standards, and labor market needs. *	Alignment report with the National Qualifications Framework. Alignment report with the Specialized Academic Standards. Documents demonstrating the role of employers in formulating the learning outcomes.
2-1-4	The program applies appropriate mechanisms and tools for measuring the learning outcomes and verifying their achievement according to specific performance levels and assessment plans. *	1. An updated and approved Program Specification (including the learning outcomes matrices, the mechanisms for measuring and evaluating outcomes, and the independent verification of student achievement).
2-2	Curriculum	
2-2-1	The curriculum design considers fulfilling the program goals and learning outcomes and the educational, scientific, technical, and professional developments in the field of specialization, and it is periodically reviewed. *	1. Report demonstrating the alignment of program learning outcomes with program objectives. 2. Mechanism for periodic review. 3. Handbook for developing the study plan and course specifications.
2-2-2	The study plan ensures the balance between the general and specialty requirements and between theoretical and applied aspects, and it considers the courses' sequencing and integration. *	1. A report providing a comprehensive analysis demonstrating that the study plan maintains a balanced distribution between general requirements and major requirements, integrates theoretical and practical components, and ensures proper sequencing and coherence among the courses. 2. Course sequence flowchart (Course Tree Diagram).



Standard		Required Evidence and Documents
2-2-4	The learning outcomes in the courses are aligned with the program learning outcomes (e.g., Matrix for aligning the learning outcomes of the courses with program learning outcomes).	1. An updated and approved Program Specification (including the matrix showing the distribution of program learning outcomes across the courses).
2-2-5	The program's teaching and learning strategies and assessment methods vary according to its nature and level and are aligned with its learning outcomes.	1. An updated and approved Program Specification. 2. A sample of updated and approved Course Descriptions (including the course learning outcomes matrix, teaching strategies, and assessment methods). 3. The independent review report related to this criterion.
2-2-6	The program verifies the effectiveness of field training and the quality of its supervision and follows up on the commitment of its operators to their mandated tasks according to specific mechanisms.	1. An updated and approved Field Experience Description (if applicable). 2. The approved mechanism for selecting and accrediting training centers, endorsed by the relevant authorities. 3. Independent review report related to this criterion.
2-2-7	The program ensures a unified application of its study plan as well as the program and the course specifications offered at more than one site (sections of male and female students and different branches). *	1. Description of the standardized courses across both tracks. 2. Reports of standardized courses between the two tracks, if available (including a comparison of performance across the tracks). 3. The program's annual report unified across both tracks, if available (including a comparison of performance across the tracks).
2-3	Quality of Teaching and Students' Assessment	
2-3-1	The program monitors the commitment of the teaching staff to the learning and teaching strategies and assessment methods included in the program and course specifications through specific mechanisms. *	1. Annual report from the Quality Unit demonstrating faculty compliance with the teaching strategies specified in the course descriptions, using peer review and examination of course portfolios. 2. Program survey report including items related to this matter.
2-3-4	The program applies mechanisms to support and motivate excellence in teaching and encourages	1. An implementation plan to support and promote excellence in teaching, encouraging creativity and innovation.

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Standard		Required Evidence and Documents
	creativity and innovation of the teaching staff.	2. A periodic report on the implementation of the above plan, including (for example) samples of incentives and a list of recipients who have been awarded incentives.
2-3-6	Effective procedures are used to control academic integrity at the program level to verify that the work and assignments of students are their own. *	<ol style="list-style-type: none"> 1. A report outlining the procedures to verify that students' work is their own, for example, through the use of plagiarism detection software. 2. Independent review report related to this criterion.
Standard 3. Students		
3-0-1	The program applies approved and disclosed criteria and requirements for the admission, registration, and graduation of students, the transition to another program, and the equivalent of what students have previously learned, commensurate with the nature of the program, and are applied fairly.	
3-0-2	The program provides essential information to students, such as study requirements, services, and financial fees (if any), through various means.	
3-0-3	Students are provided with effective academic, professional, psychological, and social guidance and counseling services through qualified and sufficient staff. *	<ol style="list-style-type: none"> 1. An updated resolution establishing the Student Advising Unit/Committee, including a clear definition of its duties. 2. An approved periodic report on the implementation of the Student Advising action plan. 3. A periodic report on the performance of the Academic Advising Unit/Committee, including statistical analysis of student advising surveys, identification of key strengths and improvement opportunities, action plans for implementing recommendations, and a progress report on the execution of these plans.
3-0-4	Mechanisms are applied to identify gifted, creative, talented, and underachieving students in the	1. An approved Academic Advising plan including programs to nurture, motivate, and support talented, creative, high-



Standard		Required Evidence and Documents
	program, and appropriate programs are available to care for, motivate, and support each group.	<p>achieving, and struggling students within the program.</p> <p>2. A periodic report on the performance of the Academic Advising Unit/Committee, including statistical analysis and evaluation of the mechanisms for identifying talented, creative, high-achieving, and struggling students, highlighting key strengths and improvement opportunities, with action plans for implementing recommendations and a progress report on the execution of these plans.</p>
3-0-5	Students in the program are offered extracurricular activities in various fields to develop their abilities and skills, and the program takes appropriate actions to support and motivate their participation.	<p>1. Resolution establishing the Student Club Unit, appointing a supervisor, and forming its council.</p> <p>2. Approved report on the implementation of the extracurricular activities plan, including statistical analysis and evaluation of methods to support and encourage student participation, identification of key strengths and opportunities for improvement, action plans for implementing the recommendations, and a progress report on the execution of these plans.</p>
3-0-6	The program effectively communicates with alumni, involves them in its events and activities, explores their views and benefits from their expertise and support, and provides updated and comprehensive databases about them.	<p>1. Resolution establishing a unit responsible for effective communication with alumni and maintaining updated alumni databases.</p> <p>2. The work plan of the above unit.</p> <p>3. Approved report detailing the extent of plan implementation, including its evaluation, statistical analysis of all communication mechanisms and activities with alumni, surveys of their opinions, identification of key strengths and improvement opportunities, action plans for implementing recommendations, and a progress report on the execution of these plans.</p>
3-0-7	Effective mechanisms are applied to evaluate the adequacy and quality of services provided to students and measure their satisfaction with them, and the results are used for improvement. *	<p>1. Approved report of program and course evaluation surveys, including an assessment of the services provided to students, statistical analysis identifying key strengths and improvement opportunities, action plans for implementing the</p>

