جـامـعـة الـفـجـيـرة
FUJAIRAH UNIVERSITY

POLICIES AND PROCEDURES MANUAL

Fujairah University Policies & Procedures Manual

A. Master Document Control Table

Field	Details
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B. Digital Document Governance Statement

This manual is maintained under FU's **Policy Management Workflow** using:

- Version control
- Document change history
- Annual audit log (QA-IEA)
- Public-facing and internal-facing policy access tiers
- Secure archival and retrieval process

C. Mandatory Review Triggers

A policy revision process is automatically initiated when:

Trigger Event	Example
UAE MoE / CAA regulatory change	Updated admissions/teach-out/intellectual property directives
OBEF metric restructuring	KPI or data submission modifications
Risk management finding	Internal audit or incident report
Strategic plan revision	New FU initiatives, programs, or governance changes
Legal changes	UAE Federal Law on Employment, Data Protection, Cybersecurity

D. Related Institutional Systems

This manual integrates and aligns with:

Area	Systems
Document Lifecycle	FU Governance Portal, SharePoint DMS
Institutional Data	CHEDS, Master API, OBEF Dashboards
Risk and Internal Audit	FU Risk Register, CAP Monitoring System
Accreditation Evidence	Self-Study Repositories, Course File Library

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I. Governance and Management

The Fujairah University (FU) is committed to pursuing an efficient and effective execution of academic, administrative, student, and institutional research services to cater to the needs of the institution and the community. Its extreme role in context as a higher education institution to fundamentally deliver the effective implementation of services is given effect in the herein university Policies and Procedures Manual (PPM), aligned with the **Framework for the Compliance Inspection of Higher Education Institution (Ministry of Education, 2021), Commission for Academic Accreditation (CAA) Standard 2019** and other relevant regulations by the **Ministry of Higher Education and Scientific Research (MoHESR**). This Policy shall serve as a reference guide and authoritative on the university's operations for all faculty, staff, students, and clients.

A. Mission Development, Approval, and Review

The PPM contains policies, procedures, and guidelines on a range of issues concerning *governance and management; quality assurance, educational programs; research and scholarly activities; faculty and professional staff; students; health safety, and environment; learning resources; fiscal resources, financial management, and budgeting; legal compliance and public disclosure; and, community engagement* that have been approved by the Board.

The policies, defined in the manual, are considered long-term rather than transient applications, though they are subject to customary review and updated according to the university's requirements and the Standards. Below are the bases of policy approval:

1. Relevant policies are approved by the Board of Trustees (BOT). Policies with long-term applications are eligible for inclusion in the Manual.
2. The development of policies is assigned to the individual head or officer of each academic and administrative department at the University, as well as to working standing committees, in consultation with relevant stakeholders, including Deans and Directors, faculty and staff, the student body, and the advisory board, as necessary.
3. The President is authorized to approve minor revisions to the Policies and Procedures Manual, provided these modifications do not substantially alter the fundamental objective of the policy or procedure.

1. Policy on Mission Development, Approval, and Review (1.2A)

Purpose

This policy establishes a formal and systematic process for the **development, approval, communication, and periodic review** of the University's **Mission Statement**. It ensures that the mission clearly articulates the University's purpose, aligns with the **Vision**, reflects national higher-education priorities, and supports the **Outcome-Based Evaluation Framework (OBEF v10.21)**, the **Commission for Academic Accreditation (CAA) Standards 2019**, and the **UAE Vision 2031**.

I. Scope

This policy applies to all institutional entities — academic, administrative, research, and community-engagement units — and governs the formulation and periodic review of the **University Mission** as well as any mission statements of colleges, centers, and departments derived therefrom.

II. Policy Statement

The Fujairah University's Mission defines its **fundamental purpose**, identifies the **communities it serves**, and states its **commitment to academic excellence, research, innovation, employability, and societal impact**.

The mission provides the foundation for strategic planning, decision-making, budgeting, and performance assessment at all institutional levels.

Mission development and review shall be:

1. **Participatory** – involving representation from governance bodies, leadership, faculty, staff, students, alumni, and external stakeholders.
2. **Evidence-based** – guided by institutional research, benchmarking, and alignment with national and international frameworks.
3. **Periodic** – reviewed at least every three (3) years, or as mandated by the Ministry of Education or Board of Trustees.
4. **Approved and Promulgated** – through established governance channels, ensuring transparency and institutional accountability.

III. Policy Objectives

1. To establish a structured process for drafting, approving, and reviewing the University Mission.
2. To ensure alignment of the Mission with:
    - **UAE Vision 2031 and Fujairah Plan 2040**;
    - **National Higher Education Strategy 2030**;
    - **CAA Standards (2019)** and **OBEF v10.21** Pillars;
    - International benchmarks (ISO 21001:2018, EFQM 2025).
3. To provide a clear framework for the **communication and implementation** of the Mission across all academic and administrative functions.

IV. Governance and Responsibilities

Governance Body / Office	Roles and Responsibilities
President	• Provides strategic executive leadership and institutional direction. • Ensures the Mission aligns with UAE national priorities, the Emirate of Fujairah's vision, and FU's long-term strategic goals. • Reviews and endorses the proposed Mission following QA-IEC recommendation. • Submits the Mission to the Board of Trustees (BoT) for approval. • Ensures Mission integration into planning, budgeting, accreditation, and institutional reporting systems.

Board of Trustees (BoT)	• Holds final authority for approval of the University Mission pursuant to CAA Standard 1 and governance mandate. • Ensures Mission reflects institutional identity, strategic direction, and regulatory compliance. • Approves Mission revisions based on the President's recommendation and QA-IEC review. • Oversees Mission alignment with financial stewardship, sustainability, and long-term institutional competitiveness.
Executive Director, Quality Assurance & Institutional Effectiveness Affairs (QA-IEA)	• Leads institutional Mission development and review processes in line with CAA Stipulation 1.1, MOE HE Framework Standard 2, and ISO 21001:2018. • Coordinates internal and external benchmarking, stakeholder input, consultations, and evidence gathering. • Ensures Mission linkages to Vision, Strategic Plan, KPIs, NQF/QFEmirates requirements, and OBEF v10.21 Pillar 6. • Submits formal Mission review reports and recommendations to the QA-IEC and President.
Quality Assurance & Institutional Effectiveness Council (QA-IEC)	• Reviews and validates Mission drafts and proposed revisions for regulatory compliance, strategic alignment, and performance-based rationale. • Verifies Mission alignment with Vision, Strategic Plan, Program Learning Outcomes, and Key Performance Indicators (KPIs). • Ensures consultation evidence, benchmarking, feedback cycles, and quality assurance documentation are complete. • Recommends Mission to the President and University Council for endorsement prior to BoT approval.
University Council	• Reviews and endorses the Mission after QA-IEC validation and before final Presidential submission to the BoT. • Ensures Mission informs academic, research, community engagement, and operational goals. • Confirms Mission integration into annual and strategic planning processes across all colleges and administrative units.
Academic Council	• Ensures academic philosophy, learning outcomes, curriculum frameworks, and research directions reflect the University Mission. • Reviews Mission alignment with program and course structures and academic quality systems.
Administrative Council	• Ensures administrative systems, support services, and institutional operations reflect and advance the Mission. • Monitors alignment within non-academic units, performance systems, and resource planning.
Academic & Administrative Units	• Cascade the Mission into college, program, department, and unit-level mission statements and operational plans.

	• • Participate in Mission consultation and review cycles; provide quantitative and qualitative input. • Demonstrate Mission alignment in all annual operational plans, program reviews, accreditation files, and KPI reporting.
Institutional Research (IR) / Strategic Planning Function (within QA-IEA)	• Provides evidence, benchmarking, KPI data, performance analytics, and stakeholder survey results to support Mission review. • Ensures Mission is measurable, trackable, and reflected in institutional performance dashboards and reports.
Department of Strategic Communication & Institutional Reputation	• Publishes the Mission across official university platforms (website, catalog, handbooks, signage, branding). • Ensures stakeholder awareness and consistent communication of Mission identity and values internally and externally. • Supports MoE and CAA expectations on public disclosure integrity.

V. **Procedure**

Step 1: Initiation & Formation of Review Body

- The **QA-IEA Office**, through the **QA-IEC**, triggers the Mission Review Cycle every **three (3) years**, or earlier based on:
  - Presidential directive,
  - Board of Trustees (BoT) mandate, or
  - Regulatory/strategic changes (CAA/MOE/OBEF updates).
- The **Mission Review Task Group (MRTG)** is constituted and approved by QA-IEC, comprising:
  - Academic leadership representatives
  - Administrative leadership representatives
  - Student Council and Alumni representatives
  - External employer/industry representatives (as needed)
  - Institutional Research (IR) representative
  - Strategic Communication representative

Purpose: Ensure inclusive stakeholder engagement, transparency, and evidence-driven analysis.

Step 2: Environmental Scan, Consultation, and Benchmarking

The MRTG conducts a structured analysis including:

- Benchmarking against national and global higher education institutions
- Alignment review with:
  - **UAE Vision 2031**
  - **Fujairah Emirate Strategic Directions**
  - **National Higher Education Strategy 2030**
  - **CAA Standards 2019 – Stipulation 1.1**
  - **OBEF v10.21 – Pillar 6 (Governance and Sustainability)**
  - Employer and labor market expectations
  - Stakeholder surveys and consultation feedback

- Graduate outcomes, employability, and alumni data

Outcome: Evidence-informed inputs integrated into mission refinement.

Step 3: Mission Drafting and Internal Consultation

- The **QA-IEA** prepares a revised Mission draft reflecting evidence and consultation feedback.
- Draft Mission circulated for structured input to:
  - Colleges and Deans
  - Academic Council
  - Administrative Council
  - Student Council
  - Alumni Council
  - Industry Advisory Boards (as applicable)
- Feedback is documented and incorporated into the revision log.

Deliverable: Draft Mission + Consultation Report.

Step 4: Multi-Level Review and Endorsement

1. **QA-IEC Review**
   - Validates compliance with CAA & OBEF frameworks
   - Confirms alignment with Vision, Strategy, KPIs, and NQF/learning goals
2. **University Council Endorsement** *(added for governance completeness)*
   - Ensures academic and operational integration
   - Recommends submission to the President
3. **President Endorsement**
   - Formally recommends Mission to the BoT

Output: QA-IEC Endorsement Report + University Council Resolution.

Step 5: Board Approval and Official Publication

- BoT deliberates and approves Mission via formal resolution.
- Upon approval, Strategic Communication and QA-IEA ensure publication across:
  - University website & catalog
  - Student and faculty handbooks
  - Policy manuals
  - Program specifications & syllabi
  - Official marketing & public communication materials
  - Campus displays & digital communication channels

Compliance: CAA Standard 10 — Public Disclosure.

Step 6: Mission Implementation, Monitoring, and Evaluation

- QA-IEA ensures integration of the Mission into:
  - Strategic plan & KPIs
  - Operational plans
  - Program learning outcomes
  - Performance management systems
- **Performance Evaluation:**
  - Annual institutional effectiveness reports
  - KPI dashboards linked to OBEF Pillar 6
  - Accreditation self-study reports
- Results are reviewed by:
  - QA-IEC

- University Council
- President
- BoT (via annual IE performance report)

Focus: Mission impact on education quality, employability, research, and community engagement.

VI. **Communication and Implementation**

- The Mission shall be **publicly disclosed** as required under **CAA Standard 10**.
- Colleges, departments, and centers must demonstrably align:
  - Program missions
  - Course-level outcomes
  - Annual strategic and operational plans
- Evidence of alignment is required in:
  - Annual Program Review Reports
  - Internal Audit & Accreditation Documentation
  - Institutional Effectiveness Dashboards

VII. **Review Cycle**

- The Mission is formally reviewed **every three (3) years** or earlier if:
  - National or emirate strategic direction changes
  - Major regulatory updates occur (CAA, MOE, OBEF, ISO)
  - Institutional strategic redirection
- QA-IEA prepares a **Mission Review Report** including:
  - Evidence of benchmarking
  - Stakeholder consultation summary
  - Alignment and compliance review
  - Recommendations for BoT consideration
- Routing:



VIII. **Cross-References**

Framework/ Reference	Relevant Clauses / Pillars	Focus Area
1. CAA Standards (2019)	Standard 1.1 – Vision and Mission; Stipulation 1.1	Institutional Purpose and Governance
2. HE Inspection Framework (2023)	Standard 2 – Strategic Leadership; Standard 3 – Continuous Quality Enhancement	Strategic Alignment, Leadership Accountability
3. OBEF v10.21	Pillar 6 – Institutional Effectiveness, Governance & Sustainability	KPI Integration, Performance Measurement
4. ISO 21001 (2018)	Clause 5.2 – Educational Organization Mission and Policy	Systemic Quality and Leadership Commitment

B. Strategic Directions

1. Vision Statement

"To be recognized globally, excelling in innovation and sustainability, preparing future graduates and fostering research and partnerships, contributing to Fujairah's growth, the UAE, and worldwide development."

2. Mission Statement

"FU develops transformative, student-centered education and applied research that responds to evolving national and global challenges. By cultivating lifelong learning, entrepreneurship, digital innovation, and environmental stewardship, and through collaborations with industry, government, and communities, FU produces ethical leaders and resilient graduates who promote employability, sustainability, and Emirati identity in the UAE and globally."

3. Core Values

Fujairah University's core values are fundamental principles, which define its nature, direct its strategic decisions, and promote a commitment to excellence, integrity, innovation, and social responsibility in its academic and administrative functions.

Core Values	Statement
1) Excellence	• Values the highest standards for learning, teaching, research, and service, consistently seeking quality, innovation, and global competitiveness.
2) Integrity and Accountability	• Promotes honesty, transparency, fairness, and ethical accountability in all academic and administrative efforts to foster trust among students, faculty, staff, and collaborators
3) Innovation and Creativity	• Cultivates a culture that promotes entrepreneurship, digital transformation, and problem-solving, thus equipping graduates to excel in a dynamic and interconnected world.
4) Sustainability and Responsibility	• Committed to the advancement of ESG principles, in accordance with the UN SDGs and the UAE's sustainability objectives.
5) Collaboration and Partnerships	• Dedicated to forming partnerships with government agencies, academic institutions, and local and international communities to enhance educational standards, research endeavors, and social welfare
6) Inclusivity and Diversity	• Cultivates diversity, appreciates cultural differences, and ensures equal opportunities, thus creating an inclusive environment for all students, faculty, and staff.
7) Community Engagement	• Confirms its commitment to the service of Fujairah, the Northern Emirates, and the UAE, and we can assure that our programs and research meet the needs of society and contribute to socio-economic advancement.
8) Lifelong Learning	• Emphasizing continuous learning and professional development, enabling students, alumni, faculty, and staff to address future challenges.

4. Strategic Pillars

The strategic pillars of Fujairah University serve as the central framework that underpins its vision and mission, promoting attainable objectives and fostering excellence, relevance, and sustainability in all academic, research, and community activities.

Pillars	Focus Area
Pillar 1: Graduate Employability and Future Skills	• Skills for the future, compliance with the NQF, and diverse aptitudes.
Pillar 2: Excellence in Learning and Teaching	• New educational approaches, professional growth for educators, and course upgrades.
Pillar 3: Research, Innovation, and Knowledge Creation	• Applied research, Scopus-indexed outputs, commercialization
Pillar 4: Industry and Government Partnerships	• Joint ventures, internships, advisory services, and sponsored projects.
Pillar 5: Community Engagement and Societal Impact	• Engagement in the community, enhancements in services, and voluntary contributions.
Pillar 6: Institutional Effectiveness and Sustainability	• Quality management systems, digital transformation, and environmental, social, and governance (ESG) endeavors.

C. Strategic Frameworks

1. Strategic Goals

Outlined below are the goals that highlight the strategic directions within each pillar, thus ensuring their compliance with national priorities, global standards, and institutional effectiveness.

Goal 1: Future-Ready Graduates

Goal 2: Innovative and Quality Education

Goal 3: Impactful Research and Innovation

Goal 4: Strategic Partnerships and Reputation

Goal 5: University for Society

Goal 6: Excellence in Governance and Sustainability

Table 1.0 Strategic Goals Description

Pillar	Goal	Description
Pillar 1: Graduate Employability and Future Skills	Goal 1: Future-Ready Graduates	Fujairah University is committed to equipping graduates with advanced, forward-looking skills developed through strong industry collaborations and the promotion of entrepreneurial mindsets. The institution prepares its graduates for success in both local and global workplaces by encouraging adaptability, innovation, and professional readiness.
Pillar 2: Excellence in Learning and Teaching	Goal 2: Innovative and Quality Education	Utilizes a student-centered, outcome-driven teaching methodology that integrates innovative teaching techniques, digital advancements, and comprehensive support services to cultivate a

		holistic learning experience. Compliance with the NQF Emirates 2024 and international standards ensures high-quality academic outcomes.
Pillar 3: Research, Innovation, and Knowledge Creation	Goal 3: Impactful Research and Innovation	Research at FU prioritizes the investigation of societal and international impacts. The University's focus on UAE national priorities, faculty development, the acquisition of funded projects, and patent generation facilitates applied research and knowledge dissemination, thereby directly supporting innovation.
Pillar 4: Industry and Government Partnerships	Goal 4: Strategic Partnership and Reputation	Strategic alliances will enable FU to strengthen its function as a dependable partner for industry and governmental stakeholders. The country's economic competitiveness is enhanced by collaboratively developed curricula, bespoke training initiatives, and applied research projects that address society's evolving needs.
Pillar 5: Community Engagement and Societal Impact	Goal 5: University for Society	FU plays a central cultural and social role in the UAE, underscoring the importance of civic responsibility. Through a curriculum emphasizing social responsibility, alignment with the UN Sustainable Development Goals (SDGs), and projects designed to advance sustainable socioeconomic and cultural progress, the institution demonstrates a commitment to social welfare.
Pillar 6: Institutional Effectiveness and Sustainability	Goal 6: Excellence in Governance and Sustainability	Fujairah University's institutional stability is dependent on effective governance and continuous development. Strong quality assurance, digital transformation, and Environmental, Social, and Governance (ESG) compliance are critical for upholding standards while ensuring financial and organizational resilience.

2. Strategic Objectives

The six strategic goals are aligned with the strategic objectives and will be implemented to achieve FU's vision and mission. Policies govern actions to **achieve specified objectives**, hence establishing a strategic framework for development in employment, education, research, partnerships, community engagement, and institutional stability.

Goal 1: Future-Ready Graduates

Objective 1.1	Confirm alignment of all academic programs with the National Qualifications Framework.
Objective 1.2	Include transferable skills in the curriculum.
Objective 1.3	Incorporate innovative teaching practices and provide student support.
Objective 1.4	Evaluate the career achievements of graduates.
Objective 1.5	Foster incubation and entrepreneurship initiatives.
Objective 1.6:	Provide certifications and micro-credentials.

Goal 2: Innovative and Quality Education

Objective 2.1	Ensure all programs comply with the NQF Emirates 2024 standards and requirements.
Objective 2.2	Include entrepreneurship, sustainability, critical thinking, and digital literacy within the curricula of all disciplines.
Objective 2.3:	Utilize innovative pedagogical approaches and student support initiatives.

Objective 2.4	Enhance the professional development of staff and faculty.
Objective 2.5	Create a framework for ensuring the quality of digital learning.
Objective 2.6	Guarantee the quality of evaluations and uphold academic integrity.

Goal 3: Impactful Research and Innovation

Objective 3.1:	Establish research clusters to focus on national priorities in the UAE.
Objective 3.2:	Increase patents and publications in Q1/Q2 Scopus journals.
Objective 3.3	Strengthen research capabilities through grants and faculty development.
Objective 3.4	Promote student involvement in research at both undergraduate and graduate levels.
Objective 3.5:	Develop channels for knowledge transfer and commercialization.
Objective 3.6:	Boost funding and partnerships for international research.

Goal 4: Strategic Partnerships and Global Reputation

Objective 4.1	Get acknowledged in the regional/global rankings of QS and THE.
Objective 4.2	Create global partnerships for research, exchanges, and joint degrees.
Objective 4.3	Make FU the Northern Emirates' hub for sustainability and innovation.
Objective 4.4	Implement global branding and communications plan.
Objective 4.5	Increase recruitment of foreign faculty and students.
Objective 4.6	Obtain international accreditations and recognition for programs.

Goal 5: University for Society

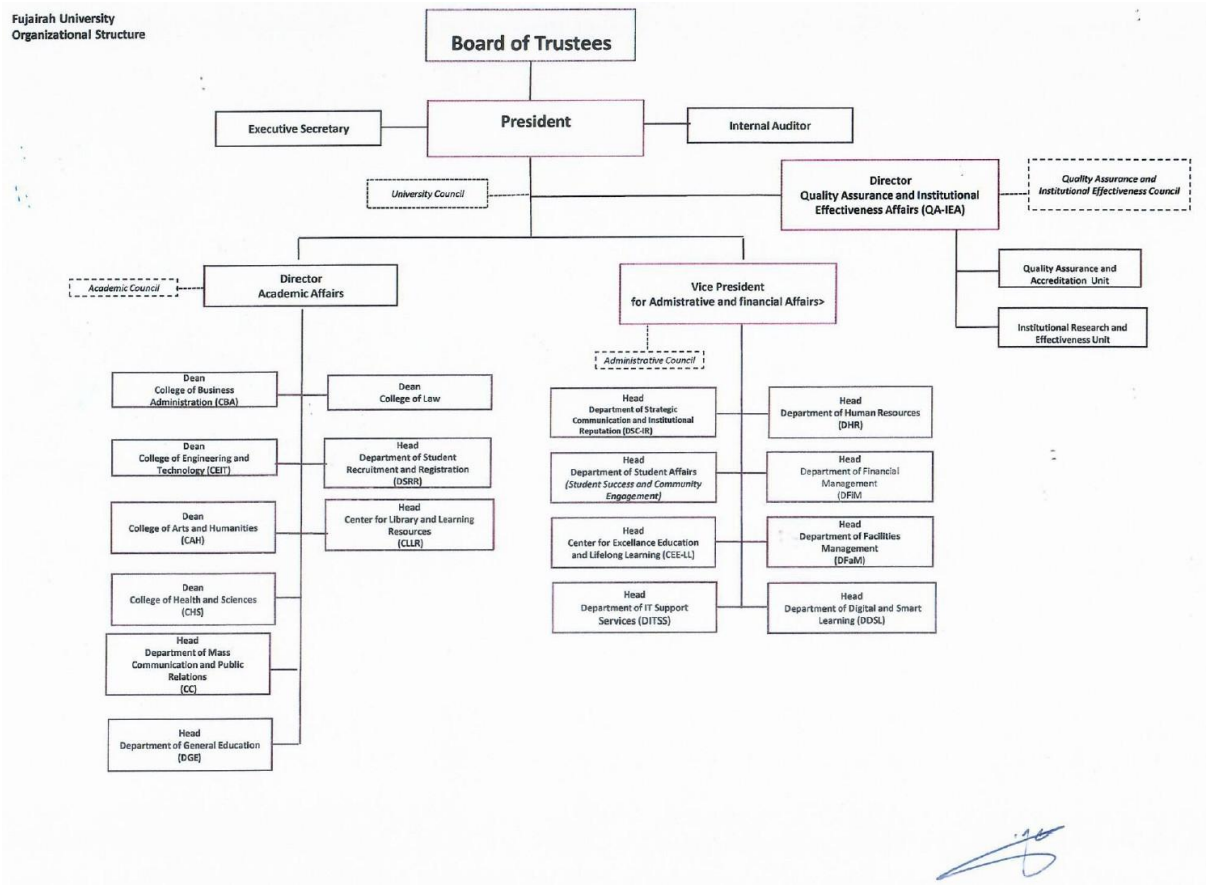
Objective 5.1	Develop outreach programs to meet the socioeconomic needs of the UAE and Fujairah.
Objective 5.2	Incorporate civic engagement and community service into the academic program.
Objective 5.3	Form partnerships with industry, NGOs, and the government to support UAE Vision 2031 and the UN SDGs.
Objective 5.4	Measure and monitor how FU's community initiatives impact society.
Objective 5.5	Promote and safeguard Emirati identity and cultural heritage.
Objective 5.6	Expand community access to lifelong learning opportunities.

f. Goal 6: Excellence in Governance and Sustainability

Objective 6.1	Refine governance and quality assurance procedures to ensure compliance with OBEF and CAA standards.
Objective 6.2	Implement revenue diversification strategies for financial stability.
Objective 6.3	Foster ongoing development, ESG pledges, and technological advancement.
Objective 6.4	Enhance institutional analytics, data governance, and research.
Objective 6.5	Develop a comprehensive risk management and business continuity framework.
Objective 6.6	Generate revenue through strategic alliances, endowments, and charitable donations.
Objective 6.7	Undertake sustainability initiatives and establish environmentally responsible campus operations.

D. Organization

This policy articulates the governance, line of authority, and reporting structure of FU's organization and administration across three tiers: quality assurance and institutional effectiveness affairs, academic and administrative affairs, as illustrated in *Figure 1—Organizational Structure*.



E. Governance: Policy And Procedures Governing the By-Laws of The Governing Body (Board Of Trustees) (CAA.d-CI-2)

1. PURPOSE

This policy establishes the operational framework, procedures, governance mechanisms, responsibilities, documentation protocols, and compliance requirements necessary to **implement, enforce, and periodically review** the **By-Laws of the Governing Body (Board of Trustees)** of Fujairah University.

The policy ensures that the By-Laws are:

1. Implemented consistently across all academic and administrative units
2. Fully aligned with:
    - UAE higher-education regulations
    - CAA Standards 2019 (Annex 2)
    - Compliance Indicator 2: Governance (30 indicators)

- FU Governing Body By-Laws (2025 Consolidated Revision)
- ISO 21001:2018 provisions for governance, decision-making, and documentation

3. Supported through evidence-based governance practices
4. Embedded into FU's quality assurance and institutional effectiveness system

2. SCOPE

This policy applies to:

- Board of Trustees
- Officers of the Board
- Standing Committees of the Board
- President
- Secretary to the Board
- All governance-supporting academic and administrative units
- QA-IEA and CQA-IE structures
- Any individual or committee involved in governance evidence preparation

3. DEFINITIONS

Term	Definition
Board of Trustees (BOT)	The highest governing authority of Fujairah University with full legal, fiduciary, strategic, and academic oversight responsibilities.
Standing Committees	The three permanent Board committees established under Article 10-A: **GNHC (Governance, Nominations & Human Resources Committee)**, **ARFC (Audit, Risk & Finance Committee)**, and **AAQC (Academic Affairs & Quality Committee)**. These committees execute delegated governance functions in alignment with CI2 and CAA requirements.
By-Laws	The legally binding governance rules approved by the Board of Trustees that regulate FU's governance structure, powers, membership, responsibilities, committees, and oversight mechanisms.
Governance Evidence	All documents, records, minutes, reports, resolutions, and artifacts that demonstrate compliance with CAA Standards (2019), Compliance Indicator 2: Governance, FU By-Laws, and relevant institutional policies.
Conflict of Interest	Any personal, financial, professional, or relational interest that may compromise, or appear to compromise, a Trustee's impartiality, independence, or decision-making integrity. Requires disclosure and recusal procedures.
External Independent Governor	A Board member who has no prior affiliation with FU, no financial interest, and no institutional employment history. Serves as an independent oversight voice in accordance with CI2 requirements for governance independence.

4. POLICY STATEMENTS

4.1 Adoption of the By-Laws

Fujairah University adopts the **2025 Consolidated Revision of the Governing Body By-Laws** as the sole authoritative governance document regulating:

- Institutional oversight

- Academic quality
- Financial stewardship
- Risk and compliance governance
- Board structure and membership
- Standing committees
- Leadership and executive oversight

4.2 Governance Principles

The University shall uphold:

- Independence of governance
- Non-interference in daily operations
- Transparency and documentation
- Evidence-based decision-making
- Ethical integrity
- Accountability and performance
- Representation of UAE societal interests
- Financial-interest restrictions
- Competence-based Board composition

4.3 Compliance

All governance operations must adhere to:

- Annex 2: By-Laws of the Governing Body, CAA Standards (2019)
- Compliance Indicator 2: Governance, UAE Framework for the Compliance Inspection of Higher Education Institutions (2023)
- FU By-Laws and institutional policies
- UAE Higher Education Laws
- International good practice in university governance

5. PROCEDURES

5.1 Implementation of the By-Laws

5.1.1 Responsibility for Implementation

- The **President/Chancellor** ensures application of all By-Law provisions.
- The **Secretary to the Board** ensures documentation integrity.
- The **Standing Committees** execute responsibilities assigned in Article 10-A.
- **QA-IEA** verifies compliance and maintains governance evidence.

5.1.2 Dissemination

The By-Laws shall be:

- Published on FU's governance portal
- Distributed to all Trustees and committee members
- Communicated to Deans, Directors, and Program Chairs
- Linked to procedures under QMS/ISO 21001

5.2 Appointment, Renewal, and Removal of Trustees

5.2.1 Appointment

The Governance, Nominations & HR Committee (GNHC):

1. Conducts Board needs analysis
2. Screens candidates based on Article 3 requirements
3. Ensures academic, governance, and societal representation
4. Verifies credentials and independence
5. Submits recommendation to the BOT for approval

5.2.2 Appointment Documents

- Appointment Letter
- Terms of Service
- CV and Credentials
- Conflict-of-Interest Declaration
- Identification Records

5.2.3 Removal

Removal follows Article 3.6:

- Requires two-thirds BOT vote
- Grounds include misconduct, conflict-of-interest breach, or non-performance

5.3 Conflict of Interest Procedures

5.3.1 Annual Declaration

All trustees must submit annual declarations.

5.3.2 Transaction-Specific Disclosure

Trustees must recuse themselves from conflicted deliberations.

5.3.3 Register of Interests

Maintained by the Secretary for audit and inspection.

5.4 Board Meetings

5.4.1 Scheduling

The BOT meets **at least twice per academic year**.

5.4.2 Notice

Issued at least **15 days prior**, including:

- Agenda
- Papers
- Draft resolutions

5.4.3 Quorum

Majority of voting members.

5.4.4 Minutes

Minutes must include:

- Attendance
- Discussions
- Resolutions
- Recorded votes
- Signatures

Minutes are archived by the Secretary and monitored by QA-IEA.

5.5 Standing Committee Procedures

Aligned with Article 10-A.

5.5.1 Committees

1. Governance, Nominations & HR Committee (GNHC)
2. Audit, Risk & Finance Committee (ARFC)
3. Academic Affairs & Quality Committee (AAQC)

5.5.2 Committee Operations

- Meet **once per semester**
- Maintain agendas, minutes, and reports
- Submit reports to the BOT
- Conduct annual evaluation

5.5.3 Evidence Required

- Committee charters
- Meeting minutes
- Reports to the BOT
- Attendance records

5.6 Presidential Oversight Procedures

5.6.1 Appointment

BOT selects the President based on:

- Academic leadership
- Executive competence
- Governance experience

5.6.2 Annual Evaluation

Assessment includes:

- Strategic KPI performance
- Academic quality indicators
- Financial performance
- Stakeholder satisfaction
- Institutional effectiveness metrics (FU Pillars and Goals 2 & 6)

5.7 Academic and Institutional Oversight

The BOT:

1. Approves academic programs and closures
2. Reviews quality assurance reports
3. Reviews accreditation compliance
4. Monitors academic integrity and assessment quality
5. Approves conferral of degrees

5.8 Financial, Audit, and Risk Procedures

5.8.1 External Audit

BOT appoints an external auditor and reviews findings.

5.8.2 Financial Oversight

ARFC reviews:

- Budget
- Financial reports
- Capital projects
- Internal controls

5.8.3 Risk Management

BOT oversees institutional risk register and mitigation plans.

5.9 Governance Evidence and Documentation

- Secretary maintains official governance archive
- QA-IEA ensures evidence meets CI2 requirements
- Records are maintained for minimum 10 years
- ISO 21001 documentation controls apply

5.10 Amendments to the By-Laws

- Initiated by GNHC or BOT
- Reviewed by QA-IEA for compliance
- Approved by a two-thirds BOT vote
- Distributed and archived immediately

6. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Board of Trustees	Highest authority; full governance oversight
Chairperson	Leads Board meetings; ensures governance compliance
President	Leads operations; reports to BOT
Secretary to the Board	Governance records, notices, minutes
Standing Committees	Specialized oversight (governance, finance, academic quality)
QA-IEA	Monitoring, evaluation, and compliance verification

7. QUALITY ASSURANCE AND COMPLIANCE

1. Continuous monitoring by QA-IEA
2. Annual governance evaluation by BOT
3. Annual committee evaluation
4. Governance improvement plan developed yearly
5. Evidence indexed to CI2 indicators

8. REVIEW AND AMENDMENT

Reviewed every **three years**, earlier if:

- CAA Standards change
- CI2 Governance changes
- HEI Inspection Framework changes

9. EFFECTIVE DATE

Effective beginning **Academic Year 2025–2026**.

Annex A. FU Governing Body By-Laws (2025 Consolidated Revision)

Approved by: Board of Trustees, Fujairah University
Effective Date: 2025–2026 Academic Year
Supersedes: All previous FU By-Laws versions

PREAMBLE

These By-Laws establish the governing framework for the Board of Trustees of Fujairah University.
They define the Board's powers, composition, responsibilities, committee structure, meeting protocols, and oversight functions.

These By-Laws uphold **CAA Standards (2019)**, **Compliance Indicator 2: Governance**, and **international higher education governance standards**.

In cases of conflict, **UAE federal law**, **CAA Standards**, and **the Higher Education Inspection Framework (2023)** shall prevail.

ARTICLE 0 — GOVERNANCE COMPLIANCE & APPLICABILITY

0.1 Regulatory Basis

These By-Laws are guided by:

1. UAE federal and emirate-level laws governing higher education
2. *CAA Standards 2019 – Annex 2: By-Laws of the Governing Body*
3. *UAE Framework for the Compliance Inspection of Higher Education Institutions, (2023)-- Compliance Indicator 2: Governance (2023)*
4. *FU Strategic Plan & Quality Assurance Framework*
5. International governance frameworks (AGB, OECD, QAA-UK)

0.2 Precedence of National Regulation

Where conflict arises, **CAA Standards** and **CI2 governance obligations** override institutional provisions.

0.3 Compliance Responsibility

The Board shall:

- Maintain evidence covering *all 30 CI2 Governance Indicators*
- Ensure continuous compliance with accreditation and inspection requirements
- Periodically review these By-Laws

ARTICLE 1 — NAME AND LEGAL AUTHORITY

1.1 Name

The governing body of Fujairah University is the **Board of Trustees (BOT)**.

1.2 Legal Authority

The BOT is the highest legal authority of the University, empowered to regulate, approve, and oversee all institutional matters as defined in the University Charter and UAE higher-education regulations.

ARTICLE 2 — POWERS AND DUTIES OF THE BOARD

The Board shall exercise full authority over:

2.1 Strategic and Institutional Authority

a. Mission and vision approval

b. Strategic plan oversight

c. Institutional policies and By-Laws approval

d. Institutional performance monitoring

2.2 Academic Oversight

a. Approval of new programs and program closures

b. Oversight of academic quality

c. Review of assessment outcomes and academic KPIs

d. Approval for conferral of degrees

2.3 Financial Oversight

a. Approval of the annual budget

b. Safeguarding financial sustainability

c. Oversight of capital projects and major expenditures

2.4 Leadership Oversight

a. Appointment and dismissal of the President

b. Annual performance evaluation of the President

c. Succession planning

2.5 Governance and Compliance Responsibilities

a. Ensuring compliance with CAA Standards (2019)

b. Ensuring compliance with CI2 Governance requirements

c. Ensuring ethical conduct and conflict-of-interest management

ARTICLE 3 — MEMBERSHIP OF THE BOARD

3.1 Composition

The Board shall comprise no fewer than **five (5)** appointed members.

3.2 Required Expertise (CI2 Items 1–2)

Membership must include:

- Higher-education experience
- Academic expertise
- Strategic and financial competency
- Governance and policy competence

3.3 External Independent Governor

At least one member shall serve as **External Independent Governor** with:

- No prior affiliation
- No financial interest
- Limited-term appointment

3.4 Financial Interest Restrictions

- No more than **one-third** of the Board may have financial interests in FU
- The **Chairperson** must have *zero* financial interest

3.5 Terms of Appointment

Members serve renewable fixed terms as defined in Board resolutions.

3.6 Removal of Members

A member may be removed by *two-thirds vote* for:

- Misconduct
- Conflict-of-interest violations
- Breach of fiduciary duty
- Inability to fulfill responsibilities

ARTICLE 4 — OFFICERS OF THE BOARD

4.1 Officers

The Board shall elect:

- Chairperson
- Vice Chairperson
- Secretary
- Additional officers as required

4.2 Duties

Officers shall perform duties defined by the Board and its governance procedures.

4.3 Independence of Chairperson

The Chair must not have:

- Financial interest in FU
- Conflict of interest with governance responsibilities

ARTICLE 5 — MEETINGS OF THE BOARD

5.1 Frequency

The Board meets at least **twice per academic year**.

5.2 Notices

Agenda and papers shall be distributed at least **15 days** prior.

5.3 Quorum

A majority of voting members constitutes quorum.

5.4 Minutes

Minutes must be:

- Recorded
- Approved
- Signed

- Archived securely

5.5 Special Meetings

The Chairperson may call special meetings when necessary.

ARTICLE 6 — DECISION-MAKING & RESOLUTIONS

6.1 Voting

Decisions are made by simple majority unless otherwise specified.

6.2 Written Resolutions

The Board may adopt written resolutions via majority consent.

ARTICLE 7 — PRESIDENT

7.1 Appointment

The Board appoints the President based on qualifications in academic leadership and higher-education governance.

7.2 Powers and Responsibilities

The President leads academic, administrative, and operational affairs.

7.3 Annual Evaluation

The Board conducts an annual evaluation addressing:

- Strategic KPIs
- Academic quality
- Institutional effectiveness
- Financial stewardship

ARTICLE 8 — ACADEMIC & INSTITUTIONAL OVERSIGHT

The Board shall oversee:

8.1 Mission & Vision

Periodic review and approval.

8.2 Strategic Plan

Approval and annual monitoring.

8.3 Academic Performance

Reviewing:

- Learning outcomes
- Program reviews
- Accreditation status

8.4 Degree Conferral

Board approval required for all degrees awarded.

ARTICLE 9 — FINANCIAL OVERSIGHT

9.1 Budget Approval

Annual approval of institutional budget.

9.2 Financial Controls

Evaluation of:

- Financial reports
- Internal controls
- Sustainability forecasts

9.3 Capital Projects

Oversight of major facility and infrastructure investments.

ARTICLE 10 — AUDIT, RISK, AND COMPLIANCE

10.1 External Audit

Appointment and review of external auditors.

10.2 Internal Audit & Controls

Monitoring internal audits and corrective actions.

10.3 Risk Management

Oversight of:

- Institutional risk register
- Mitigation strategies

ARTICLE 10-A — STANDING COMMITTEES OF THE BOARD

Fujairah University shall maintain the following **three** Standing Committees:

1. Governance, Nominations & Human Resources Committee (GNHC)

Mandate

Governance integrity, Board composition, leadership evaluation, policy oversight.

Responsibilities

- Board member appointments
- Board self-evaluation
- President's annual evaluation
- Conflict-of-interest oversight
- Governance compliance monitoring
- Policy review and recommendation

2. Audit, Risk & Finance Committee (ARFC)

Mandate

Audit, financial integrity, risk management, resource stewardship.

Responsibilities

- External audit oversight
- Risk management
- Budget and financial planning

- Capital and resource sustainability

3. Academic Affairs & Quality Committee (AAQC)

Mandate

Academic quality, program oversight, accreditation, assessment integrity.

Responsibilities

- Program approvals
- Academic quality monitoring
- Accreditation readiness
- Review of learning outcomes and KPIs
- Degree conferral recommendations

Committee Operations

- Committees meet **at least once per semester**
- Minutes recorded and archived
- Reports submitted to the Board
- Annual evaluation of committees required

ARTICLE 11 — SPECIAL COMMITTEES

The Board may create ad hoc committees for specialized tasks.

ARTICLE 12 — CONFLICT OF INTEREST

12.1 Annual Declaration

All Trustees must submit an annual disclosure.

12.2 Recusal

Members must abstain from deliberations where a conflict exists.

ARTICLE 12-A — NON-INTERFERENCE IN DAILY OPERATIONS

Trustees shall not intervene in daily academic or administrative operations.
Operational authority resides solely with the President.

ARTICLE 13 — AMENDMENTS TO THE BY-LAWS

Amendments require a **two-thirds Board vote**.

ARTICLE 14 — BOARD EVALUATION & GOVERNANCE IMPROVEMENT

14.1 Annual Evaluation

The Board conducts an annual self-evaluation.

14.2 Governance Improvement Plan

Evaluation results inform governance improvement actions.

Annex A.1. CI2 → By-Laws → Evidence Mapping

CI2 No.	CI2 Requirement (Summary)	FU By-Laws Reference	Required Governance Evidence
1	Governing body established with clear authority as highest decision-making body	Art. 1 (Name and Legal Authority); Art. 2 (Powers and Duties)	Approved FU By-Laws; Charter; BOT resolutions confirming authority; organizational chart
2	Membership includes individuals with adequate expertise, including academic experience	Art. 3.2–3.3 (Composition and Required Expertise)	Trustee CVs; appointment letters; qualifications verification; Board skills matrix
3	Records of membership, terms, and credentials maintained	Art. 0.3 (Compliance Responsibility); Art. 3.5 (Terms)	Trustee registry; appointment/renewal records; membership database; term logs
4	Representation reflecting broader community and stakeholders	Art. 3.2–3.3 (Composition; Representation)	Board composition matrix; statements of representational balance; appointment rationales
5	No more than one-third of members have a financial interest	Art. 3.4 (Financial Interest Restrictions)	Conflict-of-interest declarations; financial-interest register; GNHC reviews; BOT minutes
6	Chairperson has no financial interest	Art. 4.3 (Independence of Chairperson)	Chair's declaration; appointment resolution; GNHC vetting documentation
7	Clear terms of appointment and removal of members	Art. 3.5–3.6 (Terms; Removal)	Appointment letters; Board resolutions on renewal/removal; GNHC recommendations
8	Presence of at least one External Independent Governor	Art. 3.3 (External Independent Governor)	Appointment letter; profile showing no prior affiliation/interest; COI forms
9	Conflict-of-interest policy implemented and monitored	Art. 12 (Conflict of Interest)	COI policy; annual COI forms; COI register; minutes showing recusals; secretary's log
10	Governing body does not interfere in daily operations	Art. 12-A (Non-Interference in Daily Operations)	Role descriptions; BOT and President role statements; minutes showing no operational decisions; evidence of delegation to President
11	Ethics, integrity, and code of conduct for Board members	Art. 2.5 (Governance & Compliance); Art. 4.2 (Duties of Officers)	Board Code of Conduct; signed commitments; training records; GNHC oversight reports
12	Regular Board meetings with adequate frequency	Art. 5.1 (Frequency); Art. 5.5 (Special Meetings)	Annual schedule; BOT meeting calendar; attendance records
13	Accurate minutes and records of decisions maintained and archived	Art. 5.4 (Minutes); Art. 0.3 (Compliance Responsibility)	Signed minutes; resolutions; governance archive index; digital/physical repository structure

14	Appointment of President/Chancellor by governing body	Art. 7.1 (Appointment)	BOT resolution appointing President; selection criteria; GNHC recommendation
15	Annual performance evaluation of President/Chancellor	Art. 7.3 (Annual Evaluation)	President evaluation template; completed evaluations; BOT discussion minutes; action plans
16	Governing body approves institutional policies and key regulations	Art. 2.1–2.5 (Powers and Duties); Art. 13 (Amendments)	Policy approval log; signed policy documents; Board resolutions approving policies
17	Governing body approves and amends its own By-Laws	Art. 13 (Amendments to the By-Laws)	By-Laws amendment history; resolutions; comparison of versions; QA-IEA tracking log
18	Approval and periodic review of mission and vision	Art. 2.1 (Strategic and Institutional Authority); Art. 8.1 (Mission & Vision)	BOT resolutions on mission/vision; review reports; consultation records; strategic planning committee reports
19	Approval and monitoring of institutional strategic plan	Art. 2.1; Art. 8.2 (Strategic Plan)	Strategic Plan document; annual KPI reports; BOT strategic review minutes
20	Oversight of academic quality and institutional performance	Art. 2.2 (Academic Oversight); Art. 8.3 (Academic Performance); Art. 10-A (AAQC Mandate)	Academic performance reports; program review summaries; AAQC minutes; QA-IEA reports
21	Approval of academic programs and program closures	Art. 8.3 (Academic Performance); Art. 10-A – AAQC Responsibilities	Program approval proposals; Board resolutions; program suspension/closure approvals
22	Approval of conferral of qualifications and degrees	Art. 8.4 (Degree Conferral); Art. 10-A – AAQC	BOT degree conferral resolutions; graduation lists; Registrar's certification
23	Oversight of financial sustainability and annual budget	Art. 2.3 (Financial Oversight); Art. 9.1 (Budget Approval); Art. 10-A – ARFC	Annual budgets; financial forecasts; ARFC recommendations; BOT budget approval minutes
24	Adequate financial and physical resources to meet objectives	Art. 9.2 (Financial Controls and Resources)	Resource allocation reports; capital and operational budgets; infrastructure plans
25	Oversight of major capital projects, campuses, and facilities	Art. 9.3 (Capital Projects)	Capital project proposals; ARFC reviews; BOT approvals; project monitoring reports
26	Appointment and oversight of external auditor	Art. 10.1 (External Audit); Art. 10-A – ARFC	Auditor appointment resolution; audit engagement letter; ARFC and BOT audit review minutes
27	Risk management and internal control oversight	Art. 10.2–10.3 (Internal Audit & Risk); Art. 10-A – ARFC	Institutional risk register; risk reports; internal audit reports; ARFC minutes
28	Annual self-evaluation of governing body effectiveness	Art. 14.1 (Annual Evaluation)	Board self-evaluation tool; completed evaluations; summary reports;

			governance improvement action plans
29	Effective governance arrangements across multiple campuses or locations (if applicable)	Art. 2.1–2.5 (Institutional Authority); Art. 8.3 and 9.2 (Oversight of academic and resource performance)	Governance structure for all campuses; campus-level reports; evidence of BOT oversight for each location
30	Establishment and effective functioning of standing committees with clear terms of reference	Art. 10-A (Standing Committees: GNHC, ARFC, AAQC)	Committee charters; membership lists; committee minutes; annual committee performance evaluations; reports to BOT

Annex B. Terms of Reference (TOR): Standing Committees of The Board of Trustees

Structure

Each committee ToR includes:

- Mandate
- Authority
- Composition
- Functions & Responsibilities
- Meetings
- Reporting
- Documentation & Evidence
- Review Cycle

1. GOVERNANCE, NOMINATIONS & HUMAN RESOURCES COMMITTEE (GNHC)

1.1 Mandate

The GNHC ensures strong institutional governance, ethical leadership, Board composition integrity, conflict-of-interest oversight, and excellence in executive leadership evaluation.

It ensures compliance with:

- FU By-Laws Articles 3, 4, 7, 12, 14
- CI2 Indicators 1–12, 14–17, 28
- CAA Standards 2019 (Annex 2 — By-Laws)

1.2 Authority

The GNHC is authorized by the Board of Trustees to:

- Review governance structures
- Recommend appointments and removals of Trustees
- Conduct annual evaluations
- Oversee conflict-of-interest compliance
- Recommend amendments to By-Laws
- Access all governance records

1.3 Composition

- At least **3 Trustees**, including:
    - One with academic expertise
    - One external or independent member (preferably)
- Chair appointed by the Board
- Secretary to the Board serves as recording officer (non-voting)

1.4 Functions & Responsibilities

A. Governance Oversight

1. Review FU's governance structure annually.
2. Ensure Board effectiveness in fulfilling all legal and regulatory obligations.
3. Monitor implementation of FU By-Laws and governance policies.

B. Board Membership & Appointments

4. Recommend new Board members based on a competency matrix.
5. Oversee appointment, renewal, or removal of Trustees.
6. Ensure representation and compliance with CI2 membership rules.

C. Ethics & Conduct

7. Oversee annual **Conflict-of-Interest declarations**.
8. Maintain COI Register; enforce recusal procedures.
9. Uphold Board Code of Ethics and confidentiality.

D. President Oversight

10. Conduct the **annual performance evaluation** of the President.
11. Oversee succession planning for executive roles.

E. Governance Documents

12. Review and recommend approval of:

- By-Laws amendments
- Board policies
- Code of Conduct
- Governance frameworks

F. Board Development

13. Recommend Board training, orientation, and capacity building.

G. Evaluation

14. Conduct the **annual Board self-evaluation** (CI2 Item 28).
15. Conduct annual evaluation of Standing Committees.

1.5 Meetings

- At least **one per semester**
- Additional meetings as required
- Quorum: majority of voting members

1.6 Reporting

- Submit a written report to the BOT after each meeting
- Present annual governance performance report

1.7 Documentation & Evidence

- Signed minutes
- Attendance records
- Annual evaluations
- COI Register
- Appointment and renewal records

1.8 Review Cycle

ToR reviewed every **three (3) years**.

2. AUDIT, RISK & FINANCE COMMITTEE (ARFC)

2.1 Mandate

The ARFC ensures financial integrity, risk management, audit oversight, and resource sustainability of the University.

Aligned with:

- FU By-Laws Articles 2, 9, 10
- CI2 Indicators 23–27

- ISO 21001:2018 (Financial and Risk Controls)

2.2 Authority

Authorized to:

- Oversee internal and external audits
- Review budgets and financial plans
- Oversee risk register and mitigation strategies
- Request any financial or risk-related documents
- Engage external auditors or specialists

2.3 Composition

- At least **3 Trustees**, including:
    - One with financial/accounting expertise
    - One with risk or audit experience
- Chair appointed by BOT
- Chief Financial Officer and Internal Auditor attend as non-voting advisors

2.4 Functions & Responsibilities

A. Audit Oversight

1. Recommend external auditor appointment.
2. Review independent auditor reports and management letters.
3. Oversee follow-up on audit findings.
4. Monitor internal audit activities.

B. Risk Management

5. Review FU's institutional **risk register**.
6. Ensure mitigation plans are implemented.
7. Oversee compliance with UAE HE regulations.

C. Financial Oversight

8. Review and recommend **annual budget**.
9. Assess financial performance and sustainability.
10. Review quarterly financial statements.
11. Evaluate adequacy of financial controls and procurement systems.

D. Capital and Resources

12. Review capital projects and major expenditures.
13. Monitor resource allocation for academic and support units.

E. Compliance Oversight

14. Ensure compliance with CI2 Indicators 23–27 and CAA Standards.
15. Oversee anti-fraud controls and whistleblower protection processes.

2.5 Meetings

- Minimum **once per semester**
- Additional meetings as needed
- Quorum: majority

2.6 Reporting

- Written report to BOT after each meeting
- Annual Financial & Risk Oversight Report

2.7 Documentation & Evidence

- Financial reports
- Audit reports

- Budget submissions
- Risk register updates
- Signed minutes

2.8 Review Cycle

Every **three (3) years**.

3. ACADEMIC AFFAIRS & QUALITY COMMITTEE (AAQC)

3.1 Mandate

The AAQC ensures academic quality, integrity, accreditation readiness, assessment oversight, and academic program governance.

Aligned with:

- FU By-Laws Articles 2.2, 8, 10-A
- CI2 Indicators 18–22
- CAA Standards (2019), OBEF v10.21, and QFEmirates alignment

3.2 Authority

Authorized to:

- Review academic programs
- Recommend degree conferral
- Evaluate academic quality assurance processes
- Review accreditation compliance evidence
- Request reports from Deans and QA-IEA

3.3 Composition

- At least **3 Trustees**, including:
    - One with academic leadership experience
    - One with accreditation/QA background
- Provost and QA-IEA Director attend as non-voting advisors

3.4 Functions & Responsibilities

A. Academic Program Governance

1. Review program proposals, revisions, and closures.
2. Ensure academic programs align with QFEmirates, CAA Standards, and OBEF.

B. Academic Quality Oversight

3. Review annual program performance reports.
4. Monitor student learning outcomes (SLO) and assessment integrity.
5. Review external examiner reports.
6. Ensure policies on assessment, moderation, and exam security are enforced.

C. Accreditation Oversight

7. Review accreditation readiness for:
    - CAA licensure and accreditation
    - International professional accreditations
8. Monitor implementation of accreditation recommendations.

D. Degree Conferral

9. Recommend degree conferral lists to the BOT (CI2 Item 22).

E. Teaching and Learning Excellence

10. Review academic KPIs, retention/graduation rates, and academic development initiatives.

3.5 Meetings

- Minimum **once per semester**
- More frequently if accreditation cycles require
- Quorum: majority

3.6 Reporting

- Written Committee Report after each meeting
- Annual Academic Quality and Accreditation Report

3.7 Documentation & Evidence

- Minutes
- Program review reports
- Accreditation files
- Assessment and SLO data
- Degree conferral documentation

3.8 Review Cycle

Every **three (3) years**.