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Standard		Required Evidence and Documents
		recommendations, and a progress report on the execution of these plans.
Standard 4. Faculty		
4-0-1	The program has an adequate number of faculty members at all sites where it is offered, and appropriate verification mechanisms are applied. *	<ol style="list-style-type: none"> 1. Benchmarking report with a comparable program, including a comparison of faculty adequacy in each track/branch of the program (if applicable), recommendations for improvement submitted to the relevant authorities, and a progress report on the implementation of these recommendations. 2. A needs assessment study detailing the required number of faculty members, their workloads, and distribution across the various specializations.
4-0-3	The teaching staff participate in academic, research, and scientific output activities efficiently and regularly, which is considered one of the criteria for their evaluation and promotion.	<ol style="list-style-type: none"> 1. Periodic report on faculty participation in academic activities such as conferences, seminars, research projects, and the review of theses and research papers. 2. Samples of completed faculty performance appraisal/promotion forms, including evaluation criteria related to participation in academic activities. 3. Faculty regulations concerning evaluation and promotion.
4-0-4	Teaching staff participate in community partnership activities; their participation in these activities is considered one of the criteria for their evaluation and promotion.	<ol style="list-style-type: none"> 1. Periodic report on faculty participation in community service/partnership activities. 2. Samples of completed faculty performance appraisal/promotion forms, including evaluation criteria related to participation in community service/partnership activities. 3. Faculty regulations regarding evaluation and promotion.
4-0-5	Teaching staff participate in professional and academic development programs per a plan that meets their needs and contributes to their performance development.	<ol style="list-style-type: none"> 1. The training plan for the program/college is based on a developmental needs survey of faculty members. 2. Progress report on the training plan, including an evaluation of the plan and attached samples of attendance certificates.
4-0-6	The performance of the teaching staff is regularly assessed according to specific and published criteria; feedback is	<ol style="list-style-type: none"> 1. Samples of completed faculty performance appraisals, including evidence that the faculty member has reviewed the



Standard		Required Evidence and Documents
	provided to them, and the results are used to improve the performance.	<p>evaluation and received feedback from the program/college administration.</p> <p>2. Approved periodic report on faculty performance in the program based on annual evaluations (functional and others), including statistical analysis identifying key strengths and improvement opportunities, action plans for implementing the recommendations, and a progress report on the execution of these plans.</p>
Standard 5. Learning Resources, Facilities, and Equipment		
5-0-1	The program ensures the adequacy and appropriateness of learning sources and services provided in accordance with its needs and student numbers and updates them periodically.	<p>1. Resolution establishing a unit responsible for managing learning resources in the college/program, specifying its responsibilities, duties, and operating procedures.</p> <p>2. Sample minutes of the unit's meetings.</p> <p>3. Approved manual of policies and procedures related to learning resources and educational services provided to students.</p> <p>4. Approved report of annual/semester surveys and opinion polls evaluating the adequacy, appropriateness, and effectiveness of learning resources from the perspective of stakeholders (faculty and students), including statistical analysis identifying key strengths and improvement opportunities, action plans for implementing recommendations, and a progress report on plan execution.</p>
5-0-3	Safety, environmental conservation, and hazardous waste disposal standards are applied efficiently and effectively, and all public and occupational health and safety requirements are made available in facilities, equipment, and educational and research activities. *	<p>1. Report from the relevant university departments confirming the program's compliance with safety standards, environmental protection, and the efficient and effective disposal of hazardous waste.</p> <p>2. Expert opinion report evaluating the efficiency and effectiveness of the program's implementation of safety and environmental protection standards.</p> <p>3. Report from the relevant university departments confirming the availability of all health and safety requirements in facilities, equipment, and activities.</p> <p>4. Actual semester evacuation plan for students, faculty, and staff, conducted with</p>

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Standard		Required Evidence and Documents
		<p>the presence of the relevant university departments.</p> <p>5. Report detailing how the program manages potential risks in its activities and facilities.</p>
5-0-4	The program has the appropriate technologies, services, and environment for courses offered through distance or e-learning according to their own specific standards.	<p>1. Resolution establishing a unit responsible for e-learning and distance education, specifying its duties and responsibilities.</p> <p>2. Sample minutes of the unit's meetings.</p> <p>3. Approved report of annual surveys/opinion polls evaluating stakeholders' (faculty and students) satisfaction with the technologies and services for courses offered electronically or via distance learning, including statistical analysis identifying key strengths and improvement opportunities, action plans for implementing recommendations, and a progress report on plan execution.</p> <p>4. Benchmarking report analyzing the adequacy and appropriateness of technologies and services for courses offered in the program, highlighting key strengths and improvement opportunities, with action plans for implementing recommendations and a progress report on execution.</p> <p>5. Independent review report related to this criterion.</p>
5-0-5	The program evaluates the effectiveness and efficiency of all types of learning resources, facilities, and equipment; the results are used for improvement.	<p>1. Approved report of annual surveys evaluating stakeholders' (faculty and students) feedback on learning resources, facilities, and equipment in terms of adequacy, suitability, maintenance, updating, and effectiveness, including statistical analysis identifying key strengths and improvement opportunities, action plans for implementing recommendations, and a progress report on the execution of these plans.</p>

3.6 Quality Standards for University Administrative Departments and Centers

Educational processes are supported and facilitated through various university departments, centers, and units, such as the Admissions and Registration Department, Human Resources Department, Scientific Research Center, Information Technology Department, and others. Ensuring the quality of these



departments and centers requires a thorough review and evaluation of all policies, procedures, activities, and interactions within each department/center to achieve quality outcomes. This, in turn, ensures the overall quality of all university activities across educational, research, and community service domains, facilitating institutional accreditation as well as program-specific academic accreditation. Ensuring the quality of departments and centers requires the following:

1. Clarity and transparency, providing accurate and accessible information to internal and external stakeholders.
2. Clear and precise objectives for each unit that align with its mission, which in turn should align with the university's mission.
3. Ensuring the availability of the necessary conditions to achieve the objectives of departments and centers effectively and maintaining them continuously.
4. Commitment and active engagement of all staff in quality assurance processes, with their effective participation in all related activities.
5. Inclusion of beneficiaries of these departments and centers in evaluation processes.