Annex B.1. Standing Committee Agenda Template

Fujairah University (FU)
[Committee Name: GNHC / ARFC / AAQC]
Meeting Agenda
Date: ___ / ___ / 20__
Time: _____
Location: _____

AGENDA

1. **Call to Order**
    - Chairperson's opening remarks
2. **Approval of Previous Minutes**
    - Review and approval of previous meeting minutes
3. **Matters Arising from Previous Meeting**
    - Review of action items and progress updates
4. **Main Agenda Items**
   (Examples — adjust by committee)
    - GNHC: Trustee appointments, Board evaluation results
    - ARFC: Budget review, audit report, risk register
    - AAQC: Program approvals, accreditation progress, SLO assessment reports
5. **New Business**
    - Items proposed by members or Chair
6. **Recommendations to the Board of Trustees**
    - Draft resolutions for BOT approval
7. **Any Other Business (AOB)**
8. **Adjournment**

B. STANDING COMMITTEE MINUTES TEMPLATE
Fujairah University (FU)
[Committee Name: GNHC / ARFC / AAQC]
Minutes of Meeting
Date: ___ / ___ / 20__
Time: _____
Location: _____

1. Attendance

Name	Role	Present/Absent

2. Approval of Agenda

Agenda approved as circulated / amended.

3. Approval of Previous Minutes

Minutes of the meeting held on ___ approved as:

- ☐ Correct
- ☐ Correct with amendments

4. Matters Arising

- Action item 1: Status
- Action item 2: Status

5. Committee Reports and Discussions

(Examples below—modify as applicable)

- Governance updates / Academic quality updates / Financial review
- Accreditation readiness reports
- Risk register updates
- External audit findings
- Program proposals

6. Recommendations to the Board

Recommendation	Resolution Draft	Responsible Unit

7. Decisions and Action Items

Action Item	Responsible Person	Deadline	Status

8. Adjournment

Meeting adjourned at _____.

Minutes prepared by: _____ (Secretary)

Minutes approved by: _____ (Committee Chair)

C. STANDING COMMITTEE ANNUAL REPORT TEMPLATE

Fujairah University (FU)

[Committee Name: GNHC / ARFC / AAQC]

Annual Committee Report

Academic Year: 20__ – 20__

1. Executive Summary

A summary of committee purpose, scope, and key activities for the year.

---

2. Committee Membership

Name	Role	Term	Attendance %

3. Meetings

- Number of meetings held: ___
- Average attendance: ___%

4. Major Activities and Achievements

- Governance reviews
- Financial oversight (budgets, audits, risk)
- Academic program approvals
- Accreditation progress
- Policy reviews
- President evaluation (GNHC)
- Degree conferrals (AAQC)

5. Recommendations to the Board

- Summary of resolutions presented to BOT
- Evidence of Board approval

6. Compliance Summary (CI2)

- Insert evidence of compliance for the indicators under committee remit

7. Challenges and Risk Issues

- Identified issues and proposed mitigation measures

8. Improvement Plan (Next Year)

- Training needs
- Governance enhancement initiatives
- Documentation improvements

9. Annexes

- Minutes
- Attendance logs
- Supporting documents

Annex C. Glossary Of Governance Terms

(For the FU Governing Body By-Laws)

Term	Definition
Board of Trustees (BOT)	The highest governing authority of Fujairah University with legal, fiduciary, academic, and strategic oversight responsibilities.
Governing Body	The institution's top oversight authority as defined under CAA Standards (2019) Annex 2. At FU, this is the BOT.
Standing Committees	Permanent committees of the Board established under Article 10-A: GNHC, ARFC, and AAQC.
Governance, Nominations & Human Resources Committee (GNHC)	Standing Committee responsible for Board composition, governance integrity, ethical conduct, conflict-of-interest oversight, and leadership evaluations.
Audit, Risk & Finance Committee (ARFC)	Standing Committee responsible for financial oversight, audit, risk management, capital planning, and resource sustainability.
Academic Affairs & Quality Committee (AAQC)	Standing Committee responsible for academic quality, accreditation, program approval, assessment oversight, and degree conferral recommendations.
By-Laws	The legally binding rules regulating the governance structure, membership, committees, duties, and oversight authorities of the Board.
Governance Evidence	All documents, records, and artifacts demonstrating compliance with CAA Standards and CI2 Governance Indicators, including minutes, resolutions, policies, audits, and evaluations.
Resolution	A formal decision approved by the Board through a documented vote.
Quorum	The minimum number of voting members required to conduct official Board or Committee business.
Conflict of Interest (COI)	Any personal, financial, professional, or relational interest that compromises or appears to compromise decision-making integrity.
Disclosure of Interest	The formal declaration submitted annually and prior to meetings by Trustees specifying real, potential, or perceived conflicts.
External Independent Governor	A Board member who is not affiliated with FU, has no financial interest, and represents independent external oversight as per CI2 requirements.
Chairperson	The presiding officer of the Board, responsible for leadership, governance integrity, and meeting management.
Secretary to the Board	Officer responsible for governance documentation, minutes, resolutions, archiving, and compliance evidence.
Fiduciary Duty	The ethical and legal responsibility of Board members to act in the best interest of the institution.

Institutional Effectiveness	The process of monitoring and improving performance across academic, administrative, financial, and strategic domains.
Accreditation Compliance	Fulfillment of standards established by CAA, MOHESR, and relevant international bodies.
Risk Management	Identification, evaluation, mitigation, and monitoring of institutional risks overseen by ARFC.
Strategic Plan	The Board-approved blueprint guiding FU's long-term priorities, KPIs, and institutional direction.
Academic Program Approval	BOT authority to approve new programs, revise programs, or close programs based on academic and strategic justification.
Degree Conferral	BOT approval authorizing awarding of academic degrees to students.
Special Committees	Ad hoc committees formed for time-bound or task-specific purposes.

Annex D: Definitions Relevant to Governance, QA, and Institutional Effectiveness

This annex provides operational definitions used across governance, quality assurance, accreditation, and institutional effectiveness processes at Fujairah University.

Section A — Governance Terms

(Uses the glossary above, expanded for QA context)

Term	Operational Definition
Board of Trustees	Ensures compliance with UAE laws, CAA Standards, CI2 indicators, and FU's operational and strategic effectiveness. Holds final authority over mission, strategy, financial integrity, and academic quality.
Standing Committees	Bodies delegated by the BOT to execute specialized oversight. Each must maintain minutes, reports, charters, and evidence for compliance inspection.
Governance Evidence	Any document that demonstrates governance effectiveness, e.g., committee minutes, Board resolutions, risk registers, audit reports, program approvals, annual evaluations. Required under CI2 Indicators 12–13.
Conflict of Interest	Any situation in which impartiality may be compromised. Institutions must maintain a COI Register and enforce recusal procedures.

Section B — Academic Governance Terms

Term	Operational Definition
Academic Oversight	The Board's responsibility to ensure the quality, integrity, and relevance of academic programs and assessment systems.
Learning Outcomes	Knowledge, skills, and competencies students are expected to achieve—a key determinant in program approval and review.
Assessment Integrity	Ensuring fairness, reliability, validity, and security of examinations, as monitored by AAQC and QA-IEA.
Program Review	Periodic evaluation of program quality, alignment with NQF-QFEmirates, OBEF requirements, and industry trends.

Section C — Institutional Effectiveness Terms

Term	Operational Definition
Institutional KPIs	Board-approved performance indicators aligned with OBEF, FU Strategic Plan, and accreditation requirements.
Annual Institutional Report	The yearly report summarizing financial performance, academic achievement, and strategic KPI progress.
Quality Assurance System	FU's integrated system covering assessment, curriculum review, audit, governance, and accreditation.

Section D — Financial and Risk Terms

Term	Definition
Financial Sustainability	The ability to support long-term institutional operations through stable resource planning.
Audit Cycle	Annual process involving independent auditor appointment, review of audited statements, Board acceptance, and corrective action.

Risk Register	A systematic record of institutional risks, mitigation strategies, and monitoring outcomes overseen by ARFC.

Annex E. Definitions Crosswalk Table

(Definition → Policy Reference → Governance Evidence → Responsible Unit)

Definition	Policy / By-Law Reference	Required Governance Evidence	Responsible Unit
Board of Trustees	By-Laws Arts. 1–2	BOT minutes; resolutions; membership records	Secretary to the Board; QA-IEA
Standing Committees	Art. 10-A	Committee charters; minutes; reports	Committee Chairs; Secretary; QA-IEA
By-Laws	Entire By-Laws; Art. 13	Approved policies; amendment logs	Secretary to the Board
Governance Evidence	Art. 0.3; Art. 5; CI2 Item 12–13	Governance archive; minutes; approvals	Secretary; QA-IEA
Conflict of Interest	Art. 12	COI declarations; COI register; recusal records	Secretary; GNHC
External Independent Governor	Art. 3.3	Appointment letter; COI form; credentials	GNHC; Secretary
Chairperson	Art. 4	Meeting notices; signed resolutions	Secretary
President/Chancellor	Art. 7	Appointment resolution; annual evaluation	BOT; GNHC
Financial Oversight	Art. 9	Budget reports; financial statements	ARFC; Finance Dept.
Risk Management	Art. 10.3	Risk register; mitigation logs	ARFC; Institutional Risk Office
Academic Oversight	Art. 8; Art. 10-A.2.7	Program approvals; SLO reports; program review	AAQC; QA-IEA; Academic Affairs
Degree Conferral	Art. 8.4	BOT degree approval list	Registrar; AAQC; BOT

F. Policy on the Development, Delegation, Control, Review, and Dissemination of University Policies and Procedures (1.2C)

I. Purpose

This policy establishes the **governing framework** for the **development, approval, delegation, control, periodic review, and dissemination** of all institutional policies and procedures within Fujairah University (FU). It ensures consistency, transparency, accountability, and compliance with **CAA Standards**, the **Outcome-Based Evaluation Framework (OBEF)**, and the **HE Inspection Framework (2023)**.

II. Scope

This policy applies to **all colleges, departments, offices, and centers** of the University. It governs:

1. The creation of new policies and procedures;
2. The delegation of policy-development authority;
3. The control, versioning, and storage of approved policies;
4. The periodic review and amendment of existing policies; and
5. The dissemination and communication of approved documents.

III. Policy Statement

The Fujairah University recognizes that coherent, evidence-based, and controlled policies are essential for **good governance**, **compliance assurance**, and **institutional effectiveness**.

Accordingly:

1. All University policies shall be **formulated, reviewed, and approved** through a standardized, transparent process.
2. All policies shall be **document-controlled**, versioned, and published under the supervision of the **Office of QA-IEA**.
3. All policies shall be **accessible to stakeholders** and integrated into operational practices and accreditation documentation.
4. Policy development and revisions shall ensure alignment with:
    a. The **UAE Ministry of Education** and **CAA Standards (2019)**;
    b. The **HE Inspection Framework (2023)**;
    c. The **Outcome-Based Evaluation Framework (OBEF v10.21)**; and
    d. International quality frameworks (e.g., **ISO 21001**, **EFQM 2025**).

IV. Policy Objectives

1. To establish a unified institutional process for developing, approving, controlling, reviewing, and disseminating policies and procedures.
2. To assign clear **responsibilities and delegations of authority** for policy governance.
3. To ensure all University policies are **consistent, evidence-based, compliant, and systematically updated**.
4. To maintain an official **FU Policy Repository** for centralized access and auditability.
5. To promote **institution-wide awareness** and compliance with approved policies.

V. Governance and Responsibilities

Governance Body/Office	Roles and Responsibilities
1. **Board of Trustees (BOT)**	Provides final oversight and policy governance assurance; notes major institutional policies approved through the President.
2. **President**	Exercises executive oversight; ensures policy decisions are consistent with FU's mission, strategy, and compliance frameworks.
3. **Quality Assurance and Institutional Effectiveness Council (QA-IEC)**	Approves all policies upon recommendation from the QA-IEA; ensures alignment with institutional frameworks and OBEF Pillar 6.

4. **QA-IEA (Office of Quality Assurance and Institutional Effectiveness Affairs)**	Leads policy development, document control, and archiving; maintains the Policy Masterlist and oversees periodic review cycles.
5. **CQA-IE (Academic / Administrative)**	Reviews proposed policies for compliance with CAA, OBEF, and ISO frameworks; recommends to QA-IEC for approval.
6. **Responsible Units/Colleges/ Departments**	Draft and propose policies relevant to their functional domains following the official FU Policy Template and submission protocol.
7. **All Staff and Faculty**	Comply with approved policies and participate in policy review and evaluation processes when required.

VI. **Policy Development Procedure**

Step 1 – Policy Proposal

1. Any department or unit may initiate a policy proposal by submitting a **Policy Concept Note** to the **QA-IEA Office**.
2. Proposals must identify the **purpose**, **scope**, **rationale**, **compliance references**, and **anticipated impact**.

Step 2 – Drafting

1. The proposing unit drafts the policy using the **FU Standard Policy Template** (including document control section, version, and review cycle).
2. The QA-IEA provides technical guidance to ensure alignment with institutional frameworks and formatting requirements.

Step 3 – Internal Review

1. The draft is reviewed by the **relevant CQA-IE** (Academic or Administrative).
2. Comments are consolidated by the QA-IEA and incorporated into a revised draft.

Step 4 – Endorsement and Approval

1. The **QA-IEC** endorses the final draft after reviewing compliance alignment.
2. The **President** approves the policy on behalf of the institution; major institutional policies are noted by the **BOT**.

Step 5 – Document Control and Archiving

1. The QA-IEA assigns the **Policy Code Number** and maintains the official **Policy Masterlist** and **Policy Archive**.
2. Superseded versions are archived with version control, approval date, and rationale for revision.

Step 6 – Dissemination

1. The QA-IEA disseminates approved policies through:
    a. The FU **Policy Portal / Repository**;
    b. The **University website** (as applicable);
    c. Official circulars and memoranda.
2. Policies are included in the **Faculty Handbook**, **Staff Manual**, **Student Handbook**, and **QA-IEA Manual**, as relevant.

VII. **Policy Review and Amendment**

1. All policies must be **reviewed at least every three (3) years** or earlier if mandated by changes in CAA, OBEF, or institutional frameworks.
2. The QA-IEA shall issue reminders to policy custodians for scheduled reviews.
3. The review process includes evaluation of:
    a. Effectiveness of implementation;
    b. Compliance with current standards;
    c. Operational relevance; and
    d. Stakeholder feedback.
4. Revised policies shall follow the same **development and approval process** as new policies.

VIII. **Policy Dissemination and Communication**

1. The QA-IEA ensures all approved policies are **published** in both digital and printed forms.
2. The **Policy Repository** serves as the official source of truth for all policies.

3. The **QA-IEA Office** conducts **policy awareness and orientation sessions** for faculty, staff, and students at the start of every academic year.
4. No unit may issue or enforce any policy or procedure that has not been formally approved, documented, and disseminated through official channels.

IX. Policy Control and Documentation Standards

1. Each policy must include the following control elements:
    a. **Policy Title**
    b. **Policy Number (Code)**
    c. **Version Number**
    d. **Approval and Effective Dates**
    e. **Responsible / Implementing Unit**
    f. **Approval Authority**
    g. **Next Review Date**
    h. **Cross-References (CAA / OBEF / ISO / HEI Frameworks)**
    i. **Document Custodian Statement**
2. The QA-IEA Office maintains a Policy Change Register and a Policy History Log, recording all revisions and approvals.

X. Compliance and Audit

1. The QA-IEA, in coordination with the Internal Audit and Risk Office, ensures compliance through annual audits of policy adherence, review cycles, and publication accuracy.
2. Non-compliance findings shall trigger corrective and preventive actions (CAPA) in line with OBEF v10.21 Pillar 6 standards.

XI. Cross-References

Framework / Reference	Relevant Clauses / Pillars	Focus Area
1. **CAA Standards (2019)**	Standard 1 – Governance and Management; Stipulation 1.4; Standard 10 – Legal Compliance and Public Disclosure	Policy Governance and Transparency
2. **HE Inspection Framework (2023)**	Standards 2 – Strategic Leadership; 3 – Continuous Quality Enhancement; 11 – Regulatory Compliance	Policy Control, Implementation, and Audit Readiness
3. **OBEF v10.21**	Pillar 6 – Institutional Effectiveness, Governance and Sustainability	KPI Integration and Continuous Improvement
4. **ISO 21001:2018**	Clause 7.5 – Documented Information	Control, Review, and Custody of Documents

XII. Document Control Notes

1. **Custodian:** QA-IEA Office (maintains version control, archiving, and accessibility).
2. **Review Cycle:** Every three (3) years or earlier upon regulatory or structural changes.
3. **Change Log:** Recorded in the QA-IEA Policy Register.

G. Policy on Institutional Planning

1. Policy on Strategic and Operational Planning Processes and Responsibilities (1.2D)

I. **Purpose**

This policy defines the **governing framework for strategic and operational planning** at the University of Fujairah. It ensures that planning is **mission-driven, evidence-based, participatory, and aligned** with national and international standards. The policy guarantees that all institutional, college, and departmental plans contribute coherently to FU's vision, mission, and the measurable outcomes established under **OBEF v10.21**.

II. **Scope**

This policy applies to all **strategic, academic, administrative, research, and community-engagement planning activities** of FU, including:

- The **Five-Year Strategic Plan (2025 – 2030)**;
- Annual **Operational Plans** of colleges, centers, and departments;
- Planning for research, budgeting, infrastructure, human resources, and quality assurance;
- Monitoring, evaluation, and reporting of performance indicators.

III. **Policy Statement**

FU is committed to a planning system that is **integrated, cyclical, and performance-oriented**. Strategic and operational planning shall:

1. Translate FU's **Vision and Mission** into actionable goals, objectives, and performance indicators.
2. Be **data-driven**, using institutional research, risk assessments, and stakeholder consultation.
3. **Integrate quality assurance, budgeting, and institutional effectiveness** into all planning cycles.
4. Support **national and emirate priorities** (UAE Vision 2031, Fujairah Plan 2040, MoE/CAA Strategic Directions).
5. Be **periodically reviewed** and refined based on monitoring results and external evaluations.

IV. **Policy Objectives**

1. Establish a **unified, transparent process** for developing and implementing FU's strategic and operational plans.
2. Define **roles and responsibilities** of all governing bodies and administrative units involved.
3. Ensure that planning outcomes are **aligned with CAA Standards, OBEF KPIs, and QA-IEA requirements**.
4. Promote **accountability, resource optimization, and continuous improvement** across all levels of the University.

V. **Governance and Responsibilities**

Governing Body/Office	Roles and Responsibilities
1. **Board of Trustees (BOT)**	Approves the Strategic Plan and monitors institutional achievement through annual performance reports.
2. **President**	Provides strategic leadership; endorses plans for BOT approval; ensures alignment of academic and administrative planning.
3. **QA-IEC (Quality Assurance and Institutional Effectiveness Council)**	Ensures strategic and operational plans are consistent with the QA Framework, OBEF, and national requirements.
4. **CSPBD (Committee on Strategic Planning, Budgeting and Development)**	Coordinates strategic planning cycles; reviews operational plans and budgets; validates performance data and KPI targets.
5. **Vice President for Administrative and Financial Affairs**	Leads planning for budget allocation and resource management linked to strategic priorities.

6. **Director for Academic Affairs**	Oversees academic planning, program development, and alignment with NQF and CAA requirements.
7. **Executive Director, QA-IEA**	Provides technical oversight on planning frameworks, KPI development, and institutional effectiveness reporting.
8. **College Deans and Administrative Heads**	Prepare annual operational plans, identify targets and KPIs, and submit implementation reports to CSPBD.
9. **Institutional Research Unit (IR)**	Supplies quantitative and qualitative data for evidence-based planning, forecasting, and performance monitoring.

VI. **Strategic Planning Process**

1. **Environmental Scanning and Situation Analysis**
    - Conducted by QA-IEA and CSPBD using internal and external data (SWOT, PESTLE, risk assessment, benchmarking).
2. **Formulation of Vision, Mission, Pillars and Goals**
    - Based on consultations with leadership, faculty, students, alumni, and industry partners.
3. **Development of Strategic Objectives and Initiatives**
    - Each goal translated into SMART objectives with OBEF-aligned KPIs.
4. **Validation and Approval**
    - Draft Strategic Plan reviewed by QA-IEC, endorsed by President, and approved by BOT.
5. **Implementation and Integration**
    - Plans cascade to colleges and units through annual operational plans linked to budgeting and performance contracts.
6. **Monitoring and Evaluation**
    - QA-IEA tracks progress via institutional dashboards; results reported annually to QA-IEC and BOT.
7. **Continuous Improvement**
    - Lessons learned and performance findings inform mid-term review and next planning cycle.

VII. **Operational Planning Process**

1. Each college or department develops an **Annual Operational Plan (AOP)** aligned with Strategic Plan goals and OBEF KPIs.
2. AOPs include:
    - Objectives and initiatives;
    - KPI targets and responsible staff;
    - Budget requirements and timeline;
    - Expected outputs, outcomes, and impact indicators.
3. Operational plans are reviewed and endorsed by CSPBD and monitored by QA-IEA.
4. Performance reports are submitted each semester for institutional consolidation into the **Annual Institutional Performance and Effectiveness Report (AIPER)**.

VIII. **Monitoring, Evaluation and Reporting**

1. **Monitoring Frequency:** Biannual (Operational Plans) and Annual (Strategic Plan).
2. **Tools:** Performance Dashboards, KPI Tracking Sheets, Risk Registers, and Results Chains.
3. **Performance Review Forum:** QA-IEC meeting each semester to evaluate plan implementation and approve Corrective Action Plans (CAPs).
4. **Reporting:** QA-IEA submits the Annual Institutional Effectiveness Report to the President and BOT.

IX. **Responsibilities for Integration and Alignment**

1. All plans must explicitly link to the **OBEF Pillars (1 – 6)** and **CAA Standards**.

2. The **QA-IEA** ensures that strategic and operational plans support the University's mission and are evidenced through performance data.
3. The **Finance Department** aligns budgets with approved operational plans to ensure efficient resource utilization.
4. The **Human Resources Department** aligns staffing plans and capacity-building initiatives to planning priorities.

X. **Review and Improvement Cycle**

1. **Comprehensive Review:** Every five (5) years for Strategic Plan; annually for Operational Plans.
2. **Mid-Term Evaluation:** Conducted by QA-IEA in Year 3 of each Strategic Cycle.
3. **Revision Triggers:** Changes in national policy, CAA/OBEF updates, organizational restructuring, or major external events.
4. **Documentation:** QA-IEA archives all versions, CAPs, and review reports in the Institutional Planning Repository.

XI. **Compliance and Audit**

1. QA-IEA verifies that planning processes comply with CAA Standard 1 and OBEF requirements.
2. Internal audits are conducted annually to assess the effectiveness and alignment of planning and budgeting.
3. Findings feed into the Continuous Quality Improvement (CQI) cycle and institutional risk register.

XII. **Cross-References**

Framework / Reference	Relevant Clauses / Pillars	Focus Area
CAA Standards (2019)	Standard 1 (Governance and Management), Annex 8 (QA Manual)	Institutional Planning and Resource Alignment
HE Inspection Framework (2023)	Standards 2 and 3	Leadership, Planning, and Continuous Enhancement
OBEF v10.21	Pillar 6 (Institutional Effectiveness and Governance) + Pillars 1–5 (KPI Alignment)	Performance Monitoring and Impact Measurement
ISO 21001:2018	Clauses 6–9 (Planning, Performance Evaluation, Improvement)	Quality-Management Planning and Evaluation

XIII. **Document Control Notes**

1. **Custodian:** Office of QA-IEA
2. **Review Cycle:** Every five (5) years or earlier as required by regulatory updates.
3. **Change Log:** All amendments recorded in the QA-IEA Policy Register and version-controlled.

Standard Operating Procedure (SOP): Strategic and Operational Planning Workflow

Document Code:	FU-QA-IEA-SOP-2025-01
Version No.:	1.0
Effective Date:	Academic Year 2025–2026
Supersedes:	New Procedure
Linked Policy:	FU-QA-GOV-POL-2025-03 (Policy on Strategic and Operational Planning Processes and Responsi-bilities)
Custodian:	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle:	Every Five (5) Years or earlier upon regulatory revision (CAA/OBEF/HEI Framework)

I. Purpose

This SOP operationalizes the University's policy on strategic and operational planning by defining the **workflow, accountability structure, documentation sequence, and monitoring procedures** for institutional, college, and departmental planning cycles. It ensures **systematic planning**, **performance alignment**, and **continuous improvement** across all FU units, in accordance with **OBEF v10.21 Pillar 6: Institutional Effectiveness, Governance, and Sustainability**.

II. Scope

This SOP applies to all strategic and operational planning activities at FU, including:

1. University-wide strategic plans (five-year cycles);
2. Annual operational plans (AOPs) for colleges, academic and administrative units;
3. Mid-term and annual performance evaluations;
4. Resource-allocation and budgeting linkages;
5. KPI monitoring and reporting procedures.

III. Guiding Principles

1. **Mission-Driven:** All plans must advance FU's vision, mission, and strategic pillars.
2. **Evidence-Based:** Planning decisions must be grounded in institutional data, environmental scanning, and risk analysis.
3. **Participatory:** Stakeholders at all levels (academic, administrative, student, alumni, and industry) must contribute to the planning process.
4. **Integrated:** Planning is aligned with budgeting, assessment, and quality assurance cycles.
5. **Accountable:** Performance indicators must be monitored, reported, and acted upon through Corrective Action Plans (CAPs).

IV. Workflow Overview

A. Five-Year Strategic Planning Cycle

(Applicable for FU Strategic Plan 2025 – 2030 and subsequent cycles)

Phase	Activities / Tasks	Responsible Office / Body	Supporting Documents	Timeline
1. Initiation	Issue Planning Memorandum and Planning Calendar; Establish Strategic	President / QA-IEA	Planning Memo; Committee TOR	Q1 – Year 1

	Planning Committee (CSPBD).			
2. Environmental Scanning	Conduct SWOT, PESTLE, risk, and benchmarking analysis.	QA-IEA / IR / Colleges	Environmental Scan Report; Risk Register	Q2 – Year 1
3. Stakeholder Consultation	Gather input from faculty, staff, students, alumni, industry, and government.	CSPBD / QA-IEC	Consultation Summary; Needs Survey	Q3 – Year 1
4. Drafting Strategic Goals and Pillars	Formulate strategic goals, objectives, and KPIs aligned with OBEF.	CSPBD / QA-IEA	Strategic Framework Draft; KPI Matrix	Q4 – Year 1
5. Review and Endorsement	Review draft by QA-IEC and President; integrate feedback.	QA-IEC / President	Revised Strategic Plan	Q1 – Year 2
6. Approval	Approve and adopt Strategic Plan 2025–2030.	BOT	Board Resolution; Approved Plan	Q2 – Year 2
7. Implementation & Dissemination	Cascade strategic goals to Colleges and Departments.	QA-IEA / Deans / Directors	Implementation Guidelines	Year 2 onward
8. Monitoring & Evaluation	Track KPI performance via dashboards and annual reports.	QA-IEA / CSPBD	Institutional KPI Dashboard; Annual Report	Annually
9. Mid-Term Review	Evaluate progress, revise goals if necessary.	QA-IEA / CSPBD	Mid-Term Review Report	End Year 3
10. Strategic Cycle Renewal	Initiate new five-year planning process.	QA-IEA / President	New Planning Memo	Year 6

B. Annual Operational Planning (AOP) Workflow

(Cascaded from the Five-Year Strategic Plan)

Step	Process Description	Responsible Office	Outputs / Documents	Timeline
1. Planning Kick-off	QA-IEA issues Annual Planning Call; defines timelines and formats.	QA-IEA	Planning Calendar; AOP Template	April – May
2. Drafting Unit AOPs	Colleges and administrative units develop Annual Operational Plans aligned with Strategic Plan goals.	Deans / Directors	AOP Draft	May – June
3. Review & Consolidation	QA-IEA reviews and aligns AOPs with Strategic Plan, OBEF, and budget allocations.	QA-IEA / CSPBD	Consolidated AOP Report	June
4. Approval	QA-IEC endorses AOP; President approves for implementation.	QA-IEC / President	Approved AOP	July
5. Implementation	Units execute activities, maintain progress logs and evidence files.	All Units	Activity Reports; Evidence Portfolios	August – June

6. Monitoring	QA-IEA conducts biannual monitoring (mid-year and end-of-year).	QA-IEA / CSPBD	KPI Tracking Sheet; CAPs	January / July
7. Evaluation & Reporting	Units submit performance reports for consolidation into Institutional Effectiveness Report.	Deans / Directors / QA-IEA	Annual Institutional Effectiveness Report (AIER)	August
8. Feedback & Improvement	QA-IEC reviews results; recommends improvements for next cycle.	QA-IEC	QA-IEC Minutes; Improvement Plan	September

2. Policy and Procedures on Access and Transition of Equity and Priority Groups (1.2l)

I. Purpose

This policy establishes the University's commitment to ensuring **equitable access, transition, participation, and success** for all students, particularly those from **equity or priority groups**—such as **People of Determination, low-income students, first-generation learners, and underrepresented populations**.

It defines the **mechanisms, responsibilities, and procedures** to remove barriers to entry and provide sustained academic and psychosocial support for these groups throughout their learning journey.

II. Scope

This policy applies to all FU programs and covers all stages of the student lifecycle, including:

1. **Access and Admission** – equitable recruitment, entry, and scholarship mechanisms;
2. **Transition and Retention** – academic advising, mentoring, and integration programs;
3. **Participation and Progression** – accommodations, learning supports, and inclusive pedagogy;
4. **Completion and Employability** – graduate transition pathways and employment support.

III. Policy Statement

The University upholds **inclusivity, social equity, and fairness** as guiding principles. FU recognizes that diversity enriches the learning environment and is a source of academic and societal strength. Therefore:

1. FU ensures **non-discriminatory access and participation** for all students.
2. Admission and progression practices are designed to **support both equity and merit**.
3. Support mechanisms are established to help students overcome **social, physical, financial, or educational barriers**.
4. Academic and administrative staff share the collective responsibility for creating **inclusive, accessible, and supportive learning environments**.

IV. Policy Objectives

1. Promote **equal opportunity and inclusive access** for underrepresented or disadvantaged groups.
2. Define **transparent procedures** for entry, support, and transition mechanisms.
3. Ensure that academic and non-academic services meet the **needs of People of Determination and other equity groups**.
4. Foster a **culture of empathy, accessibility, and institutional accountability**.
5. Monitor and evaluate the **impact of equity initiatives** using measurable indicators aligned with OBEF Pillars 5 and 6.

V. Governance and Responsibilities

Entity / Office	Roles and Responsibilities
Board of Trustees (BOT)	Endorses institutional commitment to inclusivity and approves resource allocations for equity programs.
1. **President**	Provides executive oversight; ensures policy integration across departments.
2. **Department of Student Affairs (DSA)**	Leads policy implementation; manages student support services, orientation, and accommodations.

3. **Admissions and Registration Department**	Ensures non-discriminatory admission processes and equitable access pathways.
4. **Office of QA-IEA**	Monitors policy effectiveness, tracks OBEF KPIs related to student success and access.
5. **Committee on QA and Institutional Effectiveness (CQA-IE) for Student Affairs**	Reviews annual reports on equity initiatives; recommends improvement actions.
6. **Academic Affairs and Colleges**	Embed inclusive teaching strategies and monitor academic progression of equity students.
7. **Counseling and Wellness Unit**	Provides psychosocial, career, and learning support interventions.
8. **Facilities and IT Services**	Ensure accessibility of campus, digital systems, and resources for People of Determination.

VI. Definition of Equity and Priority Groups

For this policy, *equity and priority groups* include but are not limited to:

1. **People of Determination (Students with Disabilities)** – as per UAE Federal Law No. 29 of 2006.
2. **Low-Income or Financially Disadvantaged Students.**
3. **First-Generation University Students.**
4. **Students from Remote or Rural Areas.**
5. **Students from Culturally or Linguistically Diverse Backgrounds.**
6. **Female Students in Non-Traditional Disciplines (e.g., STEM).**
7. **Refugee or Humanitarian Students**, where applicable.

VII. Procedures

A. Access and Admission

1. **Inclusive Admission Policy:** FU shall maintain an admission framework that accommodates equity groups without lowering academic standards.
2. **Alternative Entry Pathways:**
    - Conditional admission, bridging programs, or foundation courses where needed.
    - Recognition of prior learning (RPL) mechanisms.
3. **Financial Assistance:**
    - Equity-based scholarships, fee waivers, and installment arrangements.
    - Collaboration with government or private sponsors for bursary schemes.
4. **Accessible Information:**
    - Admission materials, websites, and communications must be accessible in both English and Arabic, and compatible with assistive technologies.

B. Transition and Orientation

1. **Equity Student Orientation Program (ESOP):** Specialized orientation sessions to support academic and social transition.
2. **Academic Mentoring:** Pairing equity students with trained faculty mentors or peer advisors.
3. **Learning Skills Support:** Access to tutoring, writing centers, and language development courses.
4. **Early Alert System:** Institutional Research (IR) monitors student performance data to identify at-risk students early in the semester.

C. Learning Support and Accommodation

1. **Accessibility Services:**
    - Assistive technologies (screen readers, captioning, ergonomic furniture).
    - Physical accessibility (ramps, lifts, restrooms, signage).
2. **Academic Adjustments:**
    - Extended test time, alternative assessments, or note-taking assistance.
    - Faculty must ensure inclusive assessment practices consistent with CAA Standard 4.
3. **Faculty Development:**
    - Regular training on inclusive pedagogy and supporting diverse learners.

D. Retention, Progression, and Completion

1. **Individual Learning Plans (ILPs):** Developed for each equity student to track academic goals, accommodations, and interventions.
2. **Periodic Review:** College Academic Advisers review academic standing every semester.
3. **Integrated Support:** Counseling, academic advising, and financial offices coordinate holistic support.
4. **Exit Transition Planning:** Career and employability workshops for graduating equity students, in coordination with the Alumni and Employability Unit.

E. Monitoring, Evaluation, and Reporting

1. **Annual Equity Report:** DSA and QA-IEA jointly prepare and submit to QA-IEC and President.
2. **Key Performance Indicators (KPIs):**
    - Enrollment and retention rates of equity groups.
    - Student satisfaction and graduation rates.
    - Employability outcomes within one year of graduation.
3. **Continuous Improvement:** Findings are used to enhance support services and policy revisions.

VIII. Communication and Awareness

1. All policies and supports must be clearly communicated through the FU website, Student Handbook, and orientation materials.
2. Equity-related initiatives shall be showcased as part of FU's **Societal Impact (OBEF Pillar 5)** outcomes.
3. Annual *Inclusion and Access Forum* to celebrate achievements and share best practices.

IX. Compliance and Quality Assurance

Framework / Reference	Relevant Clause / Pillar	Focus Area
1. **CAA Standards (2019)**	Standards 6, 7	Student Affairs, Accessibility, Learning Resources
2. **HE Inspection Framework (2023)**	Standards 4, 6, 8	Equity, Diversity, and Inclusion
3. **OBEF v10.21**	Pillars 5 & 6	Societal Impact and Institutional Effectiveness
4. **UAE Federal Law No. 29 of 2006**	Articles 12–19	Rights of People of Determination
5. **ISO 21001:2018**	Clauses 4.2, 9.1	Inclusivity and Learner-Centered Management

X. Review and Continuous Improvement

1. **Review Cycle:** Every three (3) years or earlier as required by regulatory updates.

2. **Responsible Offices:** DSA and QA-IEA.
3. **Improvement Mechanisms:**
    a. Stakeholder feedback surveys;
    b. KPI trend analysis;
    c. Benchmarking with UAE and international institutions.

XI. Document Control Notes

Item	Details
Policy Code	FU-SA-GOV-POL-2025-05
Version	1.0
Effective Date	Academic Year 2025–2026
Custodian	DSA / QA-IEA
Review Cycle	Every 3 Years
Change Log	Maintained in QA-IEA Policy and Procedure Register

V. Documentation and Tools

Document / Tool	Purpose	Custodian
1. **Strategic Planning Manual**	Defines the University's five-year strategic structure, pillars, and KPIs.	QA-IEA
2. **Annual Operational Plan (AOP) Template**	Standardized planning and reporting format for units.	QA-IEA
3. **Institutional KPI Dashboard**	Tracks OBEF-aligned performance indicators.	QA-IEA / IR
4. **Performance Evidence Portfolio (PEP)**	Repository of evidence for KPI achievements.	Respective Units
5. **Corrective Action Plan (CAP) Form**	Documents improvement actions following evaluation.	QA-IEA
6. **Institutional Effectiveness Report (IER)**	Annual summary of performance against OBEF pillars.	QA-IEA

VI. KPI Integration Framework (OBEF Alignment)

Each goal and initiative must map to the relevant **OBEF Pillar(s)** and KPI(s).

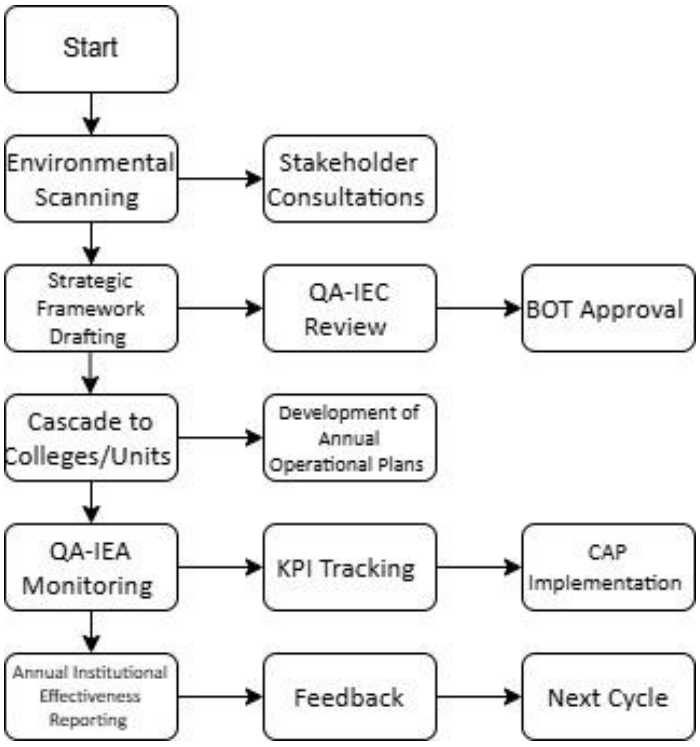
OBEF Pillar	Planning Focus Area	Example KPI
P1. Graduate Employability	Program outcomes, career placement, internships	Employment Rate ≥ 85%
P2. Quality of Learning and Teaching	Faculty development, course evaluations	Student Satisfaction ≥ 85%
P3. Research and Innovation	Publications, funded projects, patents	Annual Research Output ≥ Target
P4. Partnerships and Engagement	MoUs, industry collaborations	Number of Active Partnerships
P5. Societal Impact	Community service, sustainability projects	Outreach Participation ≥ Target
P6. Institutional Effectiveness	Governance, QA processes, performance audits	Plan Execution ≥ 90%

VII. Monitoring and Reporting Responsibilities

Responsible Entity	Monitoring Focus	Reporting Frequency
1. **QA-IEA**	Institutional KPIs and OBEF compliance	Biannual / Annual

2. **CSPBD**	Strategic implementation and budget linkages	Quarterly
3. **Deans / Directors**	College-level and unit performance	Semesterly
4. **QA-IEC**	Oversight, approval of CAPs and evaluation reports	Semesterly
5. **President / BOT**	Strategic oversight and performance evaluation	Annually

VIII. Flow Diagram of Planning Workflow



IX. Compliance and Quality Assurance

1. **CAA Standard 1 (Governance and Management)**: Ensures transparent planning, resource allocation, and risk control.
2. **HE Inspection Framework (Standards 2 & 3)**: Promotes continuous improvement and leadership accountability.
3. **OBEF Pillar 6**: Embeds governance, sustainability, and performance measurement.
4. **ISO 21001:2018 Clauses 6–9**: Aligns planning with quality management and continual improvement cycles.

X. Review and Continuous Improvement

1. **Review Responsibility:** QA-IEA in coordination with CSPBD and QA-IEC.
2. **Review Frequency:** Every 5 years (Strategic) and annually (Operational).
3. **Improvement Mechanism:** Incorporate evaluation results and CAP outcomes into next planning cycle.
4. **Audit:** QA-IEA to conduct internal audits of compliance with planning timelines and documentation.

XI. Document Control

Item	Details
Document Code	FU-QA-IEA-SOP-2025-01
Version	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	QA-IEA
Next Review	2030 or earlier upon framework revision
Change Log	Maintained in the QA-IEA Policy and SOP Register

Standard Operating Procedure (SOP): Access, Support, and Transition for Equity and Priority Groups

SOP Code	FU-SA-GOV-SOP-2025-01
Version No.	1.0
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Linked Policy	FU-SA-GOV-POL-2025-05 (Policy and Procedures on Access and Transition of Equity and Priority Groups)
Custodian	Department of Student Affairs (DSA) / QA-IEA
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) for Student Affairs
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Next Review Date	2028 or earlier upon revision of CAA or UAE inclusion laws

I. Purpose

This SOP provides a **standardized, systematic, and measurable workflow** to ensure equitable access, participation, retention, and transition for *equity and priority groups* throughout the student lifecycle at the University of Fujairah. It outlines **clear steps, responsibilities, timelines, and documentation protocols** to guarantee that inclusive practices are institutionalized and continuously improved.

II. Scope

This SOP applies to:

1. All **academic programs** (undergraduate and postgraduate);
2. All **student services** under the Department of Student Affairs (DSA);
3. **Admissions and Registration**, **Counseling and Wellness**, **Financial Aid**, and **Learning Support Services**;
4. All **faculty and staff** involved in the delivery and assessment of inclusive education.

III. Key Definitions

Term	Definition
1. **Equity Groups**	• Students who experience systemic barriers to full participation in higher education (e.g., People of Determination, first-generation learners, low-income students, women in STEM).
2. **Priority Groups**	• Students identified by FU as requiring targeted support to ensure equitable academic and professional outcomes.
3. **Access**	• Equitable admission and entry mechanisms that promote diversity.
4. **Transition**	• The process of integration and support from pre-enrolment through program completion and employability.

IV. Guiding Principles

1. **Equity and Fairness** – All students are given equal opportunity to learn and succeed.
2. **Accessibility** – Physical, digital, and academic environments must be barrier-free.
3. **Evidence-Based Support** – Decisions are informed by data and stakeholder feedback.
4. **Integration and Collaboration** – All departments work together to provide holistic support.
5. **Continuous Improvement** – Services are periodically reviewed and enhanced based on outcomes

V. Operational Workflow

A. Admission and Access Stage

Step	Process / Action	Responsible Office	Output / Documentation	Timeline
1. Policy Dissemination	Publish admission guidelines emphasizing inclusivity and equal opportunity (Arabic and English).	Admissions & Registration / DSA	Accessible Admission Brochure / Website Updates	Before Admission Cycle
2. Identification of Equity Applicants	Applicants declare equity status (People of Determination, low-income, etc.) confidentially during application.	Admissions Office	Equity Identification Form	Ongoing
3. Assessment and Recommendation	Review support needs, financial aid, or accessibility accommodations.	DSA / Counseling Unit / QA-IEA	Individual Support Recommendation Form	Upon Admission
4. Financial and Academic Assistance	Provide scholarships, installment options, or bridging programs.	DSA / Finance / Academic Affairs	Scholarship or Aid Approval	Upon Enrollment
5. Orientation for Equity Students (ESOP)	Conduct specialized orientation for adaptation and support service awareness.	DSA / Academic Advisors	Orientation Attendance Record	Week 1, Semester 1

B. Transition and Academic Support Stage

Step	Process / Action	Responsible Office	Output / Documentation	Timeline
1. **Academic Advising and Mentorship**	Assign academic advisers or peer mentors trained in equity support.	Academic Affairs / DSA	Mentor Assignment Log	Within First Month
2. **Accessibility and Learning Support**	Provide assistive technologies, note-taking help, extra exam time, or	DSA / Learning Support Center / Faculty	Accommodation Request Form	As Needed

	flexible assessment.			
3. **Early Alert and Risk Monitoring**	Track GPA, attendance, and performance through IR data analytics to detect risk.	Institutional Research / QA-IEA	Early Alert Report	Mid-Semester
4. **Counseling and Well-being Support**	Offer mental health, career, and psychosocial services.	Counseling and Wellness Unit	Session Logs / Case Reports	Ongoing
5. **Staff Sensitization and Training**	Conduct inclusive teaching and cultural awareness training for faculty and staff.	HR / QA-IEA / DSA	Training Attendance Record	Each Semester

C. Retention, Progression, and Completion Stage

Step	Process / Action	Responsible Office	Output / Documentation	Timeline
1. **Individual Learning Plans (ILPs)**	• Develop ILPs for equity students identifying learning outcomes, barriers, and support mechanisms.	• Academic Advisors / Program Chairs	• ILP Template	• Semester 1
2. **Academic Monitoring**	• Review academic progress and intervention success.	• QA-IEA / Academic Affairs	• Mid-Year Academic Review	• January & June
3. **Financial and Scholarship Review**	• Reassess financial eligibility and continued assistance.	• DSA / Finance Office	• Annual Scholarship Evaluation	• End of Each AY
4. **Career Transition and Employability**	• Provide employability training and placement	• DSA / Alumni & Industry	• Graduate Tracking Report	• Final Semester

Program (CTEP)	support for equity graduates.	Engagement Unit		
5. **Exit Interview and Feedback**	• Conduct exit interviews to evaluate satisfaction and support impact.	• QA-IEA / DSA	• Exit Survey Summary	• End of Program

VI. Integration with OBEF KPIs

OBEF Pillar	Key KPI	Measurement Mechanism	Responsible Unit
P1 – Graduate Employability	% of equity graduates employed within one year	Graduate Destination Survey (GDS)	QA-IEA / DSA
P2 – Learning & Teaching Quality	Student satisfaction of equity learners	Student Experience Survey	QA-IEA / DSA
P5 – Societal Impact	Number of inclusion and outreach initiatives	Institutional Annual Report	DSA / Academic Affairs
P6 – Institutional Effectiveness	Rate of policy implementation and review compliance	Annual IE Report	QA-IEA

VII. Documentation and Records

Document	Purpose	Custodian
1. Equity Identification Form	Identify and track equity students	Admissions Office / DSA
2. Individual Learning Plan (ILP)	Record academic goals and support actions	Academic Advisor / QA-IEA
3. Accommodation Request Form	Document learning and assessment adjustments	DSA / Faculty
4. Counseling Session Log	Monitor psychosocial and wellness interventions	Counseling Unit
5. Equity KPI Report	Annual performance analysis for OBEF integration	QA-IEA
6. Annual Inclusion Report	Consolidated summary of all inclusion initiatives	DSA / QA-IEA

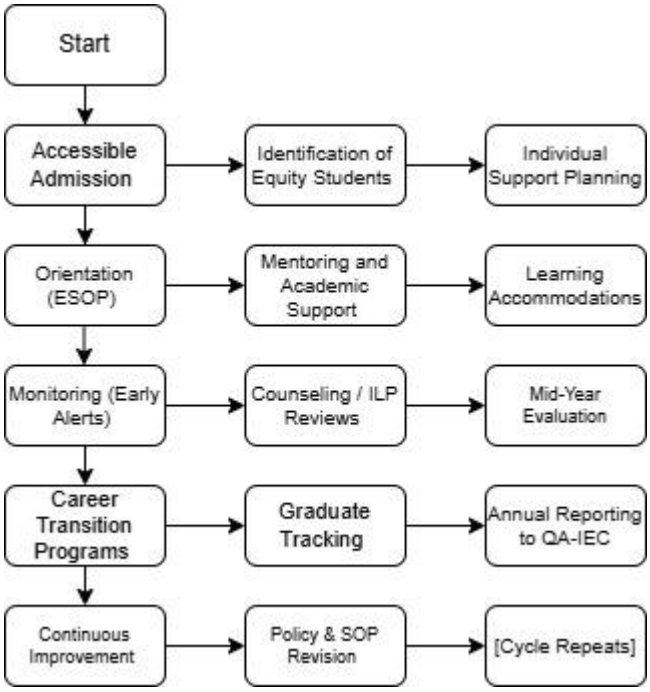
VIII. Monitoring, Evaluation, and Reporting

1. **Frequency:** Biannual monitoring and annual reporting.
2. **Responsible Units:** DSA (implementation), QA-IEA (evaluation), QA-IEC (oversight).
3. **Evaluation Tools:**

a. KPI dashboard and trend analysis.
b. Student satisfaction and employability surveys.
c. Institutional risk register updates.

4. **Corrective Action Plans (CAPs):** Developed by DSA and submitted to QA-IEC for underperforming areas.

IX. Flow Diagram of the Equity Access and Transition Workflow



X. Compliance and Quality Assurance References

Framework / Regulation	Relevant Clauses / Standards	Application
CAA Standards 2019	Standards 6, 7, 9	Student Access, Support, and Learning Environment
HE Inspection Framework 2023	Standards 4, 6, 8	Inclusion, Transition, and Student Well-being
OBEF v10.21	Pillars 5 & 6	Societal Impact and Governance
UAE Federal Law No. 29 of 2006	Articles 12–19	Rights and Access for People of Determination
ISO 21001:2018	Clauses 4.2, 9.1	Inclusivity and Learner-Centered Management

XI. Document Control Notes

Item	Details
SOP Code	FU-SA-GOV-SOP-2025-01
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years
Custodian	Department of Student Affairs (DSA) / QA-IEA

Change Log	Maintained in QA-IEA SOP Register

H. Risk Management

1. Policy on Institutional Risk Management and Control (1.J)

I. **Purpose**

This policy establishes FU's institutional framework for **risk management and control**, ensuring that all academic, administrative, financial, and operational risks—including **safety, environmental, and facilities-related hazards**—are identified, assessed, mitigated, and continuously monitored.
It promotes a **culture of risk awareness, institutional resilience, and accountability** consistent with national and international quality frameworks.

II. **Scope**

This policy applies to all functional units of the University, including:

1. Academic Affairs, Colleges, and Research Centers;
2. Administrative, Financial, and IT Services;
3. Student Affairs, Community Engagement, and Alumni Relations;
4. **Department of Facilities Management (DFaM)**—covering physical infrastructure, environment, occupational safety, and business continuity.

III. **Policy Statement**

FU adopts a **university-wide, systematic approach** to risk management based on the principles of ISO 31000:2018 and OBEF v10.21 Pillar 6.
FU shall:

1. Maintain a centralized **Institutional Risk Management Framework (IRMF)** and **Institutional Risk Register (IRR)** coordinated by QA-IEA.
2. Integrate risk management into all **strategic and operational planning cycles**.
3. Empower units—especially the **Department of Facilities Management (DFaM)**—to proactively manage operational, environmental, and safety risks.
4. Promote training and awareness to strengthen a **culture of prevention and preparedness**.
5. Review and update the Risk Register semiannually through the QA-IEC.

IV. **Policy Objectives**

1. Identify and manage threats that could compromise FU's mission, academic integrity, and operational continuity.
2. Integrate risk analysis into decision-making, resource allocation, and performance management.
3. Assign clear accountability for risk identification, assessment, and mitigation.
4. Establish proactive mechanisms for monitoring, evaluation, and improvement.
5. Ensure compliance with **CAA**, **HEI Inspection**, and **OBEF** quality standards.

V. **Governance and Responsibilities**

Body / Office	Roles and Responsibilities
Board of Trustees (BOT)	Approves the Risk Management Framework and Annual Risk Report; oversees institutional risk governance.
President	Provides executive leadership; ensures cross-functional risk mitigation and adequate resource allocation.
Quality Assurance and Institutional Effectiveness Council (QA-IEC)	Reviews the Institutional Risk Register (IRR); monitors the implementation of mitigation actions and CAPs.
Office of QA-IEA	Leads risk management coordination; maintains the IRR; facilitates training, reviews, and risk analytics.

Committee on QA and IE (CQA-IE) for Administrative Affairs	Reviews risk submissions from units; validates risk ratings; escalates high-level risks to QA-IEC.
Deans / Directors / Department Heads	Identify, assess, and manage risks in their functional domains; implement CAPs and report quarterly.
Head, Department of Facilities Management (DFaM)	**Primary responsible office** for operational, environmental, and safety risks. Manages the *Facilities Risk Register (FRR)* covering building maintenance, occupational health and safety, fire safety, utilities, emergency preparedness, environmental sustainability, and business continuity. Reports quarterly to QA-IEA.
Internal Audit and Finance Office	Evaluates financial and compliance controls; conducts internal audits on mitigation effectiveness.
Institutional Research (IR)	Provides data for predictive risk modeling, KPI variance analysis, and risk trend reporting.

VI. **Risk Management Process**

FU applies a **five-stage continuous cycle** consistent with ISO 31000 and OBEF Pillar 6:

Stage	Activity	Responsible Entity	Outputs / Tools
1. Risk Identification	Recognize risks across all domains (academic, financial, operational, facilities, compliance).	All Units / QA-IEA	Risk Identification Form
2. Risk Assessment	Evaluate probability and impact using FU's 5×5 Risk Matrix.	QA-IEA / Risk Owners	Risk Rating Sheet
3. Mitigation and Control	Define controls, preventive measures, and contingency actions.	Risk Owners / DFaM / QA-IEA	Corrective Action Plan (CAP)
4. Monitoring and Reporting	Track status, analyze trends, and update registers quarterly.	QA-IEA / QA-IEC / DFaM	Institutional Risk Register
5. Review and Improvement	Evaluate residual risk, review policy effectiveness, and update strategies.	QA-IEA / President / BOT	Annual Risk Management Report

VII. **Risk Categories and Ownership**

Category	Description	Examples	Primary Responsible Office
1. **Strategic Risks**	Affect mission, governance, or long-term objectives.	Policy non-alignment, accreditation delays.	President / QA-IEA
2. **Academic Risks**	Impact program quality, student learning, or faculty capacity.	NQF misalignment, low retention.	Director for Academic Affairs / Colleges
3. **Operational and Facilities Risks**	Threaten campus operations, environment, safety, or infrastructure.	Equipment breakdown, fire hazards, power outage, unsafe workspace.	**Head, Department of Facilities Management (DFaM)**
4. **Financial Risks**	Relate to budget, revenue, or funding sustainability.	Delayed payments, cost overruns, fraud.	Finance Office / Internal Audit
5. **Compliance and Legal Risks**	Breach of laws, regulations, or accreditation standards.	CAA non-compliance, labor or IP disputes.	QA-IEA / Legal Advisor

VIII. **Risk Prioritization and Assessment Matrix**

FU applies a **Risk Scoring Model (L × I)**:

Level	Likelihood (L)	Impact (I)	Action
1	Rare	Insignificant	Monitor
2	Unlikely	Minor	Periodic Review

3	Possible	Moderate	Develop CAP
4	Likely	Major	Executive Attention
5	Almost Certain	Critical	Immediate Response

Risk Score Interpretation:

- *1–5 (Low)*: Acceptable
- *6–10 (Moderate)*: Managed by Unit
- *11–15 (High)*: Escalate to QA-IEC
- *16–25 (Critical)*: Escalate to President / BOT

IX. Facilities and Safety Risk Management (New Section)

The **Department of Facilities Management (DFaM)** oversees the **Facilities Risk Management Sub-Framework (FRMS)** under the overall IRMF.

A. Key Responsibilities

1. Maintain the **Facilities Risk Register (FRR)**, including infrastructure, utilities, and environment-related risks.
2. Conduct **biannual safety audits** covering fire safety, occupational health, electrical systems, and emergency readiness.
3. Develop and test the **Emergency Response and Evacuation Plan (EREP)** annually.
4. Coordinate with QA-IEA for integration of facilities-risk data into the Institutional Risk Register.
5. Lead **business continuity planning (BCP)** for facilities and energy services.

B. Example Facility Risk Domains

1. Building structural integrity and compliance.
2. Energy management and sustainability.
3. Fire, safety, and environmental health.
4. Accessibility and campus mobility.
5. Equipment and utility failures.
6. Emergency response and disaster recovery.

C. Reporting and Evaluation

1. Quarterly risk status report submitted by DFaM to QA-IEA.
2. Major incidents reported immediately to President and QA-IEC.
3. Annual summary integrated into the **Institutional Risk Management Report**.

X. Integration with Institutional Effectiveness

Risk management outcomes are incorporated into:

1. **Institutional Effectiveness Reports (IERs)** and **Annual Performance Reviews**;
2. **Operational Plans (AOPs)** with risk-linked KPIs;
3. **OBEF Pillar 6 dashboards**, tracking governance, sustainability, and resilience metrics.

XI. Monitoring and Continuous Improvement

1. **Quarterly Reviews** – QA-IEA reviews risk logs and progress on CAPs.
2. **Annual Audit** – Conducted by Internal Audit and QA-IEA.
3. **Mid-Cycle Evaluation** – QA-IEC reviews systemic risks and reports to BOT.
4. **Continuous Learning** – Lessons integrated into training, planning, and ISO 21001 improvement cycles.

XII. Compliance Alignment

Framework / Reference	Relevant Clause / Pillar	Application

1. **CAA Standards (2019)**	Standard 1; Annex 8	Institutional Governance and Risk Integration
2. **HE Inspection Framework (2023)**	Standards 2 and 3	Strategic Leadership and Institutional Effectiveness
3. **OBEF v10.21**	Pillar 6	Risk-based Governance and Sustainability
4. **ISO 31000:2018**	Clauses 5–8	Principles and Implementation Framework
5. **ISO 21001:2018**	Clause 6.1	Actions to Address Risk and Opportunity

XIII. **Document Control Notes**

Item	Details
Policy Code	FU-QA-GOV-POL-2025-06
Version	1.1
Effective Date	Academic Year 2025–2026
Custodian	QA-IEA Office
Review Cycle	Every 3 years or earlier upon framework changes
Change Log	Updated to include DFaM as primary responsible office; addition of Facilities Risk Management section (October 2025).

2. Policy Committee on Risk Management (CRM)

I. Scope

The scope of this policy includes the composition of CRM and the responsibilities of its members.

II. Objective

This policy intends to delegate the responsibilities for risks management and to ensure that risks are properly addressed to safeguard FU's resources.

III. Policy Statement

A. Responsibilities

The CRM shall be established, under the umbrella of the Administrative Council (AdC), to implement, monitor, and evaluate the risks management program of the university. In addition, the CRM shall:

a. Institute methods and processes for all risk management activities.
b. Respond to any emergency or risk situations at all times.
c. Review the plan and update information.
d. Periodically assess the severity of specific risks and establish the potential financial, human and physical risks by determining the approaches toward mitigating the risks.
e. Establish and maintain a related risk management database. And,
f. Identify, resolve issues, and a report regarding any resolutions made by the CRM shall be forwarded to the BOT and ECM through the President.
g. Maintain records, but not limited to, agenda, resolutions, and minutes of the meetings.

B. Meetings

a. The CRM will meet at least thrice a year, other meetings may be conducted as the need arise, upon the invitation of the chair who will preside over the meeting.
b. Decisions of the Committee will be made by the absolute majority.
c. The Committee will select in its first meeting a secretary among members to take the minutes of meetings and maintain them in records, which he/she and the chair will sign.

C. Membership

a. Chairperson: Head, Department of Facilities Management (DFaM)
b. Members**:**
   - Head, Department of Financial Management (DFiM)
   - Head, Department of Human Capital Management (DHCM)
   - Head, Department of Information Technology Services (DITS)
   - Head, Department of Student Affairs and Shared Services (DSASS)
   - Deans and Program Chairpersons, or their duly representatives

3. Policy on Property Insurance

I. Scope

The scope of this policy includes all properties owned and registered under FU.

II. Objective

This policy encompasses the insurance coverage of physical damage or loss of owned and registered properties of FU.

III. Policy Statement

(Some statements used in this section are adopted from the Property Insurance Policy of the UAE University)

The FU shall:

1) Provide insurance coverage for all its owned assets and their replacement costs. To operationalize the terms used in this policy, FU properties include: buildings, vehicles, furniture, and equipment— including computers or any equipment on loan or hire to or from the University.
2) Determine the amount and type of insurance coverage based on the cost-benefit perspective and insurance product availability. The University may choose to allocate insurance expenses to the different departments. And,
3) Ensure the budget allocation and the availability of funds for this purpose.

A. Procedural Statement

The FU shall:

1) Through the Head of Department of Facilities Management (DFaM), notify the Head of the Department of Financial Management (DFiM) for processing of insurance coverage, whenever a new property is acquired.
2) Maintain a common/blanket insurance policy for assets other than building such as vehicles and equipment. New assets shall be added to, and disposal assets will be deleted from, this policy accordingly.
3) Through the DFaM, select the appropriate insurance plan for the respective property from the list of insurance plans offered by FU's contracted insurance company, and forward the insurance request along with the required documentation to the contracted insurance company.
4) Through the DFaM, receive the insurance policy, and hence notifies the corresponding department/office or the Procurement unit on the attainment of the insurance policy. The insurance policy is forwarded, and a copy is kept at the DFaM.

5) Maintain that the insurance premium for a property is charged directly against its budget or specific budget of the department the property falls.

B. Annual Renewal of Insurance Contracts

1) FU's insurance contract shall be renewed annually, and the payment issued is processed by the DFiM according to the direction of the Head of DFaM, as per the Vendor Payments Policy.
2) When renewing annual insurance contracts, the DFaM is responsible for providing the contracted insurance company with an up-to-date record of the University's property. Property that has been insured in the past year, and the need to dispose of the said property needs to be communicated.

C. Additional Reference

The Safety and Risk Management Plan is accompanied by this policy to provide guidance and implementation framework.

4. Policy on Risk Management Plans

I. Overview

This plan is developed to provide a safe environment for students, employees, and visitors. The benefits of a safe campus cannot be overemphasized. These plans and procedures are designed to promote a safe campus environment for stakeholders and provide guidance when safety problems occur.

II. Scope

This policy applies to the employees, students, and other stakeholders of FU.

III. Objective

The objective of this policy is to establish the risk management framework particularly on preventing and controlling losses of physical, human, and financial resources.

IV. Policy and Procedure Statements

A. Financial Risk Plan

1. Financial Risks Arising from Insufficient Enrollment

FU's continuous operations with delivering quality academic services may be exposed to financial risks arising from insufficient enrollment. This scenario may affect the regular operations of the university. The quality of support services may be affected and the academic quality may be compromised. The University, however, is expected to deliver according to the appropriate standards and to put safeguards in case it faces this risk.

a. Plan

1) A budget, which includes reserved funds to meet any financial deficit, is in place.
2) Cost-efficient spending of university funds.
3) Enhance CCECS training programs.
4) Identify other alternative sources of income-generating programs or projects.
5) Expand marketing strategies and identify new targets. And,

6) A pre-admission scheme must be incorporated into the registration system.

b. Responsibilities

1) The Registrar reports the insufficient number of enrollment to the President, through the VC for Academic Affairs.
2) The Department of Financial Management determines the amount of budget deficit and proposes budget adjustments to the President.
3) The President recommends the proposed adjusted budget to the Board of Trustees (BOT) through the Executive Committee (EC).
4) The BOT through the EC approves the annual budget and earmarks reserve funds to meet any financial deficit. And,
5) The Fujairah Charity, formerly, Fujairah Welfare Association (FWA) shall act as a Lender of Last Resort (LLR) if the financial problem persists.

B. Operational Risk Plan

1. Failure of Information Technology Infrastructure

Information technology infrastructure is regarded as an essential system that supports the delivery of academic programs and services. To sustain the quality support roles of this infrastructure, FU has identified plans and responsibilities to mitigate the failure of information technology.

a. Plan

1) Safeguards must be institutionalized when the Information System (IS) is purchased. It should have sufficient input from the end-user as to specifications and use.
2) The cost and benefit ratio had been established before the Information system is installed, implemented, and maintained.
3) Appropriate testing and demonstration should be made before the actual installation and implementation
4) The qualified staff operates and maintains the IS.
5) Sign economical service, and maintenance contracts with appropriate warranty and technical support.
6) Information data, programs, and software should have a backup system.
7) Information technology equipment is insured.

b. Responsibilities

<u>The Head of Department of Information Technology Support (DITS)</u>

1) FU through its DITS must establish, execute, and monitor IT resources utilization policy.
2) Inspect reported cases of violations of IT utilization policy.
3) Refer violation cases to the concerned committee for disciplinary action and resolution.
4) Safeguard university systems and data.
5) Troubleshoot IS problems and failures. And,
6) Ensure the confidentiality and integrity of IT data.

<u>The Heads of Academic and Administrative Units</u>

1) Disseminate IT resources utilization policy.

2) Facilitate DITS in monitoring the use of IT resources. And,
3) Report any violations to FU's committee through DITS for appropriate resolution.

The Head of the Department of Financial Management (DFiM)

1) Opt for a suitable insurance coverage policy for IT resources.

2. Loss of Key Personnel

Fujairah Emirate is undergoing rapid development, attracting new businesses and investments. This has a huge impact on the cost of living in Fujairah. FU may be exposed to employee turnover, as people may relocate to other places for better financial opportunities or loss due to retirement, illness or death.

a. Plan

1) Regular review of compensation and benefits schemes ensuring competitiveness.
2) Maintain a harmonious employee-employer relationship.
3) Identify a clear-cut order of succession.
4) Coach and mentor of peer staff and faculty members.
5) Provide administrative staff with regular job orientation and multi-task training and development.
6) Establishment of core faculty members to cater to the existing area of specialization assignments. And,
7) Maintenance of a regularly updated pool or listing of prospective (full-time and part-time) faculty and staff.

b. Responsibilities

The Head of the Department of Human Capital Management (DHCM) shall:

1) Conduct a salary survey and propose a new pay structure.
2) Ensure the delivery of multi-task training and development activities among faculty and staff; and,
3) Establish a roster of shortlisted applicants for an immediate appointment.

The Head of the Department of Financial Management shall:

1) Opt for suitable insurance coverage policy for human resources.

The Heads of Academic and Administrative Units shall:

1) Report the loss of key personnel to the President, through the DHCM
2) Act as coach and mentor.

The President shall:

1) Designate a competent substitute faculty or staff.

3. Loss of Access to Learning Resources

Learning resources are necessary tools that facilitate the delivery of educational programs. FU safeguards and updates these resources to ensure their availability and accessibility by students and staff.

a. Plan

1) Acquire an adequate number of copies of up-to-date textbooks, reference books, videos, DVDs, and software.
2) Access to on-line databases and other e-resources.
3) Use of Closed-Circuit Television (CCTV), Radio Frequency Identify (RFID) security, and fire fighting systems.
4) Arrange resource sharing schemes with other educational institutions.

b. Responsibilities

The Head of the Center for Library and Learning Resources (CLLR) shall:

1) The accession of all the books, journals, DVDs… etc.
2) Keep accurate records of the circulation of learning materials.
3) Regulate access to e-resources.
4) Maintain mutual relations with various stakeholders in terms of sharing learning resources.

The Head of the Department of Information and Technology Support (DITS) shall:

1) Provide maintenance and technical supports related to learning resource security and safety system.

The Head of the DFiM

1) Opts for suitable insurance coverage policy for learning resources.

4. Handling and Disposal of Hazardous Materials

FU has developed a comprehensive plan for handling and disposal of hazardous materials. This plan intends to provide a safe, secure and environmentally friendly place for employees, students, and visitors.

a. Plan

1) Determine whether all materials submitted for removal are:
   a. Recyclable material
   b. Useable surplus material
   c. Hazardous waste
   d. Non-hazardous waste
   e. Hazardous e-waste
   f. Non- hazardous e-waste
2) Identify various types of recycling, hazardous, and non-hazardous material collection and accumulation facilities in Fujairah and nearby emirates.
3) Provide proper hazardous material collection containers or bags.
4) Proper hazardous material labeling and record keeping.
5) Transport recycling, hazardous, and non-hazardous materials to the collection facilities every month.
6) Assist in hazardous material emergencies.
7) Ensure that the staff members who handle hazardous material must receive proper training as required by the FU policy.

b. Responsibilities

The Executive Committee Members and University President shall:

1) Ensure that all employees who may be exposed to hazardous materials as a part of their employment are:

a. Provided proper information, training, necessary tools, and equipment to fulfill their duties at FU; and,
b. In compliance with safety policies, procedures, and regulations related to handling and disposal of hazardous materials.

2) Ensure that each employee regardless of his/her nature of duty has a safe, healthy, and environmentally friendly workplace.

The Deans, Academic, and Administrative Heads shall:

1) Ensure that the Hazardous Material Handling and Disposal Program is implemented and properly administered within their concerned departments, which produce hazardous waste;

2) Ensure that proper hazardous material collection areas are identified (color-coded) and approved by all concerned employees.
3) Designate a person(s) within their department(s), responsible for identifying, overseeing, and coordinating of proposed hazardous material collection areas. The person(s) would also be responsible for guiding people in the proper collection of such materials.

The Users and Producers of Hazardous Materials shall:

1) Ensure the proper use, handling, storage, and disposal of hazardous materials.
2) Identify and designate:

a. Surplus hazardous materials that are no longer needed by them, but could be used by others.
b. Hazardous material where there is no apparent future use. And,
c. Proper containers for storing such materials.

5. Other Emergencies

a) Fire Safety

Fire Safety is a primary concern for all faculty and staff members. A serious concern for safety in any public building relates to fire.

FU sets forth the following guidelines:

1. Tampering with smoke detectors, fire alarms, and fire extinguishers are not allowed.
2. Smoking inside the building is strictly prohibited.
3. Incense, candles and any other open flame instrument are not allowed to use.
4. Hallways must be clear of all objects that might impede exit from the building.
6. Students must participate and cooperate fully in all fire drills.
7. Staff and students should become familiar with the location of the fire exits and fire extinguishers posted on each floor.

b) Building Security

FU will have in place the proper insurance to protect the institution and its constituencies. The CRM shall check unoccupied buildings to ensure that each is locked. This building check will provide the opportunity to observe problems at the buildings such as water leaks, fires, and broken windows/doors.

Students are required to carry their identification cards at all times and present them to college officials upon request.

6. Types of Crises/Emergencies Identified

1) Medical Emergency – epidemic or poisoning
2) Environmental/Natural Disasters – fires, chemical spills,
3) Physical Plant - Unsafe campus building conditions, grounds, amenities, furniture, equipment, and utilities

7. Safety and Risk Management Protocol

a) Fire Safety

Steps:

1) Activate the building's fire alarm immediately if you detect a fire or smoke.
2) Call 997 to report the fire to the Civil Defense Department.
3) Report all fires regardless of size or damage to the Director of Administration.
4) Observe the following steps calmly when a fire alarm is ringing:
    a. Evacuate the building by the closest exit in a peaceful and orderly manner.
    b. Elevators must not be used during fire or fire alarm conditions.
    c. Control of elevator functions may be relinquished to professional firefighters.
    d. FU will have a special responsibility for providing safety for female and disabled students.
    e. Once evacuated, a building will not be re-entered until the "all clear" has been given by a fire safety authority and communicated through Security Services and the Fire Wardens.
    f. The Physical Plant Fire Safety Technician will keep records of tests of fire equipment on file for at least two years.

b) Medical Emergency in Risk Situations

Steps:

<u>If the person identifying the situation believes, the situation is a trauma or life-threatening situation, call 997 or have the switchboard operator call 997 or 998 for an ambulance.</u>

<u>The Security Officer</u>

1. Notifies the President and indicate the medical emergency.
2. Be available to provide information to CRM about the situation.
3. Contacts the CRM, if necessary.
4. Reports unsafe conditions to the appropriate department for appropriate actions.
5. Contacts and follow the President instructions or those of his representatives concerning contacting any necessary Health Authorities, the Police Department and other government law enforcement agencies.

<u>The Committee on Risk Management</u>

1. Sets up a risk command center in the Conference Room unless it is involved in the risk situation.
2. Arranges for temporary accommodations and relocations if necessary.
3. Prepares for appropriate communication.
4. Arranges for telephone hot-line if necessary for students and parents.

c) Violent Acts/Behavior

Steps: (Crime in Progress)

1. Stay calm.
2. Call 997.
3. Notify the Receptionist and the Campus Safety in case of the absence of the Receptionist.
4. A receptionist will notify the President or his representative/s.

5. Secure the area or take the victim to a safe environment if they can be safely moved and notify the President or his representative/s.
6. Contact other members of the CRM, if needed.
7. Initiate communication plans if needed.
8. Set up risk command center if required
9. Arrange counseling or victim services for victims and other affected individuals.

Steps: Discovery of Violent Act (After the Fact)

1. Notify President or his representative/s or contact Receptionist. After business hours contact Security Officer, who will notify Police or other agencies if 997 has not been called.
2. Go to a safe place and wait for Security Officer and report anything of relevance to him/her.
3. Cooperate with law enforcement personnel.
4. Security Officer will contact the President or his representative/s
5. If not already contacted through 997, Security Officer will contact the Police Department or other agency.
6. The CRM shall be contacted as needed.
7. The CRM shall contact other required personnel as directed by the President or his representative/s to accomplish the following:
    - Arrange for counseling or victim services for those affected.
    - Prepare media response as directed by the President.
    - If required, assist the family i.e. Psychological counseling, medical, and insurance referral.

d) Environmental/Natural Disaster – Evacuation

Steps:

1. Alarm people in the area and follow procedures to evacuate the area.
2. Notify the President or his representative/s and Receptionist or the Security Officer.
3. Disaster Management of Fujairah and other law enforcement agencies shall be called as required.
4. Fire Department shall be called.
5. Facility and Maintenance Services shall respond to the situation's security and safety issues and initiate communication with the College Director or other members of the CRM.
6. Set up a risk command center.
7. Initiate a Hotline if needed. And,
8. Prepare a press release if appropriate.

5. Occupational Health, Safety, and Risk Management Team (OHSRMT)

The Occupational Health, Safety, and Risk Management Team (OHSRMT) shall be created under the authority of the Senior Administrator for Administrative Affairs.

The OHSRMT must be available to respond and react as a team in emergency or risk situations. The team will be required to meet at least every six months to review the plan and update information. A written report will be provided to the President after each review to identify and document unsafe conditions or situations.

The OHSRMT will consist of the following:

- Head, DFaM (safety coordinator)
- Head, DHCM
- Coordinator, Socio-Cultural, Sports Development and Healthcare Services Unit
- Deans and Program Chair

The members of the OHSRMT shall be appointed by the President. The Team will report its findings to the Senior Officer for Administrative Affairs. Responsibility for this activity should not be delegated because the team members must be familiar with each other and fully aware of their responsibilities about risk management.

In the event of a risk, the Team will work with the President to determine the course of action.

General Plan

A. **Assumptions**

The President shall be responsible for all communications including those with the media. Any required university notifications or cancellations should be coordinated by Public Relations according to the President's directions.

The Safety and Risk Management Team will initiate the risk and/or communication plans of the University, as required in the event of risk or emergency.

B. **Safety and Risks Management Team Responsibilities**

1. Advance Warning (If applicable)

a) Meets and plans based on anticipated situations; prepare a plan for a worst-case scenario.
b) Notify City services of police, fire, and ambulance if necessary, with the approval of the President.
c) Make and implement communication decisions.
d) Notify key university personnel who need to be involved.
e) Make precautionary evacuations if needed.
f) Call essential service personnel if required.
g) Enforce precautionary quarantine initiated by Health Authority.
h) Complete incident report if required.
i) Debriefing.

2. Emergency in Progress or Immediate Aftermath

a) Notify the President and follow his directions.
b) Call City emergency services if required and not already on the scene.
c) Make and implement Communication decisions.

d) Initiate university communication plans, contact key personnel.
e) React and coordinate activities for campus security, evacuations, shelter, counseling, etc.
f) Coordinate restoration of lost or damaged utility services.
g) Initiate damage control.
h) Complete incident report(s).
i) Complete a log of activity.

3. POST EMERGENCY

a) Debrief and continue communications as required to the university community, general community, and the media as directed by the President.
b) Ensure that arrangements are made for counseling to those who need it.
c) Record events and prepare permanent records to be maintained.
d) Assess any required changes or additions to the risk management plan.
e) Complete incident report(s).

C. **Physical Plant Safety**

The campus environments, facilities, open spaces, walkways, campus amenities, and other physical features all have the potential of being dangerous to the health and safety of all people on the campus. Neglected repair or other maintenance, traffic safety, misuse of equipment, poor reporting of problems all contribute to injury and sickness all of which can result in long-lasting debilitating personal problems or even death.

D. **Addressing Safety Issues**

The Safety and Risk Management Team will request the assistance of all FU personnel and students to report unsafe conditions.

a. Members of the Safety and Risk Management Team will conduct safety surveys, document their findings and report safety problems to the appropriate department that has the ability and/or responsibility to correct the problem.
b. The Safety and Risk Management Team will develop and conduct a campus safety program for the protection of students, employees and the public.
c. The students and employees are required to file accident reports with the President.
d. The Safety and Risk Management Team will review all on-campus accidents/injuries to determine the cause, the action that was taken, and determine what can be done to prevent other such accidents from occurring in the future.
e. The Safety and Risk Management Team will help promote safety to employees and students through various mean of communication, including literature, posters, message boards, and promotional materials.

The Safety and Risk Management Plan shall be prepared to help address emergency and risk events and to help prevent accidents, injuries, deaths and property damage on the campus.

Committee on Risk Management (CRM)

Note: The terms of reference of CRM are reflected in item J. Risk Management, item 2: Policy on Committee on Risk Management.

A. GENERAL PLAN

a) **Assumptions**

1. The President shall be responsible for all communications including those with the media. Any required University notifications or cancellations shall be coordinated by Public Relations according to the President's directions.

2. The CRM shall initiate the risk and/or communication plans of the University as required in the event of risk or emergency.

b) **CRM Meeting**

1. In the event of risk or emergency, the chairperson will determine the place and time of the meeting.

c) **CRM Responsibilities**

Advance Warning (If applicable)

1) Meets and plans, based on anticipated situations, for a worst-case scenario.
2) Upon approval of the President, it notifies city services of police, fire, and ambulance, if necessary.
3) Makes and implements communication decisions.
4) Notifies key University personnel who need to be involved.
5) Makes precautionary evacuations, if needed.
6) Enforces precautionary quarantine initiated by the Health Authority.
7) Completes incident reports, if required.
8) Conducts debriefing activities.

c. EMERGENCY IN PROGRESS OR IMMEDIATE AFTERMATH

1) Notifies the President and executes his instructions.
2) Upon approval of the President, it notifies city services of police, fire, and ambulance, if necessary.
3) Reacts, communicates, and coordinates activities for key personnel on-campus security, evacuations, shelter, counseling, etc.
4) Coordinates restoration of lost or damaged utility services.
5) Completes incident report(s).

d. POST EMERGENCY

1) Informs, as required, the University -community, general community, and the media under the supervision of the President.
2) Ensures that arrangements are made for counseling.
3) Records events and prepares permanent records to be maintained by the CRM.
4) Assesses any required changes or additions to the risk management plan. And,
5) Completes incident report(s).

e. UNIVERSITY FUNCTIONAL RESPONSIBILITIES

1. **Security Office**
   a. Protects property, secures and controls the emergency site.
   b. Receives notification of incidents from campus and/or government services, initiates risk plan, and coordinates all activities with campus and government services (e.g. call emergency services – Emergency First Response Team, fire brigade, police and ambulance services.)
   c. Maintains public order within the campus.
   d. Participates in rescue activities.
   e. Records the event and action taken.
   f. Coordinates with government and law enforcement agency representatives.
2. **Public Relations**
   a) **Handles or clears all media activities as directed by the President.**
   b) **Handles emergency and closing notifications, and coordinates special notifications as required.**
   c) **Provides clear, continuous, and timely communication to faculty, staff, students, and community, as required.**

3. **Physical Plant and Transportation**
   a) Notifies the President and follows instructions.
   b) Monitors actual safety hazards.
   c) Conducts field observations for hazardous conditions and situations.
   d) Advises on measures to maintain safety.
   e) Records the event and action taken for liability and risk management.
   f) Provides essential services for maintenance and restoration.
   g) Undertakes damage control and emergency repairs.
      - Clears roadways and buildings under the supervision of law enforcers or fire fighting officers.
      - Documents action, time and date of repairs, or other responses for safety matters.

4. **Student Affairs**

   The President shall provide directions to the Department of Student Affairs and Shared Services concerning the following:
   1) Notify students about the concerned safety problem and document the same.
   2) Assist in arranging for temporary accommodations.
   3) Students or families, when appropriate.
   4) Advise students, faculty and staff members and families about situations involving students.
   5) Provide counseling as required to victims and affected individuals.
   6) Ensure that victims are aware of "Victim Services" provided by various agencies such as Red Crescent.
   7) Offer assistance to family members, when appropriate.

6. University Risks Register and Documentation

The risk register of the university is institutionalized to establish a systematic evaluation of the likelihood of severity and consequences of risks.

The FU adopts the Ministry of Education Risk Identification and Assessments Framework (2016), and shall use the following criteria to determine the likelihood and consequences of risks:

1. Severity and Likelihood Assessment Indicators

Rating	Severity (Consequences)	Rating	Likelihood (Probability)
1	**Insignificant** - There is no potential enviroment pollution, health or injuries risks.	1	**Very Likely** - There is no precedent in previous similar operations, activities or tasks.
2	**Minor** - There is minor environmental pollution, health or injuries risks that can be handled in workplace without further external assistance	2	**Unlikely** - There is no precedent recorded in UAE, but it was recorded at least once in previous similsr operations, activities or tasks abroad.
3	**Moderate** - There is a limited potential for environmental pollution, temporal/acute health impact or medium - level injuiries thhat may partially / temporarily halt work and the need for external assistance and provision of specialized medical services as well resulting in no more than 7 workdays lost to recover.	3	**Probable** - There is at least one precendent recorded in similar operations, activities or tasks in UAE over the last 3 years.
4	**Major** - There is a potential critical environmental pollution, long / chronic / permanent health or serious injuires risks that completely stop work and necessitate external assistance and provision of specialized medical services as well resulting in more than 7 workdays lost to recover.	4	**High** - There is at least once precendent recorded in the same operations, activities or tasks in the institution over the last 3 years.
5	**Catastrophic** - There is an incurable environmental pollution or death risk that completely halt work and necessitate external assistance.	5	**Frequent** - there are frequent accidents recurrence recorded in the said operations, activities or tasks in the institution over the last year.

2. Severity and Likelihood Assessment Matrix

Risk Matrix - Risk Evaluation					
Likelihood (probability)	**Severity (Consequences)**				
	Insignificant (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
1. Very Likely	Low	Low	Low	Med	Med

2. Unlikely	Low	Low	Med	Med	Med
3. Probable	Low	Med	Med	Med	High
4. High	Med	Med	Med	High	High
5. Frequent	Med	Med	High	High	High

Risk Matrix - Risk Evaluation					
Likelihood (probability)	**Severity (Consequences)**				
	Insignificant (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
1. Very Likely	Low	Low	Low	Med	Med
2. Unlikely	Low	Low	Med	Med	Med
3. Probable	Low	Med	Med	Med	**High**
4. High	Med	Med	Med	**High**	**High**
5. Frequent	Med	Med	**High**	**High**	**High**

3. **Risks Rating and Required Actions Indicators**

Risk Rating	**Required Actions**
▪ **Low (1-3)**	▪ **Operations, activities, or tasks can be carried out by the current procedures.**
▪ **Moderate (4-6)**	▪ **Operations, activities, or tasks can be maintained along with recommending the provision and implementation of other additional measures or procedures.**
▪ **High (8-12)**	▪ **Operations, activities, or tasks can be maintained; however, they necessitate providing obligatory additional measures and procedures to control and handle within a specific period, while they are continuously monitored until additional measures and procedures are met, complete, and re-evaluated. Operations, activities, or tasks shall immediately cease function if obligatory additional measures and procedures are not provided or achieved within the specified time agreed to.**
▪ **Catastrophic (15-25)**	▪ **Operations, activities, and tasks shall not be initiated in the current situation. It must cease immediately until they are considered as well as taking necessary control measures and procedures and carrying on re-evaluation for impacts and risks.**

7. Risk Management Plans and Risks Likelihood and Consequences Matrix

Risk Management Plan	**Description of Sever (Consequences)**	**Description Likelihood (Probability)**	**Risk Rating a Required Actions**
A. Financial Risks			
1. Financial Risks arising from Insufficient Enrollment			

B. Operational Risks			
1. Failure of Information Technology Infrastructure			
2. Loss of Key Personnel			
3. Loss of access to learning resources			
4. Handling and disposal of hazardous materials			
5. Other emergencies			
5.1 Fire safety			
5.2 Building security			
6. Type of Crises/emergencies identified			
6.1 Medical emergency			
6.2 Physical Plan: unsafe campus building conditions, grounds, amenities, furniture, equipment, and utilities			

II. Quality Assurance

The Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) coordinates with the leaders of the Academic and Administrative Affairs the FU's mandate of implementing a quality assurance system in terms of creating the niche of excellence in delivering programs and goals to achieve institutional effectiveness. It monitors and evaluates the implementation of policies on quality assurance systems and executes a process on continuous quality enhancement.

A. Policy and Procedures on the Operations of the Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) (2.A)

I. Purpose

This policy establishes the **institutional governance framework** for the operations of the **Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)**. It ensures that QA-IEA functions as the **central coordinating and oversight body** for all quality, planning, research, accreditation, and continuous improvement activities at the Fujairah University.

II. Scope

This policy applies to all academic, administrative, research, and student support units of FU.
It governs:

1. The **mandate, structure, and responsibilities** of the QA-IEA.
2. The **development, approval, monitoring, and review** of quality assurance procedures.
3. The **integration of institutional research, risk management, and outcome-based evaluation** into decision-making processes.
4. The **continuous improvement mechanisms** supporting compliance, accreditation, and strategic performance.

III. Policy Statement

The University of Fujairah recognizes **Quality Assurance and Institutional Effectiveness (QA-IE)** as a **systematic and evidence-based process** of ensuring that all academic and administrative activities are effectively planned, implemented, evaluated, and improved.
FU commits to:

1. Maintaining an autonomous and empowered QA-IEA that reports directly to the President.
2. Ensuring all academic and support units operate in compliance with **CAA**, **OBEF**, and **ISO 21001** standards.
3. Integrating outcome-based evaluation into institutional planning and performance management.
4. Promoting transparency, accountability, and continuous quality enhancement across all operations.

IV. Policy Objectives

1. To define the governance, structure, and operational mechanisms of QA-IEA.
2. To ensure the alignment of institutional processes with **national and international accreditation frameworks**.
3. To establish a **systematic monitoring, evaluation, and reporting cycle** for institutional effectiveness.

4. To embed a **culture of evidence-based planning and continuous improvement** across FU.
5. To support the University's strategic plan and OBEF performance indicators through reliable data analytics and quality evaluation.

V. Governance and Organizational Structure

A. Positioning

1. The QA-IEA operates under the **Office of the President** and serves as the **institutional oversight body** for all quality assurance and effectiveness functions.
2. The **Executive Director for QA-IEA** provides leadership and reports to the President.

B. Subordinate and Coordinating Bodies

Body / Unit	Key Function	Reports To
1. **Quality Assurance and Institutional Effectiveness Council (QA-IEC)**	Strategic oversight of all QA-IE initiatives, approvals, and evaluations.	President
2. **CQA-IE for Academic Affairs**	Monitors program quality, curriculum evaluation, OBEF compliance, accreditation.	QA-IEC
3. **CQA-IE for Administrative Affairs**	Monitors administrative and operational quality performance and service effectiveness.	QA-IEC
4. **Committee on QA and Program Effectiveness (CQA-PE)**	Program-level committees responsible for annual program review and OBEF KPI tracking.	CQA-IE

VI. Core Functions of the QA-IEA

Functional Area	Operational Description
A. Quality Assurance System Management	Develop, implement, and maintain a unified institutional QA framework aligned with CAA Standards, OBEF, ISO 21001, and HE Inspection Framework.
B. Institutional Effectiveness (IE) and Performance Evaluation	Conduct systematic evaluation of academic and non-academic units through Key Performance Indicators (KPIs), scorecards, and Institutional Effectiveness Reports (IERs).
C. Policy Development and Review	Coordinate the formulation, review, and approval of FU policies; ensure version control, governance alignment, and document archiving.
D. Accreditation and Compliance	Manage national and international accreditation processes, renewal submissions, and compliance audits.
E. Institutional Research and Data Analytics	Collect, analyze, and report institutional data to CHEDS, OBEF, and internal stakeholders.
F. Risk Management and Audit Support	Maintain the Institutional Risk Register (IRR) and coordinate Corrective Action Plans (CAPs) with QA-IEC.
G. Planning and Continuous Improvement	Integrate results of risk management, KPI reviews, and accreditation outcomes into annual planning cycles.
H. Stakeholder Communication and Transparency	Ensure the dissemination of QA-IEA outputs (dashboards, reports, policies) through secure, accessible institutional channels.

VII. Procedures Governing QA-IEA Operations

A. Annual QA-IEA Operational Cycle

Phase	Key Activity	Outputs / Deliverables	Timeline

1. Planning	Define QA-IEA objectives, KPIs, and audit calendar aligned with FU Strategic Plan.	QA-IEA Annual Plan	June–August
2. Implementation	Conduct assessments, audits, and OBEF KPI evaluations.	QA-IEA Activity Reports	September–May
3. Monitoring	Track progress of Corrective Action Plans (CAPs) and compliance tasks.	QA-IEA Monitoring Dashboard	Quarterly
4. Evaluation	Analyze KPI trends and risk levels; produce Institutional Effectiveness Reports (IERs).	IERs / QA-IEC Review Report	June–July
5. Improvement	Revise QA-IEA frameworks and recommend policy or process enhancements.	Updated QA Framework	August

B. Policy Development and Review Procedure

1. **Initiation:** Policy development request originates from QA-IEA or any unit, aligned with institutional or regulatory needs.
2. **Drafting:** QA-IEA prepares the draft policy, benchmarking it against CAA, OBEF, ISO 21001, and HEI frameworks.
3. **Consultation:** Review through relevant Committees (CQA-IE / QA-IEC).
4. **Approval:** Endorsed by QA-IEC and approved by the President or BOT.
5. **Implementation:** Disseminated via the QA-IEA portal and integrated into operational manuals.
6. **Monitoring:** QA-IEA tracks implementation and evaluates effectiveness annually.
7. **Review:** Policies are reviewed every three (3) years or as required by framework changes.

C. Institutional Research and KPI Management Procedure

1. **Data Collection:** Institutional Research (IR) Unit collects data from all colleges and departments.
2. **Validation:** QA-IEA verifies data accuracy and consistency with CHEDS and OBEF reporting formats.
3. **KPI Analysis:** Performance analyzed against baseline, targets, and benchmarks.
4. **Reporting:** KPI Dashboard and IER submitted to QA-IEC and President.
5. **Improvement Action:** Underperforming KPIs trigger Corrective Action Plans.

D. Accreditation and Compliance Procedure

1. **Preparation:** QA-IEA coordinates program self-studies and evidence gathering.
2. **Submission:** Accreditation reports and responses prepared according to CAA or external accreditor timelines.
3. **Monitoring:** QA-IEA monitors post-accreditation action plans.
4. **Documentation:** All records maintained in the QA-IEA Accreditation Repository.

E. Risk Management and Institutional Audit Procedure

1. **Identification:** QA-IEA, through CQA-IE, identifies emerging academic and administrative risks.
2. **Assessment:** Risks assessed and ranked using FU Risk Matrix (L × I).
3. **Mitigation:** Corrective Action Plans developed by respective units.
4. **Reporting:** QA-IEA compiles the Institutional Risk Register and reports quarterly to QA-IEC.
5. **Audit and Improvement:** Internal audits and lessons learned incorporated into strategic and operational planning.

F. Communication, Dissemination, and Transparency

1. **QA-IEA Portal:** Serves as the official repository for policies, reports, and dashboards.
2. **Dissemination:** QA-IEA publishes all approved policies, KPI reports, and QA manuals to faculty, staff, and relevant stakeholders.
3. **Workshops and Awareness Sessions:** Conducted each semester to ensure understanding of QA-IE procedures, OBEF metrics, and accreditation requirements.

VIII. Monitoring and Evaluation

Instrument / Process	Frequency	Responsibility
1. QA-IEA Operational Plan	Annual	QA-IEA Director
2. Institutional Effectiveness Report (IER)	Annual	QA-IEA / QA-IEC
3. KPI and OBEF Monitoring Dashboard	Quarterly	QA-IEA / IR Unit
4. Internal Quality Audit	Biannual	QA-IEA / CQA-IE
5. Policy Review Report	Every 3 years	QA-IEA
6. Risk Register Update	Quarterly	QA-IEA / CQA-IE

IX. Continuous Improvement Mechanisms

1. Feedback from audits, surveys, and KPI reports informs **policy updates** and **strategic plan adjustments**.
2. QA-IEA ensures all processes follow the **Plan–Do–Check–Act (PDCA)** model.
3. Recommendations for improvement are tracked in a **Continuous Improvement Register (CIR)**.

X. Compliance and Reference Alignment

1. **CAA Standards 2019**	Standard 1 & Annex 8	Institutional QA and Governance
2. **HE Inspection Framework 2023**	Standards 2, 3, 6	Leadership, Performance, and Improvement
3. **OBEF v10.21**	Pillar 6	Institutional Effectiveness and Sustainability
4. **ISO 21001:2018**	Clauses 6.1, 9.1, 10.2	Actions to Address Risks, Monitoring, and Improvement

XI. Document Control Notes

Item	Details
Policy Code	FU-QA-GOV-POL-2025-07
Version	1.0
Effective Date	Academic Year 2025–2026
Custodian	QA-IEA Office
Review Cycle	Every 3 years or earlier as required
Change Log	Initial policy establishing operational framework for QA-IEA (October 2025).

Annex A. Standard Operating Procedure (SOP) on the Operations of the Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)

SOP Code	FU-QA-GOV-SOP-2025-07A
Linked Policy	FU-QA-GOV-POL-2025-07 — Policy and Procedures on the Operations of the Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Version No.	1.0
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Monitored and Evaluated by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Approved by	President
Next Review Date	2028 or earlier upon revision of CAA/OBEF frameworks
Cross-References	CAA Standards 2019 (Std 1 & Annex 8); OBEF v10.21 (Pillar 6); HE Inspection Framework 2023 (Std 2, 3, 6); ISO 21001:2018 (Clauses 6–10)
Custodian	QA-IEA Office (Controlled Document)

I. Purpose

To establish a **standardized, evidence-based workflow** for the operations of the QA-IEA, ensuring that institutional quality assurance, data analytics, accreditation, and continuous improvement activities are **systematically implemented, monitored, and evaluated** across all University functions.

II. Scope

This SOP applies to:

1. All academic colleges, programs, and research centres;
2. Administrative and support departments;
3. Institutional committees (QA-IEC, CQA-IE, CQA-PE); and
4. Strategic projects monitored under OBEF v10.21.

III. Guiding Principles

1. **Integration** — QA and IE activities are embedded in planning and decision-making.
2. **Evidence-Based Accountability** — All improvements must be supported by verifiable data and KPI evidence.
3. **Transparency** — All reports and decisions are documented and communicated through approved channels.
4. **Continuous Improvement** — The PDCA (Plan–Do–Check–Act) cycle drives quality enhancement.
5. **Compliance and Alignment** — All operations adhere to CAA, OBEF, ISO 21001 and HE Inspection Framework requirements.

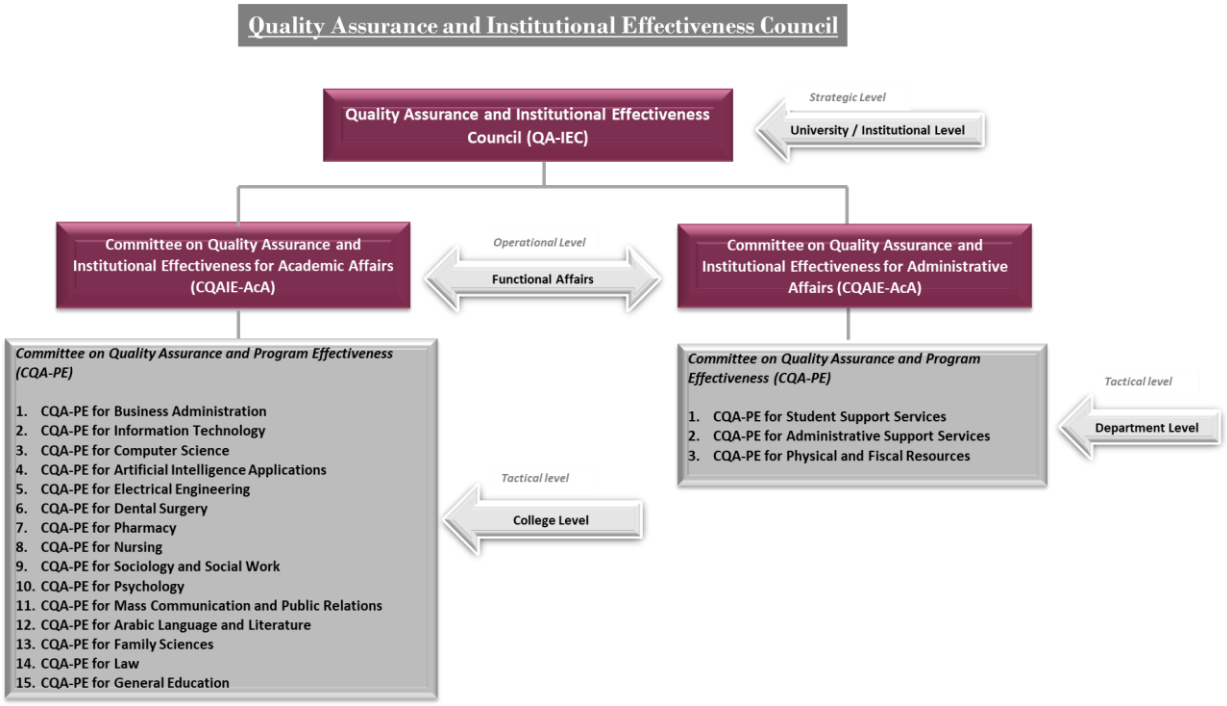
IV. PDCA Cycle for QA-IEA Operations

Stage	Process / Activity	Responsible Entity	Key Outputs / Documents	Timeline
P – Plan	Formulate QA-IEA Annual Plan, Audit Schedule, and Institutional Effectiveness (KPI) Targets aligned with Strategic Plan.	QA-IEA Director / QA-IEC	QA-IEA Operational Plan; KPI Framework; Risk Register	June–August

D – Do	Execute quality audits, program reviews, policy evaluations, and OBEF data collection.	CQA-IE / CQA-PE / Units	Internal Audit Reports; CAP Templates	September–May
C – Check	**Analyze KPI performance, CAP progress, and risk mitigation results; conduct Institutional Effectiveness Review.**	QA-IEA / IR Unit	Institutional Effectiveness Report (IER); QA-IEC Review Summary	June–July
A – Act	Recommend corrective actions, revise QA frameworks and policies, and update Strategic and Operational Plans.	QA-IEA / President	Improvement Plan Matrix; Updated QA Manual	August

V. Operational Workflow and Governance

A. Committee Hierarchy and Reporting Flow



- **QA-IEA Office** serves as the Secretariat for QA-IEC and all sub-committees.
- All reports flow upward through CQA-PE → CQA-IE → QA-IEC → President → BOT.

B. Key Responsibilities

Entity / Office	Operational Responsibilities
1. **QA-IEA Director**	Leads planning, coordinates audits, approves reports for submission to QA-IEC and President.
2. **QA-IEC**	Oversees implementation of QA framework; reviews IE Reports and CAPs.
3. **CQA-IE**	Supervises academic and administrative assessments; validates KPIs and outcomes.
4. **CQA-PE**	Conducts annual program reviews and faculty evaluation processes aligned with OBEF.
5. **IR Unit**	Manages institutional data and KPI dashboard; supports decision analytics.

6. **Risk Management Coordinator (QA-IEA)**	Maintains Risk Register and links findings to CAP and planning cycles.

VI. Core Operational Processes

1. Annual Planning and KPI Development

1. Review Strategic Plan and OBEF Pillars.
2. Define Institutional and Program-Level KPIs (IR Forms 1–5).
3. Validate KPI targets with Deans and Department Heads.
4. QA-IEA integrates KPI matrix into the Annual Operational Plan (AOP).

Output: KPI Framework Matrix with Baseline–Target–Achievement Columns.

2. Internal Audit and Quality Review

1. QA-IEA issues Audit Schedule to all units.
2. Each unit submits Self-Evaluation Reports (SERs).
3. CQA-IE conducts evidence-based audit using rubrics aligned with CAA Standards.
4. Findings and recommendations are compiled into Internal Audit Report.
5. CAPs are developed and tracked via the QA-IEA Dashboard.

Output: Internal Audit Report and Corrective Action Plan Register.

3. Accreditation and Compliance Management

1. Maintain Accreditation Matrix for all programs (local and international).
2. Coordinate preparation of Self-Study and Renewal Reports.
3. Monitor compliance with CAA Standards and OBEF KPI Thresholds.
4. Report status to QA-IEC each semester.

Output: Accreditation Progress Tracker and Compliance Dashboard.

4. Institutional Research and Data Reporting

Phase	Activity	Responsible Unit	Deliverable
1. Data Collection	Gather enrollment, retention, graduate employment, and faculty data.	IR Unit / Colleges	IR Form 1–3 Data Sheets
2. Validation	Check accuracy and alignment with CHEDS and OBEF format.	QA-IEA	Validated Dataset
3. Analysis	Prepare trends, KPI variances, and dashboards.	QA-IEA / IR	Quarterly KPI Report
4. Reporting	Submit Institutional Effectiveness Report to QA-IEC and President.	QA-IEA	IER 2025 Template

5. Continuous Improvement Cycle

1. Identify improvement areas from IER and audits.
2. Develop Improvement Action Plans (IAPs) with timeline and responsible offices.
3. Integrate approved actions into unit operational plans and budgets.
4. Monitor implementation quarterly through QA-IEA Dashboard.
5. Evaluate impact in next annual IE report.

Output: Continuous Improvement Register (CIR) linked to OBEF Pillar 6.

VII. KPI and OBEF Linkage Matrix

OBEF Pillar	Example Institutional KPI	Evidence Source	Responsible Unit
P1 – Graduate Employability	% of graduates employed within 12 months	Graduate Destination Survey (GDS)	QA-IEA / Student Affairs
P2 – Learning & Teaching Quality	% of courses aligned to NQF 2024	Curriculum Mapping Forms	Academic Affairs

P3 – Research & Innovation	No. of refereed publications per faculty	IR Form 2 – Research Data	Research Office
P4 – Industry Partnerships	No. of MOUs signed with industry partners	Partnership Database	External Relations
P5 – Societal Impact	% of community engagement projects completed	Community Engagement Reports	Student Affairs
P6 – Institutional Effectiveness	% of CAPs implemented on schedule	QA-IEA CAP Tracker	QA-IEA

VIII. Monitoring and Reporting Schedule

Report / Instrument	Prepared By	Submitted To	Frequency
1. QA-IEA Operational Plan	QA-IEA Director	President / QA-IEC	Annual (June)
2. Institutional Effectiveness Report (IER)	QA-IEA / IR Unit	QA-IEC → President → BOT	Annual (July)
3. KPI Dashboard	QA-IEA / CQA-IE	QA-IEC	Quarterly
4. Internal Audit Reports	QA-IEA Audit Team	CQA-IE / President	Biannual
5. CAP Progress Update	All Units / QA-IEA	QA-IEC	Quarterly
6. Continuous Improvement Register (CIR)	QA-IEA	QA-IEC / President	Annual

IX. Documentation and Record Control

Document Type	Control Code	Custodian	Retention Period
1. QA Policy and Procedure Manual	FU-QA-GOV-POL-Series	QA-IEA	Permanent
2. Audit Reports and CAP Files	FU-QA-AUD-Series	QA-IEA / CQA-IE	5 Years
3. KPI Dashboards / IERs	FU-QA-IR-Series	QA-IEA / IR Unit	3 Years
4. Meeting Minutes (QA-IEC, CQA-IE)	FU-QA-MIN-Series	QA-IEA	3 Years
5. Accreditation Documents	FU-QA-ACC-Series	QA-IEA	Permanent

X. Continuous Improvement and Review

- QA-IEA reviews this SOP every three years or upon framework revision.
- Findings from internal audits and OBEF evaluations feed into policy and procedure updates.
- Results are documented in the QA-IEA Continuous Improvement Register (CIR).

XI. Compliance and Quality Framework Alignment

Framework / Standard	Clause / Pillar	Focus Area
CAA Standards (2019)	Annex 8	Quality Management System Implementation
OBEF v10.21	Pillar 6	Institutional Effectiveness and Governance
HE Inspection Framework (2023)	Standards 2, 3, 6	Strategic Leadership and Continuous Improvement
ISO 21001:2018	Clauses 6–10	Risk-Based Planning and PDCA Improvement Cycle

XII. Document Control Notes

Item	Details
SOP Code	FU-QA-GOV-SOP-2025-07A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years
Custodian	QA-IEA Office
Change Log	Initial issuance establishing PDCA-based QA-IEA workflow (Oct 2025).

B. Policy on the Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) Contribution to Strategic and Operational Planning (2.B)

I. Purpose

This policy establishes the **governing framework** for the **development, approval, delegation, control, periodic review, and dissemination** of all institutional policies and procedures within Fujairah University (FU). It ensures consistency, transparency, accountability, and compliance with **CAA Standards**, the **Outcome-Based Evaluation Framework (OBEF)**, and the **HE Inspection Framework (2023)**.

II. Scope

This policy applies to **all colleges, departments, offices, and centers** of the University. It governs:

1. The creation of new policies and procedures;
2. The delegation of policy-development authority;
3. The control, versioning, and storage of approved policies;
4. The periodic review and amendment of existing policies; and
5. The dissemination and communication of approved documents.

III. Policy Statement

The Fujairah University recognizes that coherent, evidence-based, and controlled policies are essential for **good governance**, **compliance assurance**, and **institutional effectiveness**.

Accordingly:

1. All University policies shall be **formulated, reviewed, and approved** through a standardized, transparent process.
2. All policies shall be **document-controlled**, versioned, and published under the supervision of the **Office of QA-IEA**.
3. All policies shall be **accessible to stakeholders** and integrated into operational practices and accreditation documentation.
4. Policy development and revisions shall ensure alignment with:
    a. The **UAE Ministry of Education** and **CAA Standards (2019)**;
    b. The **HE Inspection Framework (2023)**;
    c. The **Outcome-Based Evaluation Framework (OBEF v10.21)**; and
    d. International quality frameworks (e.g., **ISO 21001**, **EFQM 2025**).

IV. Policy Objectives

1. To establish a unified institutional process for developing, approving, controlling, reviewing, and disseminating policies and procedures.
2. To assign clear **responsibilities and delegations of authority** for policy governance.
3. To ensure all University policies are **consistent, evidence-based, compliant, and systematically updated**.
4. To maintain an official **FU Policy Repository** for centralized access and auditability.
5. To promote **institution-wide awareness** and compliance with approved policies.