3.6.1 Standards

The following standards have been adopted to assess the quality of performance of departments and centers at MU:

1. Strategic Planning
2. Governance and Authority
3. Quality Management and Improvement
4. Stakeholder Support
5. Infrastructure and Facilities
6. Partnerships
7. Financial Planning and Management
8. Human Resources

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9. Community Relations

10. Outcomes

Evaluation of departments and centers against these standards is carried out by breaking down each standard into several sub-standards. Each sub-standard is further divided into a set of criteria that facilitate the evaluation process. Table 6 below details these standards, criteria, indicators, and evidence for assessing the quality of departments and centers.

Table 6: Standards, Criteria, Documents, and Evidence for the Quality of Administrative Departments and Centers

No.	Standard	Criteria and Requirements	Required Evidence and Documentation
1	(1) Strategies (60 points)	Strategic Plan (20 points)	- Minutes of strategic plan preparation. - Resolution approving the strategic plan by the University Administration.
2		Executive Plan for the Strategic Plan (20 points)	- Minutes and reports on the preparation of the executive plan. - Resolution approving the executive plan by the University Administration.
3		Sample Reports on Strategic Plan Project Achievements (20 points)	- Monitoring project completion. - Periodic project progress reports. - Approval of reports by the unit/center director.
4	(2) Management and Authority (100 points) (10 extra points for item 8)	Preparation of the Center/Department Manual (20 points)	- Updated manual. - Evidence of manual publication.
5		Preparation of the Annual Report (20 points)	- Reports including achievements, strengths, obstacles, improvement opportunities, and recommendations. - Operational plans for implementing recommendations.



No.	Standard	Criteria and Requirements	Required Evidence and Documentation
			- Retention of reports for the past three years.
6		Sample Minutes of Center/Department Council Meetings (20 points)	- Council meeting files signed by council members.
7		Female Staff Participation (if applicable) (15 points)	- Samples of appointment/assignment decisions for female staff. - Samples of appointment/assignment decisions for female staff in center/department sections.
8		Implementation of Policies and Regulations (25 points)	- Procedural manual for center/department policies and regulations. - Evidence of policy and regulation implementation.
9		Approved Reports from Center/Department Sections (10 points)	- End-of-year reports including achievements, strengths, obstacles, opportunities for improvement, and recommendations. - Plans for implementing recommendations. - Retention of reports for the past three years.
10	(3) Quality Management and Improvement (100 points) (15 extra points for item 13)	Existence of Quality Unit/Department (15 points)	- Resolution establishing the unit/department. - Resolution appointing a supervisor. - Resolution forming a quality committee in the center/department. - Clearly defined duties for all of the above.
11		Preparation of Quality Unit Manual (10 points)	- Quality manual. - Evidence of publication in print and on the center/department website.

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No.	Standard	Criteria and Requirements	Required Evidence and Documentation
12		Preparation of Annual Quality Plan (20 points)	<ul style="list-style-type: none"> - Annual quality plan. - Print and online publication. - Executive plan and progress report.
13		Developing and Implementing a Quality Culture Promotion Plan (15 points)	<ul style="list-style-type: none"> - Quality culture promotion plan. - Evidence of implementation (lectures, workshops). - Print and electronic publication of the plan in the center/department.
15		Establishing Quality Metrics for Center/Department Operations (20 points)	<ul style="list-style-type: none"> - Performance indicators for center/department activities. - Target values for each department.
16		Developing Continuous Improvement Mechanisms (20 points)	<ul style="list-style-type: none"> - Plans for implementing recommendations from annual reports. - Benchmarking with similar departments.
17		Environmental, Health, and Occupational Safety (15 points)	<ul style="list-style-type: none"> - Coordination with University Safety Department to ensure compliance (infection control, emergency exits, fire safety, accessibility, equipment safety). - Action plan for implementing safety improvement recommendations. - Approved evacuation and safety plan for the center/department.
18	(4) Stakeholder Interaction (120 points)	Beneficiary Records (30 points)	<ul style="list-style-type: none"> - Identification of beneficiaries and services. - Maintaining files for beneficiaries. - Documentation and samples of services provided.
19		Defining Stakeholder Relationship Requirements (25 points)	<ul style="list-style-type: none"> - Mechanism for stakeholder interaction. - Interaction templates.



No.	Standard	Criteria and Requirements	Required Evidence and Documentation
20		Procedures for Handling Stakeholder Suggestions (25 points)	- Analysis of interviews or survey results. - Action plan for proposed improvements.
21		Measuring Stakeholder Satisfaction (25 points)	- Random interviews with stakeholders. - Stakeholder satisfaction surveys. - Periodic application. - Analysis to identify strengths and gaps.
22		Stakeholder Satisfaction Improvement Plans (15 points)	- Improvement plan based on stakeholder feedback (interviews or surveys) and evidence of implementation.
23	(5) Infrastructure and Facilities (70 points)	Annual Report on Equipment Suitability (15 points)	- Evidence of coordination with Project and Maintenance Departments to assess suitability of facilities and equipment. - Coordination with Services Department. - Action plan for implementing recommendations.
24		Annual Needs Submission (15 points)	- Letter submitting annual requirements of the center/department.
25		Establishment of IT and Technical Support Unit (40 points)	- Resolution establishing the unit. - Resolution appointing staff. - Clearly defined duties.
26	(6) Partners (80 points)	Existence of Collaborators Participating in Committees (30 points)	- Samples of appointment/assignment decisions for external members in center/department committees.
27		Center/Department Partnerships and Coordination with Internal/External Entities (30 points)	- Sample correspondence with university faculties/departments. - Sample correspondence with external entities.

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No.	Standard	Criteria and Requirements	Required Evidence and Documentation
28	(7) Financial Planning and Management (80 points)	Partner Satisfaction Level (20 points)	- Partner satisfaction surveys. - Periodic application. - Analysis of survey results.
29		Preparation of Financial Plan and Budget (30 points)	- Copy of center/department financial plan.
30		Risk Management Procedures (30 points)	- Samples of quotations, invoices, account statements, checks, and receipts.
31		Financial Audit Procedures (20 points)	- Samples of checks and invoices. - Samples of payment/receipt vouchers, custodian records, and consumption reports.
32	(8) Human Resources (90 points)	Work Policies and Procedures (15 points)	- Manuals of internal policies and work regulations.
33		Recruitment and Contracting Procedures (15 points)	- Assignment and commencement records. - Samples of promotions, staff recruitment, and secondments.
34		Professional and Personal Development of Staff (20 points)	- Training requests and reports. - Opportunities for staff to complete studies. - Samples of additional diplomas earned by staff.
35			
36		Measuring Staff Satisfaction (30 points)	- Staff satisfaction surveys. - Survey implementation and analysis. - Evidence of implementing improvement recommendations.
37		Disciplinary Procedures (10 points)	- Publication and implementation of approved disciplinary regulations.
38	(9) Community Relations (50 points)	Defining Community Service Activities (20 points)	- Resolution establishing Community Service Unit. - Appointment of supervisor. - Defined duties.