V. Governance and Responsibilities

Governance Body/Office	Roles and Responsibilities

Board of Trustees (BOT)	Provides final oversight and policy governance assurance; notes major institutional policies approved through the President.
President	Exercises executive oversight; ensures policy decisions are consistent with FU's mission, strategy, and compliance frameworks.
Quality Assurance and Institutional Effectiveness Council (QA-IEC)	Approves all policies upon recommendation from the QA-IEA; ensures alignment with institutional frameworks and OBEF Pillar 6.
QA-IEA (Office of Quality Assurance and Institutional Effectiveness Affairs)	Leads policy development, document control, and archiving; maintains the **Policy Masterlist** and oversees periodic review cycles.
CQA-IE (Academic / Administrative)	Reviews proposed policies for compliance with CAA, OBEF, and ISO frameworks; recommends to QA-IEC for approval.
Responsible Units/Colleges/ Departments	Draft and propose policies relevant to their functional domains following the official FU Policy Template and submission protocol.
All Staff and Faculty	Comply with approved policies and participate in policy review and evaluation processes when required.

VI. Policy Development Procedure

Step 1 – Policy Proposal

3. Any department or unit may initiate a policy proposal by submitting a **Policy Concept Note** to the **QA-IEA Office**.
4. Proposals must identify the **purpose**, **scope**, **rationale**, **compliance references**, and **anticipated impact**.

Step 2 – Drafting

1. The proposing unit drafts the policy using the **FU Standard Policy Template** (including document control section, version, and review cycle).
2. The QA-IEA provides technical guidance to ensure alignment with institutional frameworks and formatting requirements.

Step 3 – Internal Review

1. The draft is reviewed by the **relevant CQA-IE** (Academic or Administrative).
2. Comments are consolidated by the QA-IEA and incorporated into a revised draft.

Step 4 – Endorsement and Approval

1. The **QA-IEC** endorses the final draft after reviewing compliance alignment.
2. The **President** approves the policy on behalf of the institution; major institutional policies are noted by the **BOT**.

Step 5 – Document Control and Archiving

1. The QA-IEA assigns the **Policy Code Number** and maintains the official **Policy Masterlist** and **Policy Archive**.
2. Superseded versions are archived with version control, approval date, and rationale for revision.

Step 6 – Dissemination

1. The QA-IEA disseminates approved policies through:
    a. The FU **Policy Portal / Repository**;
    b. The **University website** (as applicable);
    c. Official circulars and memoranda.

2. Policies are included in the **Faculty Handbook**, **Staff Manual**, **Student Handbook**, and **QA-IEA Manual**, as relevant

VII. Policy Review and Amendment

1. All policies must be **reviewed at least every three (3) years** or earlier if mandated by changes in CAA, OBEF, or institutional frameworks.
2. The QA-IEA shall issue reminders to policy custodians for scheduled reviews.
3. The review process includes evaluation of:
    a. Effectiveness of implementation;
    b. Compliance with current standards;
    c. Operational relevance; and
    d. Stakeholder feedback.
4. Revised policies shall follow the same **development and approval process** as new policies.

VIII. Policy Dissemination and Communication

1. The QA-IEA ensures all approved policies are **published** in both digital and printed forms.
2. The **Policy Repository** serves as the official source of truth for all policies.
3. The **QA-IEA Office** conducts **policy awareness and orientation sessions** for faculty, staff, and students at the start of every academic year.
4. No unit may issue or enforce any policy or procedure that has not been formally approved, documented, and disseminated through official channels.

IX. Policy Control and Documentation Standards

1. Each policy must include the following control elements:
    a. **Policy Title**
    b. **Policy Number (Code)**
    c. **Version Number**
    d. **Approval and Effective Dates**
    e. **Responsible / Implementing Unit**
    f. **Approval Authority**
    g. **Next Review Date**
    h. **Cross-References (CAA / OBEF / ISO / HEI Frameworks)**
    i. **Document Custodian Statement**
2. The QA-IEA Office maintains a **Policy Change Register** and a **Policy History Log**, recording all revisions and approvals.

X. Compliance and Audit

1. The QA-IEA, in coordination with the Internal Audit and Risk Office, ensures compliance through annual audits of policy adherence, review cycles, and publication accuracy.
2. Non-compliance findings shall trigger corrective and preventive actions (CAPA) in line with OBEF v10.21 Pillar 6 standards.

XI. Cross-References

Framework / Reference	Relevant Clauses / Pillars	Focus Area

CAA Standards (2019)	Standard 1 – Governance and Management; Stipulation 1.4; Standard 10 – Legal Compliance and Public Disclosure	Policy Governance and Transparency
HE Inspection Framework (2023)	Standards 2 – Strategic Leadership; 3 – Continuous Quality Enhancement; 11 – Regulatory Compliance	Policy Control, Implementation, and Audit Readiness
OBEF v10.21	Pillar 6 – Institutional Effectiveness, Governance and Sustainability	KPI Integration and Continuous Improvement
ISO 21001:2018	Clause 7.5 – Documented Information	Control, Review, and Custody of Documents

XII. Document Control Notes

1. **Custodian:** QA-IEA Office (maintains version control, archiving, and accessibility).
2. **Review Cycle:** Every three (3) years or earlier upon regulatory or structural changes.
3. **Change Log:** Recorded in the QA-IEA Policy Register.

Standard Operating Procedure (SOP): FU Strategic and Operational Planning Integration Workflow
(Implementing FU-QA-GOV-POL-2025-09)

SOP Code	FU-QA-GOV-SOP-2025-09A
Linked Policy	FU-QA-GOV-POL-2025-09 – Policy on QA-IEA Contribution to Strategic and Operational Planning
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Monitored and Evaluated by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Approved by	President
Next Review Date	2028 or earlier upon revision of CAA / OBEF frameworks
Cross-References	CAA Standards 2019 (Annex 8); OBEF v10.21 (Pillar 6); HE Inspection Framework 2023 (Stds 2 & 3); ISO 21001:2018 Clauses 6–10
Custodian	QA-IEA Office (Controlled Document)

I. Purpose

This SOP operationalizes the policy on QA-IEA's contribution to FU's strategic and operational planning by establishing a **standardized, evidence-driven workflow** for data collection, alignment, approval, monitoring, and reporting. It ensures that institutional plans are built upon **quality assurance mechanisms, OBEF-aligned KPIs, and continuous improvement principles** consistent with CAA and ISO 21001 standards.

II. Scope

Applies to all FU colleges, departments, centers, and administrative units involved in:

1. Formulating, implementing, and evaluating **Strategic Plans (SPs)** and **Annual Operational Plans (AOPs)**;
2. Aligning planning with the **Outcome-Based Evaluation Framework (OBEF)**;
3. Submitting KPI performance data to the **QA-IEA** and **QA-IEC**.

III. Guiding Principles

1. **Evidence-based Planning:** All plans must be grounded in validated data and institutional performance evidence.
2. **Alignment:** Each goal, KPI, and initiative must link directly to FU Strategic Pillars and OBEF.
3. **Integration:** QA-IEA ensures that strategic and operational plans are unified through common performance indicators.
4. **Transparency and Accountability:** Planning progress and achievements are tracked through dashboards and documented reports.
5. **Continuous Improvement:** Planning outcomes feed back into quality reviews, risk assessments, and decision-making.

IV. Strategic and Operational Planning Workflow (PDCA Framework)

Stage	Activity	Responsible Entity	Key Output / Document	Timeline
P – PLAN	1. Conduct Strategic Planning Review using institutional data, OBEF KPIs, and audit findings.	QA-IEA / QA-IEC / Deans	Strategic Planning Review Report	June–July
	2. Formulate or update FU Strategic Plan with defined KPIs, baselines, and targets.	QA-IEC / President	FU Strategic Plan 2025–2030	July
	3. Cascade strategic goals into Annual Operational Plans (AOPs) for each unit.	QA-IEA / Units	AOP Form 1 per Unit	August
D – DO	4. Implement programs, projects, and activities (PPAs) aligned with approved AOPs.	Colleges / Departments / Centers	Implementation Tracker	September–May
	5. Submit Quarterly KPI and CAP progress reports to QA-IEA.	Units / QA Coordinators	KPI Report Form (IR Form 6)	Quarterly
C – CHECK	6. QA-IEA analyzes KPI variance and institutional effectiveness performance.	QA-IEA / IR Unit	KPI Analysis Dashboard	June
	7. QA-IEC reviews results, corrective actions, and overall alignment with OBEF targets.	QA-IEC	IE Evaluation Summary	July
A – ACT	8. QA-IEA consolidates the Institutional Effectiveness Report (IER) and recommends improvements.	QA-IEA / President	IER Annual Report	August
	9. Update strategic and operational plans based on findings for next cycle.	QA-IEA / QA-IEC / Units	Revised AOPs and KPIs	August–September

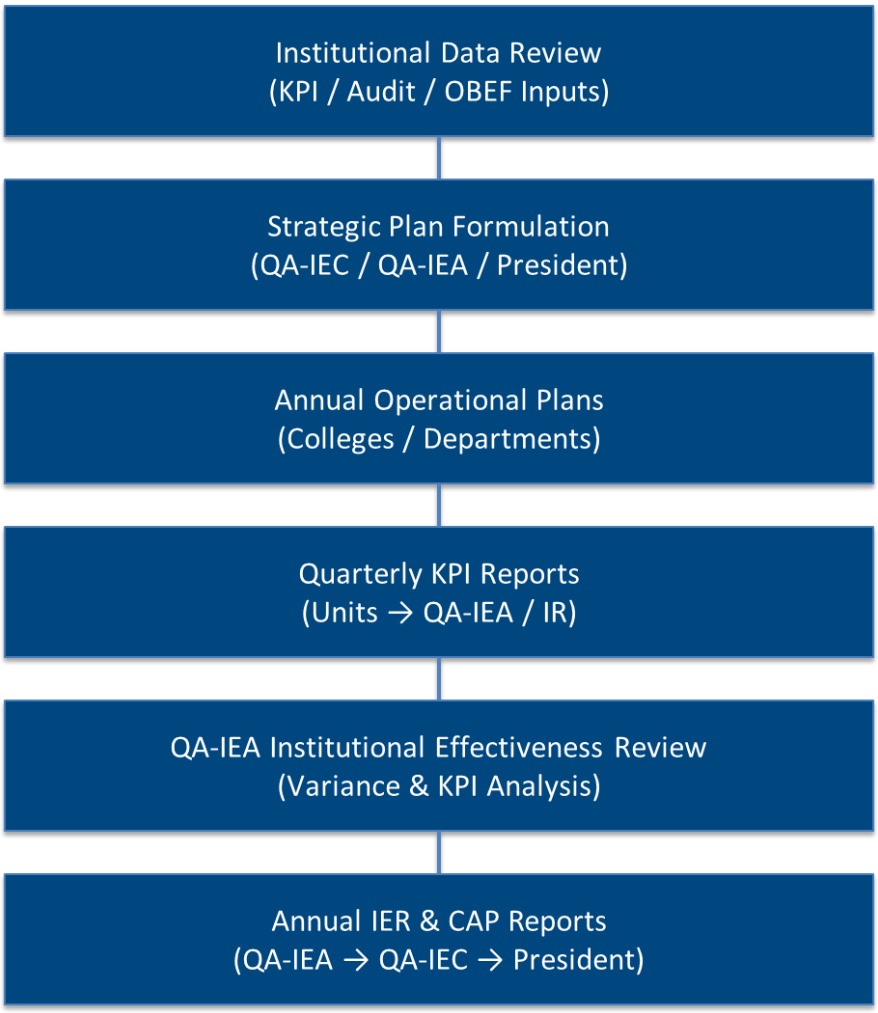
V. Roles and Responsibilities

Entity / Role	Responsibilities
President	Approves Strategic and Operational Plans; ensures alignment with institutional priorities.
QA-IEC	Oversees integration of QA, IE, and OBEF into planning; validates KPI achievement and recommendations.
QA-IEA Director	Leads data analysis, IE reporting, and quality monitoring; ensures compliance with OBEF.
Institutional Research (IR)	Provides statistical and KPI data; manages dashboards and performance databases.
CQA-IE (Academic / Administrative)	Reviews AOP submissions, verifies alignment, and recommends revisions.

Deans / Directors / Unit Heads	Prepare and implement plans; monitor progress; report performance to QA-IEA.
Risk Management Coordinator (QA-IEA)	Integrates risk assessments into planning and tracks mitigation progress.

VI. Process Flow and Documentation

A. Planning Process Flow



B. Key QA-IEA Planning Instruments

Document / Tool	Purpose	Custodian
IR Form 6: KPI Progress Report	Tracks achievement of unit KPIs per OBEF pillar.	QA-IEA / IR Unit
AOP Form 1: Annual Operational Plan Template	Documents unit goals, initiatives, and KPIs.	QA-IEA / Units
CAP Register	Logs Corrective Action Plans for performance variances.	QA-IEA
Institutional Effectiveness Report (IER)	Consolidates annual outcomes and OBEF performance.	QA-IEA
KPI Dashboard	Digital visualization of real-time KPI status.	QA-IEA / IR Unit
Risk Register (Integrated)	Captures risks impacting performance delivery.	QA-IEA / Risk Officer

VII. KPI Integration and Performance Mapping

OBEF Pillar	KPI Category	Source Data / Evidence	Responsible Unit
P1 – Employment Outcomes	Employment Rate, GDS Follow-Up	Graduate Destination Survey	QA-IEA / Student Affairs
P2 – Learning Outcomes	% of NQF-Aligned Courses	Curriculum Mapping, Audit Reports	Academic Affairs
P3 – Research and Innovation	No. of Publications / Grants	Research Database	Research Office
P4 – Partnerships	No. of Industry Collaborations	MOU Tracker	External Relations
P5 – Societal Impact	% of Community Projects Completed	CISH Reports	Student Affairs
P6 – Institutional Effectiveness	% of CAPs Closed on Time	QA Dashboard	QA-IEA

VIII. Reporting Schedule

Report / Instrument	Prepared By	Submitted To	Frequency
Strategic Planning Review Report	QA-IEA / QA-IEC	President	Annual
Institutional Effectiveness Report (IER)	QA-IEA	President / BOT	Annual
KPI Progress Dashboard	QA-IEA / IR	QA-IEC	Quarterly
CAP Implementation Report	Units / QA-IEA	QA-IEC	Quarterly
Risk Register Summary	QA-IEA / Risk Officer	QA-IEC / President	Biannual

IX. Monitoring and Continuous Improvement

1. QA-IEA conducts mid-year audits on implementation progress and KPI variance.
2. Risk assessments and corrective actions are integrated into next planning cycle.
3. QA-IEC reviews CAPs, identifying best practices and performance gaps.
4. Outcomes feed into annual Strategic Plan updates and performance contracts.
5. Evidence-based feedback informs institutional decision-making and resource allocation.

X. Compliance and Quality Framework Alignment

Framework	Reference	Operational Application
CAA Standards 2019	Annex 8	Continuous monitoring and improvement of planning and QA processes.
OBEF v10.21	Pillar 6	Institutional Effectiveness and Governance Integration.
HE Inspection Framework 2023	Stds 2 & 3	Strategic and Operational Planning Performance.
ISO 21001:2018	Clauses 6–10	PDCA, evidence-based management, and risk-based planning.

XI. Document Control

Item	Details
SOP Code	FU-QA-GOV-SOP-2025-09A

Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance defining the FU Strategic and Operational Planning Integration Workflow (Oct 2025).

Annex B. Strategic and Operational Planning Template Pack

Linked SOP: FU-QA-GOV-SOP-2025-09A
Version: 1.0 **Effective Date:** AY 2025–2026
Custodian: QA-IEA Office (Controlled Document)

1) Template 1 – IR Form 6: KPI Tracking Sheet

(To be completed quarterly by each academic/administrative unit)

OBEF Pillar	Strategic Objective	KPI Code	KPI Description	Baseline (2025)	Target	Actual	% Achievement	Variance	Status (🟢 Achieved / 🟡 On Track / 🔴 Needs Improvement)	Corrective Action (if needed)	Responsible Person / Unit	Evidence / Data Source
P1 – Graduate Employability	Enhance Career Outcomes	1.1	% of graduates employed within 12 months	85 %	90 %	88 %	97.7 %	–2 %	🟡	Improve employer survey follow-up	Career Services Unit	GDS 2025 Report
P2 – Learning & Teaching Quality	Strengthen NQF Alignment	2.2	% of courses mapped to NQF 2024	70 %	100 %	90 %	90 %	–10 %	🟡	Faculty training on CLO–PLO mapping	Academic Affairs	Curriculum Matrix
P6 – Governance & Sustainability	Improve QA Compliance	6.1	% of CAPs implemented on time	75 %	100 %	95 %	95 %	–5 %	🟢	—	QA-IEA	CAP Tracker

2) Template 2 – AOP Form 1: Annual Operational Plan Template

Section	Details / Guidelines
Unit Name:	
Academic Year:	
Prepared by:	
Reviewed by:	
Approved by:	

Part I – Strategic Alignment

FU Strategic Pillar	Institutional Goal / Objective Supported	OBEF Reference (Pillar & Indicator)	Related KPI Code

Part II – Operational Plan

Strategic Objective (What)	Initiative / Action Plan (How)	Performance Indicator (KPI)	Target / Timeline	Resources Required	Responsible Person / Unit	Outputs (Immediate)	Outcomes (Medium-Term)	Impact (Long-Term)	Evidence / Data Source
Improve faculty development	Conduct annual teaching excellence workshops	No. of faculty trained	30 faculty by May 2026	AED 15 000	Academic Affairs	Workshop Reports	Improved teaching evaluations	Higher student satisfaction	Training Records
Enhance graduate employability	Launch industry mentorship program	No. of industry mentors onboarded	10 mentors in AY 2025–26	AED 10 000	Career Services	Mentor Database	Graduate networking increase	Sustained employability growth	Mentorship Logs

Part III – Monitoring and Evaluation

Quarter	KPI Target	Actual	% Achievement	Variance	Remarks / Action Taken	Reviewed by (QA-IEA)
Q1						
Q2						
Q3						
Q4						

3) **Template 3 – CAP Form: Corrective Action Plan**

Ref No.	Finding / Issue	Root Cause Analysis	Corrective Action Plan (CAP)	Target Date	Responsible Unit	Status (Planned / In Progress / Completed)	Verification Method / Evidence	QA-IEA Validation Date
CAP-2025-01	Low student survey response rate	Insufficient awareness	Integrate survey into LMS reminders	Jan 2026	Student Affairs	In Progress	LMS records	
CAP-2025-02	Delayed course review submissions	Lack of clear timeline	Develop submission calendar	Dec 2025	Academic Affairs	Completed	Approved calendar	

4) **Template 4 – Risk Register (Linked to OBEF Pillar 6)**

Risk ID	Category	Risk Description	Likelihood (1–5)	Impact (1–5)	Score (L×I)	Risk Level (Low/Med/High)	Mitigation / Control Measures	Responsible Office	Status	Evidence / Remarks
R-2025-01	Academic	Failure to complete program reviews	3	4	12	High	Add QA review milestones	QA-IEA / Deans	Active	Audit Report
R-2025-02	Operational	IT system outage during registration	2	5	10	Medium	Server redundancy plan	IT / Facilities	Resolved	IT Log
R-2025-03	Financial	Budget delay affecting AOP execution	3	5	15	High	Quarterly budget tracking	Finance / QA-IEA	In Progress	Finance Report

5) **Template 5 – Performance Summary Dashboard (Snapshot)**

Unit	KPI Target	Actual	% Achieved	Risk Level	CAP Status	Comments / Next Steps
College of Business	90 %	88 %	97.7 %	Medium	2 open CAPs	Schedule Q4 review workshop
Department of Student Affairs	85 %	80 %	94.1 %	Low	All CAPs closed	Plan survey improvement campaign

6) **Integration Matrix: How Templates Support SOP FU-QA-GOV-SOP-2025-09A**

Template No.	Linked Process Stage	Purpose	Output Used in
IR Form 6	Quarterly Monitoring	Track KPI performance per OBEF pillar	IER, CAP, QA Dashboard
AOP Form 1	Planning and Implementation	Define goals, actions, and expected outcomes	QA-IEC Review, Budget Integration
CAP Form	Corrective Actions	Address variance and non-achievement	QA-IEA Audit, IER
Risk Register	Continuous Improvement	Identify and manage risks affecting planning	QA-IEC, BOT Risk Reports
Performance Dashboard	Reporting	Summarize unit-level KPI and CAP status	Institutional Effectiveness Review

Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex A
Version	1.0
Effective Date	AY 2025–2026
Custodian	QA-IEA Office
Review Cycle	Every 3 years or upon OBEF revision
Change Log	Initial issuance of Strategic and Operational Planning Template Pack (Oct 2025).

Annex C. Institutional Effectiveness Report (IER) Template and KPI Dashboard Format

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex B
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Cross-References	OBEF v10.21 (Pillar 6); CAA Standards 2019 (Annex 8); HE Inspection Framework 2023; ISO 21001 Clauses 6–10
Next Review Date	2028 or earlier upon framework revision

I. Purpose

The IER consolidates institutional and unit-level evidence of achievement against **strategic objectives, operational targets, and OBEF-aligned KPIs**, documenting how planning, quality assurance, and continuous improvement processes enhance FU's performance and accountability.

II. Structure of the IER

Cover Page

- Title: *Institutional Effectiveness Report – Academic Year 20__–20__*
- Issuing Office: *QA-IEA*
- Submitted to: *Quality Assurance and Institutional Effectiveness Council (QA-IEC)*
- Approved by: *President*
- Date of Submission: ___ / ___ / ____

Executive Summary

Concise overview (1–2 pages) summarizing key institutional achievements, OBEF performance levels, risk highlights, and continuous improvement priorities.

Section 1 – Institutional Overview

Item	Content
Institutional Mission and Strategic Pillars	Reaffirm FU's Vision–Mission alignment
Strategic Plan Period	e.g., 2025–2030
Reporting Period	Academic Year 20__–20__
QA Framework Reference	CAA 2019 Annex 8; OBEF v10.21 P6
Data Sources	KPI Tracker, AOP Reports, CAP Register, Risk Register

Section 2 – Institutional KPI Summary Table

OBEF Pillar	Strategic Objective	KPI Code	Indicator Description	Target	Actual	% Achievement	Status	Variance	Evidence Source	Responsible Unit

P1 – Graduate Employability	Enhance career outcomes of graduates	1.1	% employed within 12 months	90 %	88 %	97.7 %	◍	–2 %	GDS 2025	Student Affairs / QA-IEA
P2 – Learning & Teaching Quality	Ensure NQF alignment in curricula	2.2	% of courses mapped to NQF 2024	100 %	90 %	90 %	◍	–10 %	Curriculum Audit	Academic Affairs
P6 – Governance & Sustainability	Improve QA compliance rate	6.1	% of CAPs implemented on time	100 %	95 %	95 %	◍	–5 %	CAP Tracker 2025	QA-IEA

Section 3 – Performance Analysis and Interpretation

A. Quantitative Analysis

- Trend analysis across 3 years (Targets vs Actuals).
- Variance commentary for KPIs < 90 % achievement.
- Statistical highlights from CHEDS / IR data.

B. Qualitative Analysis

- Narrative on significant achievements (awards, accreditations).
- Cross-functional collaborations and innovation initiatives.
- Impact on student learning, faculty performance, and societal engagement.

Section 4 – Corrective Action and Improvement Summary

CAP Code	Related KPI	Issue Identified	Corrective Action	Target Date	Responsible Unit	Status	Evidence / Outcome
CAP-25-01	2.2	Incomplete NQF mapping	Schedule NQF training for faculty	Dec 2025	Academic Affairs	In Progress	Training Attendance Log
CAP-25-02	1.1	Delayed employer survey follow-up	Automate GDS email reminders	Jan 2026	Student Affairs	Planned	GDS System Update

Section 5 – Risk and Mitigation Matrix

Risk ID	Category	Description	L	I	Score (L×I)	Level	Mitigation Measure	Responsible Unit	Status
R-2025-03	Operational	Late KPI submission from units	3	4	12	High	Automate report reminders via QA Portal	QA-IEA	Open

Section 6 – Continuous Improvement Summary

Improvement Area	Initiative Taken	Expected Outcome / Impact	OBEF Pillar Linked	Follow-Up Period
Data Reporting Accuracy	Developed QA-IEA Dashboard System	Improved timeliness of reports	P6	2026 Review Cycle
Curriculum Quality	Introduced peer review of CLOs	Greater NQF alignment	P2	2026 Audit Cycle

Section 7 – Institutional Effectiveness Dashboard (Visual Format)

Metric Category	Target Range	Actual	Status Color	Trend (↑/↓)	Notes / Comments
Average KPI Achievement Rate	≥ 90 %	88 %	🟡	↓	Requires targeted training for low-performing units
CAP Implementation Rate	100 %	95 %	🟢	↑	On track for full closure by next cycle
Risk Level Reduction Index	≤ 3 (Moderate)	3.2	🟡	↔	Pending mitigation in Facilities and Finance areas

(When digitized, this table populates the QA-IEA Dashboard, with traffic-light colors auto-generated per performance band.)

Section 8 – Summary of Key Achievements and Institutional Impact

A concise narrative linking FU's results to national priorities, such as UAE Vision 2031, Fujairah Plan 2040, and OBEF performance targets.

Section 9 – Conclusion and Recommendations

Summarize institutional strengths, recurring issues, and prioritized action areas for next planning cycle (AY 2026–2027).

Section 10 – Annexes and Supporting Evidence

- Annex A: KPI Data Extracts
- Annex B: CAP Register Summaries
- Annex C: Risk Register Dashboard
- Annex D: Supporting Graphs and Charts

III. KPI Dashboard Standard Format

KPI Category	Indicator	Target	Actual	% Achieved	Trend	Status Color	Remarks / Root Cause	Corrective Action	Responsible Unit
Academic Performance	Student Retention Rate	95 %	93 %	97.8 %	↔	🟡	High attrition in foundation courses	Introduce peer mentoring program	Academic Affairs
Research Output	Publications per Faculty	2	1.8	90 %	↑	🟢	Slight variance due to	Maintain funding support	Research Office

							project delays		
Operational Efficiency	CAP Closure Rate	100 %	92 %	92 %	↑	🟡	Pending actions from Finance unit	Set monthly follow-up meetings	QA-IEA

IV. Integration with Strategic Planning Cycle

Stage	Input Source	Output of IER Used For	Responsible Body
Annual Review (August)	AOP Reports & IR Form 6	Strategic Plan Update / KPI Adjustment	QA-IEA / QA-IEC
Budget Planning (Sept–Oct)	IER Findings / CAP Register	Resource Allocation Priorities	Finance / President
Accreditation Renewal	IER Sections 1–7	Evidence for CAA / OBEF Compliance	QA-IEA / Deans

V. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex B
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of Institutional Effectiveness Report Template and KPI Dashboard Format (Oct 2025).

Annex D. QA-IEA Annual Reporting Calendar and Performance Evaluation Workflow

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex C
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To define the **annual cycle of institutional planning, monitoring, and effectiveness evaluation** under the leadership of the **QA-IEA**, ensuring timely data submission, performance tracking, and decision feedback across FU's colleges, departments, and support units.

II. Annual Planning and Reporting Cycle

🗓 January – December (Annual QA-IEA Cycle)

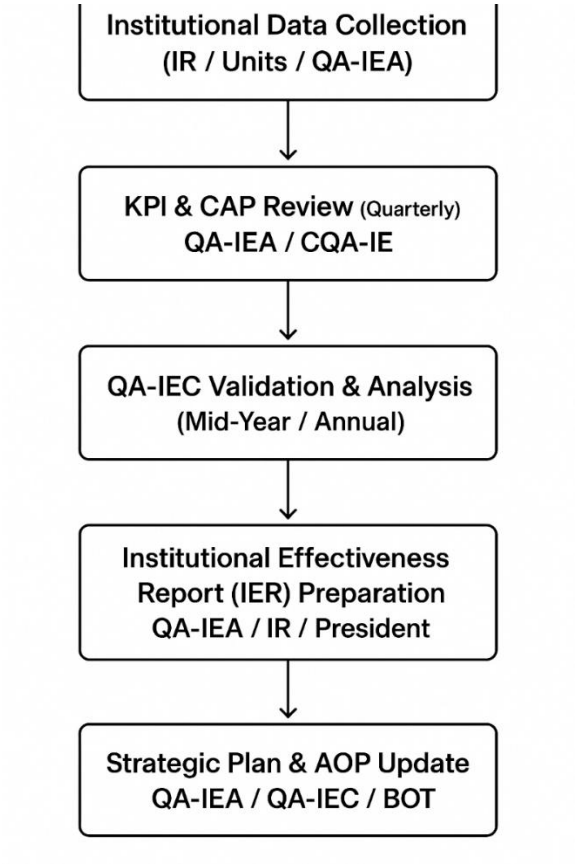
Month / Period	Activity / Milestone	Responsible Unit(s)	Key Deliverable / Evidence	OBEF Reference
January	Finalize Semester 1 KPI review and CAP updates Conduct mid-year risk assessment and Facilities audit	QA-IEA / All Units / DFaM	KPI Report Q2; Risk Register Update	P6 Governance & Sustainability
February	Mid-year QA-IEC meeting to evaluate progress Commence Strategic Plan mid-cycle review	QA-IEC / President / Deans	QA-IEC Minutes; Progress Report	P6 Governance
March	Operational Plan alignment workshops with units Update CAP status and variance analysis	QA-IEA / Units	Workshop Outputs; CAP Tracker	P2 Learning & Teaching / P6
April	Institutional Research data collection and validation Graduate Destination Survey launch	QA-IEA / IR / Student Affairs	Validated Data Sheets; GDS Dashboard	P1 Employability
May	End-of-semester KPI performance review Faculty evaluation and curriculum review	QA-IEA / Academic Affairs / Deans	KPI Report Q3; Faculty Review Forms	P2 Teaching Quality
June	Strategic Plan review workshop and next cycle KPI drafting Update Risk Register and CAP register	QA-IEA / QA-IEC / Finance	Strategic Plan Update Matrix	P6 Governance
July	Compile Institutional Effectiveness Report (IER) Conduct QA-IEC validation meeting	QA-IEA / QA-IEC	IER Draft; IE Summary Matrix	P6 Governance
August	IER submission to President & Board of Trustees	QA-IEA / President / BOT	Final IER; AOP 2026	P6 Governance

	Approve updated Operational Plans (AOPs) for next AY			
September	Launch approved Operational Plans Conduct orientation on new policies and QA updates	QA-IEA / HR / All Units	AOP Launch Reports; Orientation Attendance	P6 Governance
October	Quarter 1 KPI data collection and variance reporting Unit Self-Evaluation Reports (SER)	QA-IEA / Units	KPI Report Q1; SER Summaries	P6 Governance
November	Annual Internal Audit of Academic & Administrative Units CAP implementation follow-up	QA-IEA / CQA-IE	Internal Audit Report; CAP Progress	P6 Governance / P2
December	QA-IEC end-of-year performance review Prepare Annual QA-IEA Performance Evaluation Report	QA-IEA / QA-IEC / President	QA-IEA Performance Report; Annual Improvement Plan	P6 Governance & Sustainability

III. Quarterly Evaluation Matrix

Quarter	Evaluation Focus	Key Tools / Instruments	Responsible Entity	Outputs
Q1 (Sep – Nov)	Plan implementation start; KPI baseline validation	AOP Form 1; IR Form 6	Units / QA-IEA	KPI Q1 Summary
Q2 (Dec – Feb)	Mid-year progress & CAP review	CAP Register; Risk Register	QA-IEA / QA-IEC	Q2 Progress Report
Q3 (Mar – May)	Outcome achievement and variance tracking	KPI Dashboard; Audit Checklist	QA-IEA / IR	Q3 Variance Analysis
Q4 (Jun – Aug)	Institutional Effectiveness review and IER preparation	IER Template (Annex B)	QA-IEA / President / BOT	Annual IER and QA Plan

IV. Workflow Diagram



V. Annual Performance Evaluation Components

Evaluation Component	Description	Frequency	Responsible Body
KPI Achievement Rate	Measures % of KPIs met or exceeded per OBEF Pillar	Quarterly & Annual	QA-IEA / IR
CAP Implementation Index	% of corrective actions completed on schedule	Quarterly	QA-IEA
Risk Mitigation Effectiveness	Tracks reduction in high/critical risks	Biannual	QA-IEA / QA-IEC
Stakeholder Satisfaction Scores	Aggregated from student/faculty/employer surveys	Annual	QA-IEA / Student Affairs
Audit Findings Closure Rate	% of audit recommendations resolved	Annual	QA-IEA / CQA-IE
Institutional Improvement Index	Composite metric combining CAP, KPI, Risk, and Satisfaction indicators	Annual	QA-IEA / President

VI. Integration with Budget and Strategic Cycles

Planning Phase	Input from QA-IEA Process	Integration Point	Lead Department
Strategic Plan Update (June–Aug)	IER Findings + KPI Trends	Strategic Pillar Review Workshops	QA-IEA / QA-IEC
Operational Plan Finalization (Aug–Sept)	Approved AOP Forms + CAPs	Annual Budget Consolidation	Finance / QA-IEA
Resource Allocation (Sept–Oct)	IER Recommendations	Budget Deliberations / BOT	Finance / President
Performance Contract Evaluation (Dec)	KPI and CAP Achievements	Annual Staff Appraisal	HR / QA-IEA

VII. Monitoring and Documentation

Document / Record	Custodian	Retention Period	Purpose
Quarterly KPI Reports (IR Form 6)	QA-IEA / IR	5 Years	Track unit performance
CAP Register	QA-IEA	5 Years	Monitor corrective actions
Risk Register	QA-IEA / Risk Officer	5 Years	Identify institutional risks
Annual IER	QA-IEA / President	Permanent	Evidence for CAA and OBEF
QA-IEC Meeting Minutes	QA-IEA	5 Years	Record decisions and improvements

VIII. Compliance and Framework Cross-Reference

Framework	Clause / Pillar	Corresponding Activity
CAA Standards 2019	Annex 8	Annual Planning & Review Cycle
OBEF v10.21	Pillar 6	KPI Monitoring and Governance
HE Inspection Framework 2023	Standards 2 & 3	Leadership & Strategic Effectiveness
ISO 21001:2018	6.1–10.3	PDCA Continuous Improvement

IX. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex C
Version	1.0
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Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Annual Reporting Calendar and Performance Evaluation Workflow (Oct 2025).

Annex E. QA-IEC Performance Dashboard and Scorecard System

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex D
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Cross-References	CAA Standards 2019 (Annex 8); OBEF v10.21 (Pillar 6); HE Inspection Framework 2023 (Stds 2 & 3); ISO 21001:2018 (Clauses 6–10)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To provide a unified **Institutional Performance Dashboard and Scorecard System** for the **Quality Assurance and Institutional Effectiveness Council (QA-IEC)**, integrating:

- **Strategic KPIs** (aligned with OBEF v10.21 pillars)
- **Operational Performance Data** (collected through IR Form 6 & AOP Form 1)
- **CAP Implementation Rates**
- **Risk Status Heat Maps**
- **Continuous Improvement Indicators**

This system enables **data-driven decision-making**, **governance transparency**, and **performance accountability** across all FU units.

II. Dashboard Structure

A. KPI Performance Panel

OBEF Pillar	Institutional Goal	KPI Description	Target %	Actual %	Variance ±	Color Code	Weight (%)	Weighted Score	Responsible Unit
P1 – Graduate Employability	Future-Ready Graduates	% employed within 12 months	90	88	–2	🟡 On Track	20	17.6	Student Affairs / QA-IEA
P2 – Learning & Teaching Quality	Excellence in Education	% courses NQF aligned	100	92	–8	🟡 On Track	20	18.4	Academic Affairs
P3 – Research & Innovation	Impactful Research	No. of refereed publications per faculty	2	1.8	–0.2	🟢 Achieved	15	14.4	Research Office

P4 – Industry Partnerships	Strategic Linkages	No. of active MOUs	10	8	–2	🟡 On Track	10	8	External Relations
P5 – Societal Impact	Community Engagement	% of projects completed	90	85	–5	🟡 On Track	10	8.5	Student Affairs
P6 – Governance & Sustainability	Institutional Effectiveness	% CAPs implemented on time	100	95	–5	🟢 Achieved	25	23.8	QA-IEA
Total Institutional Score							100 %	90.7 %	
Interpretation Bands: 🟢 ≥ 90 % Achieved | 🟡 75 – 89 % On Track | 🔴 < 75 % Needs Improvement									

B. CAP Implementation Tracker

CAP Category	Total CAPs	Completed	In Progress	Pending	% Completion	Status Color	Comments / Next Action
Academic Programs	18	15	3	0	83 %	🟡	Follow-up with CQA-IE on curriculum audit
Administrative Operations	10	10	0	0	100 %	🟢	All actions closed
Research & Innovation	6	5	1	0	83 %	🟡	Await grant reporting
Facilities & Safety	8	6	2	0	75 %	🟡	Pending HVAC inspection report
Total	42	36	6	0	86 %	🟡	Overall on track

C. Risk Heat Map

Impact ↓ / Likelihood →	1 – Low	2 – Moderate	3 – High	4 – Critical	5 – Severe
5 – Extreme		🔴 DFaM infrastructure	🔴 IT server risk		

4 – High	🟡 Finance delays	🟡 Recruitment	🔴 QA report timeliness		
3 – Medium	🟢 Community projects	🟢 Research funding	🟡 Student retention		
2 – Low	🟢 Event coordination				
1 – Minimal	🟢 HR policy update				

Risk Color Bands:

🔴 Critical (Score 16–25) | 🟡 Moderate (6–15) | 🟢 Acceptable (1–5)

D. Continuous Improvement Index

Indicator	Formula / Metric	Weight	Score (%)	Status
KPI Achievement Index	Σ (Actual ÷ Target × 100) / Total KPIs	0.40	90	🟢
CAP Implementation Index	Completed CAPs ÷ Total CAPs × 100	0.25	86	🟡
Risk Mitigation Index	(Resolved Risks ÷ Total High-Risks) × 100	0.15	80	🟡
Stakeholder Satisfaction Index	Average Student + Staff + Employer Satisfaction %	0.10	88	🟡
Audit Closure Index	Closed Findings ÷ Total Findings × 100	0.10	95	🟢
Composite Institutional Effectiveness Score	Σ (Weight × Score)	1.00	88.6 %	🟡 On Track

E. Performance Trend Chart (Three-Year Summary)

Year	Institutional Effectiveness Score (%)	CAP Closure Rate (%)	Risk Reduction Index	Remarks
AY 2023 – 24	84	75	1.3 → Moderate	Initial QA-IEA system deployment phase
AY 2024 – 25	87	82	1.1 → Medium	Integrated OBEF KPI tracking begins
AY 2025 – 26	89	86	0.9 → Low	Digital QA-IEC dashboard launched

III. Scoring Methodology

Band	Institutional Score Range	Descriptor	Interpretation
Excellent	≥ 90 %	🟢 Fully Achieved	High effectiveness and continuous improvement evident

Satisfactory	75 – 89 %	🟡 On Track	Acceptable performance with minor CAP actions pending
Improvement Required	60 – 74 %	🔴 Needs Improvement	Several performance gaps identified
Unsatisfactory	< 60 %	⚫ At Risk	Serious deficiencies requiring immediate intervention

IV. Dashboard Governance & Reporting Cycle

Frequency	Report Prepared By	Submitted To	Purpose / Decision Use
Quarterly	QA-IEA / IR	QA-IEC Meeting	KPI and CAP variance review
Biannual	QA-IEA / Risk Coordinator	QA-IEC / President	Risk and CAP alignment audit
Annual	QA-IEA	President / BOT	Institutional Effectiveness Score approval and Strategic Plan update

V. Visual Dashboard Guidelines

Color Bands

- 🟢 ≥ 90 % Achieved 🟡 75–89 % On Track 🔴 < 75 % Needs Improvement

Trend Symbols

- ↑ Improving ↔ Stable ↓ Declining

Icons Legend

- 📊 = Data Updated 📁 = Evidence Attached ⚠️ = CAP Pending ✅ = Closed

(Recommended Dashboard Software Integration – Microsoft Power BI / Google Data Studio / QA-IEA Portal Analytics Module)

VI. Integration with QA-IEC Meetings

QA-IEC Meeting Period	Focus Area	Expected Outputs
Q1 – October	KPI Baseline & Plan Validation	KPI Tracker & Risk Register Review
Q2 – February	Mid-Year Effectiveness Evaluation	CAP Progress Report
Q3 – June	Strategic Plan Performance Audit	KPI Variance & Recommendations
Q4 – August	Annual Institutional Effectiveness Summary	IER Approval and Strategic Cycle Reset

VII. Compliance and Framework Cross-Walk

Framework / Standard	Clause / Pillar	Dashboard Application
OBEF v10.21	Pillar 6	Governance & Performance Measurement
CAA Standards 2019	Annex 8	QA Monitoring and IE Evidence
HE Inspection Framework 2023	Standards 2 & 3	Strategic and Operational Leadership
ISO 21001:2018	6–10	PDCA Cycle and Evidence-Based Improvement

VIII. Document Control

Item	Details
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Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEC Performance Dashboard and Scorecard System (Oct 2025).

Annex F. QA-IEA Data Governance and Analytics Protocol

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex E
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To establish a **comprehensive institutional data governance and analytics protocol** that:

- Defines responsibilities for data ownership, verification, and reporting;
- Ensures accuracy, integrity, and comparability of institutional effectiveness data;
- Supports automation and analytics within the FU QA-IEA Portal and Dashboard (Annex D);
- Guarantees compliance with national and international accreditation evidence requirements.

II. Scope

This protocol applies to all FU academic and administrative units generating, submitting, and using data for:

- KPI and OBEF Pillar performance measurement;
- Institutional Effectiveness Reports (IER);
- CAP, Risk, and Audit Registers;
- Strategic and Operational Plans;
- Accreditation and Compliance Reports.

III. Governance Structure

Role / Entity	Core Responsibilities
QA-IEA Office (Data Custodian)	Oversees full data lifecycle (collection → validation → analysis → reporting); maintains QA-IEA Portal metadata; ensures policy compliance.
Institutional Research (IR) Unit	Conducts data validation, triangulation, and analytics; prepares KPI summaries and statistical dashboards.

CQA-IE and CQA-PE Committees	Verify unit-level data before submission; ensure consistency with OBEF definitions and CAA criteria.
Deans / Department Heads	Certify the accuracy of academic and student-related data prior to institutional reporting.
IT Department / DDITS	Maintain data storage infrastructure, backups, and cybersecurity.
President / QA-IEC	Approve data summaries, dashboards, and institutional reports.

IV. Data Lifecycle Framework

Stage	Description	Responsible Unit	Key Outputs / Tools
1. Data Collection	Gather primary data from source systems (LMS, HR, Finance, IR Forms).	All Units / IR	IR Form 6, AOP Form 1, CAP Register
2. Data Verification	Validate for accuracy and internal consistency.	QA-IEA / CQA-PE	Data Validation Checklist
3. Data Storage	Store in secure, access-controlled QA-IEA Database (SharePoint / QA-Portal).	DDITS / QA-IEA	Database Backup Logs
4. Analysis & Visualization	Generate KPI dashboards, trend charts, and risk heat maps.	IR / QA-IEA	Power BI or Google Data Studio Dashboard
5. Reporting & Use	Present validated data in IER and QA-IEC meetings.	QA-IEA / President	IER (Annex B), Strategic Review Reports
6. Archiving & Retention	Archive datasets and audit trails for regulatory inspection.	QA-IEA / DDITS	Archived Data Folder, QA Logs

V. Data Quality Standards and Validation Rules

Dimension	Definition	Minimum Acceptable Standard	Validation Method
Accuracy	Data correctly represents reality.	≤ 2 % error margin.	Cross-check with primary documents.
Completeness	All required data fields are filled.	100 % of mandatory fields.	QA-IEA Validation Checklist.
Timeliness	Data submitted within deadline.	≥ 95 % on-time submission.	Portal timestamp logs.
Consistency	Same values reported across units.	0 conflicts between datasets.	Cross-system comparison.
Integrity	Data unchanged from source.	Audit trail intact.	System log review.
Confidentiality	Sensitive data protected.	ISO 21001 & GDPR compliant.	Access control audit.

VI. Metadata and Data Dictionary

Metadata Field	Description
KPI Code	Unique identifier for each indicator (e.g., OBEF-P2-KPI-3).
Indicator Definition	Description aligned with OBEF / CAA.
Unit of Measure	% / Number / Ratio / Score.
Data Source	LMS / CHEDS / IR Form / Survey.
Update Frequency	Quarterly / Biannual / Annual.
Data Owner	Unit responsible for reporting.
Verifier	CQA-PE / QA-IEA.
Retention Period	5 years (minimum).
Confidentiality Level	Public / Internal / Restricted.

VII. Access Control and User Permissions

User Level	Access Rights	System Functionality
Level 1 – Data Entry (Units)	Upload / edit own records only.	Submit IR Forms, update KPI data.
Level 2 – Verifier (CQA-PE)	Read / approve unit data.	Validate accuracy before QA-IEA approval.
Level 3 – Analyst (IR)	Full access to datasets.	Generate dashboards, trend analysis.
Level 4 – Administrator (QA-IEA)	System admin rights.	Audit logs, approve final reports.
Level 5 – Executive (QA-IEC / President)	View-only access.	Read final dashboards and IERs.

VIII. Data Security and Audit Protocol

Control Area	Procedure / Standard	Responsible Office
Backup Management	Daily auto-backup to secure cloud server.	DDITS
Data Encryption	AES-256 encryption for all files.	DDITS / QA-IEA
Access Logs	All user activities logged and retained for 3 years.	DDITS
Incident Reporting	Breaches reported within 24 hours to QA-IEA and President.	QA-IEA
Audit Trail Verification	Quarterly review of system logs and KPI revisions.	QA-IEA / Internal Audit
Data Retention and Disposal	5-year retention then secure deletion after approval.	QA-IEA / Legal Compliance Officer

IX. Analytics and Visualization Standards

Visualization Type	Purpose / Usage	Tool / Platform	Update Frequency
KPI Trend Chart	Display progress vs targets (OBEF Pillars 1–6).	Power BI / Google Data Studio	Quarterly
Risk Heat Map	Monitor institutional risk severity.	QA-IEA Portal	Biannual

CAP Tracker	Visualize CAP closure status.	QA-IEA Dashboard	Quarterly
Satisfaction Gauge	Represent stakeholder survey results.	Survey Dashboard Module	Annual
IE Composite Score Index	Compute overall Institutional Effectiveness.	QA-IEA Scorecard (Annex D)	Annual

X. Data Verification Workflow

Unit Data Entry → CQA-PE Validation → QA-IEA Review → IR Statistical Verification → Dashboard Publication → QA-IEC Approval

Each stage must be documented with:

- Validation timestamp;
- Responsible person signature (digital or manual);
- Verification notes / CAP if data discrepancy is identified.

XI. Data Ethics and Confidentiality

- All data must adhere to ethical principles of **accuracy, non-manipulation, and transparency**.
- Personal and student data shall be processed in accordance with the **UAE Data Protection Law 2022**, **ISO 21001 Clause 7.5**, and **GDPR principles**.
- Unauthorized use or distribution of data is a disciplinary offense.

XII. Performance Evaluation Metrics for Data Governance

Indicator	Formula / Definition	Target	Frequency
Data Timeliness Rate	On-time submissions ÷ Total submissions × 100	≥ 95 %	Quarterly
Data Accuracy Rate	Verified records ÷ Total records × 100	≥ 98 %	Quarterly
Audit Compliance Rate	Passed audits ÷ Total audits × 100	100 %	Annual
User Training Completion Rate	Staff trained ÷ Total staff × 100	≥ 90 %	Annual
System Uptime	Uptime hours ÷ Total hours × 100	≥ 99.5 %	Monthly

XIII. Integration and Compliance Cross-Reference

Framework	Relevant Clause / Pillar	Protocol Integration Point
OBEF v10.21	Pillar 6 – Governance and Sustainability	Data integrity and IE evidence assurance
CAA Standards 2019	Annex 8 – Quality Management and Review	Evidence validation and reporting
HE Inspection Framework 2023	Standards 2 & 3	Institutional leadership and planning data
ISO 21001 (Clauses 7.5, 9.1)	Information management & evidence evaluation	QA-IEA Data Management System

XIV. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex E
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Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Data Governance and Analytics Protocol (Oct 2025).

Annex G. QA-IEA Digital Portal Architecture and Automation Manual

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex F
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To establish the **digital and systems architecture** governing FU's institutional quality, planning, and performance automation platform—hereafter the **QA-IEA Portal**—integrating:

- Automated KPI collection, tracking, and visualization
- CAP & risk management workflows
- Institutional Effectiveness Report (IER) auto-generation
- Secure, auditable, metadata-controlled data repositories
- Analytics dashboards and performance scorecards (Annex D)

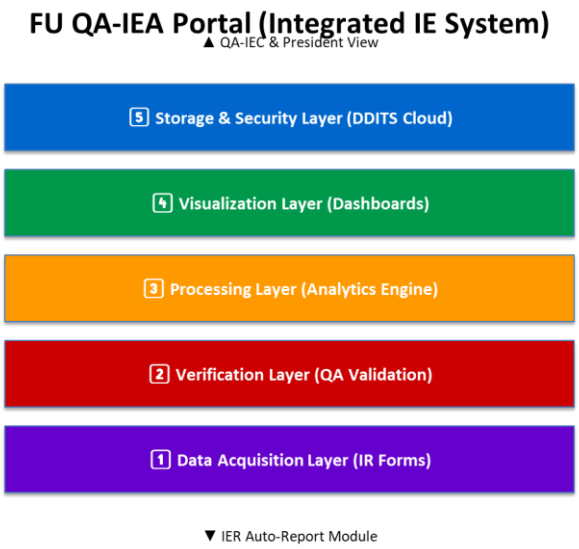
II. Digital Portal Architecture

A. System Overview

The QA-IEA Portal is a **multi-layered web-based platform** composed of five integrated modules:

Layer	Module	Function
1. Data Acquisition Layer	IR Input Forms Module	Collects KPI, CAP, risk, and survey data from units (IR Form 6, AOP Form 1).
2. Verification Layer	Validation & Approval Module	Enables CQA-PE and QA-IEA verification with digital signatures.
3. Processing Layer	Analytics Engine	Computes KPIs, variance, CAP indices, risk heat scores, and composite IE score.
4. Visualization Layer	Performance Dashboard Module	Displays real-time dashboards for KPIs, CAPs, risk maps, satisfaction indices.
5. Storage & Security Layer	Data Warehouse and Backup System	Ensures encrypted storage, redundancy, and controlled access.

B. Architecture Diagram (Conceptual)



III. Core Functional Modules

Module	Description / Functionality	Key Inputs	Outputs / Deliverables	Linked Annex
1. IR Data Entry Module	Digital forms for KPI, CAP, AOP data entry.	IR Form 6, AOP Form 1	Raw data repository.	A & B
2. CAP & Risk Register Module	Tracks all corrective actions and risks.	CAP Form & Risk Form	CAP status and Risk heat map.	A & C
3. KPI Analytics Module	Calculates actual vs target variance; applies color banding and weights.	KPI data	Weighted Institutional Effectiveness Score.	D
4. Dashboard Module	Visual dashboards for OBEF pillars 1–6.	Analytics engine output	Interactive KPI/CAP views.	D
5. Report Generator	Auto-generates IER (Annex B) with charts.	KPI & CAP validated data	Institutional Effectiveness Report.	B
6. Audit & Logs Module	Tracks all user actions for compliance audit.	System logs	Audit trail reports.	E
7. Admin & Access Module	Manages user roles (Levels 1–5).	User database	Access permissions.	E

IV. Automation Workflow

Units → IR Data Submission → CQA-PE Validation → QA-IEA Approval → Analytics Engine → Dashboard → IER Auto-Report → QA-IEC Review

Each stage includes:

- **Digital timestamps**

- **Automated email notifications**
- **CAP flag generation for underperformance (< 90 %)**
- **Version locking after QA-IEA approval**

V. Technology Stack (Recommended)

Component	Technology / Platform	Notes
Database	Microsoft SQL Server / SharePoint Online	Relational storage for structured KPI data
Analytics & Visualization	Microsoft Power BI / Google Data Studio	OBEF dashboard integration
Front-End	ReactJS or Power Apps	User-friendly forms and dashboards
Automation Engine	Power Automate / Zapier	Workflow triggering and notifications
Cloud Hosting	Azure / AWS Cloud	Scalable and secure hosting
Authentication	Azure AD / SSO	Federated identity management

VI. Data Flow and Integration

Source System	Data Type	Integration Method	Frequency
CHEDS / CHEDS Portal	Student & Graduate Data	API Pull	Quarterly
LMS (Moodle / Blackboard)	Student learning performance	API Sync	Quarterly
HR System	Faculty & Staff KPIs	Secure CSV Upload	Biannual
Finance System	Budget and expenditure data	Excel Sync / API	Annual
QA-IEA Portal	KPI / CAP / Risk Data	Native Database	Real-time

VII. Automation Rules

Rule ID	Trigger Event	Automated Action	Notification Recipient
AR-01	KPI below 90 %	Create CAP task entry and flag unit head.	QA-IEA / Dean
AR-02	CAP overdue > 30 days	Send escalation email to QA-IEA Director.	QA-IEA Director / President
AR-03	New KPI submission	Run data validation script.	CQA-PE
AR-04	Quarter end	Auto-generate KPI trend dashboard.	QA-IEC
AR-05	New risk logged	Trigger review by Risk Officer and QA-IEA.	QA-IEA / President

VIII. Security and Data Governance

Control Area	Automation Mechanism	Responsible Entity
Encryption	End-to-end AES-256 encryption for stored data.	DDITS
Audit Logs	Auto-generated per transaction.	QA-IEA
Backups	Daily incremental, weekly full snapshots.	DDITS
Access Controls	Role-based access with MFA.	DDITS / QA-IEA
Disaster Recovery	Cloud redundancy with RTO ≤ 4 hrs.	DDITS
Confidentiality	Restricted metadata per user role.	QA-IEA

IX. User Interface Design Guidelines

- **Dashboard Theme:** FU corporate colors (Blue #003366 / Gold #D4AF37).
- **Navigation Tabs:** Home | KPIs | CAP | Risk | Reports | QA-IEC Docs | Settings.
- **Widgets:** Speedometers (KPI Progress), Heat Maps (Risk), Trend Lines (OBEF Pillars).
- **Download Options:** PDF, Excel, PowerPoint export for QA-IEC reports.
- **Role-based Views:** Unit Dashboard → Dean → QA-IEA → President.