No.	Standard	Criteria and Requirements	Required Evidence and Documentation
			- Unit's community service plan.
39		Documentation of Community Service Activities (20 points)	- Photos and samples of activities/projects conducted by the Community Service Unit.
40		Awards and Appreciation Letters (10 points)	- Samples of awards and appreciation letters from external entities.
41		Evaluation and Review of Operations (40 points)	- Approved list of performance indicators. - Self-assessment template. - Benchmarking with similar departments.
42		Documentation of Sound Financial Planning Results (30 points)	- Financial clearance reports. - Financial audit report.
43		Staff Training and Development (30 points)	- Trainee lists. - Training certificates. - Records of educational advancement.
44	(10) Center/Department Outcomes (250 points)	Sample Awards and Appreciation Letters (20 points)	- Awards and letters of appreciation from internal and external entities.
45		Collaboration with Partners (20 points)	- Samples of partnership transactions and analysis of outcomes (ref. criterion 27).
46		Staff, Stakeholder, and Partner Satisfaction (50 points)	- Report showing results and impact of satisfaction surveys of stakeholders, staff, and partners (criteria 21, 28, 36).
47		Use of Technology and Technical Support (40 points)	- Maintenance and updating of the center/department website. - Use of technology for communication (messaging apps, emails, social media).
48		Community Service Activities and Results (20 points)	- Community Service Unit report on activities conducted (criteria 38–40).
	Total		

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No.	Standard	Criteria and Requirements	Required Evidence and Documentation
	1000 points + 25 additional points		

2.3.6 Linking Administrative Quality Standards with ISO Standards

ISO 9001 specifies the requirements for the accreditation of a quality management system by an independent body. The standard defines “products and services” as applicable to services, processed materials, equipment, and software provided to the customer. Beyond the purpose, references, and definitions, ISO 9001 identifies ten key requirements related to activities that must be considered when implementing a quality management system:

1. Purpose
2. Reference
3. Definitions
4. Scope of the organization
5. Leadership
6. Planning
7. Support
8. Operations
9. Performance Evaluation
- 10.Improvement

A comparison of administrative quality standards with those applied in ISO 9001 shows their interrelation, as illustrated in Table 7:

Table 7: Correlation between Department and Center Quality Standards and ISO Standards

Notes	ISO 9001 Standards	1	2	3	4	5	6	7	8	9	10
1		X	X				X				X



2	Administrative Department Standards					X					
3										X	X
4								X	X		
5								X			
6								X			
7							X				
8								X			
9								X	X		
10									X		

- The “X” marks indicate which ISO 9001 standard corresponds to each administrative department quality standard.
- ISO 9001 standards are numbered 1–10 as per the previous section.

Chapter Seven

National Institutional Academic Accreditation

7.1 Education and Training Evaluation Commission

The ETEC was established in 1438 AH by Cabinet Resolution No. (94) as an independent legal entity with financial and administrative autonomy, reporting organizationally to the Prime Minister. Its organizational structure was updated in 1440 AH under Cabinet Resolution No. (108), further enhancing its role in evaluation, assessment, and accreditation of qualifications in education and training across both the public and private sectors.

ETEC aims to improve the quality and efficiency of these qualifications, ensuring they contribute effectively to the national economy and development. The Commission collaborates with all relevant national authorities to ensure and regulate the quality of educational and training institutions and programs in the Kingdom, as well as to align their outputs with labor market requirements. This supports the achievement of Saudi Arabia's Vision 2030 objectives and the Human Capability Development Program.

The Commission operates through several centers and committees, as illustrated in Section 1.7.

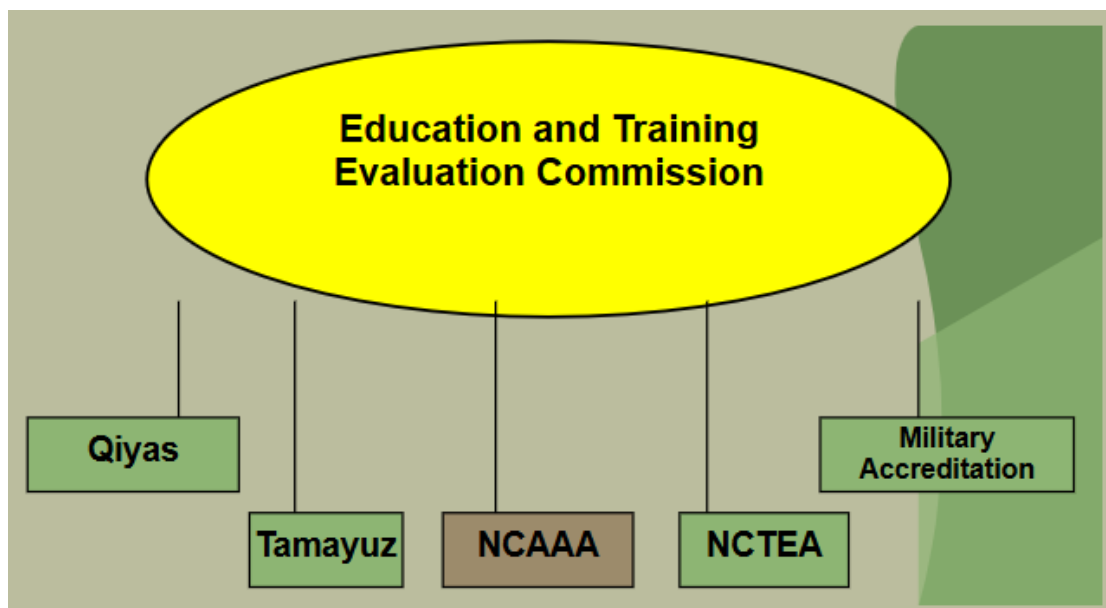


Figure 6: Centers and Committees of the ETEC



7.2 The NCAAA

The National Center for Academic Accreditation and Evaluation—formerly the National Commission for Academic Accreditation and Assessment—referred to as *NCAAA*, is one of the specialized centers under the ETEC in Saudi Arabia.

7.3 Types of Academic Accreditation

Accreditation is a systematic process for reviewing and validating academic quality. It requires that the strategies and activities of educational institutions or programs be evaluated by an independent agency, whether national or international. The NCAAA provides two types of academic accreditation:

- a) **Institutional Accreditation**
- b) **Program Accreditation**

7.4 Benefits and Importance of Academic Accreditation

For Students:

- Accreditation helps students choose a university and understand its reputation.
- It assures employers that graduates are qualified and possess the competencies required by the labor market.
- It increases opportunities for graduates of accredited programs to pursue postgraduate studies.

For Educational Institutions:

- The primary advantage of institutional accreditation is its role in building institutional reputation, strengthening the sense of pride and belonging among its members.
- Accreditation enhances the institution's prestige and visibility, supporting the recruitment of distinguished faculty and high-achieving students.

For Employers and Business Leaders:

- Accredited institutions and academic programs provide employers with a clear indication of the qualifications, skills, and professional behaviors of potential employees before recruitment.

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- International accreditation facilitates mobility by enabling the global recognition of qualified and skilled professionals.

For the Nation:

- National and international accreditation—based on rigorous quality standards—helps position the country as an attractive destination for students seeking higher education.
- Accreditation contributes to promoting educational tourism.
- It supports the country's image as a source of highly qualified professionals capable of competing in global markets.

7.5 Required Documents and Evidence for the Review Visit

Required Documents for Review Visit (Institutional Accreditation)

I. Institutional self-study Report:

N	Documents	Notes
1	Institutional Self-Study Report	The SSRI evidence should be sorted by the Standards, ensuring all the attachments are coded/labeled and consistent with the report.
2	SSRI evidence	

II. Attachments:

Essential Documents

The following Essential documents need to be attached to the self-study report. SSRI should be related to the standards.



N	Documents	Nots
1	Strategic Plan	
1.1	Strategic Plan of the institution and its progress reports, and analysis of its performance indicators (Including scientific research activities and community partnership)	Including reports for the last two years and an analysis of the performance indicators' results. <ul style="list-style-type: none">• In case an updated plan has been implemented for a year, the report for that year should be submitted to the updated/revised plan, and the final report of the previous plan should be attached.• If an updated plan has not been implemented yet, the last two reports of the previous plan should be submitted.
2	organizational manual, policies, and procedures for the institution	
2.1	Policies and procedures	The organizational structure includes tasks, authorities, and job descriptions.
2.2	Organizational structure	
3	Institutional quality assurance system and its performance reports	
3.1	Institutional quality System Manual	<ul style="list-style-type: none">• The identification guides (handbooks) provided to students, teaching staff, and employees, each including:<ul style="list-style-type: none">○ Identification of the institution and its programs○ Admission and Registration○ Study regulations and tests○ Orientation and guidance services○ Rights and duties○ Recruitment and promotions, Complaints and grievances• The KPIs and Benchmark Reports (KPIs specified by NCAAA) for the last three years.• Stakeholders Surveys Report (students, graduates, employers, faculty, employees) for the last two years.
3.2	Handbooks	
3.3	Key Performance Indicators and Benchmarking	
3.4	Follow-up reports of the institution's quality system implementation.	
3.5	Report the results of the opinion survey to stakeholders.	
4	Teaching and Learning Quality System:	
4.1	Policies and procedures guide for approving and amending academic programs and courses. (Including a matrix of authorities at all levels)	<ul style="list-style-type: none">• In case there is an update for any academic program during the previous four/five years (according to the program period), the institution must attach copies of the old and updated program plan.• Programs' specifications and their annual reports:<ul style="list-style-type: none">○ Program specifications for all programs○ Annual reports for programs that graduated
4.2	Study plan for all programs	

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4.3	programs specifications and their annual reports	<p>students (for the last two years)</p> <ul style="list-style-type: none"> • Course specifications for all programs and their reports (for the last two years) ... A sample of each program includes the following courses: <ul style="list-style-type: none"> ○ University requirement (one course) ○ College requirement (one course) ○ Program requirement (two courses, one from the first levels and the other from the final levels) ○ Field training course (if any) <p>In addition to a report for the last two years for the same courses that have been selected</p> <ul style="list-style-type: none"> • The Learning Outcomes assessment system includes: <ul style="list-style-type: none"> ○ A guide or plan for measuring learning outcomes. ○ Graduate Assessment Report (for the last two years) ○ learning assessment outcomes reports for academic programs (a representative sample of all majors; not less than 50% of the programs graduated in each specialty). • Introductory handbooks/manuals and follow-up reports for the following systems: <ul style="list-style-type: none"> ○ The electronic system for keeping and documenting student records ○ The electronic system collects and analyzes data and information for all academic and administrative units. <p>The electronic learning management system.</p>
4.4	Course specifications and its report	
4.5	Learning Outcomes assessment system	
4.6	Institution electronic systems for collecting, analyzing, and saving data	

B. Optional attachments (if any)

N	Documents	Notes
1	The independent opinion	The independent opinion report and the institution's response to recommendations



7.6 Institutional Academic Accreditation Standards by the NCAAA

Institutional academic accreditation is granted to an institution based on an evaluation conducted in light of eight standards recommended by the NCAAA. The standards, along with their sub-standards and criteria, are presented in Table 8.