X. Performance Monitoring and Audit Metrics

Metric	Target	Responsible Unit	Evidence Source
System Uptime	≥ 99.5 %	DDITS	Server log
Data Validation Accuracy	≥ 98 %	QA-IEA / IR	Validation reports
Report Generation Time	≤ 2 minutes	QA-IEA	Portal analytics
User Satisfaction	≥ 90 % positive	QA-IEA	Annual survey
CAP Auto-Flagging Rate	100 %	QA-IEA	System audit

XI. Implementation Phases

Phase	Timeline	Deliverables	Responsible Party
Phase 1 – Design & Setup	Nov 2025 – Jan 2026	System architecture and database structure	QA-IEA / DDITS
Phase 2 – Pilot Testing	Feb – Apr 2026	Pilot with 2 Colleges + Admin Unit	QA-IEA / CQA-PE
Phase 3 – Full Deployment	May – Aug 2026	All units onboarded; training sessions	QA-IEA / DDITS / HR
Phase 4 – Evaluation & Optimization	Sep – Dec 2026	System audit and enhancement report	QA-IEA / QA-IEC

XII. Integration with OBEF and CAA Reporting

System Output	Mapped OBEF / CAA Requirement	Generated By
KPI Dashboard	OBEF Pillar 6 – Performance Monitoring	Analytics Engine
Institutional Effectiveness Score	OBEF Composite Effectiveness Index	QA-IEA Dashboard
CAP Register	CAA Standard 11 – Continuous Improvement	CAP Module
Risk Register	HE Inspection Framework 2023 – Standard 3	Risk Module
IER (Annual Report)	CAA Annex 8 – Quality Management	Auto-Report Generator

XIII. System Maintenance and Continuous Improvement

Activity	Frequency	Responsible Office	Evidence / Output
System Patch & Update	Quarterly	DDITS	Update Logs
User Training & Refresher	Biannual	QA-IEA / HR	Training Records

Data Integrity Audit	Quarterly	QA-IEA / IR	Audit Report
Performance Evaluation	Annual	QA-IEA / QA-IEC	Evaluation Report
Feedback & Enhancement Cycle	Continuous	QA-IEA / DDITS	Improvement Plan

XIV. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex F
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Digital Portal Architecture and Automation Manual (Oct 2025).

Annex H. QA-IEA Digital Governance Manual

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex G
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To define the **policies, procedures, and ethical standards** governing the digital operation of FU's QA-IEA Portal and its associated data ecosystem.

It ensures:

- Integrity, confidentiality, and reliability of institutional data;
- Cyber-secure, ISO-compliant digital workflows;
- Transparent digital accountability for all system users.

II. Scope

Applies to all faculty, staff, administrators, and committees who collect, access, process, store, or disseminate data through FU's QA-IEA Portal, Institutional Research System, and linked enterprise applications (HR, Finance, LMS, CHEDS feed).

III. Governance Structure

Entity / Role	Digital Governance Responsibility
President / QA-IEC	Oversight of digital governance performance and annual review of portal compliance.

Executive Director, QA-IEA (Custodian)	Approves system policies, supervises audit cycles, authorizes access privileges, and certifies compliance reports.
Director of Digital Innovation & IT Support (DDITS)	Implements cybersecurity protocols, maintains server uptime, executes patch management, and manages encryption keys.
Institutional Research (IR)	Oversees data integrity validation and statistical verification within the QA-IEA portal.
Digital Governance Committee (DGC)	Cross-functional advisory body (QA-IEA, DDITS, IR, HR, Legal) ensuring system policy alignment with ISO 21001 and 27001.

IV. Digital Governance Principles

1. **Accountability** – Every user's action must be traceable through secure audit logs.
2. **Integrity** – Data may not be modified, hidden, or deleted without authorization.
3. **Confidentiality** – Access must reflect user roles (Level 1 to 5 as in Annex E).
4. **Transparency** – System changes, KPI updates, and CAP revisions require timestamped records.
5. **Availability** – System uptime ≥ 99.5 %.
6. **Non-Repudiation** – Digital signatures and audit trails prevent denial of actions.
7. **Compliance** – Adherence to UAE Data Protection Law 2022, ISO 27001 (Annex A Controls 5–18).

V. User Account Lifecycle Management

Phase	Policy Directive	Responsible Unit
1. Account Creation	HR and QA-IEA create new user profiles upon employment start. Access level assigned per JD matrix.	HR / QA-IEA
2. Access Verification	DDITS issues multi-factor authentication (MFA); QA-IEA validates user role permissions.	DDITS / QA-IEA
3. Active Monitoring	Monthly review of login patterns, failed access attempts, and inactive accounts > 60 days.	DDITS
4. Privilege Modification	Role change or promotion requires QA-IEA approval and system audit update.	QA-IEA
5. Account Deactivation	Automatic revocation within 24 hours after separation or termination.	HR / DDITS
6. Audit Retention	User records retained 5 years after deactivation.	QA-IEA

VI. Cybersecurity Controls

Control Category	Standard / Protocol	Minimum Requirement
Network Security	ISO 27001 Annex A (5–9)	Firewalls, VPN access, intrusion detection.
Access Management	ISO 27001 A 9	Role-based MFA and auto-session logout (15 min idle).
Encryption	AES-256 for data at rest and in transit	SSL/TLS secured connections.
Data Backup	ISO 27001 A 12	Daily incremental, weekly full backup to cloud.
Patch Management	ISO 27001 A 12.6	Critical patch within 7 days of release.

Incident Response	ISO 27001 A 16	24-hr report window to QA-IEA and President.
User Training	ISO 21001 Clause 7.2 & 10.2	Annual mandatory cyber-ethics session.

VII. Digital Ethics and Acceptable Use

1. Data must be used solely for institutional quality and planning purposes.
2. Personal student or staff information shall not be shared externally without consent.
3. No manipulation of KPI or CAP records is permitted.
4. Use of AI tools for analytics must be supervised by QA-IEA and acknowledged in document control.
5. Violation of digital ethics is subject to disciplinary sanction per FU HR Code and IT Policy.

VIII. Audit and Compliance Mechanisms

Audit Type	Frequency	Lead Unit	Evidence Produced
System Access Audit	Quarterly	DDITS / QA-IEA	User Access Logs
Data Integrity Audit	Quarterly	QA-IEA / IR	Validation Report
Cybersecurity Audit	Biannual	DDITS / External Auditor	Penetration Test Summary
Governance Review	Annual	QA-IEC	Digital Governance Scorecard
ISO Internal Audit	Annual	QA-IEA / ISO Coordinator	ISO Compliance Checklist

IX. Digital Governance Scorecard

Indicator	Definition	Target	Status Color
System Uptime	% of hours portal operational	≥ 99.5 %	🟢
Access Compliance Rate	Authorized logins ÷ Total logins × 100	100 %	🟢
Incident Resolution Time	Average hours to close cyber alerts	≤ 24 hrs	🟢
Audit Trail Integrity	Logs with no tampering	100 %	🟢
User Training Completion	% staff certified in digital ethics	≥ 90 %	🟡

X. Digital Data Classification

Category	Examples	Confidentiality Level	Access Control
Public Data	Published KPI summaries, press releases	Low	Public website
Internal Data	QA reports, CAP summaries	Medium	Staff-only portal
Restricted Data	Student records, HR files, financial data	High	Encrypted access (MFA required)
Confidential Data	Board documents, accreditation evidence	Critical	President / QA-IEA only

XI. Incident Management Workflow

Alert → IT Helpdesk Ticket → DDITS Verification → QA-IEA Investigation → Corrective Action Plan (CAP) → QA-IEC Report

- Each incident assigned a unique tracking ID (e.g., IT-INC-25-###).
- Root-cause analysis required within 48 hours.
- CAP closure verified by QA-IEA Director and documented in Audit Register.

XII. Interoperability and Integration

The QA-IEA Portal interfaces securely with:

- **HR System:** Automated user account provisioning and role sync.
- **Finance System:** Budget KPI data feed for OBEF Pillar 6.
- **LMS System:** Learning assessment KPIs and student performance data.
- **CHEDS Portal:** Graduate destination and enrollment metrics.

All connections use API tokens and encrypted communication channels (HTTPS + OAuth 2.0).

XIII. Digital Continuity and Disaster Recovery

Event Type	Recovery Objective	Target RTO / RPO	Lead Unit
System Outage	Restore QA-IEA portal functionality	≤ 4 hrs / 0 data loss	DDITS
Cyber Attack	Contain and recover system services	≤ 8 hrs / < 1 day data gap	DDITS / QA-IEA
Data Corruption	Restore from latest backup	≤ 2 hrs / latest daily backup	DDITS
Power Failure	Failover to cloud node	Immediate	DDITS

XIV. Compliance and Framework Cross-Reference

Framework / Standard	Clause / Control	Relevance to Annex G
ISO 21001:2018	Clauses 7.5, 9.1, 10.3	Information management and evidence-based improvement
ISO 27001:2022	Annex A Controls 5–18	Cybersecurity and access control protocols
OBEF v10.21	Pillar 6	Governance and data security performance
CAA Standards 2019	Annex 8	Quality Management System compliance
HE Inspection Framework 2023	Standards 2 & 3	Leadership and digital planning governance
UAE Data Protection Law 2022	Articles 3–9	Personal data privacy compliance

XV. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex G
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of FU QA-IEA Digital Governance Manual (Oct 2025).

Annex I. QA-IEA Cybersecurity Risk Register and Response Matrix

Annex Code	FU-QA-GOV-SOP-2025-09A-Annex H
Linked SOP	FU-QA-GOV-SOP-2025-09A – Strategic and Operational Planning Integration Workflow
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon framework revision

I. Purpose

To define the **cyber-risk management framework** that safeguards the confidentiality, integrity, and availability of FU's QA-IEA data and systems.
It provides:

- A unified register of threats, vulnerabilities, and controls;
- Quantitative risk scoring and response prioritization;
- A tiered escalation and incident containment protocol.

II. Governance and Responsibility

Entity / Role	Cyber-Risk Responsibility
President / QA-IEC	Strategic oversight; approve risk tolerance levels and annual cybersecurity report.
Executive Director, QA-IEA (CISO Equivalent)	Lead risk assessment, approve mitigation plans, and report incidents to QA-IEC.
Director, Digital Innovation & IT Support (DDITS)	Implement technical controls, incident response, and system hardening.
Institutional Research (IR)	Validate data integrity and support cyber-forensic analytics.
Digital Governance Committee (DGC)	Quarterly review of risk scores, control effectiveness, and compliance with ISO 27001/27005.

III. Cyber-Risk Management Process

Stage	Activity	Key Deliverable
1. Risk Identification	Detect threats to QA-IEA systems, data, and infrastructure.	Threat Catalog
2. Risk Analysis	Determine likelihood × impact score (1–5 scale).	Risk Score Matrix
3. Risk Evaluation	Compare scores against FU risk tolerance thresholds.	Risk Register Update
4. Risk Treatment	Select avoidance, mitigation, transfer, or acceptance.	Mitigation Plan
5. Monitoring & Review	Continuous tracking and reporting to QA-IEC.	Quarterly Cyber Risk Report

IV. Risk Scoring Matrix

Impact → / Likelihood ↓	1 Low	2 Moderate	3 High	4 Critical	5 Severe
5 Very Likely	🟡 5	🟡 10	🔴 15	🔴 20	🔴 25
4 Likely	🟢 4	🟡 8	🟡 12	🔴 16	🔴 20
3 Possible	🟢 3	🟡 6	🟡 9	🟡 12	🔴 15
2 Unlikely	🟢 2	🟢 4	🟡 6	🟡 8	🟡 10
1 Rare	🟢 1	🟢 2	🟢 3	🟡 4	🟡 5

Color Bands: 🟢 Low (1–5) | 🟡 Moderate (6–15) | 🔴 High/Critical (16–25)

V. QA-IEA Cybersecurity Risk Register (Sample)

Risk ID	Category	Threat Description	Root Cause / Vulnerability	Likelihood (1–5)	Impact (1–5)	Score	Level	Existing Controls	Mitigation Action / CAP	Responsible Office	Status
C-25-001	Network Security	Unauthorized VPN access attempts	Weak credential policy	4	4	16	🔴 High	MFA + Firewall IPS	Enforce password rotation policy	DDITS	In Progress
C-25-002	Data Integrity	Alteration of KPI records	Excessive user privilege	3	5	15	🟡 Moderate	Role-based access	Quarterly access audit	QA-IEA / IR	Open
C-25-003	System Availability	Server downtime > 4 hrs	Single point of failure	3	4	12	🟡 Moderate	Daily backup / redundancy	Implement failover node	DDITS	Planned
C-25-004	Data Confidentiality	Accidental email of restricted data	Human error	2	5	10	🟡 Moderate	Email filtering	Mandatory training session	QA-IEA / HR	Completed
C-25-005	Malware Infection	Phishing link clicked by user	Low cyber awareness	4	5	20	🔴 High	Anti-phishing software	Simulated phishing drills	DDITS / HR	Ongoing
C-25-006	Third-Party Integration	API exposes unencrypted tokens	Unsecured vendor interface	3	5	15	🟡 Moderate	Encrypted API + audit logs	Annual vendor security assessment	DDITS / QA-IEA	Scheduled
C-25-007	Compliance Risk	Non-adherence to UAE PDPL	Outdated policy	2	4	8	🟡 Moderate	PDPL policy integration	Update privacy notices	QA-IEA / Legal	Completed
C-25-008	Insider Threat	Intentional data deletion	Disgruntled staff access	2	5	10	🟡 Moderate	Access logs + alerts	Immediate deactivation of ex-users	HR / DDITS	Closed

VI. Risk Response Matrix

Response Strategy	Definition	Example Action	Residual Risk Threshold
Avoid	Eliminate the activity causing risk.	Remove obsolete API integration.	0–2 (Low)
Mitigate	Reduce likelihood or impact.	Apply MFA, encryption, training.	≤ 6 (Moderate)
Transfer	Shift to external party / insurance.	Cloud backup service SLA.	≤ 8 (Moderate)
Accept	Acknowledge minor risk within tolerance.	Routine system updates delay ≤ 24 hrs.	≤ 5 (Low)

VII. Incident Escalation Protocol

Severity Level	Criteria	Notification Window	Escalation Path	Communication Mode
Level 1 – Critical	Data breach / system outage > 6 hrs / personal data exposure	Within 1 hour	DDITS → QA-IEA → President → QA-IEC	Phone + Email + Portal Alert
Level 2 – High	Malware attack / suspicious activity detected	Within 4 hours	DDITS → QA-IEA	Email + Ticket
Level 3 – Moderate	Unauthorized access attempt blocked	Within 24 hours	DDITS / QA-IEA	Portal Notification
Level 4 – Low	Policy violation / minor user error	48 hours	QA-IEA → HR	Internal Memo

VIII. Monitoring and Reporting

Report	Frequency	Recipient	Content
Cyber Risk Register Update	Quarterly	QA-IEC	Updated scores & status
Incident Summary Report	Monthly	QA-IEA Director & President	Event log, root causes, CAPs
External Audit Report	Annual	President / BOT	ISO 27001/27005 Compliance Review
Training Compliance Report	Annual	HR / QA-IEA	User awareness and certification rate

IX. Key Performance Indicators for Cyber-Risk Management

KPI	Definition / Formula	Target
Incident Detection Time	Avg time between occurrence and detection	≤ 30 min
Incident Resolution Time	Avg time from report to closure	≤ 24 hrs
System Downtime Rate	Downtime hrs ÷ Total hrs × 100	≤ 0.5 %
User Awareness Score	Trained users ÷ Total users × 100	≥ 90 %
Vulnerability Closure Rate	Patched vulnerabilities ÷ Detected × 100	≥ 95 %

Audit Compliance Index	Passed audits ÷ Total audits × 100	100 %

X. Integration with Institutional Effectiveness Cycle

OBEF Pillar	Cyber Risk Alignment	Evidence in IER (Annex B)
Pillar 1 – Employability	System availability ensures LMS accessibility	IT uptime logs
Pillar 2 – Learning Quality	Secure LMS protects student assessment data	Cyber audit reports
Pillar 6 – Governance & Sustainability	Cyber risk control integrated in QA-IEA dashboard	Risk Register snapshot

XI. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-09A-Annex H
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Cybersecurity Risk Register and Response Matrix (Oct 2025).

C. Policy on the Implementation of Annual Self-Evaluation of Operational Units (2.C)

I. Purpose

This policy establishes the framework, processes, and responsibilities governing the **Annual Self-Evaluation (ASE)** of all **operational units**—both **academic** (Colleges, Programs, and Academic Departments) and **administrative** (support offices, centers, and functional departments)—as outlined in the approved **FU Organizational Chart**.
It ensures that each unit systematically reviews its performance, identifies strengths and improvement opportunities, and aligns its plans with the University's strategic objectives and the **Outcome-Based Evaluation Framework (OBEF)**.

II. Scope

This policy applies to:

1. All **Colleges, Departments, and Academic Programs** (academic units);
2. All **Administrative Units** (e.g., HR, Finance, Student Affairs, Facilities, IT, QA-IEA, etc.); and
3. All **Research, Community Engagement, and Service Centers** under the University of Fujairah.

III. Policy Statement

The University of Fujairah (FU) is committed to ensuring institutional effectiveness by continuously and systematically evaluating all its operational units.

Accordingly:

1. Each operational unit shall conduct an **Annual Self-Evaluation (ASE)** to assess its performance against approved Key Performance Indicators (KPIs), outputs, outcomes, and compliance requirements.
2. Self-evaluation outcomes shall inform unit-level **Action Plans**, **Corrective Action Plans (CAPs)**, and **Operational Plans** for the subsequent academic year.
3. Results of the ASE shall be consolidated and analyzed by the **QA-IEA Office** as part of the **Institutional Effectiveness Review (IER)** and reported to the **Quality Assurance and Institutional Effectiveness Council (QA-IEC)** and the **President**.

IV. Objectives

The ASE aims to:

1. Strengthen evidence-based decision-making and resource allocation.
2. Promote transparency, accountability, and continuous improvement within units.
3. Monitor the achievement of the University's strategic goals under **OBEF Pillar 6**.
4. Provide data and documentation for CAA compliance and international accreditation.
5. Enhance alignment between strategic, operational, and budgetary planning cycles.

V. Definitions

Term	Definition
Annual Self-Evaluation (ASE)	A structured internal review conducted by an operational unit to assess its performance and compliance.
Operational Unit	Any academic or administrative unit defined in the FU Organizational Chart.

Institutional Effectiveness Report (IER)	The annual institutional summary prepared by QA-IEA consolidating all unit ASEs.
Corrective Action Plan (CAP)	A plan identifying actions to address underperformance or audit findings.
Performance Indicator (KPI)	A measurable metric used to assess unit achievement relative to institutional goals.

VI. Policy Principles

1. **Evidence-Based Evaluation** – All self-evaluations must be supported by verifiable evidence.
2. **Transparency and Participation** – Faculty, staff, and relevant stakeholders must contribute to the review.
3. **Standardization** – All units must use the prescribed **FU ASE Template (IR Form 10)** issued by the QA-IEA.
4. **Accountability** – Each Unit Head is responsible for ensuring submission accuracy and timeliness.
5. **Improvement Orientation** – Evaluation outcomes must lead to measurable enhancement plans.
6. **Integration** – ASE results feed directly into **Annual Operational Plans (AOPs)** and **Institutional KPIs**.

VII. Procedures

1. Planning and Initiation (January–February)

a. QA-IEA issues the **Annual Self-Evaluation Call Memo**, templates, and KPI targets.
b. Units review previous year's CAPs and KPIs for baseline setting.
c. A briefing workshop is conducted by QA-IEA and Institutional Research (IR).

2. Data Collection and Analysis (March–May)

a. Units collect quantitative and qualitative data through surveys, records, and reports.
b. Academic units include course evaluations, assessment outcomes, and accreditation feedback.
c. Administrative units include process efficiency metrics, satisfaction results, and budget utilization.
d. Data are analyzed using the **OBEF-aligned KPI tracking form (IR Form 6)**.

3. Completion of ASE Report (June–July)

a. Each unit completes the **ASE Report (IR Form 10)** summarizing:
    1) KPI achievement rates (%);
    2) Major strengths and improvement areas;
    3) CAPs with timelines and responsible persons; and
    4) Evidence sources (minutes, data extracts, audits).
b. Reports are signed by the **Unit Head** and submitted to QA-IEA.

4. Review and Validation (August–September)

a. QA-IEA reviews ASE reports for completeness and accuracy.
b. The **CQA-IE (Academic or Administrative)** validates the self-evaluation outcomes.
c. CAPs are cross-checked with actual KPI variances and audit results.

5. Consolidation and Institutional Reporting (September–October)

a. QA-IEA consolidates all ASE findings into the **Institutional Effectiveness Report (IER)** (see Annex B).
b. Results are presented to the **QA-IEC** and the **President** for strategic action.
c. Improvement trends are reflected in the **Annual Operational Plans (AOPs)** for the following year.

6. Feedback and Improvement (November–December)

a. QA-IEA conducts feedback sessions with unit heads and deans/directors.
b. Units integrate feedback into revised KPIs and planning templates.
c. CAP closure status is updated in the **QA-IEA Portal** (Annex D).

VIII. Reporting and Documentation

Document	Purpose	Custodian	Retention Period
Annual Self-Evaluation Report (IR Form 10)	Evidence of unit performance	QA-IEA / Unit Head	5 years
CAP Register	Record of improvement actions	QA-IEA	5 years
Institutional Effectiveness Report (IER)	Consolidated institutional analysis	QA-IEA	Permanent
QA-IEC Minutes	Evidence of review and decision	QA-IEA / Secretariat	5 years

IX. Evaluation Criteria

Performance Band	KPI Achievement Rate	Descriptor	Required Action
🟢 **Excellent**	≥ 90 %	Fully Achieved	Maintain and share best practices
🟡 **Satisfactory**	75–89 %	On Track	Implement minor CAPs
🔴 **Needs Improvement**	< 75 %	Below Target	Submit detailed CAP with timeline

X. Roles and Responsibilities

Role	Key Responsibilities
Unit Head / Dean / Director	Lead ASE within the unit; ensure participation and submission; develop CAPs.
CQA-PE / CQA-IE	Validate reports, review findings, ensure alignment with OBEF and CAA standards.
QA-IEA Office	Provide templates, training, and review; consolidate IER; monitor CAP implementation.
QA-IEC	Approve annual institutional performance summary; endorse CAP priorities.
President	Approve the institutional self-evaluation results; provide strategic direction.

XI. Alignment with External Frameworks

Framework	Relevant Clause / Pillar	Integration Point
OBEF v10.21	Pillar 6 – Governance & Sustainability	KPI and CAP alignment in ASE reports
CAA Standards 2019	Annex 8 – Quality Management	Self-evaluation and continuous improvement
HE Inspection Framework 2023	Standards 2 & 3	Institutional leadership and governance review

ISO 21001:2018	Clauses 9.1, 9.3, 10.2	Performance evaluation and corrective action

XII. Document Control

Item	Details
Policy Code	FU-QA-GOV-POL-2025-11
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Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years or upon OBEF/CAA revision
Custodian	QA-IEA Office
Change Log	Initial issuance of Policy on Annual Self-Evaluation of Operational Units (Nov 2025).

SOP Code	FU-QA-GOV-SOP-2025-11A
Linked Policy	FU-QA-GOV-POL-2025-11 – Policy on Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Approved by	President
Next Review Date	2028 or earlier upon revision of CAA or OBEF frameworks

I. Purpose

To define the step-by-step **procedures** for planning, conducting, documenting, and evaluating the **Annual Self-Evaluation (ASE)** of all University of Fujairah operational units—academic and administrative—to promote institutional effectiveness, transparency, and continuous improvement.

II. Scope

This SOP applies to all organizational entities, including:

- **Academic Units:** Colleges, academic departments, programs, research centers, and general education divisions.
- **Administrative Units:** Finance, HR, Student Affairs, IT, Facilities, QA-IEA, and other service or support departments.
- **Leadership Units:** Deans, Directors, and Heads as identified in the official organizational chart.

III. References and Cross-Linkages

Framework / Document	Relevance
OBEF v10.21	Pillar 6 – Governance and Sustainability
CAA Standards 2019	Annex 8 – Quality Management and Review
HE Inspection Framework 2023	Standards 2 & 3 – Leadership and Planning
ISO 21001:2018	Clauses 6.1–10.3 – PDCA and Improvement Cycle
Annex C (QA-IEA Annual Calendar)	Defines institutional reporting timelines
Annex D (QA Dashboard)	Provides automated KPI and CAP tracking tools

IV. Workflow Overview



Each stage is governed by QA-IEA oversight and validated by the respective **Committee on Quality Assurance and Institutional Effectiveness (CQA-IE)** for either Academic or Administrative Affairs.

V. Roles and Responsibilities

Role / Entity	Responsibilities
Unit Heads / Deans / Directors	Lead self-evaluation within their respective units; ensure completion and evidence-based reporting.
CQA-PE / CQA-IE	Validate ASE reports and verify KPI results before institutional consolidation.
QA-IEA Office	Issue ASE templates and guidelines; train unit representatives; consolidate findings.
Institutional Research (IR)	Provide performance data and assist in KPI analysis.
QA-IEC	Review the consolidated Institutional Effectiveness Report (IER).
President	Approve institutional ASE findings and endorse improvement strategies.

VI. Procedures

Stage 1 – Initiation and Planning (January–February)

1. **QA-IEA** issues the *Annual Self-Evaluation Circular* to all units, including:
    - Updated **KPI reference sheet** (OBEF-linked);
    - **IR Form 10 – ASE Template**;
    - **CAP Register Template (CAP Form 5)**;
    - **Submission timeline** aligned with the QA-IEA Annual Calendar.
2. **Orientation/Training Workshop** conducted by QA-IEA and IR for all unit representatives.
3. Units review the previous year's ASE and CAP results to establish baseline indicators.

Output: ASE Work Plan per unit.

Stage 2 – Data Collection and Performance Analysis (March–May)

1. **Academic Units** collect data on:
    - Student learning outcomes, course evaluations, program KPIs;
    - Research productivity and faculty engagement;
    - Compliance with accreditation conditions.
2. **Administrative Units** gather:
    - Service quality data, turnaround time metrics, stakeholder feedback;
    - Resource utilization and efficiency indicators.
3. Data validated by **IR Unit** for consistency and completeness.
4. Units conduct internal analysis using the **KPI Performance Tracker (IR Form 6)**.

Output: KPI Performance Table and CAP Identification Draft.

Stage 3 – Self-Evaluation Report Preparation (June–July)

Each unit prepares its **ASE Report (IR Form 10)**, which includes:

Section	Content
I. Unit Overview	Mandate, functions, structure, and staffing.
II. KPI Performance	Actual vs target performance with variance analysis.
III. Evidence Summary	Supporting data sources and verification methods.
IV. SWOT Analysis	Strengths, weaknesses, opportunities, threats.
V. CAP Matrix	Improvement actions with timelines and responsible persons.

VI. Alignment	Cross-reference to OBEF Pillars and Strategic Objectives.

Reports must be endorsed by the **Unit Head** and submitted to the **QA-IEA Office**.

Output: Draft ASE Report per unit.

Stage 4 – Review and Validation (August–September)

1. **QA-IEA Office** conducts technical review of submissions for completeness and validity.
2. **CQA-IE** convenes to evaluate ASE reports and ensure:
    - Alignment with OBEF and institutional KPIs;
    - Data reliability;
    - Evidence consistency.
3. **CAPs** are verified for feasibility, resource allocation, and responsible parties.
4. Validation comments are documented in the **ASE Validation Checklist (QA-IEA Form 10A)**.

Output: Approved ASE Reports and Validated CAP Register.

Stage 5 – Consolidation and Institutional Reporting (October–November)

1. **QA-IEA consolidates** all validated ASE results into:
    - **Institutional Effectiveness Report (IER)** (Annex B format);
    - **Performance Dashboard Summary (Annex D)**;
    - **Risk and CAP updates (Annex H integration)**.
2. Findings are presented to the **QA-IEC** for deliberation.
3. President approves IER and endorses recommended improvement initiatives.

Output: Final IER Report and Updated Institutional Dashboard.

Stage 6 – Feedback, Improvement, and Integration (December–January)

1. QA-IEA provides **feedback summaries** and benchmarking insights to each unit.
2. Units integrate recommendations into next year's **Annual Operational Plans (AOPs)**.
3. CAP closure and carry-over are recorded in the **QA-IEA Portal** (Annex F system).

Output: CAP Status Report and Revised KPI Targets for the next cycle.

VII. Templates and Tools

Template / Tool	Purpose	Linked Annex
IR Form 10 – ASE Report	Main self-evaluation document	Annex A
IR Form 6 – KPI Tracker	Quantitative KPI monitoring	Annex A
CAP Form 5 – Corrective Action Plan	Performance improvement planning	Annex A
QA-IEA Form 10A – Validation Checklist	Quality review checklist	Annex E
QA-IEA Portal Module	Digital submission and dashboard automation	Annex F

VIII. Performance Monitoring Indicators

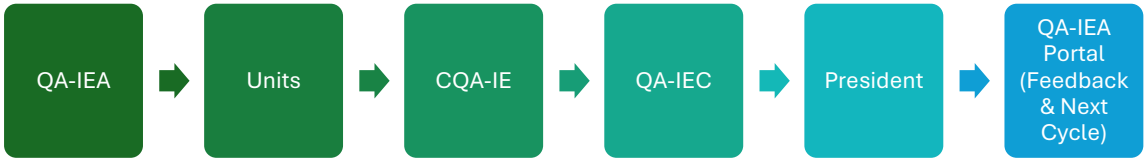
Indicator	Definition / Formula	Target
Unit ASE Submission Rate	ASE reports submitted ÷ total units × 100	100 %
KPI Accuracy Rate	Verified KPIs ÷ total KPIs reported × 100	≥ 98 %

CAP Implementation Rate	Completed CAPs ÷ total CAPs × 100	≥ 90 %
QA-IEC Review Compliance	Reviewed ASEs ÷ total ASEs × 100	100 %
Staff Participation Rate	Staff participating in ASE process ÷ total staff × 100	≥ 85 %

IX. Quality Assurance and Follow-Up

1. **Internal Audit:** QA-IEA conducts periodic audits on ASE documentation.
2. **Continuous Improvement:** ASE findings inform strategic reviews and re-accreditation processes.
3. **Documentation Retention:** All ASE reports retained for **five (5) years**.
4. **Annual Evaluation:** QA-IEA evaluates overall process efficiency and reports improvement actions to the QA-IEC.

X. Workflow Summary Diagram



XI. Document Control

Item	Details
SOP Code	FU-QA-GOV-SOP-2025-11A
Linked Policy	FU-QA-GOV-POL-2025-11
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of SOP on Annual Self-Evaluation of Operational Units (Nov 2025).

1. **IR Form 10 (ASE Report Template)**,
2. **CAP Form 5 (Corrective Action Plan Matrix)**,
3. **Validation Checklist (QA-IEA Form 10A)**, and
4. **ASE Timeline Calendar (Gantt chart)**—ready for inclusion in the QA-IEA Manual

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex A
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA/OBEF frameworks

I. Components of the Annual Self-Evaluation (ASE) Package

Component	Purpose	Document Reference
Form 10 – ASE Report Template	Main instrument for self-evaluation	Section II
Form 5 – Corrective Action Plan (CAP) Matrix	Tracks improvement actions	Section III
Form 10A – Validation and Review Checklist	Tool for QA-IEA and CQA-IE verification	Section IV
ASE Gantt Chart Calendar	Guides scheduling of activities	Section V

II. FU–IR Form 10: Annual Self-Evaluation (ASE) Report Template

Document Code: FU-IR-ASE-F10

Purpose: To guide academic and administrative units in evaluating their performance against approved Key Performance Indicators (KPIs), operational objectives, and improvement targets.

Section 1 – General Information

Item	Description
College/Department/Unit	
Type of Unit	☐ Academic ☐ Administrative
Head / Director / Dean	
Reporting Period	AY 2025–2026
Date of Submission	
Prepared by	
Reviewed by (CQA-IE)	

Section 2 – Unit Profile and Functions

Briefly describe the unit's mandate, structure, primary responsibilities, and its role in achieving the institutional mission.

Example: "The Department of Student Affairs supports student success through academic advising, employability programs, and co-curricular development aligned with FU's Pillar 1: Graduate Employ
ability and Future Skills."

Section 3 – KPI Performance Summary

KPI No.	Indicator Description	Target (OBEF)	Actual Achievement	% Achievement	Status (🟢/🟡/🔴)	Evidence Source
KPI 1						
KPI 2						
KPI 3						

Legend:

🟢 ≥ 90% (Excellent) 🟡 75–89% (Satisfactory) 🔴 < 75% (Needs Improvement)

Section 4 – Summary of Strengths and Areas for Improvement

Strengths	Areas for Improvement

Section 5 – Corrective Action Plan (CAP) Summary

CAP ID	Issue / Gap	Action Required	Responsible Person	Timeline	Evidence / Output	Status
CAP-25-001						

(To be detailed using Form 5 – CAP Matrix.)

Section 6 – Alignment with OBEF Pillars and Strategic Objectives

OBEF Pillar	Institutional Goal	Related KPI / Activity	Contribution to Institutional Effectiveness
Pillar 1	Graduate Employability		
Pillar 2	Teaching and Learning		
Pillar 3	Research & Innovation		
Pillar 6	Governance & Sustainability		

Section 7 – Evidence Reference Table

Document Type	Title / Description	File Code / Location
Meeting Minutes		
Reports / Memos		
Data Extracts		
Audit / Review Records		

Section 8 – Certification

This ASE Report accurately reflects the performance and evaluation of the unit for the academic year indicated above.

Prepared by	Signature / Date

Unit Head	
Reviewed by (CQA-IE)	
Validated by (QA-IEA)	

III. FU–CAP Form 5: Corrective Action Plan (CAP) Matrix

Document **Code:** FU-IR-CAP-F5

Purpose: To record and monitor improvement actions based on ASE findings, audit results, or QA recommendations.

CAP ID	KPI Reference	Identified Gap / Issue	Root Cause	Corrective Action	Responsible Office / Staff	Timeline (From –To)	Required Resources	Evidence / Verification Method	Status (Open / Closed / In Progress)
CAP-25-001									
CAP-25-002									

IV. FU–QA-IEA Form 10A: Validation and Review Checklist

Document **Code:** FU-QAIEA-VCHK-F10A

Purpose: Used by QA-IEA and the CQA-IE to validate each ASE report prior to institutional consolidation.

Evaluation Area	Verification Criteria	Compliant (✓/✗)	Remarks / Action
1. Completeness of ASE Form	All sections filled and evidence provided		
2. KPI Data Validation	Accuracy of KPI values verified with data		
3. OBEF Alignment	KPIs mapped to correct OBEF pillars		
4. CAP Quality	CAPs are SMART (Specific, Measurable, Achievable, Relevant, Timely)		

5. Evidence Reliability	Documents uploaded to QA-IEA portal verified		
6. Institutional Linkage	ASE aligns with Strategic and Operational Plans		
7. Compliance with Submission Timeline	Submitted by deadline per QA Calendar		
8. Review Endorsement	Signed by Unit Head, reviewed by CQA-IE		
9. CAP Monitoring Integration	CAP reflected in QA-IEA Portal tracking		
10. Overall Quality Rating	Excellent / Satisfactory / Needs Revision		

Validated by:

QA-IEA Officer: _____ Date: _____

CQA-IE Reviewer: _____ Date: _____

V. FU Annual Self-Evaluation Gantt Chart Calendar

Phase	Activities	Responsible Unit	Timeline (Academic Year)	Output Document
Phase 1: Initiation	Issue ASE Guidelines and KPI Matrix	QA-IEA	Jan – Feb	Circular, Templates
Phase 2: Data Gathering	Collect KPI data and supporting evidence	Units / IR	Mar – May	KPI Tracker
Phase 3: Self-Evaluation	Draft and submit ASE Report	All Units	Jun – Jul	IR Form 10
Phase 4: Validation	Review and validate ASE reports	QA-IEA / CQA-IE	Aug – Sep	Validation Checklist
Phase 5: Consolidation	Prepare and present Institutional Effectiveness Report	QA-IEA	Oct – Nov	IER Consolidated Report
Phase 6: Feedback and Planning	Review results, update AOP and CAP	QA-IEA / All Units	Dec – Jan	Updated CAP and KPIs

VI. Alignment Matrix: ASE Process to OBEF and ISO Frameworks

Framework	Reference Clause / Pillar	Application in ASE
OBEF v10.21	Pillar 6 – Governance & Sustainability	Annual KPI and CAP review
CAA Standards 2019	Annex 8 – Quality Management	Self-evaluation and evidence-based improvement
ISO 21001:2018	Clauses 9.1–10.3	Monitoring, evaluation, and improvement cycle
HE Inspection Framework 2023	Standards 2–3	Institutional leadership and operational performance review

VII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex A
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon OBEF/CAA revision
Custodian	QA-IEA Office
Change Log	Initial issuance of ASE Forms and Calendar (Nov 2025).

Annex C. Institutional Effectiveness Report (IER) Consolidation Template

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex B
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA/OBEF frameworks

I. Purpose

The **Institutional Effectiveness Report (IER)** consolidates and analyzes the results of annual self-evaluations conducted by all academic and administrative units.
It serves as the central institutional document for:

- Measuring the University's overall performance against **OBEF KPIs** and **strategic objectives**;
- Informing policy and decision-making by the **President**, **QA-IEC**, and **Board of Trustees (BOT)**; and
- Demonstrating continuous improvement and compliance with national and international standards.

II. Scope

The IER covers all operational units appearing in the **FU Organizational Structure**, including:

- Academic Colleges and Programs;
- Research and Innovation Units;
- Administrative and Support Departments; and
- Community Engagement and Professional Development Centers.

III. Structure of the Institutional Effectiveness Report

Section	Title / Content	Prepared by
I	Executive Summary	QA-IEA Director
II	Institutional Overview	QA-IEA / Institutional Research
III	KPI Achievement Summary by OBEF Pillar	QA-IEA
IV	Academic Unit Performance Summary	QA-IEA / Deans
V	Administrative Unit Performance Summary	QA-IEA / Directors

VI	Corrective Action Plan (CAP) Summary	QA-IEA
VII	Institutional Performance Index (IPI) and Trends	Institutional Research
VIII	Key Findings, Lessons Learned, and Recommendations	QA-IEA Council
IX	Appendices (ASE Reports, KPI Tables, Evidence Registry)	QA-IEA Secretariat

IV. Section-by-Section Template

Section I. Executive Summary

Purpose: Summarize the institution's annual performance, notable achievements, and areas for improvement.

Template:

The University of Fujairah achieved an overall KPI performance rate of **___%** for AY 2025–2026, indicating [performance level] under OBEF v10.21.

Major achievements included [examples: program accreditations, graduate employability rates, new partnerships].

Key areas for improvement were identified in [specific OBEF pillars or units]. The overall Institutional Performance Index (IPI) was **___/ 5**, reflecting [interpretation: Strong / Developing / Needs Attention].

Section II. Institutional Overview

Element	Details
Total Academic Programs	
Total Enrolled Students	
Faculty Headcount (FTE)	
Staff Headcount (FTE)	
Colleges / Centers	
Administrative Units	
Accreditation / Licensing Updates	
Major Strategic Initiatives	

Section III. KPI Achievement Summary by OBEF Pillar

OBEF Pillar	Institutional Goal	Key Indicators	Target	Actual	% Achievement	Status	Evidence Reference
Pillar 1	Graduate Employability	Employment Rate, Internship Participation	85%	82%	96%	🟡	GDS Report
Pillar 2	Excellence in Learning & Teaching	NQF Alignment, Course Assessment Quality	100%	90%	90%	🟡	QA Audit
Pillar 3	Research & Innovation	Funded Projects, Publications	15	12	80%	🔴	DIR Report

Pillar 4	Industry & Government Partnerships	MOUs, Joint Projects	10	14	140%	🟢	Partnership Register
Pillar 5	Community Engagement	Service Projects, Beneficiaries	20	25	125%	🟢	CISH Report
Pillar 6	Governance & Sustainability	Audit Compliance, Risk Control, Satisfaction	100%	95%	95%	🟡	QA-IEA Report

Institutional Average Achievement: ____%

Section IV. Academic Unit Performance Summary

College / Department	Programs	KPI Average Achievement	Performance Band	Top Strength	Key Improvement Area	CAP Reference
College of Business Administration	5	88%	🟡 Satisfactory	Curriculum Redesign	Faculty Research Output	CAP-25-001
College of Nursing	2	92%	🟢 Excellent	Student Competency Alignment	Clinical Placement Coordination	CAP-25-002
College of IT	3	83%	🟡 Satisfactory	Course Digitalization	Outcome Mapping Consistency	CAP-25-003

Section V. Administrative Unit Performance Summary

Department / Office	KPI Achievement	Performance Band	Highlights	Areas for Improvement	CAP Reference
HR Department	95%	🟢 Excellent	Enhanced staff evaluation system	Recruitment speed	CAP-25-004
Finance Department	88%	🟡 Satisfactory	Budget monitoring compliance	Process automation	CAP-25-005
Facilities Management	90%	🟢 Excellent	Preventive maintenance system	Environmental monitoring	CAP-25-006
Student Affairs	85%	🟡 Satisfactory	Career counseling services	Data integration with LMS	CAP-25-007

Section VI. Corrective Action Plan (CAP) Summary

CAP ID	Unit	Gap / Issue Identified	Action Taken	Responsible Person / Office	Status (Open / Closed)	Evidence / Link
CAP-25-001	CBA	Research output below benchmark	Launched faculty research mentorship	Dean, CBA	In Progress	QA Portal

CAP-25-005	Finance	Delay in reporting cycle	Introduced auto-reporting system	Director, Finance	Closed	QA Portal

Section VII. Institutional Performance Index (IPI) Calculation

Purpose: Quantify institutional effectiveness using standardized scoring across KPIs, CAPs, and qualitative results.

Dimension	Weight (%)	Key Metrics	Institutional Score (0–5)	Weighted Score
KPI Achievement	40%	Average % of OBEF Pillar KPIs	4.0	1.6
CAP Implementation	20%	% CAPs Closed	4.5	0.9
Audit & Compliance	15%	ISO / QA Audit Results	4.2	0.63
Stakeholder Satisfaction	15%	Faculty / Student Surveys	4.3	0.65
Strategic Alignment	10%	OBEF & Institutional Goals	4.0	0.40

Total IPI Score: 4.18 / 5 → Performance Rating: "Very Effective"

Section VIII. Key Findings, Lessons Learned, and Recommendations

1. Major Strengths Identified:

- Strong institutional performance under Pillar 1 (Employability).
- Improved compliance under ISO 21001 and OBEF v10.21.
- Increased interdisciplinary collaboration.

2. Critical Challenges:

- Limited research funding diversification.
- Uneven KPI reporting across administrative units.
- Need for enhanced data analytics capacity.

3. Recommendations for Improvement:

- Integrate KPI dashboards with QA-IEA Portal.
- Link annual budgeting to ASE outcomes.
- Standardize faculty and staff performance indicators across units.

Section IX. Appendices

Appendix No.	Title / Description
Appendix A	Summary of All Unit ASE Reports
Appendix B	KPI Source Evidence Registry
Appendix C	CAP Register (Detailed)
Appendix D	Stakeholder Feedback Reports
Appendix E	QA-IEC Minutes of IER Presentation

V. Visual Dashboard Summary (Optional)

For presentation to the QA-IEC and BOT, the QA-IEA may include Power BI or Excel-based visual summaries illustrating:

- KPI trends by OBEF pillar (3-year comparison);
- CAP closure rates by unit;
- IPI performance evolution;
- Institutional heat map (strengths vs improvement zones).

VI. Reporting and Approval Workflow

Unit ASE Reports → CQA-IE Validation → QA-IEA Consolidation → QA-IEC Review → President Approval → BOT / External Stakeholders Reporting

VII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex B
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon OBEF / CAA framework updates
Custodian	QA-IEA Office
Change Log	Initial issuance of IER Consolidation Template (Nov 2025).

Annex D. QA-IEA Annual Evaluation Calendar and Submission Control Matrix

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex C
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA/OBEF frameworks

I. Purpose

This annex provides a unified, calendar-based framework for monitoring the implementation of the **Institutional Effectiveness Cycle (IEC)** — from planning to evaluation and feedback. It ensures that all **operational units** (academic & administrative) perform their tasks, submit reports, and participate in reviews within a structured timeline integrated with:

- **Strategic and Operational Planning** (OBEF Pillar 6);
- **Annual Self-Evaluation (A S E)**;
- **Institutional Effectiveness Report (I E R)** consolidation;
- **Quality Audits and CAA Accreditation requirements**.

II. Guiding Principles

1. **Integration** – All planning, evaluation, and reporting activities must be linked to the institutional strategic plan and OBEF KPIs.
2. **Accountability** – Each unit is responsible for timely and accurate submission of required reports.
3. **Transparency** – Submissions and validations are logged in the QA-IEA Portal.
4. **Evidence Continuity** – All reports and CAPs are archived for five (5) years.
5. **Cyclical Improvement** – Calendar is aligned with the Plan–Do–Check–Act (PDCA) cycle of ISO 21001.

III. Institutional Effectiveness Cycle – Annual Timeline

Month / Period	Activity / Event	Responsible Office / Unit	Primary Deliverable / Output	OBEF / CAA Reference
JAN – FEB	1. Issue ASE Guidelines and KPI Matrix for all units 2. Conduct orientation workshops on IR Forms and QA procedures	QA-IEA / IR	ASE Circular, KPI Reference Sheets, Calendar	OBEF P6 §6.1 / CAA Annex 8 §2.1
MAR – MAY	Units collect data and evidence for ASE Reports IR validates KPI performance data	All Units / IR	Draft KPI Trackers (IR Form 6)	OBEF P6 / ISO 9.1 Monitoring
JUN – JUL	Complete and submit Annual Self-Evaluation Reports (IR Form 10) and CAPs (Form 5)	All Units / Deans / Directors	ASE Reports, CAP Matrix	CAA Annex 8 / OBEF P6
AUG – SEP	QA-IEA reviews and CQA-IE validates ASE Reports using Form 10A Checklists	QA-IEA / CQA-IE Academic & Admin	Validated ASE Reports + QA Findings	ISO 9.3 Review / OBEF P6 Monitoring
OCT – NOV	Consolidation of Institutional Effectiveness Report (IER) and	QA-IEA / QA-IEC	Institutional Effectiveness Report (Annex B)	OBEF P6 / CAA Annex 8 §2.4

	Dashboard Presentation to QA-IEC			
DEC – JAN	Feedback and Planning for next cycle CAP closure review and AOP integration	QA-IEA / All Units / CSPBD	Updated AOP and KPI Targets	ISO 10.3 Improvement / OBEF P6 Refinement

IV. Submission Control Matrix

Deliverable	Responsible Unit	First-Level Review	Second-Level Validation	Final Approval Body	Submission Deadline	Repository / Storage Location
IR Form 10 – ASE Report	All Academic & Administrative Units	Unit Head / Dean / Director	QA-IEA / CQA-IE	QA-IEC / President	**31 July**	QA-IEA Portal / IR Archive
Form 5 – CAP Matrix	Unit Head / Quality Coordinator	QA-IEA	QA-IEA Director	QA-IEC	**15 Aug**	QA-IEA Portal
Form 10A – Validation Checklist	QA-IEA / CQA-IE	QA-IEA	QA-IEC	President	**30 Sep**	QA-IEA Records
IER Consolidated Report	QA-IEA Office	QA-IEC	President	Board of Trustees	**15 Nov**	QA-IEA Portal / BOT Records
Annual Operational Plan (AOP)	All Units / CSPBD	QA-IEA / VP Admin & Academic Affairs	QA-IEC	President	**31 Dec**	QA-IEA Portal
CAP Closure Report	QA-IEA / All Units	QA-IEA	QA-IEC	President	**31 Jan**	QA-IEA Portal / Audit Register

V. Key Performance Monitoring Indicators for Calendar Compliance

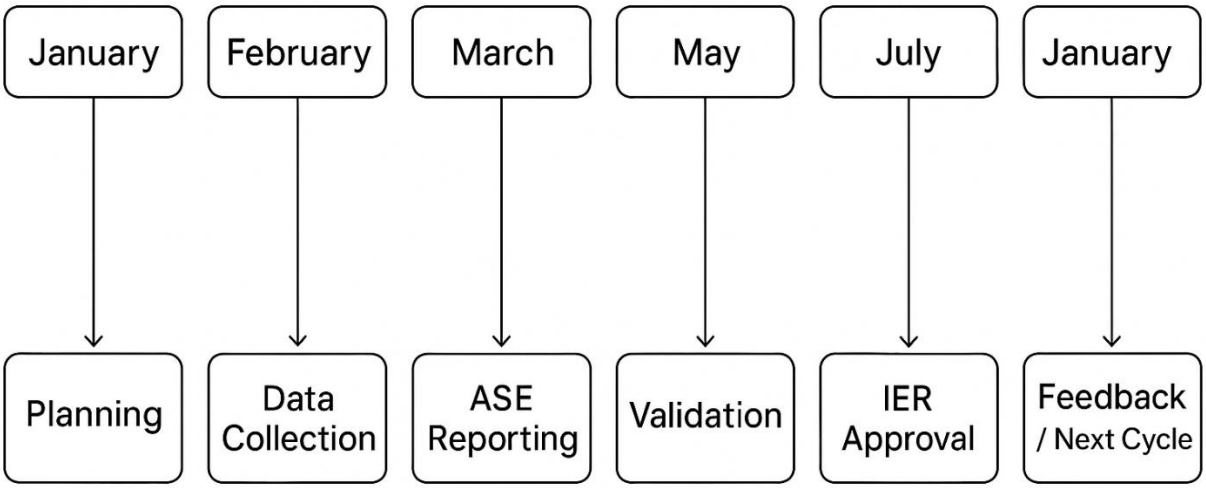
Indicator	Formula / Definition	Target	Monitoring Frequency
Submission Timeliness Rate	Reports submitted by deadline ÷ total expected submissions × 100	100 %	Monthly
Validation Compliance Rate	Validated ASEs ÷ total ASEs × 100	≥ 95 %	Quarterly
CAP Closure Rate	Closed CAPs ÷ total CAPs × 100	≥ 90 %	Bi-annual
IER Approval Compliance	Approved IERs ÷ planned IERs × 100	100 %	Annual
Audit Findings Resolved	Resolved issues ÷ total findings × 100	≥ 95 %	Annual

VI. QA-IEC Agenda Integration Cycle

Meeting Month	QA-IEC Agenda Items	Expected Outputs / Decisions

March	Review of KPI Templates and Calendar Approval	QA-IEC Resolution on ASE Cycle
June	Mid-year KPI Progress and Pre-Evaluation Briefing	Corrective Action Advisories
September	ASE Validation Review and CAP Approval	Validation Endorsements
November	Institutional Effectiveness Report Presentation	IER Approval / BOT Submission
January	Feedback and Next Cycle Launch	Updated KPI Matrix for New Cycle

VII. Flow Diagram – Institutional Effectiveness Calendar



(Each phase monitored through the QA-IEA Digital Dashboard — see Annex F.)

VIII. Integration with Other Frameworks

Framework / Standard	Relevant Clause / Pillar	Integration Mechanism
OBEF v10.21	Pillar 6 – Governance & Sustainability	ASE and IER cycles timed to KPI reporting periods
CAA Standards 2019	Annex 8 – Quality Management	Annual self-review and continuous improvement
ISO 21001:2018	Clauses 9.1 – 10.3	PDCA evaluation and review cycles
HE Inspection Framework 2023	Standards 2 & 3	Planning and institutional performance assessment
ISO 9001:2015 (optional)	Clause 9.3 – Management Review	QA-IEC meetings serve as review mechanisms

IX. Compliance Monitoring and Audit Schedule

Audit Type	Frequency	Lead Unit	Evidence Required	Outcome Reported to
Internal Quality Audit	Annual	QA-IEA Audit Team	ASE Reports / CAP Register	QA-IEC / President
Performance Validation Audit	Bi-annual	IR / QA-IEA	KPI Dashboards / IER	QA-IEC
Compliance Inspection Readiness	Annual	QA-IEA / VP Admin Affairs	CAA / OBEF evidence	President / CAA
ISO 21001 Surveillance Audit	Every 2 years	QA-IEA / ISO Coordinator	Audit Checklist / CAP Closure	President / BOT

X. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex C
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon CAA/OBEF revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Annual Evaluation Calendar and Submission Matrix (Nov 2025).

Annex E. Institutional Performance Dashboard Framework

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex D
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA / OBEF frameworks

I. Purpose

This annex defines the **digital architecture, analytics structure, and visualization standards** of the FU Institutional Performance Dashboard (IPD).
Its primary purpose is to:

- Monitor progress of institutional, college, and unit KPIs in real time;
- Integrate quantitative (data-driven) and qualitative (survey / audit) indicators;
- Support data-informed decision-making through the QA-IEA Portal;
- Demonstrate compliance with national / international accreditation frameworks.