Table 8: Institutional Academic Accreditation Standards by the NCAAA

1	<p>Vision, Mission, and Strategic Planning</p> <p>The institution must have a clear strategic plan aligned with national trends, which directs planning and decision-making and works in all academic and administrative units. The institutional performance must be monitored and assessed based on key performance indicators.</p>
1.0.1	The institution implements a clear strategic plan that is consistent with national trends and includes a vision, mission, and strategic objectives. The strategic plan must be approved by the Supreme Council of the Institution and publicized.
1.0.2	The strategic plan guides all of the institution's operations (e.g., operational planning, decision-making, resource allocation, and academic program development).
1.0.3	The institution follows up on the extent to which the strategic plan is implemented through specific mechanisms, prepares periodic reports on its progress, and develops and adjusts it as needed based on the review results, assessment process, and changing circumstances.*.
2	<p>Governance, Leadership, and Management</p> <p>The institution must have governance systems that ensure its effectiveness and efficiency and implement policies, regulations, and procedures supporting its mission, goals, and strategic and operational plans. The institution must have a clear and functioning organizational structure with defined authorities and responsibilities for all jobs. The institution must have a leadership style and an administrative system based on planning, implementing, reviewing, and improving with follow-up. It must apply quality systems that achieve continuous performance development in a framework of integrity, transparency, equality, and fairness in a supportive institutional environment.</p>
2.1	The Organizational Structure, Governing Councils and Committees
2.1.1	The institution's organizational structure is consistent with its mission, goals, scope of

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	activities, and size.
2.1.2	The institution adheres to an organizational guide that includes a clear and articulated structure and a complete job description with a definition of duties and authorities.
2.1.3	The institution is managed by councils, Standing and temporary committees that are formed in accordance with specific and declared regulations, and their responsibilities and authorities are defined with an appropriate representation of the male and female sections and the branches.
2.1.4	The institution implements clear mechanisms to assess the efficiency of the councils and committees and enhance their performance.
2.2	Leadership and Management
2.2.1	The institution implements a published and transparent system that ensures the recruitment and selection of appropriately qualified academic and administrative leaders, the development of their capabilities and the preparation of future leaders.*
2.2.2	The leaders enable the participation of all stakeholders (e.g., students, teaching staff, and employees) in decision-making processes.
2.2.3	The leaders work to create a positive organizational climate and work environment, encourage initiatives and development proposals, and motivate outstanding performance and creativity throughout the institution.
2.2.4	The institution implements accountability mechanisms and assesses leaders' performance at all levels according to specific and published standards.
2.3	Systems, Policies, and Procedures
2.3.1	The institution applies comprehensive, approved, and published policies for institutional activities that support and contribute to national trends.
2.3.2	There is an institutional system for reviewing policies and procedures, ensuring their effectiveness, and developing them.
2.4	Quality Assurance Management
2.4.1	The institution has an effective quality assurance and management system covering all its activities and units and is directly linked to the senior management.
2.4.2	All stakeholders (e.g., teaching staff, employees, students) participate in quality assurance processes.
2.4.3	The institution utilizes a centralized system for collecting, documenting, analyzing, managing, and reporting data related to its various activities. *
2.4.4	The Institution develops its performance and that of its academic and administrative units by drawing on the results of the benchmarks and according to key performance indicators.*



2.4.5	The institution uses the results of measuring satisfaction rates and performance assessments at all levels to provide feedback and continuous development and improvement.
2.4.6	The institution develops its performance in the light of the results of research and developmental studies.
2.4.7	The quality assurance system is subject to continuous assessment and improvement.
2.5	Integrity, Transparency, and Ethics
2.5.1	The institution applies mechanisms that ensure fairness, equality and integrity in all its practices (e.g. recruitment, performance evaluation, promotion and professional development processes).*
2.5.2	The institution has a system that ensures the adherence of its employees to intellectual property, publishing rights, and the values of scientific integrity.
2.5.3	The institution has policies and procedures that clearly define how to handle complaints, appeals, and disciplinary procedures, which are observed, monitored, and evaluated.
3	Teaching and Learning The institution must have clear and effective policies and procedures to design, approve, and assess academic programs and courses. The planning of the programs must contribute to the achievement of the institution's mission and goals. The institution must define the graduate attributes at the institution level and learning outcomes at the program level that align with its mission and the National Qualification Framework. The institution must have an effective system that ensures high standards of teaching and learning in all offered programs and that the quality of teaching and learning is regularly monitored through appropriate mechanisms and periodically reviewed for further development.
3.1	Design and Development of Academic Programs
3.1.1	The institution implements clear and announced policies and procedures for the design, approval, or amendment of academic programs and courses, including the identification of related responsibilities and authorities at all levels *
3.1.2	The institution ensures that its academic programs at all levels meet the standards and requirements of the National Qualifications Framework, the Saudi Standard Classification of Educational Levels and Disciplines, and specialized academic standards and meet the needs of beneficiaries, the labor market, and society. *
3.1.3	The institution implements clear and published regulations, policies, and procedures governing all aspects of assessment (e.g., test specifications and grade distributions).
	The institution has appropriate standards and regulations that ensure the quality of

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3.1.4	field training activities in the academic programs and ensure that the academic programs comply with them.
3.1.5	The institution plans extracurricular activities that are aligned with its goals, integrated with its academic programs, and supports students' personal and professional development.
3.2	Graduate Attributes and Learning Outcomes
3.2.1	The institution defines its general graduate attributes that are consistent with its mission, educational goals, development requirements, and labor market, and they are approved and publicized.
3.2.2	The institution ensures that academic programs have identified students' learning outcomes linked with the institution's graduate attributes and aligned with specialized academic standards and domains of learning in the National Qualification Framework.
3.3	Academic Programs Quality Assurance and Enhancement
3.3.1	The institution applies clear policies and procedures to ensure the quality of the educational process, including reviewing, evaluating and improving academic programs and courses at all levels and on a regular basis. *
3.3.2	The institution applies systems and procedures to monitor and assess the extent to which intended learning outcomes at all levels are achieved.
3.3.3	The institution applies effective procedures to verify the availability and quality of electronic services and the appropriate environment for programs and courses offered according to the e-learning model and distance learning pattern and meets the criteria for such a pattern.
3.4	Educational Partnerships (if any)
3.4.1	The institution applies specific controls and procedures to ensure the quality of educational partnership programs, including the fulfillment of the standards of the National Center for Academic Accreditation and Evaluation (NCAAA), the standards and requirements of the National Qualifications Framework, and the standards for students' achievement and services provided to them are fully complied with.
3.4.2	The institution regularly assesses the effectiveness of partnerships and makes appropriate decisions accordingly.
3.5	Graduate Programs
3.5.1	The institution applies mechanisms to verify that learning outcomes and study plans are appropriate for the level and nature of the qualifications in graduate studies, that they are consistent with academic and professional standards, and that they adhere to the requirements of the National Qualification Framework. *
3.5.2	The institution ensures the availability of sufficient faculty members with the appropriate qualifications and experience for graduate programs.



3.5.3	The institution monitors the commitment of graduate programs to the approved admission criteria and requirements.
3.5.4	The institution implements a system and mechanisms to follow up on the progress of graduate students and their progress rates and provide them with the necessary support and commitment of faculty members to their tasks and responsibilities.
3.5.5	The institution applies a system and mechanisms to assess the efficiency of the graduate programs and the quality of their outputs with the participation of the stakeholders, and the results are used for enhancement and development.
3.6	Learning Resources
3.6.1	The institution implements effective mechanisms that ensure adequate quantitative and qualitative learning resources and related services are provided based on the needs of programs and all stakeholders and that they are available at sufficient and appropriate times.*
3.6.2	The institution implements mechanisms and procedures for efficiently managing the learning resources and provides adequate and appropriate numbers of qualified staff.
3.6.3	The institution has databases and appropriate electronic systems that allow stakeholders to access the information sources, research materials, and scientific journals from within or outside the institution.
3.6.4	The institution implements effective mechanisms for assessing learning resources, library services, facilities, and equipment and periodically develops and updates them based on stakeholder feedback and program needs.
4	Students Policies and regulations governing students' admission must be transparent, fair, and published widely. The institution must have an effective electronic system to manage and secure students' records. The rights and duties of students must be specified, published, and adhered to. The institution must establish rules of good conduct and transparent and fair disciplinary, grievance, and appeals procedures. The institution must provide effective mechanisms for guidance and counseling, and provide all the services needed by students equally, taking into consideration people with disabilities. The institution must have an effective policy to benefit from graduates' opinions and adopt programs for taking care of international students, if any, and their needs.
4.1	Student Admissions
4.1.1	The institution is committed to implementing policies and standards governing the students' admission, transfer, and credit equivalency, and it also distributes students to academic programs according to specific, fair, and published mechanisms.*
	The institution monitors the students' progress during their studies and their meeting of

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4.1.2	the requirements of graduation and provides them with an effective electronic system to manage admissions and registration processes with the appropriate ease and speed.
4.1.3	The institution makes available all information related to the types of programs and courses it provides, as well as their mode of instruction, financial costs, services, etc., by various means so that they are accessible to everyone before the application for admission.
4.1.4	The institution applies clear policies and rules for managing students' records, which define their content, mechanisms of protection, preservation, confidentiality, and accessibility, with the provision of backup copies.
4.1.5	The student record system provides the statistical data to the related parties at the institutional and program levels required for planning, reporting, and quality assurance processes (e.g., ratios of students who are transferred, withdrawn, under probation, droppers, and deferred).
4.2	Student Rights and Responsibilities
4.2.1	The institution identifies students' rights and responsibilities and the regulations governing their application, orients students to them, and explores students' views on their implementation and effectiveness.
4.2.2	The institution adopts appropriate representation of students in the relevant councils and committees.
4.2.3	The institution applies effective mechanisms to preserve the rights of people with disabilities.
4.3	Guidance and Counselling
4.3.1	The institution applies an effective and comprehensive system to provide guidance, counseling, and orientation services in accordance with specific plans and programs through qualified, adequate, and appropriate staff; it also establishes appropriate mechanisms for monitoring their implementation.
4.3.2	The institution provides effective academic, psychological, vocational, and social guidance services and programs for students to suit their needs, according to simple, flexible, and confidential procedures.
4.3.3	The institution applies appropriate mechanisms to identify gifted, talented, creative, and underachiever students; it also develops programs for caring for each category, including motivation and support.
4.3.4	The institution periodically develops students' guidance and counseling services based on the results of evaluating and measuring students' satisfaction with them.
4.4	International Students
4.4.1	The institution applies effective mechanisms to attract distinguished international students and adopts specific criteria for their selection and acceptance.



4.4.2	The institution provides programs that support the adaptation of international students to the institution's community, provides them with social and health care and an appropriate educational environment, and tracks their academic progress.
4.4.3	The institution periodically assesses systems, programs, and services related to international students (such as scholarship programs, etc.), ensuring continuous improvement.
4.5	Students' Services and Activities
4.5.1	The institution is committed to providing the necessary services to all students according to their needs and numbers, including appropriate emergency health care services *
4.5.2	The institution monitors the quality of services provided to students through effective mechanisms, including measuring their satisfaction with the quality and adequacy of services, and that contributes to the continuous enhancement processes.
4.5.3	The institution develops plans for student activities consistent with its mission and goals, involving students in their preparation, defines mechanisms for implementing these plans, and allocates appropriate resources for them.
4.5.4	The institution takes the necessary mechanisms to organize and motivate students to participate in various student activities, monitors the extent of their participation and satisfaction rates, and improves their quality.
4.5.5	The institution encourages students' creativity and innovation and allows them to conduct entrepreneurial activities.
4.6	Alumni
4.6.1	The institution adopts various mechanisms and means to explore the alumni's opinions and experiences and measure the knowledge appropriateness, skills, and competencies they have acquired to meet the requirements of the employment organizations and their professional performance.
4.6.2	The institution supports its relationship with the alumni, including international students, by engaging them in its public and academic events and developmental plans, providing them with appropriate services, and investing their professional and occupational expertise in enhancing institutional and academic performance.
5	Faculty and Staff The institution must have a sufficient number of teaching staff and employee with the appropriate qualifications and expertise to carry out their responsibilities properly and must provide them with the necessary support and appropriate professional development programs. The institution must assess their performance periodically and use the results for improvement.
5.1	Employment and Retention
	The institution plans to recruit qualified and appropriately experienced teaching staff