II. Objectives

1. **Provide evidence-based visualization** of KPI achievements, CAP closures, and OBEF pillar performance.
2. **Enable comparative analytics** across academic and administrative units.
3. **Automate data updates** from Institutional Research, HR, Finance, LMS, and Student Affairs systems.
4. **Facilitate transparent reporting** to QA-IEC, President, and Board of Trustees.
5. **Ensure traceability and accountability** of data sources, CAPs, and audit records.

III. Dashboard Architecture and Data Flow

Data Sources → ETL Process (QA-IEA Data Warehouse) → Indicator Computation Engine (IR)
→ Visualization Layer (Power BI / QA-IEA Portal) → User Access Interface

Data Source	Content Extracted	Frequency of Update	Owner
CHEDS / Registrar	Enrollment, graduation, retention data	Quarterly	Institutional Research

LMS / Digital Learning	Course delivery, assessment scores	Monthly	Director of Digital Innovation & IT
HR System	Faculty & staff profiles, training records	Quarterly	HR Department
Finance System	Budget execution & efficiency indices	Quarterly	Finance Dept.
QA-IEA Portal	ASE, CAP & IER inputs	Real-time	QA-IEA Office
Surveys / Audit Data	Student & staff satisfaction, compliance	Annual	QA-IEA / IR

IV. Dashboard Functional Modules

Module	Core Functions	Primary Users	Data Frequency
A. Strategic KPI Monitor	Tracks institutional KPIs by OBEF pillar and college/unit with trend analysis.	QA-IEA, President, QA-IEC	Quarterly
B. Academic Effectiveness Module	Monitors program learning outcomes (PLOs), course success rates, faculty workloads.	Deans, Program Chairs	Semesterly
C. Administrative Performance Module	Tracks operational KPIs, process turnaround times, service satisfaction.	Directors, VP Admin	Quarterly
D. CAP Tracker	Displays status (Open/In Progress/Closed) of unit CAPs and linked KPI improvements.	QA-IEA / Unit Heads	Real-time
E. Compliance & Risk Module	Aggregates audit findings, risk scores (Annex H), and PDPL alerts.	QA-IEA / DDITS	Bi-annual
F. Stakeholder Feedback Module	Visualizes student, faculty, and employer satisfaction indices.	IR / Deans	Annual
G. Performance Heat Map	Ranks units (Excellent / Satisfactory / Needs Improvement).	QA-IEC / President	Quarterly

V. Dashboard Visualization and Reporting Structure

1. Home Dashboard – Institutional Snapshot

- Displays overall KPI achievement rate (%) and Institutional Performance Index (IPI from Annex B).
- Color bands / / reflect progress by OBEF pillar.
- Quick links: Strategic Goals, CAP Summary, Audit Status.

2. Unit-Level Dashboard

- Comparative bar and trend charts per college/department.
- Drill-down options to specific KPIs, targets, and evidence files.
- Exportable to PDF for QA-IEC submissions.

3. CAP and Audit Compliance Views

- Gantt charts showing CAP progress and closure status.
- Integration with Annex H Cybersecurity Risk Register.
- Red-flag alerts for overdue actions.

VI. Performance Indicator Framework

Dimension	Indicator Category	Indicator Examples	Unit of Measure	Update Frequency

Learning & Teaching	Student Performance / Retention	Course Pass Rate %, Dropout Rate %	%	Semesterly
Employability	Graduate Placement	Employment within 6 months %, Internship Completion	%	Annual
Research & Innovation	Scholarly Outputs	Indexed Publications, Research Funding	Count / AED	Quarterly
Governance & Sustainability	QA Compliance	Policy Review Rate, Audit Findings Resolved	%	Bi-annual
Community Engagement	Societal Impact	Projects Delivered, Beneficiaries Served	Count	Annual
Digital Transformation	System Availability & Usage	Portal Uptime %, User Activity	% / Count	Monthly

VII. Data Governance and Accountability

Aspect	Policy Directive	Responsible Office
Data Accuracy	All KPI values must be validated by Institutional Research (IR).	IR / QA-IEA
Data Ownership	Originating units retain ownership of source data.	Unit Head / Dean / Director
Data Access Level	Access tiered (Level 1 Public – Level 5 Restricted).	DDITS / QA-IEA
Data Retention	Performance records retained 5 years in digital archive.	QA-IEA
Audit Trail	All changes time-stamped and archived.	DDITS / QA-IEA

VIII. Dashboard Performance KPIs

Indicator	Formula / Definition	Target
Dashboard Uptime Rate	Operational hours ÷ total hours × 100	≥ 99.5 %
Data Validation Compliance	Validated data sets ÷ total submissions × 100	100 %
User Engagement Rate	Active users ÷ total users × 100	≥ 85 %
CAP Closure Visibility	Closed CAPs reflected ÷ total CAPs × 100	100 %
KPI Reporting Timeliness	KPI updates on-time ÷ total expected updates × 100	≥ 95 %

IX. Visual Analytics Examples (Recommended Dashboard Widgets)

1. **Institutional Scorecard:** OBEF Pillars 1–6 Progress Bar.
2. **KPI Variance Analyzer:** Target vs Actual Charts.
3. **CAP Gantt Monitor:** Action Plan Status by Month.
4. **Heat Map:** Performance by College / Department.
5. **Trend Timeline:** 3-Year OBEF Performance History.
6. **Satisfaction Radar:** Stakeholder Perception Survey Results.
7. **Risk Wheel:** Active vs Resolved Cyber / Compliance Risks.

X. Integration and Interoperability

System Integrated	Purpose	Integration Method	Data Exchange Frequency
QA-IEA Portal (Core)**	Main Dashboard and Data Repository	REST API / Secure SQL Sync	Real-time

HR System	Employee performance & training records	Data Link via API	Quarterly
Finance System	Budget and Expenditure Analytics	CSV Import / ETL	Quarterly
LMS / Smart Learning System	Student performance metrics	LTI Integration	Monthly
CHEDS Portal	Graduate and enrollment data	Manual upload	Quarterly

XI. Compliance Alignment

Framework / Standard	Clause / Pillar	Dashboard Compliance Feature
OBEF v10.21	Pillar 6	Tracks governance & sustainability KPIs
CAA Standards 2019	Annex 8 (Standards 1–11)	Evidence repository for self-study and renewal
ISO 21001:2018	Clauses 9.1–10.3	Performance evaluation & continual improvement
HE Inspection Framework 2023	Standards 2 & 3	Leadership and performance evidence
ISO 27001:2022	Annex A (5–18)	Access control and data security within portal

XII. Dashboard Governance and Maintenance

Activity	Frequency	Responsible Unit	Deliverable
System Backup & Integrity Check	Daily	DDITS	Backup Log
KPI Review Meeting	Quarterly	QA-IEA / QA-IEC	Performance Brief
Portal Audit and Security Scan	Bi-annual	DDITS / QA-IEA	Audit Report
Dashboard Update & Enhancement	Annual	QA-IEA / IR	Updated Dashboard Version
User Training / Refresher	Annual	QA-IEA / HR	Training Records

XIII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex D
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office / Director of Digital Innovation & IT Support
Change Log	Initial issuance of Institutional Performance Dashboard Framework (Nov 2025).

Annex F. Institutional KPI Metadata Dictionary and Measurement Protocol

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex E
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA / OBEF frameworks

I. Purpose

This annex defines the **institution-wide KPI structure and measurement standards** for consistent and evidence-based assessment of institutional effectiveness. It ensures that every KPI:

- Has a clear operational definition and formula;
- Is linked to the **OBEF Pillars** and **University Strategic Goals**;
- Is traceable to a data source, custodian, and reporting frequency;
- Complies with **CAA**, **ISO**, and **MOE reporting** requirements.

II. Objectives

1. To establish a **metadata dictionary** that standardizes the definition, collection, and analysis of all FU KPIs.
2. To ensure **KPI integrity** through validated, auditable data sources.
3. To facilitate **strategic performance tracking** through the QA-IEA Dashboard (Annex D).
4. To provide an official **reference tool** for audits, accreditation, and performance reviews.

III. KPI Classification Framework

KPI Level	Description	Example	Reporting Responsibility
Level 1 – Institutional KPIs	University-wide performance aligned with strategic goals and OBEF Pillars	Graduate Employment Rate, Research Output, Stakeholder Satisfaction	QA-IEA / QA-IEC
Level 2 – College / Departmental KPIs	Unit-specific KPIs derived from institutional goals	Faculty-to-Student Ratio, Course Evaluation Scores	Deans / Directors
Level 3 – Program KPIs	Program-level KPIs linked to PLOs and accreditation	Student Learning Outcome Achievement	Program Chairs
Level 4 – Operational KPIs	Administrative and service performance indicators	HR Recruitment Cycle Time, Finance Audit Compliance	Department Heads

IV. KPI Metadata Table – Institutional Level

KPI Code	KPI Title	Definition / Description	Formula	Target / Benchmark	Frequency	Primary Data Source	Responsible Unit	Verification / Validation Method	OBEF Pillar Alignment
KPI-1.1	Graduate Employment Rate	% of graduates employed within 6 months of graduation	(No. Employed ÷ Total Graduates) × 100	≥ 85%	Annual	Graduate Destination Survey (GDS)	IR / Career Services	GDS raw data audit	Pillar 1
KPI-2.1	Course Learning Outcome Achievement	% of CLOs achieved across programs	(Achieved CLOs ÷ Total CLOs) × 100	≥ 90%	Semester	LMS / Program Reports	QA-IEA / Deans	Academic Audit	Pillar 2
KPI-3.1	Research Output	Total publications indexed in Scopus/WoS	Count	≥ 50 per year	Annual	DRI Database	DRI	Verification via Scopus	Pillar 3
KPI-3.2	Funded Research Projects	% of research projects receiving external or internal funding	(Funded Projects ÷ Total Projects) × 100	≥ 70%	Annual	DRI / Finance	DRI	Grant Document Audit	Pillar 3
KPI-4.1	Industry Partnerships	Number of active MoUs / joint projects with industry	Count	≥ 10 per year	Annual	OPA / Colleges	QA-IEA / CBA Dean	MOU Register Review	Pillar 4
KPI-5.1	Community Engagement Projects	% of planned community projects implemented	(Completed Projects ÷ Planned Projects) × 100	≥ 90%	Annual	CISH Reports	Community Engagement Office	CAP Report	Pillar 5
KPI-6.1	QA Audit Compliance Rate	% of audit findings resolved within timeframe	(Resolved ÷ Total Findings) × 100	100%	Bi-annual	QA-IEA Internal Audit	QA-IEA	Audit Review Report	Pillar 6
KPI-6.2	Policy Review Compliance	% of policies reviewed within cycle	(Reviewed ÷ Total Policies Due) × 100	≥ 90%	Annual	QA-IEA Policy Register	QA-IEA / President's Office	Policy Review Log	Pillar 6
KPI-6.3	Staff Satisfaction	% of staff reporting satisfaction ≥ 4/5	(Satisfied ÷ Total Respondents) × 100	≥ 80%	Annual	HR Survey	HR / QA-IEA	Survey Report	Pillar 6
KPI-6.4	Financial Performance Efficiency	% budget utilization within approved limits	(Actual ÷ Approved Budget) × 100	95–100%	Quarterly	Finance Reports	Finance Department	Financial Audit	Pillar 6

V. KPI Metadata Table – Academic Unit Level

KPI Code	KPI Title	Definition / Description	Formula	Target	Data Source	Responsible Unit	Verification Method	OBEF Pillar
KPI-A1	Faculty Qualification Compliance	% of full-time faculty with terminal degrees	(Qualified Faculty ÷ Total Faculty) × 100	≥ 85%	HR / College Data	Deans / QA-IEA	CAA Standard 4 Review	Pillar 2
KPI-A2	Program Accreditation Compliance	% of programs accredited or renewed	(Accredited ÷ Total Programs) × 100	100%	QA-IEA / CAA Portal	QA-IEA	Accreditation Log	Pillar 2
KPI-A3	Student Course Evaluation Average	Mean satisfaction score per course (out of 5)	(Total Scores ÷ Responses)	≥ 4.2 / 5	Student Evaluation Forms	QA-IEA / Deans	Evaluation Audit	Pillar 2
KPI-A4	Student Retention Rate	% of students progressing to next year	(Continuing ÷ Enrolled Previous Year) × 100	≥ 90%	Registrar Data	IR / Deans	Enrollment Verification	Pillar 1

VI. KPI Metadata Table – Administrative Unit Level

KPI Code	KPI Title	Definition / Description	Formula	Target	Data Source	Responsible Unit	Verification Method	OBEF Pillar
KPI-ADM1	HR Recruitment Efficiency	Average time (days) from job posting to hiring	Sum of durations ÷ total hires	≤ 45 days	HRMS	HR Department	Recruitment Log Review	Pillar 6
KPI-ADM2	Student Service Satisfaction	% of positive responses in surveys	(Satisfied ÷ Total Respondents) × 100	≥ 85%	Student Affairs Survey	DSA	Survey Audit	Pillar 5
KPI-ADM3	IT System Uptime	% of total hours system is operational	(Operational ÷ Total Hours) × 100	≥ 99.5%	IT Monitoring Logs	DDITS	Server Audit	Pillar 6
KPI-ADM4	Facilities Response Time	Average hours to complete maintenance requests	Total time ÷ total requests	≤ 48 hrs	Facilities System	DFaM	Maintenance Log Review	Pillar 6
KPI-ADM5	Financial Audit Compliance	% of recommendations implemented	(Implemented ÷ Total Recommendations) × 100	100%	Internal Audit	Finance	Audit Confirmation	Pillar 6

VII. KPI Measurement Protocol

Process Step	Activity	Responsible Entity	Output Document / Evidence
1. KPI Definition	Define KPI using metadata template	QA-IEA / IR	KPI Definition Form
2. Data Collection	Gather data from system or manual sources	Units / IR	KPI Data Extract
3. Data Validation	Cross-verify data accuracy	QA-IEA / IR	Validation Checklist
4. KPI Calculation	Apply formula and compute performance	QA-IEA / Unit	KPI Score Sheet
5. Performance Interpretation	Compare actual vs. target	QA-IEA	KPI Dashboard Report
6. Action Planning	Develop Corrective Action Plan (if < 90%)	Unit Head / QA-IEA	CAP Matrix (Form 5)
7. Reporting	Integrate into IER and Dashboard	QA-IEA / QA-IEC	Institutional Report

VIII. Data Quality Assurance

Criterion	Definition	QA-IEA Control Mechanism
Accuracy	Data correctly represents performance	Random verification by IR
Consistency	Same computation method applied annually	KPI Metadata Register
Timeliness	Submitted according to calendar (Annex C)	KPI Submission Log
Completeness	All units report 100% of assigned KPIs	QA-IEC Oversight
Auditability	Records verifiable by auditors	Audit Trail / Evidence Archive

IX. KPI Scoring and Color-Coding Scheme

Achievement Range	Performance Level	Color Code	Interpretation
≥ 90 %	Excellent	🟢	Target achieved or exceeded
75–89 %	Satisfactory	🟡	Acceptable progress
< 75 %	Needs Improvement	🔴	Below expected standard

X. KPI Metadata Registry Control Sheet (Master Log)

KPI Code	Version	Date Added	Last Revised	Custodian	Change Reference / Approval
KPI-1.1	1.0	Nov 2025	—	QA-IEA	QA-IEC 2025/Resolution 06
KPI-3.1	1.0	Nov 2025	—	DRI	QA-IEC 2025/Resolution 07
KPI-6.4	1.0	Nov 2025	—	Finance Dept.	QA-IEC 2025/Resolution 09

XI. Framework Crosswalk Alignment

Framework / Standard	Clause / Pillar	KPI Relevance
OBEF v10.21	Pillars 1–6	KPI pillars structure
CAA Standards 2019	Standards 1–11, Annex 8	Academic & admin KPI mapping
ISO 21001:2018	Clauses 6–10	Continuous improvement measurement
HE Inspection Framework 2023	Standards 2 & 3	Institutional performance evidence
ISO 27001:2022	Annex A Controls	IT uptime, data security KPIs

XII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex E
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon OBEF/CAA revision
Custodian	QA-IEA Office / Institutional Research
Change Log	Initial issuance of KPI Metadata Dictionary and Measurement Protocol (Nov 2025).

Annex G. QA-IEA Portal Automation and Data Integration Framework

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex F
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA / OBEF frameworks

I. Purpose

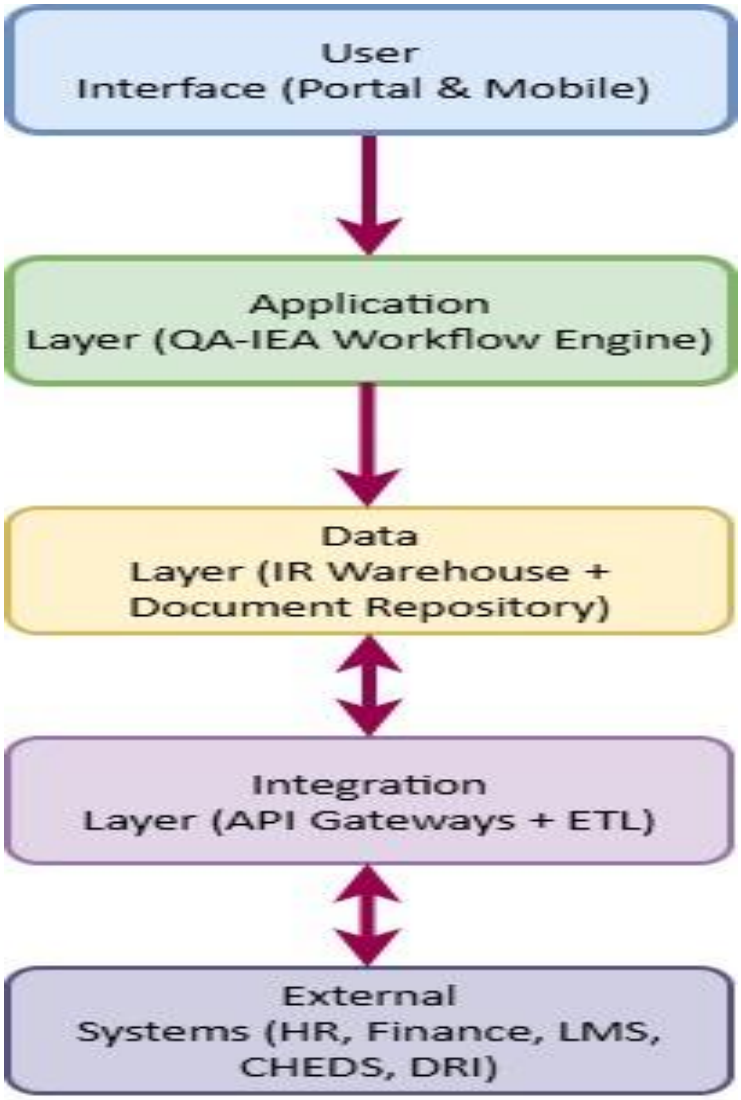
To define the **digital infrastructure, automation workflows, and data-integration protocols** that support the institutional quality system.

The Portal functions as FU's **central intelligence platform** for evidence management, real-time KPI tracking, and automated reporting to regulatory and accreditation bodies.

II. Objectives

1. Automate the end-to-end QA-IEA cycle (ASE → CAP → IER → Dashboard → Audit).
2. Ensure **single-source-of-truth** for data shared across all institutional systems.
3. Enhance **efficiency, transparency, and traceability** of QA workflows.
4. Enable secure **role-based access control (RBAC)** and digital authentication.
5. Provide automated evidence generation for **CAA and OBEF** submissions.

III. System Architecture Overview



Layer	Function	Responsible Unit
User Interface	Submission dashboards, analytics, approvals	QA-IEA / DDITS
Application Layer	Workflow automation, notifications, forms engine	DDITS
Data Layer	Central IR data warehouse + document repository	Institutional Research
Integration Layer	APIs to LMS, HR, Finance, DRI, CHEDS	DDITS / QA-IEA
Security Layer	Encryption (AES-256), audit logs, MFA	DDITS

IV. Workflow Automation Logic

#	Automation Area	Key Trigger / Input	Main Process	Output / Result

1	**Annual Self-Evaluation (ASE) Automation**	QA-IEA issues digital Circular; IR Form 10 auto-generated per unit	Unit → CQA-IE → QA-IEA Validation → QA-IEC Approval	Auto-tagged ASE Report + CAP IDs + Dashboard update
2	**Corrective Action Plan (CAP) Tracking**	CAP Form 5 linked to KPI variance	Automatic alerts to responsible officers on due dates	Status Flags: 🟢 Closed / 🟡 In Progress / 🔴 Open; KPI re-calculated upon CAP closure
3	**Institutional Effectiveness Report (IER)**	Validated ASE data by OBEF Pillars	Portal auto-generates tables (Annex B) and dashboards	IER PDF + Power BI Dashboard for QA-IEC
4	**Audit & Compliance**	Read-only access for internal auditors	CAPs flagged auto-populate Audit Register	Version control logs maintained for record changes

V. Data Integration Map

Source System	Integrated Data Type	Direction	Frequency	Integration Method
HRMS	Faculty profiles, training hours	Import	Quarterly	REST API / ETL
Finance System	Budget and expenditure data	Import	Quarterly	ETL Job
LMS / Smart Learning	Course outcomes, student performance	Import	Monthly	LTI Integration
CHEDS Portal	Enrollment / Graduate Data	Import	Quarterly	Manual Upload
DRI System	Research publications & funding	Import	Quarterly	API Link
QA-IEA Portal	ASE, CAP, IER records	Central	Real-time	Direct Input

VI. Automation Features

Feature Category	Description	Automation Type	Control Owner
Notifications	Email + in-portal alerts for pending approvals	Event-triggered	QA-IEA
Version Control	Automatic document versioning & timestamp	Continuous	DDITS
Evidence Tagging	Upload attachments linked to KPI / CAP ID	Manual + Automated	Units
Role-Based Routing	Workflows based on user designation	Conditional	QA-IEA / DDITS
Auto-Archiving	Completed ASE/CAP files moved to archive server after approval	Scheduled	DDITS
Digital Signatures	Secure e-signature for QA-IEA and President approvals	MFA-verified	DDITS

VII. Access Control and User Roles

Level	Role / Access	Description
Level 1	General User	View public KPI summaries and policies
Level 2	Unit Staff / Coordinator	Submit ASE and CAP data
Level 3	QA-IEA Reviewer	Validate data and approve reports
Level 4	QA-IEC Member	View dashboard analytics and IER
Level 5	President / BOT	Full access to strategic analytics and approvals

VIII. Data Security and Compliance Protocols

Standard Reference	Control Mechanism	Implementation
ISO 27001 A 5–18	Role-based MFA, session timeout, encryption (AES-256)	Enabled
UAE PDPL 2022	Consent and data privacy disclosure in portal login	Implemented
ISO 21001 Clause 7.5	Version control and document retention policy	Applied
OBEF Pillar 6	Audit trail and KPI traceability assurance	Integrated
CAA Annex 8	Secure record retention for 5 years minimum	Compliant

IX. Performance Monitoring of Portal Automation

Indicator	Definition	Target	Responsible Office
System Uptime	Operational hours ÷ total hours × 100	≥ 99.5 %	DDITS
Data Sync Accuracy	Matched records ÷ total imports × 100	100 %	IR / QA-IEA
Workflow Completion Rate	Completed tasks ÷ total initiated × 100	≥ 95 %	QA-IEA
Notification Response Rate	Tasks responded within 3 days	≥ 90 %	QA-IEA
CAP Closure Automation	CAPs auto-closed upon validation	100 %	QA-IEA / DDITS

X. Data Lifecycle Management

Phase	Policy Directive	Retention Period	Responsible Office
Creation	Generated through ASE forms and uploads	—	Units / QA-IEA
Validation	Cross-checked by QA-IEA and IR	—	QA-IEA
Active Use	Displayed in Dashboard / Reports	Current Cycle	QA-IEA
Archiving	Moved to read-only storage after IER approval	5 Years	DDITS
Deletion	Removed after authorization and audit clearance	After 5 Years	QA-IEA / President

XI. Interoperability with Other Digital Frameworks

Connected System	Integration Type	Purpose	Alignment
QA-IEA Dashboard (Annex D)	API Link	Push validated KPI/CAP data	OBEF Pillar 6

KPI Metadata Dictionary (Annex E)	Shared Schema	Define data standards and formulas	ISO 21001 9.1
Cyber Risk Register (Annex H)	Secure Sync	Update risk status and incident CAPs	ISO 27005
Digital Governance Manual (Annex G)	Audit Compliance	Logs access & system changes	ISO 27001 Audit
OBEF Reporting Module	API Output	Generate annual Pillar 6 reports	MOE Dashboard

XII. Maintenance and Continuous Improvement

Activity	Frequency	Lead Unit	Evidence / Output
System Patch & Security Update	Quarterly	DDITS	Patch Log
Data Validation Audit	Bi-annual	QA-IEA / IR	Validation Report
Portal Enhancement Request Cycle	Annual	QA-IEA / Users	Improvement Proposal Form
User Training and Certification	Annual	HR / QA-IEA	Training Attendance Sheet
Backup Integrity Check	Monthly	DDITS	Backup Verification Record

XIII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex F
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office / Director of Digital Innovation & IT Support (DDITS)
Change Log	Initial issuance of QA-IEA Portal Automation and Data Integration Framework (Nov 2025).

Annex H. QA-IEA Data Governance and Cyber Accountability Policy

Annex Code	FU-QA-GOV-SOP-2025-11A-Annex G
Linked SOP	FU-QA-GOV-SOP-2025-11A – Annual Self-Evaluation of Operational Units
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Next Review Date	2028 or earlier upon revision of CAA / OBEF / PDPL frameworks

I. Purpose

To establish a unified data-governance and cybersecurity framework ensuring that all institutional data—academic, operational, research, and administrative—are **accurate, protected, ethically managed, and legally compliant**.

The framework defines **ownership, access, storage, usage, retention, and incident response** under the supervision of QA-IEA and the Department of Digital Innovation & IT Support (DDITS).

II. Objectives

1. Safeguard institutional and personal data under **UAE PDPL 2022** and international standards.
2. Ensure integrity, confidentiality, and availability of all information assets.
3. Define data-ownership responsibilities across FU's governance hierarchy.
4. Align cybersecurity controls with ISO 27001 and OBEF Pillar 6.
5. Enable evidence-based and secure reporting through QA-IEA Portal (Annex F).

III. Scope

Applies to all FU academic, administrative, research, and student-information systems, including but not limited to:

- QA-IEA Portal and Dashboard
- HR, Finance, LMS, and Student Information Systems
- DRI Research Database
- Email and Cloud Storage Environments
- Connected Mobile and Remote Access Devices

IV. Data Governance Principles

Principle	Policy Directive	Reference Standard
Accountability	Data custodians must ensure accuracy, privacy, and ethical use.	ISO 21001 7.5 / OBEF P6
Transparency	Users informed about data collection, purpose, and retention.	PDPL Art. 4–5
Integrity	Data must remain unaltered and validated at source.	ISO 27001 A 8
Confidentiality	Access restricted to authorized personnel only.	ISO 27001 A 5–7
Availability	Systems must be resilient and accessible to approved users.	ISO 27001 A 12
Traceability	Every change is logged in a secure audit trail.	ISO 27001 A 9
Continuous Improvement	Regular risk assessment and system review.	ISO 21001 10.2

V. Data Ownership and Classification

Data Category	Examples	Owner / Custodian	Confidentiality Level	Retention Period
Academic Data	Syllabi, grades, PLO reports	Deans / QA-IEA	High	5 Years
Operational Data	Budgets, procurement, HR files	VP Admin Affairs / Finance	High	5 Years
Research Data	Publications, patents, grants	DRI	Medium–High	5–10 Years
Student Data	Records, attendance, discipline	Registrar / QA-IEA	High / PDPL-protected	5 Years post-graduation
Quality Data	ASE, CAP, IER files	QA-IEA	High	Permanent

Facilities & Safety	Maintenance, incident logs	DFaM	Medium	5 Years

VI. Cyber Accountability Structure

Role / Office	Core Cyber Responsibilities
President	Provides executive oversight of cyber governance.
QA-IEA Director	Ensures institutional compliance with data-governance standards.
Director of Digital Innovation & IT Support (DDITS)	Implements cybersecurity architecture, intrusion detection, and data backup.
Data Protection Officer (DPO)	Monitors PDPL compliance, handles breach notifications.
Institutional Research (IR)	Maintains data integrity and analytics validation.
All Unit Heads / Deans	Enforce proper handling of data within departments.

VII. Cybersecurity Control Framework

Control Domain	Description	Implementation Standard	Responsible Unit
Access Control	Role-based MFA and password policy	ISO 27001 A 5	DDITS
Data Encryption	AES-256 encryption at rest and in transit	ISO 27001 A 10	DDITS
Network Security	Firewalls, IDS/IPS, VPN access	ISO 27001 A 13	DDITS
Incident Response	Cyber Incident Response Plan (CIRP) activated within 24 hours	ISO 27001 A 17	QA-IEA / DDITS
Backup & Recovery	Daily incremental, weekly full backups	ISO 27001 A 12	DDITS
Audit Logs	Immutable system logs for 5 years	ISO 27001 A 9	QA-IEA / DDITS
Awareness Training	Annual staff training on cyber hygiene	ISO 21001 7.2	HR / DDITS

VIII. Data Lifecycle Management

Phase	Policy Action	Evidence Required	Custodian
Collection	Consent forms and source verification	Consent Record	Unit / DPO
Processing	Use only for approved academic or operational purposes	Process Log	QA-IEA
Storage	Secure servers with encrypted backup	Storage Log	DDITS
Access	Controlled by role-based permissions	Access Registry	QA-IEA
Archival	Archived after official approval cycle	Archive Record	QA-IEA
Destruction	Secure deletion after retention period	Deletion Certificate	DPO / DDITS

IX. Data Breach and Incident Management

1. **Detection:** System alerts and automated logging identify anomalies.
2. **Containment:** DDITS isolates affected systems within 2 hours.
3. **Notification:** DPO reports incident to QA-IEA Director and President within 24 hours.
4. **Investigation:** Cyber Incident Task Force (CITF) initiates forensic review.
5. **Remediation:** Apply patches / recovery and update risk register.
6. **Reporting:** Submit final Incident Report to QA-IEC and BOT.

X. Ethical and Legal Compliance

Framework / Law	Relevant Clauses	FU Compliance Measures
UAE PDPL 2022	Arts. 2–7, 21–24	DPO appointed; user consent and breach notification implemented
ISO 27001:2022	Annex A (5–18)	Security controls integrated in portal and IT policy
ISO 21001:2018	Clauses 7.5, 9.1, 10.2	Data record-keeping and continuous improvement
OBEF v10.21	Pillar 6	Evidence of data governance in QA-IEA reports
HE Inspection Framework 2023	Standards 2 & 3	Demonstrated digital governance and risk mitigation

XI. Monitoring and Audit Mechanisms

Audit Type	Frequency	Lead Unit	Evidence Output
Cybersecurity Audit	Annual	DDITS / QA-IEA	ISO 27001 Audit Report
Data Quality Review	Bi-annual	IR / QA-IEA	Data Validation Report
Access Rights Audit	Quarterly	DDITS	Access Log
PDPL Compliance Audit	Annual	DPO / QA-IEA	Compliance Certificate
External Penetration Testing	Bi-annual	Third-Party Vendor / DDITS	Security Assessment Report

XII. Training and Awareness Plan

- Mandatory annual cybersecurity training for all faculty and staff.
- Specialized certification for QA-IEA and DDITS personnel (e.g., ISO 27001 Lead Auditor).
- Quarterly bulletins on data ethics and digital governance best practices.
- Integration of data-ethics modules in faculty orientation and student awareness sessions.

XIII. Document Control

Item	Details
Annex Code	FU-QA-GOV-SOP-2025-11A-Annex G
Linked SOP	FU-QA-GOV-SOP-2025-11A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office / Director of Digital Innovation & IT Support (DDITS) / Data Protection Officer (DPO)
Change Log	Initial issuance of QA-IEA Data Governance and Cyber Accountability Policy (Nov 2025).

D. Policy on the Implementation of Annual Self-Evaluation of Individual Academic Programs(2.D)

I. Purpose

The purpose of this policy is to ensure that every academic program at FU undergoes **systematic, annual self-evaluation** to measure its alignment with institutional mission, program learning outcomes (PLOs), and national and international quality standards. It aims to promote a culture of **continuous improvement**, **evidence-based decision-making**, and **accountability** in academic performance and resource utilization.

II. Scope

This policy applies to all undergraduate and postgraduate programs offered by the University of Fujairah, regardless of delivery mode (face-to-face, blended, or e-learning). It encompasses academic, administrative, and support functions that contribute to the achievement of learning outcomes and program objectives.

III. Policy Statement

1. All academic programs must submit an **Annual Program Self-Evaluation Report (APSER)** each academic year.
2. The APSER evaluates program effectiveness based on **OBEF Pillars 1–6**, **CAA Standards 1–11**, and FU's **Institutional Effectiveness Framework**.
3. The **Office of QA-IEA** provides the templates, performance indicators, and training workshops for Deans, Program Chairs, and Quality Coordinators.
4. Results of the APSER feed directly into:
    a. Annual Program Action Plans (APAP);
    b. Corrective Action Plans (CAPs);
    c. FU's Institutional Effectiveness Report (IER).
5. Programs demonstrating underperformance (≤ 75% KPI achievement) must submit a CAP monitored by QA-IEA and the CQA-IE for Academic Affairs.
6. APSER results contribute to decisions on program renewal, modification, or phase-out.

IV. Guiding Principles

Principle	Description
Outcome-Based Assessment	Evaluation focuses on measurable PLO achievement and OBEF performance thresholds.
Evidence-Driven	Data sources must be valid, triangulated, and auditable.
Participation	Faculty, students, and relevant stakeholders participate in program evaluation.
Transparency	Results and improvement plans are documented and communicated through the QA-IEA Portal.
Continuous Improvement	Results inform curriculum, pedagogy, and resource planning cycles.

V. Evaluation Dimensions and Criteria

The APSER must address the following domains:

Domain	Core Indicators	Primary Data Source

1. **Governance and Management**	Program alignment with mission; curriculum governance; faculty workload	CAA Standard 1, 4
2. **Curriculum Design & Delivery**	CLO-PLO-NQF alignment; teaching and learning strategies	CAA Standard 2
3. **Student Learning Outcomes (SLOs)**	CLO/PLO attainment; student success and retention	Assessment Reports, LMS
4. **Faculty and Staff Development**	Faculty qualifications, professional training, evaluation	HRMS, QA-IEA Surveys
5. **Research and Innovation**	Faculty and student research, scholarly output	DRI Database
6. **Community Engagement**	Student and faculty participation in outreach activities	CISH Reports
7. **Resource Management**	Learning resources, budget, ICT facilities, labs	DFaM, Finance
8. **Student Support and Satisfaction**	Advising, feedback, and service responsiveness	Student Surveys
9. **Quality Assurance and Improvement**	Audit findings, CAP implementation	QA-IEA Audit Records

VI. Procedures

Step 1. Initiation and Orientation (January–February)

1. QA-IEA releases the **Annual Self-Evaluation Circular** and updated **APSER Template** (IR Form 12).
2. Orientation sessions are conducted for Deans, Program Chairs, and CQA-PE members.
3. KPI matrices and OBEF alignment sheets are distributed.

Step 2. Data Collection and Validation (March–June)

1. Each program gathers data on performance indicators (PLOs, enrollment, research, satisfaction, etc.).
2. Institutional Research (IR) verifies quantitative data accuracy.
3. Supporting evidence is uploaded into the QA-IEA Portal.

Step 3. Report Writing and Submission (July–August)

1. Program Chair consolidates the report using the APSER Template.
2. Dean reviews and endorses submission to QA-IEA.
3. Reports include analysis of trends, challenges, and improvement recommendations.

Step 4. QA-IEA Review and Validation (September)

1. QA-IEA reviews all submissions for completeness and compliance.
2. Validation checklist (IR Form 12A) used by CQA-IE (Academic).
3. KPIs are integrated into the Institutional Effectiveness Dashboard (Annex D).

Step 5. Corrective Action Planning (October)

1. Programs with underperformance (<90%) must submit CAPs (Form 5).
2. CAPs specify actions, responsible persons, and timelines.
3. QA-IEA monitors CAP closure through the Portal.

Step 6. Reporting and Integration (November–December)

1. QA-IEA consolidates APSER and CAP outcomes into the Institutional Effectiveness Report (IER).
2. Findings are presented to the QA-IEC and President.
3. Summary dashboards are archived as evidence for accreditation and inspections.

VII. Reporting Structure

Level	Responsibility	Output Document
Program Chair / CQA-PE	Prepare Annual Program Self-Evaluation Report (APSER)	IR Form 12
Dean	Review and endorse APSER; ensure faculty participation	Endorsed Report
CQA-IE for Academic Affairs	Validate compliance and approve CAPs	Validation Checklist (Form 12A)
QA-IEA	Consolidate reports, analyze KPIs, and generate dashboards	Annual Summary Report
QA-IEC	Approve institutional synthesis and policy recommendations	IER
President / BOT	Note institutional outcomes and strategic implications	Board Report

VIII. Monitoring and Evaluation Indicators

Indicator	Formula / Definition	Target	Responsible Office
Report Submission Rate	Submitted APSERs ÷ total programs × 100	100 %	QA-IEA
Validation Compliance Rate	Validated APSERs ÷ total APSERs × 100	≥ 95 %	CQA-IE Academic
CAP Implementation Rate	Closed CAPs ÷ total CAPs × 100	≥ 90 %	QA-IEA
KPI Achievement Rate	Achieved KPI ÷ total KPI × 100	≥ 85 %	Programs / QA-IEA
Audit Resolution Rate	Resolved audit findings ÷ total findings × 100	100 %	QA-IEA / Deans

IX. Integration with Institutional Frameworks

Framework / Standard	Clause / Pillar	Alignment Mechanism
OBEF v10.21	Pillars 1–6	APSER indicators derived from OBEF performance matrix
CAA Standards 2019	Standards 1–11	APSER aligns with program-level self-study structure
ISO 21001:2018	Clauses 9.1–10.3	Performance evaluation and improvement
HE Inspection Framework 2023	Standards 2 & 3	Evidence of effectiveness, leadership, and accountability
FU QA-IEA Manual	Section 4	Links APSER cycle to Institutional Effectiveness cycle

X. Documentation and Archiving

- All APSERs, CAPs, and related evidence must be uploaded to the QA-IEA Portal.
- QA-IEA maintains a **digital archive** of all program evaluations for at least **five (5) years**.
- Data used in APSERs feed into institutional dashboards and accreditation submissions.

XI. Review and Continuous Improvement

The QA-IEA shall review this policy every three years or upon any revision to OBEF or CAA frameworks. Updates to templates, KPIs, or procedures shall be approved by the QA-IEC and disseminated via official circulars.

XII. Document Control

Item	Details
Policy Code	FU-QA-ACAD-POL-2025-12
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon CAA/OBEF revision
Custodian	QA-IEA Office
Change Log	Initial issuance of Policy on Annual Self-Evaluation of Academic Programs (Nov 2025).

Annex A. Standard Operating Procedure (SOP) on the Annual Program Self-Evaluation Workflow and CAP Integration

SOP Title	FU Annual Program Self-Evaluation Workflow and CAP Integration Procedure
SOP No.	FU-QA-ACAD-SOP-2025-12A
Linked Policy	FU-QA-ACAD-POL-2025-12
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Responsible / Implementing Unit	Program Chairs and College Deans through the Committee on Quality Assurance and Program Effectiveness (CQA-PE)
Monitored and Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) for Academic Affairs
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Noted by	President
Next Review Date	2028 or earlier upon revision of CAA / OBEF frameworks

I. Purpose

To provide a **standardized workflow, documentation protocol, and validation system** for the annual self-evaluation of FU academic programs, ensuring consistency, accuracy, and compliance with **OBEF v10.21**, **CAA Standards 2019**, and **ISO 21001:2018**.

The SOP ensures that all program self-evaluations lead to measurable quality improvements and feed directly into the University's **Institutional Effectiveness Report (IER)** and **OBEF Pillar 6** outcomes.

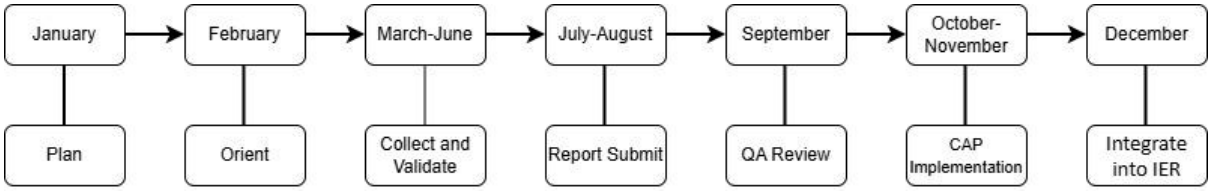
II. Scope

Applies to all FU academic programs at undergraduate and postgraduate levels, across all colleges and delivery modes (face-to-face, blended, or online).

Includes the evaluation of academic quality, learning outcomes, faculty performance, research, and student support systems.

III. Workflow Overview

Annual Program Self-Evaluation and CAP Integration Cycle



IV. Step-by-Step Procedures

Step	Activity	Responsible Office / Person	Key Outputs / Forms	Timeline

1	**Issuance of Circular and Orientation** • QA-IEA releases Circular with updated templates and indicators. • Conducts workshops for CQA-PEs and Program Chairs.	QA-IEA / IR	Circular, Orientation Materials	January–February
2	**Data Collection and Validation** • Gather data on enrollment, graduation, retention, CLO/PLO achievement, faculty workload, research, community engagement, and satisfaction surveys. • IR validates quantitative data and archives evidence in Portal.	Program Chair / IR / Dean	Raw Data Repository	March–June
3	**Preparation of Annual Program Self-Evaluation Report (APSER)** • Programs complete IR Form 12 following the OBEF-linked domains. • Dean reviews and endorses for QA-IEA submission.	Program Chair / Dean	IR Form 12 (APSER)	July–August
4	**QA-IEA Review and Validation** • QA-IEA reviews submitted APSERs using Validation Checklist (Form 12A). • CQA-IE (Academic) verifies compliance and endorses validated reports to QA-IEC.	QA-IEA / CQA-IE	IR Form 12A	September
5	**Corrective Action Plan (CAP) Development** • For KPIs ≤ 90%, programs prepare a CAP (IR Form 5) specifying root cause, action, responsible person, and target date. • QA-IEA monitors CAP implementation in the Portal.	Program Chair / Dean / QA-IEA	IR Form 5 (CAP Matrix)	October
6	**CAP Monitoring and Follow-Up** • QA-IEA tracks CAP status: 🟢 Closed / 🟡 In Progress / 🔴 Open. • Monthly status reminders automated in the Portal.	QA-IEA / Program Chair	CAP Progress Log	October–November
7	**Integration into Institutional Effectiveness Report (IER)** • QA-IEA consolidates validated APSERs and CAP outcomes into IER for QA-IEC and President's review.	QA-IEA	Institutional Effectiveness Report	December

V. Documentation and Reporting Requirements

Document / Form	Purpose	Submission To	Retention Period
IR Form 12 – APSER	Main self-evaluation document	QA-IEA	5 Years
IR Form 12A – Validation Checklist	QA-IEA quality review evidence	QA-IEA	5 Years
IR Form 5 – CAP Matrix	Improvement action tracking	QA-IEA / Dean	5 Years

CAP Progress Log (Portal)	Monitors implementation status	QA-IEA / QA-IEC	Continuous
IER Summary	Consolidated institutional results	QA-IEC / President	Permanent

VI. Roles and Responsibilities

Role / Office	Key Responsibilities
Program Chair	Leads data gathering, analysis, and APSER preparation; coordinates faculty participation.
Dean	Endorses APSERs and ensures integration of results into college operational plans.
CQA-PE	Reviews PLO/CLO assessments and ensures compliance with OBEF thresholds.
CQA-IE for Academic Affairs	Validates APSERs, CAPs, and provides technical QA recommendations.
QA-IEA	Monitors cycle compliance, consolidates institutional data, and manages the QA-IEA Portal.
Institutional Research (IR)	Validates all quantitative indicators and maintains the data warehouse.
QA-IEC	Approves institutional synthesis and improvement priorities.
President / BOT	Notes final IER and provides policy direction for program enhancement.

VII. Evaluation Domains (Linked to OBEF and CAA)

OBEF Pillar / CAA Standard	Domain Evaluated	Examples of KPIs / Evidence
Pillar 1 / Std 2	Student Learning Outcomes	CLO/PLO Achievement, Retention
Pillar 2 / Std 4	Teaching and Faculty	Teaching Effectiveness, Faculty Development
Pillar 3 / Std 9	Research and Innovation	Research Output, Funding
Pillar 4 / Std 6	Industry & Partnerships	MoUs, Internship Placements
Pillar 5 / Std 10	Community Engagement	Outreach Projects
Pillar 6 / Std 11	Governance & Resources	Budget, Facilities, QA Compliance

VIII. Monitoring and Compliance KPIs

Indicator	Formula / Definition	Target	Monitoring Frequency
APSER Submission Rate	Reports submitted ÷ total programs × 100	100 %	Annual
Validation Compliance	Validated APSERs ÷ total APSERs × 100	≥ 95 %	Annual
CAP Closure Rate	Closed CAPs ÷ total CAPs × 100	≥ 90 %	Bi-annual
KPI Achievement	Achieved KPIs ÷ total KPIs × 100	≥ 85 %	Annual
Audit Resolution	Resolved findings ÷ total findings × 100	100 %	Annual

IX. System Integration

All APSER and CAP documents are uploaded and tracked through the **QA-IEA Portal**, integrated with:

- **Annex C** – QA-IEA Evaluation Calendar
- **Annex D** – Institutional Dashboard
- **Annex E** – KPI Metadata Dictionary
- **Annex F** – Portal Automation Framework

Automated notifications, CAP reminders, and dashboard analytics ensure continuous institutional monitoring.

X. Compliance and Audit Schedule

Audit Type	Lead Unit	Frequency	Evidence Required
Academic QA Audit	QA-IEA / CQA-IE	Annual	Validated APSERs, CAP Logs
Data Validation Audit	IR / QA-IEA	Bi-annual	KPI Data Sheets
Accreditation Readiness Audit	QA-IEA / Deans	Every 3 Years	Updated APSERs, CAPs

XI. Continuous Improvement

- QA-IEA conducts a **post-cycle review** annually to identify process bottlenecks.
- Enhancements (template revisions, KPI updates, or procedural modifications) are submitted to QA-IEC for approval.
- Improvement results are documented in the **QA-IEA Continuous Improvement Register**.

XII. Document Control

Item	Details
SOP Code	FU-QA-ACAD-SOP-2025-12A
Linked Policy	FU-QA-ACAD-POL-2025-12
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	Office of QA-IEA
Change Log	Initial issuance of SOP on Annual Program Self-Evaluation Workflow and CAP Integration (Nov 2025).

Annex B. Annual Program Self-Evaluation Report (APSER) Template (IR Form 12)

(Linked to FU-QA-ACAD-SOP-2025-12A)

Form Code	FU-QA-ACAD-FORM-IR-12
Linked SOP	FU-QA-ACAD-SOP-2025-12A – Annual Program Self-Evaluation Workflow and CAP Integration
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF/CAA revision

I. Program and Institutional Information

Item	Details
College / Department	_____
Program Title	_____
Qualification Level	(e.g., Bachelor / Master)
Concentration / Major (if any)	_____
Mode of Delivery	☐ Face-to-Face ☐ Blended ☐ Online
Academic Year Evaluated	2025–2026
Program Chair / Evaluator	_____
Date of Submission	___ / ___ / 2026
Dean's Endorsement	_____
QA-IEA Validation Reference	_____

II. Executive Summary (1 page maximum)

Provide a concise summary highlighting the following:

- Overall program performance highlights and key outcomes;
- KPI achievements and variances;
- Identified strengths, challenges, and opportunities for improvement;
- Alignment with FU's strategic goals and OBEF Pillars;
- CAPs implemented from the previous cycle.

III. Program Overview and Context

Indicator	Details / Narrative Response
1. Mission Alignment	Explain how the program supports FU's mission and strategic objectives.
2. Program Learning Outcomes (PLOs)	List current PLOs and indicate their alignment with the NQF 2024 and institutional PLO framework.
3. Curriculum Relevance	Describe any curricular revisions, course mapping improvements, or pedagogical innovations introduced this year.
4. Benchmarking	Indicate external references or benchmarks used (e.g., regional/national standards, accreditation criteria, comparable universities).
5. Key Changes Since Last Review	Summarize program adjustments, new initiatives, or faculty additions.

IV. Quantitative Data Summary

Indicator	Unit / Formula	Target (OBEF)	Actual (2025–26)	% Achievement	Status
1. Enrollment	No. of registered students	—	—	—	☐ ↑ ☐ ↓
2. Graduation Rate	Graduates ÷ Total Enrolled × 100	≥ 80%	—	—	—

3. Retention Rate	Continuing ÷ Previous Enrolled × 100	≥ 90%	—	—	—
4. Course Success Rate	Passed ÷ Enrolled × 100	≥ 85%	—	—	—
5. Faculty-to-Student Ratio	Faculty ÷ Students	1:25	—	—	—
6. Research Output (Faculty)	Publications per faculty / year	≥ 1	—	—	—
7. Student Satisfaction	% of ≥4/5 responses	≥ 85%	—	—	—
8. Graduate Employment Rate	Employed ÷ Total Graduates × 100	≥ 85%	—	—	—
9. CAP Closure Rate (Previous Cycle)	Closed ÷ Total CAPs × 100	100%	—	—	—

Note: Use validated data from the Institutional Research (IR) and QA-IEA Portal. Attach supporting evidence.

V. Qualitative Self-Evaluation by OBEF Pillars and CAA Standards

Each subsection should include:

- Narrative analysis (strengths, areas for improvement, evidence references);
- Linkage to KPIs and institutional performance goals.

OBEF Pillar / CAA Standard	Evaluation Area	Key Evidence / Reference	Analysis Summary
Pillar 1 – Graduate Employability and Future Skills / Std. 2 & 11	Curriculum relevance, graduate attributes, skills mapping	Curriculum maps, employer feedback	
Pillar 2 – Excellence in Learning and Teaching / Std. 4 & 5	Teaching methodologies, assessment quality, student feedback	Course reports, peer reviews	
Pillar 3 – Research, Innovation, and Knowledge Creation / Std. 9	Research output, faculty development, student projects	DRI database, faculty CVs	
Pillar 4 – Industry and Government Partnerships / Std. 6	Internship, MoUs, consultancy, guest lectures	Internship logs, MoU copies	
Pillar 5 – Community Engagement / Std. 10	Outreach programs, societal impact	CISH reports, media coverage	
Pillar 6 – Governance and Sustainability / Std. 1, 3, 7, 8	Program governance, budgeting, facilities, QA processes	Minutes, budget reports, audit findings	

VI. KPI Achievement Summary

KPI Code	KPI Description	Target	Actual	% Achievement	Evidence Source	Status

KPI-P1.1	Graduate Employability	85%	—	—	GDS Report	☐ Achieved ☐ On Track ☐ Needs Improvement
KPI-P2.3	Course Pass Rate	85%	—	—	Course Reports	☐ Achieved ☐ On Track ☐ Needs Improvement
KPI-P3.2	Research Publications per Faculty	1	—	—	DRI Database	☐ Achieved ☐ On Track ☐ Needs Improvement
KPI-P4.1	Active Industry MoUs	10	—	—	Partnership Register	☐ Achieved ☐ On Track ☐ Needs Improvement
KPI-P5.1	Community Projects Implemented	5	—	—	CISH Records	☐ Achieved ☐ On Track ☐ Needs Improvement
KPI-P6.2	QA Audit Compliance Rate	100%	—	—	QA Audit File	☐ Achieved ☐ On Track ☐ Needs Improvement

VII. Summary of Strengths, Challenges, and Best Practices

Category	Description
Program Strengths	List key achievements and areas of distinction (e.g., curriculum innovation, research output).
Program Challenges	Identify barriers to performance improvement (e.g., staffing, facilities, policy gaps).
Best Practices / Innovations	Highlight notable initiatives or models that can be replicated across programs.

VIII. Corrective Action Plan (CAP) Summary Table

(To be completed if any KPI < 90% or audit finding pending closure)

No.	Issue Identified	Root Cause	Action to be Taken	Responsible Person	Timeline	Status
1						
2						
3						

(Attach IR Form 5 for detailed CAP tracking and Portal reference.)

IX. Faculty, Student, and Stakeholder Feedback Summary

Summarize results of recent surveys or consultations:

1. Student Satisfaction & Course Evaluation
2. Faculty Development Needs Survey
3. Employer / Alumni Feedback
4. External Review or Accreditation Recommendations

Include analysis of response trends and how these inform future program improvements.

X. Program Improvement Plan for the Next Academic Cycle

Objective	Action Plan	Expected Outcome / KPI	Responsible Person	Timeline	Evidence Source

(This section forms the basis for the Annual Operational Plan (AOP) and next cycle's APSER.)

XI. Sign-Offs

Position	Name / Signature	Date
Program Chair / Evaluator		
Dean		
QA-IEA Validator		
CQA-IE Academic Chair		
QA-IEC Approval Reference	Resolution No. _____	Date: ___ / ___ / 2026

XII. Document Control

Item	Details
Form Code	FU-QA-ACAD-FORM-IR-12
Version	1.0
Effective Date	Academic Year 2025–2026
Custodian	QA-IEA Office
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Change Log	Initial issuance of FU Annual Program Self-Evaluation Template (IR Form 12) – November 2025

Annex C. QA-IEA Validation and Compliance Checklist (IR Form 12A)

Form Code	FU-QA-ACAD-FORM-IR-12A
Linked Policy	FU-QA-ACAD-POL-2025-12 – Annual Self-Evaluation of Academic Programs
Linked SOP	FU-QA-ACAD-SOP-2025-12A – Annual Program Self-Evaluation Workflow and CAP Integration
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF/CAA revision

I. Purpose

To provide a **standardized review tool** for assessing the quality, completeness, and compliance of submitted APSERs (IR Form 12) and associated CAPs (Form 5).
It ensures that evaluations are:

- aligned with OBEF performance thresholds,
- evidence-based and data-validated,
- supported by corrective and preventive actions, and
- ready for integration into the Institutional Effectiveness Report (IER).

II. Reviewer Information

Field	Details
Program Evaluated	_____
College / Department	_____
Academic Year	2025 – 2026
Reviewer Name / Designation	_____
Date of Validation	___ / ___ / 2026
Review Level	☐ QA-IEA Internal ☐ CQA-IE Academic ☐ QA-IEC Endorsement

III. Validation Criteria and Scoring Rubric

Criterion No.	Evaluation Domain / Criterion	Key Evidence Required	Weight (%)	Rating (1 – 5)	Comments / Required Action
1	Mission Alignment & Program Context	Program mission statement, strategic fit with FU vision	5		
2	Curriculum Design & NQF Alignment	Curriculum map, PLO/CLO matrix, NQF level descriptors	10		
3	Learning Outcomes Assessment	PLO/CLO attainment data, rubrics, trend analysis	10		
4	Faculty Profile & Development	Faculty CVs, workload, training records	10		

5	Student Performance & Success	Retention, progression, graduation rates	10		
6	Research & Innovation	Faculty/student research outputs, funding evidence	10		
7	Industry & Community Engagement	Internships, MoUs, outreach records	5		
8	Resource Adequacy & Support Services	Facilities report, IT/LRC logs, budget records	5		
9	Quality Assurance & Governance Processes	QA meeting minutes, policy updates	10		
10	Evidence Integrity and Data Validation	IR validated KPI sheets, audit trail	10		
11	Corrective Action Plan (CAP) Effectiveness	CAP Form 5, closure rate, evidence of impact	10		
12	Continuous Improvement Integration	Use of results in planning and budgeting	5		

Scoring Key: 1 = Unsatisfactory 2 = Developing 3 = Satisfactory 4 = Strong 5 = Excellent

Total Score: ____ / 100 **Compliance Level:** ☐ Excellent (≥ 90) ☐ Satisfactory (75–89) ☐ Needs Improvement (< 75)

IV. Validation Summary

Area of Strength	Observations / Best Practices	Area for Improvement / Non-Compliance	Recommended Action / Responsible Unit	Target Date

V. Corrective Action Verification (Log Extract)

CAP No.	Issue Addressed	Evidence Verified (Yes/No)	Impact on KPI Achievement	Reviewer Remarks
1				
2				

VI. Compliance Decision

Decision Category	Definition	Reviewer Mark (✓)
Compliant / Validated	All criteria satisfactorily met; no pending actions	

Compliant with Recommendations	Minor actions required for full compliance	
Conditionally Compliant	Major CAPs required for deficiencies	
Non-Compliant	Critical failures or insufficient evidence	

VII. Validation Sign-offs

Reviewer Name / Designation	Signature / Date
QA-IEA Validator	
CQA-IE Academic Chair	
Dean / Program Chair (Noted)	
QA-IEC Approval Reference No.	Resolution No. _____ Date: ___ / ___ / 2026

VIII. Archiving and Record Control

Record Type		Retention Period	Storage Location	Custodian
Validated APSER & CAPs		5 Years	QA-IEA Portal / IR Archive	QA-IEA
Validation Checklist (IR 12A)		5 Years	QA-IEA Audit File	QA-IEA
CAP Closure Evidence		Permanent (OBEF Audit Cycle)	QA-IEA Digital Repository	QA-IEA

IX. Cross-Reference and Alignment

Framework / Standard	Clause / Pillar	Validation Relevance
OBEF v10.21	Pillars 1 – 6	Performance tracking by pillar
CAA Standards 2019	Standards 1 – 11 / Annex 8	Program and institutional effectiveness evidence
ISO 21001 (2018)	Clauses 9.1 – 10.3	Evaluation and improvement records
HE Inspection Framework 2023	Standards 2 & 3	Governance and performance validation
FU QA-IEA Manual	Section 4	Internal validation and reporting procedure

X. Document Control

Item	Details
Form Code	FU-QA-ACAD-FORM-IR-12A
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Validation and Compliance Checklist (Nov 2025).

Annex D. Corrective Action Plan (CAP) Implementation and Closure Monitoring Matrix (IR Form 5)

Form Code	FU-QA-ACAD-FORM-IR-5
Linked Policy	FU-QA-ACAD-POL-2025-12 – Annual Self-Evaluation of Academic Programs
Linked SOP	FU-QA-ACAD-SOP-2025-12A – Annual Program Self-Evaluation Workflow and CAP Integration
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF / CAA / ISO framework revision

I. Purpose

To ensure that all improvement actions arising from annual self-evaluations, validation reports, audits, and accreditation reviews are **systematically implemented, tracked, and verified for effectiveness**.

This matrix provides a **unified monitoring structure** that allows the **QA-IEA** and **CQA-IE (Academic)** to link each CAP to its related **KPI, OBEF Pillar, and institutional performance target**.

II. Instructions for Completion

1. Complete one CAP entry for each identified weakness, gap, or area for improvement.
2. Use evidence-based action descriptions aligned with the OBEF/CAA indicator concerned.
3. The "Status" field must be updated quarterly through the QA-IEA Portal.
4. Upon closure, QA-IEA validates supporting evidence before recording "Closed" status.
5. CAPs not closed within the assigned timeframe are automatically escalated to CQA-IE for review.

IV. Step-by-Step Procedures

Step	Activity	Responsible Office / Person	Key Outputs / Forms	Timeline
1	**Issuance of Circular and Orientation** • QA-IEA releases Circular with updated templates and indicators. • Conducts workshops for CQA-PEs and Program Chairs.	QA-IEA / IR	Circular, Orientation Materials	January–February
2	**Data Collection and Validation** • Gather data on enrollment, graduation, retention, CLO/PLO achievement, faculty workload, research, community engagement, and satisfaction surveys. • IR validates quantitative data and archives evidence in Portal.	Program Chair / IR / Dean	Raw Data Repository	March–June
3	**Preparation of Annual Program Self-Evaluation Report (APSER)** • Programs complete IR Form 12 following the OBEF-linked domains. • Dean reviews and endorses for QA-IEA submission.	Program Chair / Dean	IR Form 12 (APSER)	July–August

4	**QA-IEA Review and Validation** • QA-IEA reviews submitted APSERs using Validation Checklist (Form 12A). • CQA-IE (Academic) verifies compliance and endorses validated reports to QA-IEC.	QA-IEA / CQA-IE	IR Form 12A	September
5	**Corrective Action Plan (CAP) Development** • For KPIs ≤ 90%, programs prepare a CAP (IR Form 5) specifying root cause, action, responsible person, and target date. • QA-IEA monitors CAP implementation in the Portal.	Program Chair / Dean / QA-IEA	IR Form 5 (CAP Matrix)	October
6	**CAP Monitoring and Follow-Up** • QA-IEA tracks CAP status: 🟢 Closed / 🟡 In Progress / 🔴 Open. • Monthly status reminders automated in the Portal.	QA-IEA / Program Chair	CAP Progress Log	October–November
7	**Integration into Institutional Effectiveness Report (IER)** • QA-IEA consolidates validated APSERs and CAP outcomes into IER for QA-IEC and President's review.	QA-IEA	Institutional Effectiveness Report	December

V. Documentation and Reporting Requirements

Document / Form	Purpose	Submission To	Retention Period
IR Form 12 – APSER	Main self-evaluation document	QA-IEA	5 Years
IR Form 12A – Validation Checklist	QA-IEA quality review evidence	QA-IEA	5 Years
IR Form 5 – CAP Matrix	Improvement action tracking	QA-IEA / Dean	5 Years
CAP Progress Log (Portal)	Monitors implementation status	QA-IEA / QA-IEC	Continuous
IER Summary	Consolidated institutional results	QA-IEC / President	Permanent

VI. Roles and Responsibilities

Role / Office	Key Responsibilities
Program Chair	Leads data gathering, analysis, and APSER preparation; coordinates faculty participation.
Dean	Endorses APSERs and ensures integration of results into college operational plans.
CQA-PE	Reviews PLO/CLO assessments and ensures compliance with OBEF thresholds.
CQA-IE for Academic Affairs	Validates APSERs, CAPs, and provides technical QA recommendations.

QA-IEA	Monitors cycle compliance, consolidates institutional data, and manages the QA-IEA Portal.
Institutional Research (IR)	Validates all quantitative indicators and maintains the data warehouse.
QA-IEC	Approves institutional synthesis and improvement priorities.
President / BOT	Notes final IER and provides policy direction for program enhancement.

VII. Evaluation Domains (Linked to OBEF and CAA)

OBEF Pillar / CAA Standard	Domain Evaluated	Examples of KPIs / Evidence
Pillar 1 / Std 2	Student Learning Outcomes	CLO/PLO Achievement, Retention
Pillar 2 / Std 4	Teaching and Faculty	Teaching Effectiveness, Faculty Development
Pillar 3 / Std 9	Research and Innovation	Research Output, Funding
Pillar 4 / Std 6	Industry & Partnerships	MoUs, Internship Placements
Pillar 5 / Std 10	Community Engagement	Outreach Projects
Pillar 6 / Std 11	Governance & Resources	Budget, Facilities, QA Compliance

VIII. Monitoring and Compliance KPIs

Indicator	Formula / Definition	Target	Monitoring Frequency
APSER Submission Rate	Reports submitted ÷ total programs × 100	100 %	Annual
Validation Compliance	Validated APSERs ÷ total APSERs × 100	≥ 95 %	Annual
CAP Closure Rate	Closed CAPs ÷ total CAPs × 100	≥ 90 %	Bi-annual
KPI Achievement	Achieved KPIs ÷ total KPIs × 100	≥ 85 %	Annual
Audit Resolution	Resolved findings ÷ total findings × 100	100 %	Annual

IX. System Integration

All APSER and CAP documents are uploaded and tracked through the **QA-IEA Portal**, integrated with:

- **Annex C** – QA-IEA Evaluation Calendar
- **Annex D** – Institutional Dashboard
- **Annex E** – KPI Metadata Dictionary
- **Annex F** – Portal Automation Framework

Automated notifications, CAP reminders, and dashboard analytics ensure continuous institutional monitoring.

X. Compliance and Audit Schedule

Audit Type	Lead Unit	Frequency	Evidence Required
Academic QA Audit	QA-IEA / CQA-IE	Annual	Validated APSERs, CAP Logs
Data Validation Audit	IR / QA-IEA	Bi-annual	KPI Data Sheets
Accreditation Readiness Audit	QA-IEA / Deans	Every 3 Years	Updated APSERs, CAPs

XI. Continuous Improvement

- QA-IEA conducts a **post-cycle review** annually to identify process bottlenecks.

- Enhancements (template revisions, KPI updates, or procedural modifications) are submitted to QA-IEC for approval.
- Improvement results are documented in the **QA-IEA Continuous Improvement Register**.

XII. Document Control

Item	Details
SOP Code	FU-QA-ACAD-SOP-2025-12A
Linked Policy	FU-QA-ACAD-POL-2025-12
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	Office of QA-IEA
Change Log	Initial issuance of SOP on Annual Program Self-Evaluation Workflow and CAP Integration (Nov 2025).

Annex E. Annual Program Effectiveness Dashboard Template

(Linked to FU-QA-ACAD-SOP-2025-12A)

Form Code	FU-QA-ACAD-FORM-IR-D
Linked Policy / SOP	FU-QA-ACAD-POL-2025-12 / FU-QA-ACAD-SOP-2025-12A
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF/CAA revision

I. Purpose

To provide a **visual and data-driven summary** of each academic program's performance in relation to:

- OBEF Pillars 1 – 6,
- Key Performance Indicators (KPIs),
- Corrective Action Plan (CAP) status, and
- Year-on-year improvement trends.

The dashboard ensures continuous transparency and evidence-based decision-making in FU's performance governance ecosystem.

II. Dashboard Structure

Section	Description	Data Source
1. Program Profile Summary	Basic institutional and academic program information	APSER (Form 12)
2. KPI Performance Dashboard	Visual summary of KPI targets vs. actual performance	IR Database / QA-IEA Portal
3. OBEF Pillar Performance Radar	Radar chart showing performance scores across six OBEF Pillars	QA-IEA Portal Analytics
4. CAP Implementation Matrix	CAP status tracking (🟢 🟡 🔴) and closure rates by pillar	IR Form 5

5. Improvement Trend Analysis	3-year comparative trend for key KPIs (e.g., Retention, Graduation, Research Output)	IR Data Warehouse
6. Summary of Strengths & Challenges	Qualitative synthesis based on APSER and QA validation feedback	IR Forms 12 and 12A
7. Overall Effectiveness Index (EI)	Weighted composite score reflecting program effectiveness and QA compliance	QA-IEA Computation Sheet

III. Sample Dashboard Layout

A. Program Profile Panel

Field	Details
College	_____
Program	_____
Qualification Level	_____
Academic Year	2025 – 2026
Program Chair	_____
Dean	_____
QA-IEA Validator	_____

B. KPI Performance Dashboard

KPI Code	KPI Title / Indicator	Target	Actual	% Achievement	Status (≥ 90%, 75–89%, < 75%)
P1.1	Graduate Employability Rate	85 %	__	__	__
P2.2	Teaching and Learning Effectiveness Index	90 %	__	__	__
P3.1	Research Output per Faculty	1 publication	__	__	__
P4.1	Active Industry Partnerships	10 MoUs	__	__	__
P5.1	Community Engagement Projects	5 projects	__	__	__
P6.1	QA Audit Compliance	100 %	__	__	__

(Add rows as needed per program KPI matrix.)

C. FU Pillar Performance Radar Chart

Visual representation of program performance scores (1 – 5) across the six OBEF Pillars:

Pillar	Description	Score (1–5)
1	Graduate Employability and Future Skills	__
2	Excellence in Learning and Teaching	__
3	Research and Innovation	__
4	Industry and Government Partnerships	__
5	Community Engagement	__
6	Governance and Sustainability	__

(Radar chart generated automatically in QA-IEA Portal.)

D. CAP Implementation Matrix

CAP No.	Issue / KPI Linked	Action Taken	Responsible Person	Status	Evidence of Closure

1	Low Student Retention	Implemented peer mentoring program	Program Chair	🟢	Attendance logs / survey reports
2	Incomplete Research Outputs	Faculty publication grant issued	Dean	🟡	DRI report pending verification
3	Limited Industry MoUs	Signed 3 new agreements	CQA-PE	🟢	MoU register / photos

E. Improvement Trend Analysis (3 Years)

KPI	2023 – 24	2024 – 25	2025 – 26	Trend	Analysis / Remarks
Retention Rate	88 %	90 %	92 %	↗	Improved due to academic advising intervention
Research Output	0.8	1.1	1.3	↗	Research fund utilization effective
Graduate Employment	82 %	86 %	85 %	↘	Requires strengthened career services link

F. Summary of Strengths and Challenges

Category	Key Observations / Evidence
Strengths	Curriculum innovation, strong research productivity
Challenges	Need for expanded industry collaboration, digital competency integration

G. Overall Effectiveness Index (EI) Computation

Component	Weight (%)	Score (1–5)	Weighted Score
KPI Achievement	40		
CAP Closure Rate	20		
QA Validation Compliance	20		
OBEF Pillar Performance	20		
Total Effectiveness Index (%)	100	—	** __ % **

Interpretation:

- **≥ 90 % = Excellent**
- **75 – 89 % = Satisfactory**
- **< 75 % = Needs Improvement**

H. QA-IEA Validation and Sign-offs

Role / Office	Name / Signature	Date
Program Chair / Dean		
QA-IEA Validator		
CQA-IE (Academic Chair)		
QA-IEC Endorsement Reference	Resolution No. ____ / Date: ___ / ___ / 2026	

IV. Institutional Dashboard Integration

All program dashboards feed into the **Institutional Effectiveness Dashboard**, which aggregates results by:

- College and Program level,
- FU Pillar,
- CAP status distribution, and
- KPI achievement ratios.

This integration allows real-time analytics for QA-IEA, CQA-IE, QA-IEC, and the President's Office.

V. Document Control

Item	Details
Form Code	FU-QA-ACAD-FORM-IR-D
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	QA-IEA Office
Change Log	Initial issuance of Program Effectiveness Dashboard Template (Nov 2025).

Annex F. KPI Metadata Dictionary and Performance Thresholds

Document Code	FU-QA-ACAD-ANNEX-E
Linked Policy / SOP	FU-QA-ACAD-POL-2025-12 / FU-QA-ACAD-SOP-2025-12A
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF/CAA update

I. Purpose

This annex provides a **comprehensive metadata dictionary** for FU institutional and program-level KPIs, establishing:

- Standardized **definitions, formulas, and measurement units**,
- Clear **linkages to OBEF pillars and CAA standards**,
- Assigned **responsible units and data custodians**, and
- **Thresholds** for performance interpretation (Excellent, Satisfactory, Needs Improvement).

II. KPI Classification

Category	Definition	Linked Frameworks
Institutional KPIs	University-wide indicators aggregated from all programs and colleges.	OBEF Pillars 1–6, ISO 21001 Clauses 9–10
Program KPIs	Academic program-level indicators tied to CLO/PLO outcomes and operational targets.	CAA Standards 2–11
Administrative KPIs	Indicators measuring functional efficiency, service quality, and governance performance.	OBEF Pillar 6, ISO 21001:2018
Strategic KPIs	Long-term institutional targets linked to FU's Strategic Plan 2025–2030.	OBEF Pillars 1–6

III. KPI Metadata Table

KPI Code	KPI Title / Description	Formula / Definition	Unit of Measure	Target / Threshold	OBEF Pillar	CAA Standard	Data Source / Custodian	Responsible Office
P1.1	Graduate Employability Rate	(Employed Graduates ÷ Total Graduates) × 100	%	≥ 85 %	1	Std. 2, 11	Graduate Destination Survey (GDS)	QA-IEA / Alumni Office
P1.2	Internship Participation Rate	(Interns ÷ Total Students) × 100	%	≥ 90 %	1	Std. 6	Internship Records	CQA-PE / Deans
P2.1	Course Completion Rate	(Students Passed ÷ Enrolled) × 100	%	≥ 85 %	2	Std. 4	Course Reports	Program Chairs
P2.2	Teaching Effectiveness Index	Mean of ≥4/5 on Teaching Surveys	Score	≥ 80 %	2	Std. 4	Student Feedback Surveys	QA-IEA / Deans
P2.3	Program Learning Outcome (PLO) Achievement	(Achieved PLOs ÷ Total PLOs) × 100	%	≥ 85 %	2	Std. 5	Assessment Reports	QA-IEA / IR
P3.1	Faculty Research Productivity	Total Publications ÷ Total Faculty	Ratio	≥ 1	3	Std. 9	Research Database	DRI / Deans
P3.2	Funded Research Projects	(No. of Funded Projects per Year)	Count	≥ 3	3	Std. 9	Research Grant Files	DRI
P4.1	Industry / Government Partnerships	Total Active MoUs and Collaborations	Count	≥ 10	4	Std. 6	MoU Register	QA-IEA / Deans
P5.1	Community Engagement Activities	Total Outreach Projects per Year	Count	≥ 5	5	Std. 10	Community Engagement Reports	DSA / CISH
P6.1	QA Audit Compliance Rate	(Compliant Findings ÷ Total Findings) × 100	%	100 %	6	Std. 1	QA Audit Reports	QA-IEA
P6.2	CAP Closure Rate	(Closed CAPs ÷ Total CAPs) × 100	%	≥ 90 %	6	Std. 11	IR Form 5	QA-IEA / CQA-IE
P6.3	Policy Review Compliance	(Policies Reviewed on Schedule ÷ Total Policies) × 100	%	≥ 95 %	6	Std. 1	QA-IEA Policy Register	QA-IEA
A1.1	Administrative Efficiency Index	Completed Tasks ÷ Planned Tasks × 100	%	≥ 90 %	6	Std. 7	Department Reports	Admin Heads

A1.2	Budget Utilization Rate	(Actual Expenditure ÷ Approved Budget) × 100	%	95–100 %	6	Std. 8	Finance Reports	Finance Office
A1.3	Staff Development Participation	(Staff Trained ÷ Total Staff) × 100	%	≥ 85 %	6	Std. 8	HR Records	HR Department
S1.1	Strategic Plan KPI Achievement	(Achieved Targets ÷ Total KPIs) × 100	%	≥ 85 %	All	Std. 1	Strategic Plan Tracker	QA-IEA / CSPBD
S1.2	Institutional Effectiveness Index (IEI)	Composite Weighted KPI Score	%	≥ 90 %	All	Std. 11	QA-IEA Dashboard	QA-IEA

IV. KPI Threshold and Performance Classification

Performance Range	Descriptor	Interpretation / Action Required
≥ 90 %	🟢 *Excellent*	Target fully achieved or exceeded; document best practices for dissemination.
75 – 89 %	🟡 *Satisfactory*	Acceptable performance; monitor for minor improvement opportunities.
< 75 %	🔴 *Needs Improvement*	Performance gap identified; CAP required and tracked through IR Form 5.
Not Available (N/A)	⚪ *Pending or Baseline Year*	KPI under development or data unavailable.

V. KPI Data Management and Validation Protocol

Stage	Responsible Unit	Process	Frequency	Output
1. Data Collection	Program Chairs / Deans	Collect quantitative and qualitative data per KPI definition	Quarterly	Raw Data
2. Data Verification	Institutional Research (IR) Unit	Cross-validate with official records and evidence	Quarterly	Validated KPI Sheet
3. KPI Review and Approval	QA-IEA	Review accuracy, update OBEF tracking, and publish to Portal	Bi-annual	KPI Status Report
4. CAP Trigger (if KPI < 90%)	QA-IEA / CQA-PE	Initiate Corrective Action Plan (IR Form 5)	Annual	CAP Matrix
5. Dashboard Update	QA-IEA	Synchronize results into Annex D dashboard	Annual	Institutional Effectiveness Dashboard
6. Audit and Reporting	CQA-IE / QA-IEC	Review KPI trends and verify improvement impact	Annual	IER Submission

VI. KPI Mapping to Strategic Goals and OBEF Pillars

OBEF Pillar	Strategic Goal Reference	Linked KPIs	Responsible Office
Pillar 1 – Graduate Employability & Future Skills	Future-Ready Graduates	P1.1, P1.2	Deans / QA-IEA
Pillar 2 – Learning & Teaching Excellence	Innovative & Quality Education	P2.1–P2.3	Deans / Academic Affairs
Pillar 3 – Research & Innovation	Impactful Research and Knowledge Creation	P3.1–P3.2	DRI / QA-IEA
Pillar 4 – Industry & Government Partnerships	Strategic Collaboration & Engagement	P4.1	QA-IEA / Deans
Pillar 5 – Community Engagement	Societal Impact & Citizenship	P5.1	CISH / DSA
Pillar 6 – Governance & Sustainability	Institutional Effectiveness & Compliance	P6.1–P6.3, A1.1–A1.3	QA-IEA / Finance / HR

VII. Data Validation and Quality Assurance Matrix

Validation Criterion	Method of Verification	Evidence Required
Accuracy	Cross-check against CHEDS and GDS records	Raw datasets, reports
Completeness	All programs report on mandatory KPIs	QA-IEA submission logs
Timeliness	Reports submitted within defined timeline	Portal timestamp
Consistency	Uniform methodology across all units	KPI metadata compliance
Auditability	Supporting evidence archived properly	QA-IEA digital repository

VIII. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-E
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	Office of QA-IEA
Change Log	Initial issuance of KPI Metadata Dictionary and Performance Thresholds (Nov 2025).

Annex G. QA-IEA Portal Automation and Data Flow Framework

Document Code	FU-QA-ACAD-ANNEX-F
Linked Policy / SOPs	FU-QA-ACAD-POL-2025-12 / FU-QA-ACAD-SOP-2025-12A
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon OBEF/CAA revision

I. Purpose

To define the **digital automation and data-flow model** governing the lifecycle of FU's quality-assurance documents — from data collection and self-evaluation to validation, corrective-action tracking, and dashboard reporting.

This annex provides the blueprint for the **QA-IEA Portal**, enabling:

- Real-time KPI monitoring;
- Automated validation and CAP escalation;
- Integrated evidence management; and
- End-to-end compliance with institutional and national QA frameworks.

II. Scope

Applies to all academic and administrative units participating in the **Annual Program Self-Evaluation Cycle**, including:

- Colleges / Programs (APSER)
- Institutional Research (IR) Unit
- QA-IEA Validation Team

- Committees (CQA-IE, CQA-PE, QA-IEC)
- Office of the President and Board of Trustees (BOT)

III. System Architecture Overview

A. Core Modules

Module	Function	Key Inputs / Outputs
1. IR Data Warehouse	Central repository for validated quantitative data.	Enrollment stats, PLO results, faculty profiles, budget records.
2. APSER Module (IR Form 12)	Digital submission of annual self-evaluations.	Uploaded reports + supporting evidence (PDF/Excel).
3. QA Validation Module (IR Form 12A)	Automated checklist for QA-IEA review with scoring rubric.	Validation scores and recommendations.
4. CAP Tracking Module (IR Form 5)	Real-time tracking of Corrective Action Plans with color status.	CAP logs, evidence of closure, timeline.
5. KPI Dictionary Module (Annex E)	Stores formulas, thresholds, and linkages to OBEF pillars.	Auto-populates dashboard and CAP triggers.
6. Program Dashboard Module (Annex D)	Visual analytics for each program and college.	KPI trends, CAP closure rates, effectiveness index.
7. Document Control & Archiving Module	Secure storage and retrieval of validated records.	Policy docs, audits, minutes, certificates.

IV. Automated Workflow Logic

Data Entry → Validation → CAP Trigger → Dashboard → IER Report → Audit Archive

Step 1: Programs submit APSER through Portal (IR Form 12).
Step 2: QA-IEA reviews and scores via IR Form 12A (Validation Module).
Step 3: If KPI < 90 %, system auto-generates CAP entry (IR Form 5).
Step 4: CAP progress tracked and visualized on Dashboard (Annex D).
Step 5: All validated data roll up to Institutional Effectiveness Report (IER).
Step 6: IER archived and timestamped for CAA / OBEF audit submission.

V. System Integration Map

Source System	Integrated With	Purpose / Data Exchange
QA-IEA Portal	IR Data Warehouse	Imports validated KPI data and surveys.
Learning Management System (LMS)	QA-IEA Portal	Transfers CLO/PLO achievement data.
Student Information System (SIS)	QA-IEA Portal	Enrollment, retention, graduation data.
DRI Research Repository	QA-IEA Portal	Research outputs and funding metrics.
Finance System	QA-IEA Portal	Budget and expenditure KPI inputs.
HR Management System (HRMS)	QA-IEA Portal	Faculty and staff training records.

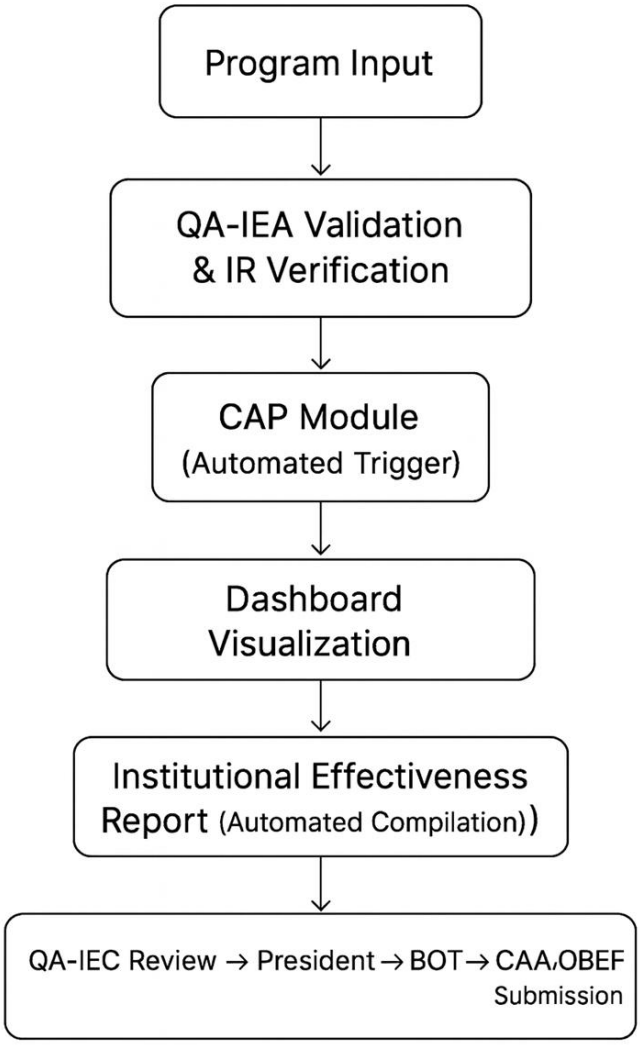
VI. Automation Features

Feature	Description	Benefit
Auto Scoring & Alerts	Calculates validation scores and notifies users of CAP requirements.	Ensures timely response and accuracy.
Digital Evidence Linking	Every KPI entry hyperlinked to evidence repository.	Improves audit readiness.
CAP Escalation Workflow	CAPs not closed within target period escalate to CQA-IE.	Enhances accountability.
Color-Coded Performance	🟢 ≥ 90 %, 🟡 75–89 %, 🔴 < 75 %.	Rapid visual interpretation.
Automated Dashboards	Aggregates real-time performance by program and pillar.	Supports data-driven governance.
Document Version Control	Versioning and timestamp tracking for all uploads.	Meets ISO 21001 traceability.

VII. User Roles and Access Privileges

Role	Access Level	Authorized Functions
Program Chair	Edit / Submit	Submit APSER, upload evidence, view CAP status.
Dean	Review / Endorse	Approve APSER, verify CAP implementation.
CQA-PE	Review / Validate	Assess program-level evidence and report accuracy.
QA-IEA Officer	Full Admin	Validate, approve, and generate reports.
CQA-IE Academic	Oversight	Conduct meta-review and recommendations.
QA-IEC Members	Read-Only / Decision	View dashboards and endorse final IER.
President / BOT	Read-Only	Review aggregated institutional reports.

VIII. Data Flow Diagram (Conceptual)



IX. Data Security and Backup Protocol

Aspect	Standard / Mechanism
Authentication	Two-factor login for all users.
Authorization	Role-based access control (RBAC).
Encryption	AES-256 bit for data in transit and at rest.
Back-Up Frequency	Daily incremental + monthly full backup.
Data Retention	5 years minimum per OBEF audit requirement.
Audit Trail	Timestamp for every submission and edit.

X. System Performance Indicators

Indicator	Definition	Target	Monitoring Frequency
Portal Uptime	Availability of system (%).	≥ 99 %	Monthly
Data Validation Latency	Time to verify new submissions.	≤ 5 days	Monthly

CAP Closure Sync Rate	% of closed CAPs reflected on Dashboard.	100 %	Real-Time
Evidence Integrity Index	Verified evidence linked to each KPI.	≥ 95 %	Quarterly
User Satisfaction Rate	Portal usability survey score (≥ 4/5).	≥ 80 %	Annual

XI. Governance and Maintenance

Responsible Office	Key Duties
QA-IEA Office	Lead system design, validation workflow, report generation.
Institutional Research (IR)	Data cleaning, KPI verification, trend analytics.
Department of Digital Innovation & IT Support (DDITS)	Maintain servers, cybersecurity, and user support.
CQA-IE (Administrative & Academic)	Oversee portal functionality and policy integration.

XII. Integration with Institutional Effectiveness Reporting

The Portal automatically generates:

- **Quarterly Effectiveness Reports (QERs)** for colleges/departments.
- **Annual Institutional Effectiveness Report (IER)** for QA-IEC review.
- **Executive Dashboard Summaries** for the President and BOT.

These outputs satisfy all documentation requirements for CAA re-accreditation and OBEF audit cycles.

XIII. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-F
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon framework revision
Custodian	Office of QA-IEA
Change Log	Initial issuance of QA-IEA Portal Automation and Data Flow Framework (Nov 2025).

Annex H. Institutional Effectiveness Report (IER) Template and Structure

Document Code	FU-QA-ACAD-ANNEX-G
Linked Policy / SOPs	FU-QA-ACAD-POL-2025-12 / FU-QA-ACAD-SOP-2025-12A
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual (Comprehensive Review every 3 Years or upon OBEF/CAA revision)

I. Purpose

To provide a **comprehensive, data-driven institutional self-assessment** that evaluates the University's overall effectiveness, performance trends, and compliance with national and international quality standards. The IER enables FU leadership to:

- Demonstrate measurable progress toward institutional and program goals.
- Verify implementation of continuous-improvement actions (CAPs).
- Link strategic and operational performance to the **Outcome-Based Evaluation Framework (OBEF)**.
- Provide documentary evidence for **CAA Re-Licensure** and **Program Re-Accreditation**.

II. Report Structure

Section 1 – Executive Summary (2–3 pages)

- Overview of institutional performance for the year.
- Highlights of strategic achievements, innovation, and improvement initiatives.
- Summary of OBEF Pillar performance (1–6).
- Synopsis of CAP closure and effectiveness index.
- Key institutional strengths and emerging risks.

Section 2 – Institutional Profile and Context

Item	Details
Vision & Mission Statement (Reviewed Date)	
Institutional Strategic Goals (2025–2030)	
Organizational Structure – QA Governance Flow	
Summary of Programs & Delivery Modes	
Linkage to UAE Vision 2031 & Fujairah Plan 2040	

Section 3 – Performance Results by OBEF Pillars

OBEF Pillar	Description / Institutional Goal	Key KPI Results	Trend (3 Years)	Interpretation / Analysis
Pillar 1 – Graduate Employability and Future Skills	Future-Ready Graduates	P1.1 – 85 % Target	↗	Improved employability through industry partnerships.
Pillar 2 – Excellence in Learning and Teaching	Innovative and Quality Education	P2.1–P2.3	↗	Teaching effectiveness rose by 5 %.
Pillar 3 – Research, Innovation and Knowledge Creation	Impactful Research	P3.1–P3.2	↗	Growth in funded projects.

Pillar 4 – Industry and Government Partnerships	Collaborative Engagement	P4.1	↗	Expanded MoUs.
Pillar 5 – Community Engagement	Societal Impact	P5.1	↗	Enhanced student participation in outreach.
Pillar 6 – Governance and Sustainability	Institutional Effectiveness and Compliance	P6.1–P6.3	↗	Full audit compliance achieved.

(Include charts and trend lines generated from QA-IEA Portal.)

Section 4 – Program-Level Effectiveness Summaries

College / Program	Effectiveness Index (EI %)	CAP Closure Rate %	QA Validation Score %	Status	Remarks
Business Administration	92	100	95	🟢	Strong curriculum renewal.
Nursing	85	88	80	🟡	Faculty development needed.
IT & Engineering	78	75	70	🔴	CAPs initiated for PLO alignment.

Section 5 – Corrective Action Plan Summary

CAP Category	No. of CAPs	Closed (%)	In Progress (%)	Open (%)	Top 3 Root Causes
Academic Quality					Assessment gaps, faculty turnover, resource limitations.
Operational Efficiency					Workflow delays, manual processes, coordination issues.
Research Productivity					Funding and mentorship constraints.

(Include CAP heatmap from QA-IEA Portal showing status by OBEF Pillar.)

Section 6 – Key Performance Indicator Analysis

KPI Code	Indicator Title	Target %	Actual %	Variance	Evidence Source	Interpretation / Improvement Action
P2.1	Course Completion Rate	85	88	+3	Course Reports	Target exceeded.

P3.1	Faculty Research Productivity	1 pub/faculty	0.9	–10	DRI Database	Research grant support planned.
P5.1	Community Engagement	5 projects	6	+20	CISH Records	Expanded outreach initiatives.

Section 7 – Stakeholder Feedback and Satisfaction Results

Stakeholder Group	Survey Conducted By	Satisfaction Score (%)	Trend (± vs last year)	Key Findings
Students	QA-IEA	85	+3	Improved learning support services.
Faculty	HR / QA-IEA	80	0	Request more professional development.
Employers	Career Services	90	+5	Graduates rated strong in communication.
Alumni	Alumni Office	88	+2	Positive career progression.

Section 8 – Benchmarking and Comparative Analysis

Benchmark Category	Peer Institution / Standard	Comparison Metric	FU Result	Benchmark Value	Gap / Action
Graduate Employability	UAE Sector Average	% Employed within 1 year	85	87	Enhance career linkages.
Research Output	Regional HEI Benchmark	Publications per Faculty	1.0	1.2	Incentivize research collaboration.

Section 9 – Institutional Risk and Mitigation Review

Risk Category	Description	Impact Level	Likelihood	Mitigation Action	Responsible Unit
Academic Delivery	Faculty shortages in critical areas	High	Medium	Targeted recruitment plan 2026.	HR / Academic Affairs
Infrastructure	IT System Downtime	Medium	Low	Server upgrade by DDITS	DFaM / DDITS

Section 10 – Continuous Improvement Register

Improvement Area	Action Implemented	Outcome / Evidence	OBEF Pillar	Next Step / Future Plan
Teaching Innovation	Flipped Classroom model introduced	Student satisfaction ↑ by 5 %	P2	Expand to all programs.
Research Mentorship	Faculty Research Mentorship Scheme	Publications ↑ by 15 %	P3	Extend to junior faculty.

Section 11 – Summary of Findings and Recommendations

- Consolidated summary of institutional performance gains.
- Key CAP success stories and impact examples.
- Cross-cutting issues requiring policy revision.
- Future strategic priorities for 2026–2027.

Section 12 – Annexes and Supporting Evidence

Annex No.	Title	Source / Reference
A	Program Self-Evaluation Reports (IR 12)	QA-IEA Portal
B	QA Validation Checklists (IR 12A)	QA-IEA Portal
C	CAP Matrix (IR 5)	QA-IEA Portal
D	Program Effectiveness Dashboards	Annex D
E	KPI Metadata Dictionary	Annex E
F	Portal Automation and Data Flow Map	Annex F

III. Institutional Effectiveness Computation Summary

Component	Weight (%)	Score (%)	Weighted Score (%)
KPI Achievement	40		
CAP Closure Rate	20		
QA Validation Compliance	20		
Stakeholder Satisfaction	10		
Benchmark Performance	10		
Total Institutional Effectiveness Index (IEI)	100		** % **

Interpretation:

🟢 ≥ 90 = Excellent 🟡 75–89 = Satisfactory 🔴 < 75 = Needs Improvement

IV. Validation and Endorsement

Committee / Office	Role / Action	Signature / Date
QA-IEA Office	Compilation & Validation	
CQA-IE (Academic & Administrative)	Technical Review & Recommendations	
QA-IEC	Approval of IER and Action Plan	
President	Endorsement & Submission to BOT	
Board of Trustees	Noting of IER for Policy Action	

V. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-G
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Annual (Comprehensive every 3 Years)
Custodian	Office of QA-IEA

Change Log	Initial issuance of Institutional Effectiveness Report Template and Structure (Nov 2025).

Annex I. Institutional Effectiveness Action Plan and Monitoring Matrix (2025–2026)

Document Code	**FU-QA-ACAD-ANNEX-H**
Linked Policy / SOP / Report	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex G (IER)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual (update aligned with next IER cycle)

I. Purpose

To convert the results, findings, and recommendations from the IER into **SMART-based (Specific, Measurable, Achievable, Relevant, Time-bound)** institutional initiatives that drive measurable progress across the six OBEF pillars and corresponding CAA standards.

The Action Plan ensures that all improvement measures are:

- **Clearly defined** and evidence-based,
- **Linked** to KPIs and CAP outcomes,
- **Monitored** through QA-IEA Portal tracking, and
- **Evaluated** annually for impact.

II. Scope

Applies to all FU colleges, departments, and support units involved in institutional planning, academic operations, research, industry partnerships, community engagement, and governance.

III. Action Plan Structure

No.	Strategic Objective	OBEF Pillar / CAA Standard	Improvement Action / Project Title	Performance Indicator (KPI Code)	Target / Threshold	Expected Output (Deliverable)	Expected Outcome (Medium-Term Result)	Expected Impact (Long-Term Transformation)	Responsible Unit / Person	Timeline (From – To)	Evidence / Verification Source	Status
1	Enhance graduate employability through career-integrated learning	Pillar 1 / Std. 2, 11	Launch FU Career Accelerator Program (FUSE 2.0)	P1.1	≥ 85 % employment within 1 year	Career Bootcamp Series and Industry Internships	Increased student placement rates and career readiness	Sustained regional graduate employability benchmark	Deans / Career Services / QA-IEA	Jan – Dec 2026	GDS Report, MoU Evidence	🟢
2	Advance teaching innovation and digital competence	Pillar 2 / Std. 4, 5	Implement AI-Enhanced Smart Learning Systems (DSLU Upgrade)	P2.2	≥ 90 % Teaching Effectiveness	AI-Driven LMS with analytics tools	Improved student performance and engagement	Institution-wide digital learning culture	Director for Academic Affairs / DDITS	Mar – Nov 2026	LMS Reports, Student Surveys	🟡
3	Enhance faculty research output and funded projects	Pillar 3 / Std. 9	Faculty Research Grant and Innovation Seed Fund	P3.1, P3.2	≥ 1 publication per faculty / ≥ 3 funded projects	Research Grant Approvals	Higher research visibility and outputs	Recognized research excellence and patents	Department of Research & Innovation (DRI)	Feb – Dec 2026	DRI Database, Scopus Index	🟢
4	Strengthen strategic partnerships with industry and government	Pillar 4 / Std. 6	FU Industry Partnership Summit	P4.1	≥ 10 Active MoUs	Annual Summit Report	Enhanced collaboration and employer involvement	Sustainable public-private linkages	QA-IEA / Deans	Apr – Dec 2026	Partnership Register	🟢
5	Expand societal impact through community innovation	Pillar 5 / Std. 10	Launch CISH Next Projects on Sustainability and Citizenship	P5.1	≥ 5 Projects per Year	Project Portfolios and Reports	Broadened student social responsibility	Community partnership leadership	CISH / DSA	Jan – Dec 2026	CISH Reports, Photos	🟢
6	Enhance institutional governance and QA compliance	Pillar 6 / Std. 1, 3, 7	ISO 21001 Audit Readiness and Policy Review Cycle	P6.1, P6.3	100 % QA Audit Compliance	Revised Policies and Manuals	Improved governance and documentation quality	Certified educational-organization compliance	QA-IEA / QA-IEC	Feb – Dec 2026	Audit Report / Policy Register	🟡

(Matrix to be expanded per program / unit based on IER recommendations.)

IV. Performance Monitoring Framework

Monitoring Stage	Responsible Entity	Frequency	Activity / Deliverable	Output
1. Quarterly Progress Update	Program Chairs / Deans	Quarterly	Submit progress via QA-IEA Portal (Action Tracker Module)	Updated CAP Status Report
2. Validation and Verification	QA-IEA Office / IR Unit	Bi-annual	Review data accuracy and supporting evidence	QA Validation Checklist (IR 12A)
3. Consolidated Dashboard Review	QA-IEC	Bi-annual	Review dashboard and CAP status by pillar	Institutional Dashboard Snapshot
4. IER Integration	QA-IEA	Annual	Integrate results into next IER cycle	Updated IER Chapter 5 (CAP Summary)
5. Audit and Feedback	CQA-IE / External Review	Annual	Conduct institutional effectiveness audit	Audit Findings Report & Improvement Directives

V. Key Performance Monitoring Indicators

Indicator	Formula / Definition	Target	Reporting Frequency
Action Plan Completion Rate	Completed Actions ÷ Planned Actions × 100	≥ 90 %	Annual
CAP Closure Rate	Closed CAPs ÷ Total CAPs × 100	≥ 90 %	Quarterly
Improvement Impact Rate	CAPs yielding ≥ 10 % KPI improvement ÷ Total CAPs × 100	≥ 80 %	Annual
Compliance Validation Score	Validated Evidence ÷ Total Submissions × 100	≥ 95 %	Bi-annual
Stakeholder Satisfaction Improvement	Δ (Year-on-Year Satisfaction %)	≥ + 5 %	Annual

VI. Reporting and Escalation Protocol

1. **Quarterly:** QA-IEA generates automated **Effectiveness Progress Reports** from Portal.
2. **Bi-Annual:** QA-IEC reviews aggregated performance data and CAP closure updates.
3. **Annual:** President receives consolidated **Institutional Effectiveness Performance Report**.
4. **Escalation:** CAPs overdue > 120 days automatically flagged to QA-IEC and President for intervention.
5. **BOT Briefing:** Annual summary presented for strategic direction and policy alignment.

VII. Data Sources and Evidence Repositories

- **QA-IEA Portal (Action Tracker Module)**
- **Program Self-Evaluation Reports (IR 12)**
- **QA Validation Checklist (IR 12A)**
- **CAP Matrix (IR 5)**
- **KPI Metadata Dictionary (Annex E)**
- **Institutional Dashboard (Annex D)**
- **Audit Reports and Meeting Minutes**

VIII. Governance and Accountability

Entity / Office	Key Responsibilities
QA-IEA Office	Monitors implementation and ensures data quality and evidence integrity.
Deans / Program Chairs	Execute program-level actions and update Portal entries.
CQA-IE (Academic & Administrative)	Validate progress and endorse CAP closures.
QA-IEC	Approves Institutional Effectiveness Action Plan and issues institutional directives.
President	Oversees institution-wide performance and approves resource allocations.
BOT	Notes performance trends and recommends strategic adjustments.

IX. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-H
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Annual (Updated with next IER)
Custodian	Office of QA-IEA
Change Log	Initial issuance of Institutional Effectiveness Action Plan and Monitoring Matrix (Nov 2025).

Annex J. QA-IEC Annual Review and Reporting Cycle Calendar (2025–2026)

Document Code	FU-QA-ACAD-ANNEX-I
Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annexes A–H
Version No.	1.0
Effective Date	Academic Year 2025–2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual (Update each AY with IER findings)

I. Purpose

To define the **chronological schedule of QA-related activities**, ensuring structured coordination among QA-IEA, CQA-IEs, and QA-IEC.

The calendar guarantees:

- Timely **data collection, validation, and reporting**;
- Synchronized **CAP review and institutional planning**;
- Alignment between **OBEF cycles, CAA audits, and ISO monitoring**;
- Evidence of **continuous improvement and governance accountability**.

II. Annual Review Cycle Overview

Cycle Phases

Phase	Timeline	Key Deliverables	Lead Office
1. Planning & Orientation	Jan – Feb	QA-IEC Orientation Workshop • Dissemination of Templates (Forms 12, 12A, 5) • CAP Roll-over Plan	QA-IEA / QA-IEC
2. Data Collection & Self-Evaluation	Mar – Jun	Program Self-Evaluations (APSER) • IR Data Validation	Deans / Program Chairs / IR
3. QA Validation & CAP Initiation	Jul – Aug	Validation Reports (IR 12A) • New CAPs Logged (IR 5)	QA-IEA / CQA-IE (Academic)

4. CAP Implementation & Monitoring	Sep – Oct	CAP Progress Logs • Quarterly Status Dashboard	QA-IEA / Deans / CQA-IE
5. IER Compilation & Review	Nov – Dec	Draft Institutional Effectiveness Report • QA-IEC Deliberations	QA-IEA / QA-IEC
6. Approval & Dissemination	Dec – Jan (next AY)	Approved IER • Action Plan (Annex H) • BOT Submission	QA-IEC / President / BOT

III. Monthly Activity Schedule (2025 – 2026)

Month	Major Activity / Milestone	Responsible Entity	Outputs / Evidence
January	QA-IEC Orientation and Approval of Annual QA Calendar	QA-IEC / QA-IEA	Approved Calendar, Circular
February	Dissemination of IR Forms & Portal Training	QA-IEA / IR Unit	Training Attendance Sheet
March	Start of Data Collection & Program Self-Evaluation	Program Chairs / IR	Data Repository Initialized
April	Mid-Cycle Monitoring of Data Quality	QA-IEA	QA Validation Memo
May	Continuation of APSER Preparation	Deans / Program Chairs	Draft IR 12 Submissions
June	IR Data Lock and Pre-Validation	IR Unit / QA-IEA	Validated KPI Sheet
July	QA-Validation (Forms 12A) and CAP Identification	QA-IEA / CQA-IE Academic	Validation Reports, CAP Register
August	QA-IEC Mid-Year Meeting on CAP Progress	QA-IEC / QA-IEA	Mid-Year Performance Dashboard
September	CAP Monitoring and Follow-Up Audits	QA-IEA / Deans / CQA-IE	CAP Status Summary
October	Data Consolidation for IER Draft	QA-IEA / IR / CQA-IE	Draft IER Sections 1–5
November	QA-IEC Review & Approval of IER Draft	QA-IEC / President	Approved IER Version 1.0
December	BOT Noting and Action Plan Adoption (Annex H)	President / BOT	Endorsed Institutional Effectiveness Action Plan
January (Next Cycle)	Feedback Integration & Calendar Reset	QA-IEA / QA-IEC	Updated QA Cycle and Templates

IV. Governance Flow and Reporting Path

CQA-PEs → CQA-IE (Academic / Admin) → QA-IEA → QA-IEC → President → BOT

- **CQA-PEs:** Conduct program-level evaluation and CAP tracking.
- **CQA-IEs:** Validate submissions, consolidate evidence, and recommend actions.
- **QA-IEA:** Integrates reports and manages the QA Portal.

- **QA-IEC:** Reviews institutional summaries and endorses IER & Action Plan.
- **President / BOT:** Provide policy direction and approve major institutional actions.

V. Deliverables Timeline Matrix

Deliverable	Responsible Unit	Due Date	Linked Form / Annex	Monitoring Method
Annual QA Calendar	QA-IEA	Jan	Annex I	QA-IEC Approval
Data Collection Templates	IR Unit	Feb	Annex A	Portal Upload
Program APSER Reports	Deans / Chairs	Jun	IR Form 12	QA-IEA Review
Validation Reports	QA-IEA / CQA-IE	Jul	IR Form 12A	QA Portal
CAP Register & Progress Logs	Deans / QA-IEA	Oct	IR Form 5	Dashboard Tracking
Institutional Effectiveness Report	QA-IEA / QA-IEC	Nov	Annex G	QA-IEC Resolution
Effectiveness Action Plan	QA-IEA / President	Dec	Annex H	BOT Approval

VI. Performance Monitoring Indicators

Indicator	Definition / Formula	Target	Evidence Source
QA Calendar Compliance Rate	(Completed Tasks ÷ Planned Tasks) × 100	≥ 95 %	QA-IEA Portal Logs
CAP Progress Adherence	CAPs on Track ÷ Total CAPs × 100	≥ 90 %	CAP Module
Report Submission Timeliness	On-time Submissions ÷ Total Reports	100 %	Portal Timestamp
QA-IEC Meeting Attendance	Members Present ÷ Total Members	≥ 85 %	Minutes of Meeting
Evidence Validation Rate	Verified Documents ÷ Submitted Documents	≥ 95 %	QA-IEA Records

VII. QA-IEC Meeting Schedule and Agenda Cycle

Meeting No.	Tentative Date	Primary Agenda Items	Key Output / Decision
1st Quarter	February	QA Orientation • Calendar Approval • Template Review	Approved QA Cycle Plan
2nd Quarter	June	APSER Progress • Mid-Year Data Review	Endorsed Validation Schedule
3rd Quarter	September	CAP Monitoring • QA Audit Readiness	CAP Intervention Actions
4th Quarter	November	Review and Approve IER Draft	IER Resolution Issued
Special Session	December	BOT Feedback Integration • Plan for Next Cycle	Updated QA Calendar (2026–27)

VIII. Integration with QA-IEA Portal

- All milestones are **digitally timestamped** and tracked through the **QA-IEA Calendar Dashboard**.
- Automated notifications to QA-IEC members prior to deadlines.
- CAP delays or non-compliance auto-escalate to QA-IEC Chair and President.
- Meeting minutes and resolutions archived electronically under the Document Control Module.

IX. Governance and Accountability

Entity / Role	Key Responsibilities
QA-IEA Office	Maintains calendar compliance and reports to QA-IEC.
CQA-IE (Academic & Administrative)	Monitor unit performance and validate reports.
QA-IEC	Approves IER and Effectiveness Action Plan; reviews CAP status.
President	Oversees institutional execution of approved plans.
Board of Trustees (BOT)	Notes institutional performance and recommends policy enhancements.

X. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-I
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Annual
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEC Annual Review and Reporting Cycle Calendar (Nov 2025).

Annex K. QA-IEC Minutes and Resolution Template

Document Code	FU-QA-ACAD-ANNEX-J
Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex I (QA-IEC Cycle Calendar)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Each QA-IEC Meeting (Consolidated Annually)

I. Purpose

To institutionalize a **standardized documentation protocol** for all QA-IEC and CQA-IE meetings, ensuring:

- Transparency and traceability of decisions.
- Integration of meeting resolutions into the **QA-IEA Portal** and **CAP Tracker**.
- Clear assignment of responsibilities, deadlines, and evidence sources.
- Consistency with ISO-21001 document-control and retention standards.