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5.1.1	and employees based on its needs and applies fair and published policies and procedures for recruitment, nomination, employment, and termination of services.
5.1.2	The institution implements effective mechanisms to verify the validity and credibility of the candidates' qualifications and experience and the reputation of the institutions from which they have obtained their qualifications.
5.1.3	The institution has a sufficient number of teaching and administrative staff and technicians with appropriate qualifications to carry out its various tasks.*
5.1.4	The institution applies appropriate standards and procedures when using the services of adjunct and part- time teaching staff and considers the balance in proportion to the appointed full-time faculty.
5.1.5	The institution applies appropriate mechanisms to retain competent teaching staff and employees, provides appropriate care and services to them, and evaluates and improves such services.
5.2	Professional Development and Evaluation
5.2.1	The institution offers effective programs to orient and train the new teaching staff, provide professional and academic support, and stimulate their participation in research and educational activities.
5.2.2	The institution provides teaching staff and employees with fair and appropriate professional and personal development opportunities.
5.2.3	The institution applies mechanisms to ensure the continuous participation of faculty in scientific research and professional activities.
5.2.4	The institution implements an effective, published system for evaluating teaching staff and employees' performance, provides them with feedback, and uses it to improve their performance.*
6	Institutional Resources The institution must have adequate financial resources and the physical and technical infrastructure to support its activities and operations at all its main campuses and branches. These resources must be managed in an efficient manner and comply with the rules and regulations. The institution must verify, through periodic evaluation processes, that its resources are adequate to ensure the quality of its educational programs and support continuous improvement and that it has an effective system for safety and risk management.
6.1	Financial Resources and Budget
6.1.1	Financial planning and budgeting processes are linked to the institution's strategic objectives and priorities, identify financial risks and mechanisms for dealing with them, and are prepared with the participation of relevant stakeholders.
6.1.2	The institution acts to diversify its sources of income according to appropriate and effective strategies.



6.1.3	The institution implements mechanisms that ensure the financial needs of all its academic and administrative units are responded to smoothly and expeditiously.
6.1.4	The institution applies effective mechanisms to raise expenditure efficiency.
6.2	Information Technology
6.2.1	The institution provides adequate technical infrastructure and equipment that suit its academic, educational, and administrative needs.*
6.2.2	The institution applies appropriate information security systems at the institutional and individual levels.
6.2.3	The institution provides the necessary training and technical support to all users of communication and information technologies.
6.2.4	The institution establishes codes of conduct to regulate the ethical use of its technical resources and verifies compliance with them.
6.2.5	The institution uses information technology systems that are integrated and reliable (e.g., having limited errors and failures) and have adequate capacity and performance speed.
6.2.6	The institution regularly assesses the efficiency of its technical equipment, and the results are used for improvement and development.
6.3	Facilities and Equipment
6.3.1	The institution identifies its current and future needs for facilities and equipment with the participation of relevant stakeholders, develops comprehensive plans for their provision, ensures their sustainability and periodic maintenance, and links that to its strategic and financial plans.
6.3.2	Adequate facilities and equipment are available for people with disabilities.
6.3.3	The institution provides the necessary facilities for practicing cultural, sports, and other extracurricular activities, as well as the facilities required for praying, food services, studying, and resting.
6.3.4	The institution ensures that all health, hygiene, and environmental requirements in facilities and equipment are met.
6.3.5	The institution regularly assesses the quality of the facilities and equipment, and the results are used for improvement and development.
6.4	Safety and Risk Management
6.4.1	The institution has a comprehensive risk management plan, which includes the level of risk according to its priorities, with appropriate mechanisms and resources to operationalize it.
6.4.2	The institution implements safe mechanisms for the disposal of hazardous waste.
6.4.3	The institution assesses risk management processes and procedures, and the results are used for improvement and development.

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6.4.4	The institution implements systems to ensure professional safety for the establishments and individuals according to approved standards and provides training on these systems.
7	<p>Research and Innovation</p> <p>The institution must have specific research and innovation activities plans that reflect its strategic directions and conform to its scope and mission. The institution must provide the necessary resources for these activities. It must provide appropriate support for faculty, students, and staff to carry out their roles in these activities. The institution must monitor and document its research and innovation activities, prepare periodic reports, and take the necessary actions for improvement and development.</p>
7.1	Planning and Management of Research
7.1.1	The institution establishes a specific and published plan for research activities, consistent with its mission and goals, contributes to the achievement of the national trends and developmental priorities, and pursues its application*
7.1.2	The institution implements policies and procedures that ensure proportionate opportunities for research in all its units, branches, and specialized sectors and verifies effective participation therein.
7.1.3	The institution has implemented policies and procedures to protect intellectual property rights and ensure researchers' commitment to the research disciplines and ethics.
7.1.4	The institution has an up-to-date and publically available database for the research production of its employees.
7.1.5	The institution applies appropriate mechanisms to measure its research production according to specific performance indicators in all its units and branches, prepares annual reports, and uses the results for improvement and development. *
7.2	Support of Research and Innovation
7.2.1	The institution applies various mechanisms to develop and motivate teaching staff and students' research and innovation skills.
7.2.2	The institution allocates sufficient budget to enable the achievement of its research plan.
7.2.3	The institution provides the appropriate environment for research, including information resources, databases, facilities, equipment, software, and services and supporting procedures.
7.2.4	The institution provides a supportive environment for innovation and creativity, as well as the investment and marketing of its research products.
7.2.5	The institution applies mechanisms to support participation and cooperation in research and innovation with government and private industrial and professional sectors, universities, and research institutes and centers at the local and international levels.



7.2.6	The institution encourages students to participate in appropriate research projects and activities and recognizes their efforts.
8	Community Partnership The institution must have specific plans and mechanisms for community partnership that reflect its strategic directions, conform to its nature and mission, and support the effective participation of its teaching staff, students, and employees. The institution must establish effective cooperative relations with the local and international community, professional bodies, and the various labor market sectors. The institution must document its activities, follow up on the effectiveness of community partnerships, and improve and develop it.
8.0.1	The institution applies clear community partnership policies commensurate with its mission, objectives, and community needs, formulates appropriate operational plans, and has its employees implement them.
8.0.2	The institution implements specific mechanisms to monitor and evaluate the effectiveness of its community partnership activities according to specific performance indicators that contribute to improving the performance.
8.0.3	The institution provides the opportunity for employers and professional bodies to participate actively in the planning and development of institutional and program performance and to support their activities.

* Essential Criteria

7.7 Mustaqbal University's Experience with Institutional and Programmatic Accreditation

Official Institutional Accreditation Project

The university embarked on the institutional accreditation project at the beginning of the 2019–2020 academic year.

Project Achievements

- Development of the implementation plan for the external reviewers' recommendations, its approval by the Standing Committee for Quality and Accreditation, and initiation of execution.
- Completion of the quality assurance system for academic programs.
- The university obtained *conditional institutional accreditation* from March 2022 to February 2024.
- Preparation of many bachelor's programs for national programmatic academic accreditation.

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- The Computer Engineering Program received *conditional programmatic academic accreditation* for two years, ending on 31 March 2026.
- The Law Program received *conditional programmatic academic accreditation* for two years, ending on 30 April 2026.



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