II. Scope

Applies to all:

- **QA-IEC** Council meetings (institutional level)
- **CQA-IE** (Academic and Administrative) sessions
- **CQA-PE** meetings related to program effectiveness
- **Joint sessions** with the President or Board committees pertaining to QA and IE matters

III. Standard Minutes Template

Field	Description / Example
Meeting Title	QA-IEC Quarterly Meeting (Q3 AY 2025-26)
Meeting Code / Ref. No.	QA-IEC/2025-26/Q3/01
Date / Time / Venue	15 September 2025 • 10:00 AM • Board Room
Chairperson	President / Chair, QA-IEC
Secretariat	QA-IEA Officer / IR Coordinator
Members Present	List of Attendees (with Titles and Affiliations)
Members Absent / Apologies	
Quorum Confirmation	Yes / No (≥ 50 % + 1 Members Required)
Agenda Items	1. Review of CAP Progress • 2. IER Draft Review • 3. Policy Approval • 4. New Business
Documents Circulated	IER v1.0 • CAP Dashboard • Policy FU-QA-ACAD-POL-2025-02
Meeting Objectives	To review institutional effectiveness status and endorse improvement actions.

A. Discussion Summary and Deliberations

Agenda Item No.	Discussion Highlights / Findings	Supporting Evidence / Source	Responsible Unit	Decision / Recommendation
1	QA-IEA presented CAP closure rate of 88 % vs target 90 %. Gap due to delayed reporting by two programs.	CAP Tracker / IR Form 5	Deans of CBA & IT	Approved extension until Oct 2025 with monitoring by QA-IEA.
2	Draft IER Section 3 requires benchmarking update with peer UAE universities.	Annex G Data Sheet	IR Unit	Revise IER and resubmit for email endorsement by 30 Sept 2025.

B. Resolutions and Action Directives

Resolution No.	Subject Matter	Decision Statement (Resolved That...)	Responsible Office / Person	Deadline / Timeline	Follow-Up Evidence / Proof of Action
2025-26-QAIEC-01	CAP Completion Monitoring	Resolved that all College Deans shall submit updated CAP logs via the QA-IEA Portal by 30 October 2025.	Deans / QA-IEA	30 Oct 2025	Portal timestamp and CAP Dashboard report
2025-26-QAIEC-02	Policy Endorsement	Resolved that the FU Policy on Integrated Capstone–Thesis Framework (FU-QA-ACAD-POL-2025-02) be approved and implemented effective AY 2025-26.	QA-IEA / Academic Council	Immediate	Signed policy and QA-IEC Minutes
2025-26-QAIEC-03	IER Approval	Resolved that the Institutional Effectiveness Report 2025 be approved and forwarded to the President for BOT noting.	QA-IEA / President	Dec 2025	IER Copy and BOT Resolution

C. Follow-Up Matrix

Previous Meeting Ref.	Action Required	Status Update (Completed / Ongoing / Pending)	Evidence Link / Document Code	Remarks / Next Step

QA-IEC Q2-2025 / Item 3	Finalize Policy on Risk Management	🟢 Completed	FU-QA-RISK-POL-2025-03	Submitted to BOT for review.
QA-IEC Q2-2025 / Item 4	Update faculty evaluation rubrics	🟡 Ongoing	FU-QA-HR-SOP-2025-05	Pending Academic Council endorsement.

D. Summary of Key Decisions and Institutional Implications

Decision Theme	Key Action Impact	Linked OBEF Pillar / Standard	Required Follow-Up Policy / Procedure
Program Effectiveness Monitoring	Enhanced CAP compliance tracking	Pillars 1 & 6 / Std. 1, 11	Revise CAP Review SOP (2026)
Research Performance	Initiation of Faculty Research Grants	Pillar 3 / Std. 9	Develop DRI Grant Policy
Governance and Transparency	Automated IER approval workflow in Portal	Pillar 6 / ISO 21001 9.3	QA-IEA Portal Enhancement Plan

E. Closing Matters

- **Next Meeting Date:** ___ / ___ / 2026
- **Adjournment Time:** ___ PM
- **Minutes Prepared By:** Name, Position (QA-IEA Secretariat)
- **Minutes Reviewed By:** QA-IEA Director
- **Minutes Approved By:** Chairperson, QA-IEC

IV. Archiving and Document Control Protocol

Requirement	Description / Compliance Measure
Storage Medium	QA-IEA Portal > Document Control Module > QA-IEC Minutes Folder
Retention Period	Minimum 5 Years (OBEF Audit Cycle)
File Naming Convention	QAIEC_YYYY-YY_Q#_Minutes_V#.docx / .pdf
Version Control	Version No., Revision Date, Editor, Approver logged automatically in Portal
Access Level	Read-only for QA-IEC Members • Admin for QA-IEA Office
Backup Schedule	Daily Incremental / Monthly Full Backup via DDITS
Audit Verification	Internal Audit Review each October (ISO 21001 Clause 9.2)

V. Document Control

	Details
Document Code	FU-QA-ACAD-ANNEX-J
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Per Meeting / Annual Consolidation
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEC Minutes and Resolution Template (Nov 2025).

Annex L. CQA-IE and CQA-PE Terms of Reference (ToR) and Meeting Template

Document Code	FU-QA-ACAD-ANNEX-K
Linked Policies / SOPs / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex I (QA-IEC Cycle Calendar) / Annex J (QA-IEC Minutes Template)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Biennial or upon revision of OBEF / CAA Frameworks

I. Purpose

To define the **mandate, composition, and procedural rules** of the committees directly supporting institutional quality assurance and effectiveness at FU.
These committees ensure that quality processes are **systematic, evidence-based, and continuously improving** across all programs and units.

II. Scope

This ToR applies to the following standing committees:

Committee	Primary Scope of Work
CQA-IE (Academic Affairs)	Oversight of quality, assessment, and performance of all colleges, programs, and academic support units.
CQA-IE (Administrative Affairs)	Oversight of effectiveness and performance of administrative and operational units.
CQA-PE (Program Effectiveness)	Program-level committee within each college that manages annual self-evaluation, OBEF compliance, and CAPs.

III. Governance Structure

QA-IEC → CQA-IE (Academic and Administrative) → CQA-PE (Program Level)

- **QA-IEC** – Institution-level decision-making and policy approval body.
- **CQA-IE** – Mid-tier integrator translating QA-IEC policies into academic/administrative actions.
- **CQA-PE** – Operational execution layer ensuring program-level compliance and data quality.

IV. Membership Composition

A. CQA-IE (Academic Affairs)

Role	Position / Office
Chair	Director for Academic Affairs
Vice-Chair	Executive Director, QA-IEA
Members	Deans of Colleges • Director for Research & Innovation • Registrar • Director of Student Affairs • Head of Digital Innovation & IT Support (DDITS) • Institutional Research Coordinator
Secretariat	QA-IEA Officer

B. CQA-IE (Administrative Affairs)

Role	Position / Office
Chair	Vice President for Administrative & Financial Affairs
Vice-Chair	Executive Director, QA-IEA
Members	Heads of Administrative Departments (DFaM, HR, Finance, IT, Student Services, Strategic Communication)
Secretariat	QA-IEA Officer

C. CQA-PE (for each Program)

Role	Position / Office
Chair	Program Chair
Vice-Chair	College Dean
Members	Faculty Representatives • Industry Adviser (if applicable) • Student Representative (non-voting)
Secretariat	Program Coordinator

V. Roles and Responsibilities

Committee / Member	Key Functions
CQA-IE (Academic)	Review APSER (IR Form 12) and QA Validation (IR Form 12A) • Monitor CAP status • Validate OBEF Pillar 1–3 performance • Recommend policy and curriculum improvements • Endorse programs for QA-IEC approval.
CQA-IE (Administrative)	Evaluate unit self-evaluations (IR Form 11) • Track operational KPI achievement (Pillar 6) • Recommend efficiency measures and risk controls.
CQA-PE (Program)	Implement annual program self-evaluation • Collect evidence • Monitor PLO/CLO assessment • Draft CAP plans • Coordinate with CQA-IE for validation.
Chairperson	Convenes meetings • Approves agenda • Endorses recommendations to QA-IEC.
Vice-Chair	Supports chair and oversees implementation of decisions between meetings.
Members	Participate in reviews and provide unit data and evidence.
Secretariat	Prepares agenda, minutes, and uploads records to QA-IEA Portal.

VI. Meeting Frequency and Quorum

Committee	Frequency	Quorum Requirement
CQA-IE (Academic)**	Quarterly (plus special sessions as needed)	≥ 50 % + 1 members present
CQA-IE (Administrative)**	Quarterly	≥ 50 % + 1 members present
CQA-PE**	Monthly during evaluation period (Mar–Jun)	Chair + 2 faculty min.

VII. Decision-Making and Escalation

1. Decisions shall be based on consensus or simple majority.
2. Unresolved matters escalate to the QA-IEC for final resolution.

3. Approved recommendations must be entered into the QA-IEA Portal (Action Tracker Module).

VIII. Documentation and Reporting

Document Type	Template / Reference	Retention / Control
Meeting Agenda & Minutes	Annex J (QA-IEC Minutes Template)	QA-IEA Portal > CQA Folder
Action and Decision Tracker	Annex H (Action Plan Matrix)	Updated Quarterly
Program Evaluation Reports	IR Forms 12 & 12A	Uploaded per Program
CAP Register	IR Form 5	Integrated in Dashboard
IER Inputs	Annex G	Submitted Annually to QA-IEC

IX. Performance Monitoring

Indicator	Definition / Formula	Target
Meeting Compliance Rate	(No. Held ÷ No. Planned) × 100	≥ 90 %
Resolution Implementation Rate	(No. Actions Closed ÷ Total) × 100	≥ 85 %
Evidence Validation Accuracy	(Validated Docs ÷ Submitted) × 100	≥ 95 %
Reporting Timeliness	(On-time Submissions ÷ Total) × 100	100 %

X. CQA-IE / CQA-PE Meeting Template

Field	Description
Meeting Title	e.g., CQA-IE Academic Q2 Meeting
Meeting Code	CQA-IE-ACAD-2025-Q2-01
Date / Venue	
Chair / Vice-Chair	
Agenda Items	
Discussion Summary	
Decisions / Recommendations	
Responsible Offices	
Timeline	
Evidence / Document Ref.	
Status 🟢 🟡 🔴	
Next Meeting / Follow-Up	
Prepared By / Approved By	

XI. Integration with QA-IEA Portal

- Each committee has a **dedicated dashboard** under the QA-IEA Portal for:
  – Scheduling and attendance tracking
  – Uploading minutes and resolutions
  – Monitoring action plans and CAP status
- Automatic reminders are issued before deadlines.
- All data feed into the annual **Institutional Effectiveness Report (Annex G)**.

XII. Reporting and Accountability

Reporting Line	Receives Report From	Type of Report / Frequency
QA-IEC	CQA-IE (Academic & Admin)	Quarterly CAP and Validation Reports

CQA-IE	CQA-PE (Programs)	Monthly Program Effectiveness Summaries
President / BOT	QA-IEC	Annual IER and Action Plan Reports

XIII. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-K
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Biennial
Custodian	Office of QA-IEA
Change Log	Initial issuance of CQA-IE and CQA-PE Terms of Reference and Meeting Template (Nov 2025).

Annex M. QA-IEC Decision Implementation and CAP Tracking Register

Document Code	FU-QA-ACAD-ANNEX-L
Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex H (Action Plan Matrix) / Annex J (Minutes Template) / Annex K (ToR for CQA-IE & CQA-PE)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Continuous Monitoring (Quarterly Review / Annual Closure)

I. Purpose

To establish a **comprehensive institutional log** that documents and monitors:

1. All QA-IEC decisions and resolutions.
2. Their corresponding **Corrective Action Plans (CAPs)** and implementation progress.
3. Performance outcomes, verification evidence, and closure validation.

This register provides a **traceable audit trail** of improvement actions and governance accountability, ensuring that decisions lead to measurable results.

II. Scope

Applies to all:

- QA-IEC, CQA-IE (Academic & Administrative), and CQA-PE meetings.
- Institutional Effectiveness Action Plans (Annex H).
- CAPs arising from IER findings, CAA feedback, OBEF audits, and internal reviews.

III. Core Tracking Matrix

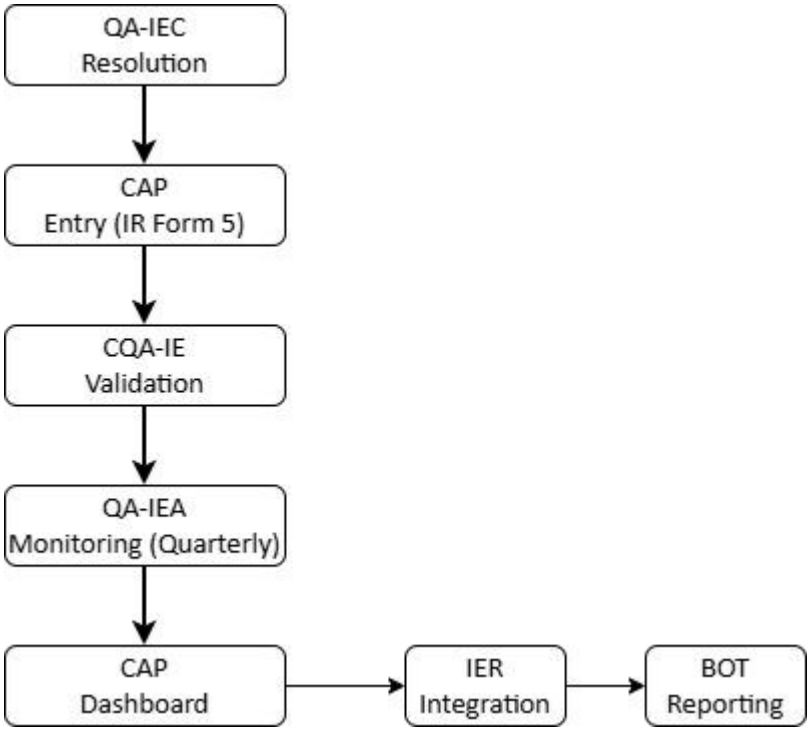
No.	Decision / Resolution No.	Decision Date	Subject Matter / Resolution Title	Linked OBEF Pillar / CAA Std.	Improvement Area / Issue Addressed	Corrective Action Plan (CAP)	Target / KPI Reference	Responsible Office / Unit	Timeline (From – To)	Progress Status	Evidence / Source Document	Validation / Approval Authority	Date of Closure	Remarks / Impact Achieved
1	QA-IEC/2025-26/Q3/01	15 Sep 2025	Completion of CAPs on Teaching Effectiveness	Pillar 2 / Std. 4	Low faculty teaching ratings in Q2 survey	Conduct pedagogical workshops and peer review sessions	P2.2 ≥ 90 % teaching satisfaction	Academic Affairs / QA-IEA	Sep – Dec 2025	🟡	Workshop Reports / Survey Data	QA-IEA Director	Dec 2025	Scores improved by +5 %.
2	QA-IEC/2025-26/Q4/03	10 Nov 2025	Implementation of Research Mentorship Program	Pillar 3 / Std. 9	Faculty research output below target	Launch structured research mentorship and funding incentives	P3.1 ≥ 1 pub per faculty	Department of Research & Innovation (DRI)	Nov 2025 – Jun 2026	🟢	Mentorship Logs / Scopus IDs	CQA-IE (Academic)	Jun 2026	Publications ↑ 15 %.

(Matrix to be auto-generated and updated in the QA-IEA Portal's "Decision Tracker Module.")

IV. CAP Status Definitions

Status Icon	Meaning	Required Action
🟢 Completed	Action plan executed and verified with evidence	Close CAP in Portal and archive
🟡 Ongoing	In progress within timeline	Submit progress update and interim evidence
🔴 Delayed	Past due or non-initiated	Escalate to QA-IEC and President for intervention

Governance Workflow



Automated Triggers in QA-IEA Portal

- CAPs with > 90 days open status auto-alert CQA-IE.
- CAPs > 120 days escalated to QA-IEC Chair and President.
- Closure requires two-level validation (QA-IEA and CQA-IE).

VI. Monitoring and Reporting Responsibilities

Entity / Role	Primary Duties	Reporting Frequency
QA-IEA Office	Maintain register and portal database; verify evidence and timeliness.	Monthly
CQA-IE (Academic / Admin)	Validate CAP implementation and submit recommendations.	Quarterly
QA-IEC	Review aggregated CAP reports and endorse closures.	Bi-Annual
President / BOT	Receive annual summary of CAP performance and institutional impact.	Annual

VII. Key Performance Indicators

Indicator	Definition / Formula	Target Threshold	Evidence Source
CAP Closure Rate %	(CAPs Closed ÷ Total CAPs) × 100	≥ 90 %	CAP Tracker Module
Resolution Implementation Rate %	(Decisions Implemented ÷ Total Resolutions) × 100	≥ 95 %	QA-IEC Minutes

Evidence Validation Score %	(Validated Evidence ÷ Submitted Evidence) × 100	≥ 95 %	QA-IEA Validation Sheet
Average Closure Time (Days)	Sum of All CAP Closure Durations ÷ No. of Closed CAPs	≤ 90 Days	Portal Timestamps

VIII. Integration with QA-IEA Portal

- Portal Module: **Decision Tracker + CAP Dashboard**
- Data Inputs: QA-IEC Resolutions (Annex J) + Action Plans (Annex H).
- Automation Features: Color-coded status, auto reminders, evidence uploads, progress logs, and performance charts.
- Output Reports: Quarterly CAP Status Report • Annual Decision Impact Summary • Institutional Effectiveness Dashboard link.

IX. Data Retention and Audit Protocol

Aspect	Requirement / Procedure
Retention Period	5 Years (minimum) per CAA and OBEF audit cycles.
File Storage	QA-IEA Portal → "Decision Tracker Repository."
Version Control	Automatic with change log and user timestamp.
Audit Verification	Quarterly internal QA review and annual ISO 21001 audit.
Security	AES-256 encryption and role-based access control.

X. Governance and Accountability

Entity / Committee	Accountability Function
QA-IEC	Approves decisions, monitors implementation, and validates CAP closures.
CQA-IE	Conducts technical validation of CAP evidence.
QA-IEA Office	Maintains register, portal operations, and reporting.
Deans / Directors / Heads	Execute assigned CAPs and submit proof of completion.
President	Provides oversight and authorizes final closure reports.

XI. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-L
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Quarterly Review / Annual Summary
Custodian	Office of QA-IEA
Change Log	Initial issuance of QA-IEC Decision Implementation and CAP Tracking Register (Nov 2025).

Annex N. Institutional Effectiveness Performance Dashboard Architecture

Document Code	FU-QA-ACAD-ANNEX-M

Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex F (QA-IEA Portal Automation) / Annex L (CAP Tracking Register)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual System Enhancement / Every 3 Years or upon OBEF Revision

I. Purpose

To define the **technical and functional blueprint** for FU's institutional performance dashboards, enabling real-time monitoring of OBEF Pillars, KPIs, CAPs, and evidence-based decisions at all governance levels.

The dashboards provide:

- **Transparency** — linking data to verifiable evidence.
- **Accountability** — showing ownership and performance status.
- **Alignment** — integrating OBEF, CAA, ISO, and institutional goals.
- **Decision Support** — visual analytics for leadership planning and policy actions.

II. Scope

Applies to:

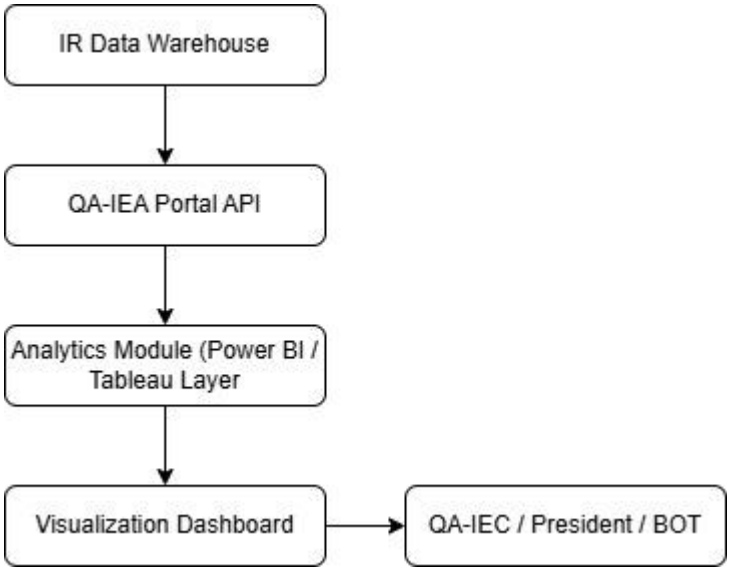
- QA-IEC, CQA-IE (Academic & Administrative), and CQA-PE committees.
- Academic Affairs, Administrative Departments, Research & Innovation, Student Affairs, Finance, HR, and IT Divisions.
- Institutional Research (IR) data, program assessments, and CAP reporting.

III. System Architecture Overview

A. Three-Layer Architecture

Layer	Component	Function
1. Data Ingestion Layer	SIS, LMS, HRMS, Finance System, DRI Repository, QA-IEA Portal Forms (12, 12A, 5)	Collects validated data from multiple sources via API or manual upload.
2. Data Processing & Analytics Layer	IR Data Warehouse / SQL Server / Power BI Pipeline	Cleanses, aggregates, and correlates KPI data across OBEF Pillars.
3. Visualization & Governance Layer	QA-IEA Portal Dashboards / Power BI Interface	Generates interactive dashboards, trend analyses, and CAP status heatmaps.

B. Dashboard Data Flow



IV. Dashboard Structure and Levels

Dashboard Level	Primary Users	Purpose / Key Features
Level 1: Executive Dashboard	President / BOT / QA-IEC	Institution-wide summary of OBEF performance (6 Pillars), Institutional Effectiveness Index (IEI), and CAP closure rates.
Level 2: College / Department Dashboard	Deans / Directors	Program effectiveness summaries by college or unit; trend lines for KPIs, PLOs, and CAPs.
Level 3: Program Dashboard	Program Chairs / Faculty	Detailed program KPI performance, CLO/PLO achievement data, CAP actions, and OBEF linkages.
Level 4: Unit Operational Dashboard	Admin Heads / QA-IEA Officers	Administrative KPI tracking, budget efficiency, HR training, and compliance rates.

V. Core Dashboard Indicators

Category / OBEF Pillar	Key KPI Indicators	Frequency of Update	Source System
Pillar 1 – Graduate Employability and Future Skills	Employment Rate (≥ 85 %), Internship Placement Rate, Graduate Survey Score	Annual / Real-Time	Career Services, Alumni Database
Pillar 2 – Excellence in Learning and Teaching	Course Completion Rate, Teaching Effectiveness, Digital Pedagogy Usage	Semesterly	LMS, QA Surveys
Pillar 3 – Research and Innovation	Publications per Faculty, Funded Projects, Patents Filed	Quarterly	DRI Repository
Pillar 4 – Industry and Government Partnerships	Active MoUs, Joint Events, Internship Hosts	Quarterly	Partnership Office

Pillar 5 – Community Engagement	Community Projects Completed, Volunteer Hours	Annual	CISH Records
Pillar 6 – Governance and Sustainability	Audit Compliance Rate, Policy Review Cycle, CAP Closure Rate	Quarterly	QA-IEA Portal / Admin Reports

VI. Key Visualization Features

Feature	Description	Benefit
Heatmap Indicators	Color-coded status (🟢 On Track, 🟡 At Risk, 🔴 Off Track) per KPI or Pillar.	Rapid visual diagnosis of performance gaps.
Drill-Down Analytics	Clickable filters for college, program, semester, or unit.	Enables root-cause analysis.
CAP Integration	Links each KPI with open CAP actions (Annex L).	Aligns decisions with improvement evidence.
Trend Visualization	Three-year performance graphs with variance analysis.	Shows long-term progress toward targets.
OBEF Pillar Index	Weighted composite score for each pillar (0–100 scale).	Provides Institutional Effectiveness Index.
Evidence Hyperlinks	Each data point links to its document repository (PDF / Excel / Report).	Enhances audit readiness and transparency.

VII. Institutional Effectiveness Index (IEI) Computation

Component	Weight (%)	Data Source	Update Cycle
KPI Achievement	40 %	IR Validated Dataset	Quarterly
CAP Closure Rate	20 %	CAP Tracker (Annex L)	Quarterly
QA Validation Score	15 %	IR Forms 12A / QA Review	Bi-Annual
Stakeholder Satisfaction	10 %	Surveys / Feedback	Annual
Benchmark Performance	10 %	Peer Comparison Reports	Annual
Compliance and Governance	5 %	Audit Findings	Annual

Formula:

IEI = Σ (Component Score × Weight)

Interpretation: 🟢 ≥ 90 Excellent 🟡 75–89 Satisfactory 🔴 < 75 Needs Improvement

VIII. Dashboard User Roles and Access

User Group	Access Privileges	Main Functions
President / BOT	Read-only	Review executive dashboards and approve policy actions.
QA-IEC Members	Read / Comment	Analyze institutional trends and CAP closure rates.
CQA-IE	Read / Update	Validate unit data and recommend corrective actions.
QA-IEA Officers	Full Admin	Upload data, verify evidence, and generate reports.
Deans / Directors	Edit / Review	Manage college or unit dashboards and action plans.
Program Chairs	Submit / Edit	Upload program KPI results and CAP updates.

IX. Performance Monitoring and Audit Schedule

Monitoring Phase	Responsible Office	Frequency	Output

Data Validation	IR Unit / QA-IEA	Quarterly	Validated Dataset
CAP Progress Tracking	QA-IEA / CQA-IE	Quarterly	CAP Dashboard Update
Dashboard Review	QA-IEC	Bi-Annual	Performance Summary Report
Institutional Audit	President / BOT	Annual	Institutional Effectiveness Report
ISO 21001 Internal Audit	QA-IEA / External Auditor	Annual	Audit Compliance Certificate

X. Technical Specifications and Security

Aspect	Specification / Standard
Platform	Microsoft Power BI / Tableau integrated with QA-IEA Portal
Database	SQL Server 2022 with Data Warehouse Layer
Data Refresh Cycle	Automated ETL Process (Every 24 Hours)
Authentication	SSO + Two-Factor Login
Access Control	Role-Based (RBAC) Managed by QA-IEA Admin
Encryption	AES-256 for stored data / TLS 1.3 for transmission
Backup Protocol	Daily Incremental / Weekly Full / Cloud Redundancy
Retention Policy	5 Years minimum (OBEF Audit Requirement)

XI. Governance and Maintenance

Entity / Unit	Key Responsibilities
QA-IEA Office	Oversees portal performance, dashboard updates, and evidence validation.
IR Unit	Verifies quantitative data and produces analytical reports.
DDITS (Department of Digital Innovation and IT Support)	Ensures system availability and security infrastructure.
CQA-IE (Academic / Admin)	Reviews dashboard outputs and submits findings to QA-IEC.
President / BOT	Uses dashboard reports for strategic planning and resource allocation.

XII. Outputs and Institutional Integration

The dashboard directly feeds:

- **Institutional Effectiveness Report (Annex G)**
- **Action Plan Matrix (Annex H)**
- **CAP Tracking Register (Annex L)**
- **QA-IEC Quarterly Review Minutes (Annex J)**
- **Strategic and Operational Plans (CSPBD alignment)**

XIII. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-M

Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Annual System Upgrade / Comprehensive Review Every 3 Years
Custodian	QA-IEA Office
Change Log	Initial issuance of Institutional Effectiveness Performance Dashboard Architecture (Nov 2025).

Annex O. Institutional Effectiveness Audit and External Review Framework

Document Code	FU-QA-ACAD-ANNEX-N
Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-12 / SOP-2025-12A / Annex L (CAP Register) / Annex M (Dashboard Architecture)
Version No.	**1.0**
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual (Comprehensive Audit every 3 Years)

I. Purpose

To institutionalize a structured, evidence-based framework for **internal and external audits** of institutional effectiveness and compliance, ensuring:

- Alignment with national and international QA standards.
- Verification of the achievement of strategic and operational objectives.
- Continuous improvement through corrective and preventive actions (CAPA).
- Transparent reporting to the President, Board of Trustees (BOT), and regulatory bodies.

II. Scope

Applies to all FU entities:

- Academic Colleges and Programs
- Administrative Departments and Centers
- Research and Innovation Units
- Student Services, Community Engagement, and Financial Affairs
- Institutional Governance and Strategic Planning Bodies

The framework covers **both internal (self-directed)** and **external (independent or regulatory)** reviews.

III. Audit and Review Types

Type	Definition	Frequency	Responsible Unit
Internal QA Audit	Systematic review conducted by QA-IEA to assess adherence to QA policies, SOPs, and OBEF indicators.	Quarterly / Annual	QA-IEA Office
Operational Effectiveness Audit	Focused review of administrative units (HR, Finance, DFaM, IT, etc.) for compliance, efficiency, and sustainability.	Annual	CQA-IE (Administrative)

Academic Effectiveness Audit	Review of academic programs, learning outcomes, and faculty performance.	Annual	CQA-IE (Academic)
External Peer Review	Independent evaluation by national/international experts aligned with CAA and ISO standards.	Every 3 Years	QA-IEA Office / President
Regulatory Inspection (CAA/OBEF)	Official review by the Ministry of Education / CAA on institutional and program accreditation.	As per CAA Schedule	President / QA-IEA

IV. Institutional Audit Cycle (Annual)

Audit Phase	Timeline	Primary Deliverables	Responsible Office / Committee
Phase 1: Planning	Jan – Feb	Annual QA-Audit Plan (Audit Calendar, Scope, and Tools)	QA-IEA Office
Phase 2: Evidence Collection	Mar – May	Data sets, KPI reports, program evidence (IR Forms 12 & 12A)	CQA-PE / Deans / IR
Phase 3: Internal Audit Execution	Jun – Aug	Audit Checklists and Non-Conformance Reports (NCRs)	QA-IEA Auditors / CQA-IE
Phase 4: Corrective and Preventive Action (CAPA)	Sep – Oct	CAPA Plans and Validation Logs	QA-IEA / Unit Heads
Phase 5: Reporting and Validation	Nov – Dec	Internal Audit Report and External Review Readiness Summary	QA-IEA / QA-IEC
Phase 6: Management Review	Jan (next AY)	Institutional Effectiveness Audit Summary for BOT	President / QA-IEC

V. Internal Audit Components

Component	Audit Objective	Evidence Source	Verification Method
Governance and Leadership	Assess policy implementation, compliance with OBEF Pillar 6.	QA-IEC Minutes, Policies	Document Review / Interviews
Academic Quality	Evaluate curriculum delivery, teaching effectiveness, and PLO achievement.	IR Forms 12 & 12A	Evidence Audit / Observation
Research and Innovation	Verify faculty research outputs and funded projects.	DRI Repository	Cross-check with Scopus / Funding Docs
Student Experience and Support	Measure student satisfaction and engagement services.	Student Surveys / DSA Reports	Data Analysis / Focus Groups
Administrative Effectiveness	Assess HR, finance, facilities, and IT efficiency.	HR, Finance, DFaM Reports	Process Mapping / Compliance Checks

Community and Industry Engagement	Audit partnership, internship, and outreach activities.	CISH / Career Services	Review MoUs / Outcome Reports

VI. External Review Framework

A. External Review Composition

External reviews are conducted by **independent experts** nominated by QA-IEC and approved by the President.

Role	Composition
Lead Reviewer	External QA or accreditation expert
Academic Reviewer	Discipline specialist (local or international)
Administrative Reviewer	Quality systems or ISO expert
Student/Alumni Observer	Non-voting feedback contributor
QA-IEA Liaison	Facilitates logistics and evidence sharing

B. External Review Deliverables

- **Peer Review Report** (evaluative summary per OBEF Pillar).
- **Compliance Rating Sheet** (score-based rubric).
- **Recommendations and Best Practices.**
- **Follow-up CAP Plan** integrated into Annex L tracking.

VII. Audit Tools and Instruments

Tool	Purpose	Linked Annex / Form
IR Form 12	Program Self-Evaluation Data	Annex A
IR Form 12A	QA Validation Checklist	Annex F
IR Form 5	Corrective Action Plan	Annex L
Audit Checklist Template (QA-IEA-ACT)	Standardized audit scoring tool	Annex N-A
Non-Conformance Report (NCR) Form	Documents deviations and required actions	Annex N-B
Audit Summary Report Template	Consolidated institutional audit results	Annex N-C

VIII. Non-Conformance and CAPA Management

Severity Level	Definition	Required Action	Timeline
Critical (C1)	Direct non-compliance with accreditation or legal requirement.	Immediate corrective and root cause analysis.	≤ 10 working days
Major (M2)	Systemic issue affecting multiple units or performance indicators.	Corrective and preventive plan with QA-IEA validation.	≤ 30 days
Minor (m3)	Isolated deviation without systemic impact.	Corrective note and monitoring.	≤ 60 days
Observation (O4)	Potential improvement area.	Monitor during next cycle.	Continuous

IX. Reporting and Escalation Structure

CQA-PE → CQA-IE (Academic / Admin) → QA-IEA Office → QA-IEC → President → BOT → CAA / ISO

Report Type	Prepared By	Approved By	Submitted To
Unit Audit Report	Internal Auditor / QA-IEA Officer	CQA-IE Chair	QA-IEA Director
Institutional Audit Summary	QA-IEA Director	QA-IEC	President
Annual Effectiveness Audit Report	QA-IEC	President / BOT	CAA / ISO Auditors
CAPA Validation Report	QA-IEA / CQA-IE	QA-IEC	QA Portal Archive

X. Audit Reporting Template Summary

Section	Content
Executive Summary	Overview of audit purpose, scope, and results.
Methodology	Data sources, sampling, and evaluation tools.
Findings	Strengths, non-conformities, and observations.
Corrective Actions	Assigned CAPs and deadlines.
Follow-Up	Verification and re-audit notes.
Appendices	Checklists, evidence references, photos, and documents.

XI. Performance and Compliance Indicators

Indicator	Definition / Formula	Target	Monitoring Frequency
Internal Audit Completion Rate	(Completed Audits ÷ Planned Audits) × 100	≥ 95 %	Annual
External Review Compliance Rate	(Implemented Recommendations ÷ Total Recommendations) × 100	≥ 90 %	Triennial
CAPA Closure Rate	(Closed CAPAs ÷ Total CAPAs) × 100	≥ 90 %	Quarterly
Institutional Compliance Index	Weighted compliance score (OBEF/CAA/ISO)	≥ 90 %	Annual

XII. Integration with QA-IEA Portal

- All audit tools (checklists, NCRs, reports) digitized under **Audit & Review Module**.
- Automated reminders for CAPA deadlines.
- Audit results linked to:
  - **Annex G – IER**
  - **Annex H – Action Plan Matrix**
  - **Annex L – CAP Register**
  - **Annex M – Dashboard Analytics**

XIII. Governance and Accountability

Entity	Accountability Function
QA-IEA Office	Leads audit scheduling, data validation, and compliance verification.
CQA-IE (Academic / Admin)	Conducts internal audits and ensures corrective follow-ups.
QA-IEC	Reviews audit findings and endorses final audit reports.
President	Oversees institutional compliance and resource allocation for improvement.
BOT	Notes audit results and directs policy adjustments.
External Auditors (CAA / ISO / Peer Review)	Provide independent verification of compliance and institutional quality.

XIV. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-N
Linked SOP	FU-QA-ACAD-SOP-2025-12A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Annual / Triennial Comprehensive Review
Custodian	QA-IEA Office
Change Log	Initial issuance of Institutional Effectiveness Audit and External Review Framework (Nov 2025).

E. Policy on the Implementation and Monitoring of Improvement Action Plans (2.E)

I. Purpose

The purpose of this policy is to ensure a **structured, evidence-based, and outcome-oriented approach** to the implementation and monitoring of improvement action plans (CAPs and IE Action Plans) across Fujairah University. It aims to:

1. Establish a uniform institutional system for managing improvement initiatives.
2. Ensure corrective and preventive actions are aligned with FU's strategic goals and OBEF KPIs.
3. Strengthen accountability and documentation across academic and administrative units.
4. Link improvement initiatives to performance dashboards and institutional decision-making.

II. Scope

This policy applies to all FU academic colleges, departments, administrative units, centers, and committees responsible for:

- Quality assurance and institutional effectiveness
- Strategic and operational planning
- Academic and administrative performance assessment
- Accreditation, re-licensure, and compliance reviews

It covers:

- Corrective Action Plans (CAPs)
- Preventive and Improvement Plans
- Institutional Effectiveness (IE) Action Plans
- Audit and External Review Recommendations

III. Policy Statement

1. All improvement actions identified from internal evaluations, audits, surveys, and regulatory inspections shall be **recorded, approved, implemented, and monitored** through the QA-IEA Portal's **Action Plan and CAP Tracker Modules**.
2. Each action plan must be:
    - **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**.
    - Linked to the **OBEF Pillar**, **CAA Standard**, and **FU Strategic Goal**.
    - Supported by verifiable evidence of progress and completion.
3. Monitoring shall be conducted **quarterly** by the **QA-IEA Office** and reviewed **bi-annually** by the **QA-IEC**.
4. Closed actions must undergo **evidence validation** and **impact evaluation** before final approval by QA-IEC.
5. All improvement records will be retained in the **QA-IEA Document Control Repository** for at least **five years** to support audits and inspections.

IV. Procedures

Step 1 – Identification and Initiation

1. Improvement needs may arise from:
    - Self-evaluations (IR Forms 11 & 12)
    - QA Validation Checklists (IR Form 12A)
    - Audit or Inspection Findings (Annex N)
    - Stakeholder Surveys (students, faculty, employers, alumni)

- CAA / OBEF recommendations

2. The responsible unit drafts a **Corrective or Improvement Action Plan** using the QA-IEA Portal template, identifying:
    - Root cause
    - Planned action
    - Expected deliverables and impact
    - Responsible officer and timeline

Step 2 – Registration and Approval

1. The plan is submitted to the **CQA-IE (Academic / Administrative)** for validation.
2. QA-IEA reviews the action plan for compliance with OBEF alignment and KPI measurability.
3. Once validated, it is uploaded to the **QA-IEA Portal's CAP Tracker**, assigned a reference number (CAP ID), and activated for monitoring.

Step 3 – Implementation

1. The implementing unit executes actions according to the approved timeline.
2. All evidence (reports, memos, photos, workshop outputs, etc.) must be uploaded in the Portal under the assigned CAP ID.
3. Progress updates must be submitted **quarterly** through the Portal or internal reporting cycle.

Step 4 – Monitoring and Reporting

1. The **QA-IEA Office** reviews progress and status indicators quarterly using the following color codes:
    - 🟢 **Completed:** Fully implemented and validated
    - 🟡 **Ongoing:** In progress within approved timeline
    - 🔴 **Delayed:** Behind schedule or not initiated
2. **CQA-IE** consolidates CAP progress and reports to **QA-IEC** in each quarterly meeting.
3. Significant risks, delays, or repeated deficiencies shall be escalated to the **President** for intervention and resource allocation.

Step 5 – Validation and Closure

1. Upon completion, the responsible unit requests closure validation.
2. The **QA-IEA Office** verifies documentary evidence, ensuring the action's **effectiveness** and **impact** on performance improvement.
3. The **CQA-IE** endorses the closure to **QA-IEC**, which issues formal closure approval.
4. The closed plan is archived under the QA-IEA Document Control Section and linked to:
    - **Institutional Effectiveness Report (Annex G)**
    - **Action Plan Matrix (Annex H)**
    - **CAP Tracking Register (Annex L)**

V. Monitoring and Evaluation Framework

Monitoring Level	Responsible Entity	Frequency	Tools / Outputs
Program / Department	Program Chair / Head	Quarterly	CAP Tracker / Portal Updates

College / Division	Dean / Director	Bi-Annual	Progress Report Summary
QA-IEA Office	QA-IEA Director	Quarterly	Consolidated CAP Dashboard
CQA-IE	Chair (Academic/Admin)	Bi-Annual	Validation Summary Report
QA-IEC	Chair / President	Annual	Institutional Improvement Report
BOT	President / QA-IEC	Annual	Reviewed IE Report and Action Log

VI. Key Performance Indicators (KPIs)

Indicator	Definition / Formula	Target	Evidence Source
1. **CAP Closure Rate**	(Closed CAPs ÷ Total CAPs) × 100	≥ 90 %	CAP Tracker
2. **Implementation Compliance Rate**	(Actions On-Time ÷ Total Actions) × 100	≥ 95 %	QA-IEA Portal
3. **Evidence Validation Rate**	(Validated CAP Evidence ÷ Submitted Evidence) × 100	≥ 95 %	QA Validation Log
4. **Impact Achievement Rate**	(CAPs with ≥ 10 % KPI improvement ÷ Closed CAPs) × 100	≥ 80 %	Dashboard Analytics
5. **Audit Readiness Rate**	(CAPs with Complete Documentation ÷ Total CAPs) × 100	100 %	Audit Checklist

VII. Roles and Responsibilities

Entity / Role	Responsibilities
1. **QA-IEA Office**	Oversee registration, tracking, and validation of all improvement plans; maintain CAP database and dashboard.
2. **CQA-IE (Academic & Administrative)**	Validate and monitor implementation progress at college/unit level.
3. **Deans / Directors / Heads**	Implement approved action plans and upload verified evidence.
4. **QA-IEC**	Review consolidated progress reports and approve closures.
5. **President**	Oversee institutional compliance and resource allocation for improvements.
6. **BOT**	Note improvement results and approve major policy recommendations.

VIII. Documentation and Record-Keeping

1. All CAPs and improvement plans must be recorded in the QA-IEA Portal with version control.
2. Files must include:
    - Action plan
    - Progress reports
    - Validation forms

- Closure certificate

3. The QA-IEA Office retains all improvement documentation for **five years** or as required by the CAA and ISO audit cycles.

IX. Integration with Institutional Effectiveness Framework

The implementation and monitoring of improvement plans directly feed into:

- **Annex G – Institutional Effectiveness Report (IER)**
- **Annex H – Effectiveness Action Plan and Monitoring Matrix**
- **Annex L – Decision and CAP Tracking Register**
- **Annex M – Performance Dashboard Architecture**
- **Annex N – Audit and External Review Framework**

X. Document Control

Item	Details
Document Code	FU-QA-ACAD-POL-2025-13
Linked SOP	FU-QA-ACAD-SOP-2025-13A (Improvement Plan Implementation Procedure)
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon regulatory revision
Custodian	QA-IEA Office
Change Log	Initial issuance of FU Policy on Implementation and Monitoring of Improvement Action Plans (Nov 2025).

Annex A. Standard Operating Procedure on the Implementation and Monitoring of Improvement Action Plans

Document Code	FU-QA-ACAD-SOP-2025-13A
Linked Policy	FU-QA-ACAD-POL-2025-13
Version No.	1.0
Effective Date	Academic Year 2025–2026
Prepared by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE)
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Noted by	President
Next Review Date	2028 or earlier upon OBEF or CAA revision

I. Purpose

To define the **operational workflow** governing the creation, implementation, tracking, and closure of all institutional improvement and corrective action plans (CAPs) to assure systematic, transparent, and measurable enhancement of institutional performance and compliance.

II. Scope

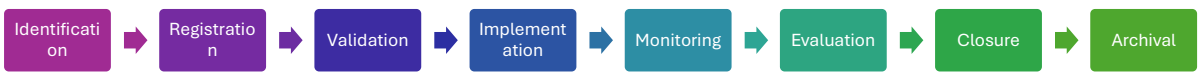
Applies to:

- All academic programs and administrative units.
- All improvement activities arising from:
  - Self-evaluations (IR Forms 11 & 12)
  - QA validation (IR Form 12A)
  - Audit findings (Annex N)
  - Stakeholder feedback
  - CAA or OBEF recommendations

III. Definitions

Term	Definition
Improvement Action Plan (IAP)	Structured plan addressing performance gaps or opportunities.
Corrective Action Plan (CAP)	Immediate remedial action responding to non-conformance.
Preventive Action	Measure taken to avert future non-compliance or performance risk.
CAP Tracker	QA-IEA Portal module for electronic registration and monitoring of actions.
Closure Validation	QA-IEA confirmation that an action is complete and effective.

IV. Process Flow (Summary)



V. Step-by-Step Procedure

Step 1 – Identification and Root-Cause Analysis

1. Source of issue: audit report, survey, evaluation, KPI variance, or external review.
2. Responsible unit performs **root-cause analysis (RCA)** using 5-Whys or Fishbone.
3. Draft Improvement Action Plan Form (SOP-13A-Form 1).

Step 2 – Registration and Validation

1. Submit draft plan via QA-IEA Portal → *CAP Tracker Module*.
2. CQA-IE (academic or administrative) reviews for:
    - OBEF/CAA alignment
    - SMART criteria compliance
    - Measurable KPI linkage
3. QA-IEA assigns **CAP ID number** and activates monitoring.

Step 3 – Implementation

1. Responsible office executes action items within approved timeline.
2. Upload evidence (reports, photos, attendance, memos) tagged to CAP ID.
3. Update progress status quarterly (🟢 🟡 🔴).

Step 4 – Monitoring

1. **QA-IEA Monitoring Team** reviews quarterly through the Portal.
2. Generates color-coded Dashboard Reports:
    - 🟢 Completed 🟡 Ongoing 🔴 Delayed
3. CQA-IE reviews summary and submits recommendations to QA-IEC.

Step 5 – Evaluation and Validation

1. QA-IEA verifies evidence completeness and effectiveness.
2. Validation Checklist (SOP-13A-Form 2) used to assess:
    - Result achieved vs target KPI
    - Improvement impact ≥ 10 % variance
    - Evidence authenticity and date stamping
3. CQA-IE endorses validated CAP for closure.

Step 6 – Closure and Archival

1. QA-IEC approves closure and records decision in minutes (Annex J).
2. QA-IEA archives documentation under **CAP Repository** for ≥ 5 years.
3. Closed CAPs auto-populate:
    - Institutional Effectiveness Report (Annex G)
    - Action Plan Matrix (Annex H)
    - Decision Register (Annex L)

VI. Responsibilities Matrix

Function	Responsible Party	Output / Evidence
Identification & RCA	Department Head / Program Chair	SOP-13A-Form 1
Validation of Plan	CQA-IE (Acad/Admin)	QA Validation Checklist
Registration & Tracking	QA-IEA Officer	CAP ID and Portal Record
Implementation	Responsible Unit / Staff	Uploaded Evidence
Monitoring	QA-IEA Monitoring Team	CAP Status Dashboard
Evaluation & Closure	QA-IEA + CQA-IE	Closure Certificate (Form 3)

Oversight and Approval	QA-IEC / President	Minutes and Resolution

VII. Performance and Compliance Indicators

Indicator	Formula / Definition	Target
CAP Closure Rate	(Closed CAPs ÷ Total CAPs) × 100	≥ 90 %
Validation Accuracy	(Validated Docs ÷ Submitted Docs) × 100	≥ 95 %
Timeliness Index	(On-Time Actions ÷ Total Actions) × 100	≥ 95 %
Improvement Impact Rate	CAPs with ≥ 10 % KPI gain ÷ Closed CAPs	≥ 80 %

VIII. Documentation and Forms

Form Code	Form Title	Purpose
SOP-13A-Form 1	Improvement Action Plan Template	Registers details of CAP/IAP
SOP-13A-Form 2	Validation Checklist	Used by QA-IEA for review
SOP-13A-Form 3	Closure Certificate	Confirms completion and impact
SOP-13A-Form 4	Quarterly Monitoring Summary	Portal-generated progress sheet

IX. Records Management

- All records shall be maintained in the **QA-IEA Portal > CAP Repository**.
- Retention Period: **5 years** (minimum) or until next CAA inspection cycle.
- Version control and user timestamps must be enabled automatically.

X. Audit and Review

Audit Stage	Reviewer	Frequency	Output
Internal Review	QA-IEA Audit Team	Quarterly	CAP Compliance Checklist
External Verification	ISO or CAA Auditors	Annual / As Scheduled	Verified Compliance Report
Management Review	QA-IEC / President	Annual	Summary of Institutional Improvements

XI. Integration with QA-IEA Systems

- **CAP Tracker Module:** for registration and status updates.
- **Dashboard Analytics:** for visualization of CAP performance by OBEF Pillar.
- **Decision Register:** for linking CAP closures to QA-IEC Resolutions.
- **Audit Module:** cross-verifies CAP evidence with Annex N reports.

XII. Document Control

Item	Details
Document Code	FU-QA-ACAD-SOP-2025-13A
Linked Policy	FU-QA-ACAD-POL-2025-13
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon framework change

Custodian	Office of QA-IEA
Change Log	Initial issuance of SOP on Implementation and Monitoring of Improvement Action Plans (Nov 2025).

Annex B. Standard Forms and Templates for Improvement Action Plans

Document Code	FU-QA-ACAD-ANNEX-P
Linked Policy / SOP	FU-QA-ACAD-POL-2025-13 / SOP-2025-13A
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or earlier upon CAA/OBEF revision

I. Purpose

To establish standard, evidence-based templates for planning, implementing, monitoring, and closing institutional improvement actions, ensuring traceability, transparency, and accountability across all FU units.

II. Scope

Applies to:

- Academic Colleges and Programs
- Administrative Departments and Service Units
- Committees on Quality Assurance and Institutional Effectiveness (CQA-IE and CQA-PE)
- Institutional Research (IR) and Audit Teams

III. Form Index

Form Code	Form Title	Purpose / Function
SOP-13A-Form 1	Improvement Action Plan Template	Captures details of CAP or IAP; initiates registration and approval.
SOP-13A-Form 2	Validation Checklist	Used by QA-IEA to assess plan compliance and alignment.
SOP-13A-Form 3	Closure Certificate	Confirms completion and effectiveness of implemented actions.
SOP-13A-Form 4	Quarterly Monitoring Summary	Summarizes progress status and CAP performance for QA-IEC review.

IV. Standard Form Templates

SOP-13A-Form 1 – Improvement Action Plan Template

Title: Improvement / Corrective Action Plan Form
Reference No.: (CAP ID auto-generated by Portal)
Initiating Unit: _____
OBEF Pillar / CAA Standard / FU Strategic Goal Link: _____

Field	Required Information

Description of Issue / Non-Conformance	Concise statement of problem or gap identified.
Root-Cause Analysis	Explain why the issue occurred (5 Whys or Fishbone).
Corrective / Improvement Action Required	Describe specific activities to resolve or improve the issue.
Expected Outcome / KPI Target	State the intended performance result (e.g., KPI improvement ≥ 10 %).
Responsible Person / Unit	Name and designation of implementer.
Start Date	____ / ____ / ____
Target Completion Date	____ / ____ / ____
Resources Required	Budget / training / equipment / support.
Verification Method / Evidence Expected	Specify deliverables (e.g., policy draft, report, survey results).
Approval Signatures	Initiator, Dean/Director, QA-IEA Officer, CQA-IE Chair.

Attachment: Root-Cause Analysis worksheet and supporting documents.

SOP-13A-Form 2 – Validation Checklist

Purpose: To evaluate the completeness, relevance, and feasibility of submitted Action Plans.

Criteria	Yes / No / NA	Remarks / Findings
Alignment with OBEF and CAA Standards		
SMART Objectives defined		
Clear performance indicator or KPI identified		
Root cause analysis adequate		
Evidence type and source specified		
Timeline realistic and documented		
Responsible person identified		
Resource allocation defined		
Approval chain complete		
Verified by QA-IEA Officer		
Validation Result	Approved / Requires Revision / Not Approved	

Validated by: QA-IEA Officer

Date: ____ / ____ / ____

SOP-13A-Form 3 – Closure Certificate

Title: CAP / IAP Closure and Effectiveness Verification

Field	Details
CAP Reference No.	
Unit / Department	
Action Plan Summary	

Completion Date	
Evidence Submitted	
Validation Checklist Reference	
Effectiveness Rating (0–5)**	
Impact on KPI Performance	
CAP Status	🟢 Closed 🟡 Partially Closed 🔴 Pending
QA-IEA Verification	Signature / Date
CQA-IE Endorsement	Signature / Date
QA-IEC Approval	Date / Resolution No.

📎 **Attachment:** Validated evidence and impact summary.

Effectiveness Scale: 5 = Significant Impact; 1 = Minimal Change.

🟩 SOP-13A-Form 4 – Quarterly Monitoring Summary

Purpose: To track quarterly progress and summarize CAP status for QA-IEC.

CAP ID	Unit	Action Description	OBE F Pillar	Start Date	Target Date	Current Status	% Completion	Evidence Link (Portal)	Remarks / Next Steps
CAP-001-25	College of Business Admin	Curriculum OBE Mapping	Pillar 2	Jan 2025	Mar 2025	🟢	100 %	[Upload Link]	Closed and validated
CAP-002-25	HR Dept	Staff Evaluation Form Revision	Pillar 6	Feb 2025	Jun 2025	🟡	65 %	[Upload Link]	Pending final approval
CAP-003-25	Library Services	LMS Usability Training	Pillar 2	Mar 2025	Aug 2025	🔴	30 %	[Upload Link]	Delayed due to vendor issues

V. Record Retention and Integration

All completed forms are archived digitally in the **QA-IEA Portal > CAP Repository**, cross-linked with:

- **Annex G – Institutional Effectiveness Report**
- **Annex H – Action Plan Matrix**
- **Annex L – CAP Tracking Register**
- **Annex M – Dashboard Architecture**

Retention Period: **5 Years minimum or until next CAA Inspection Cycle**

VI. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-P
Linked Policy / SOP	FU-QA-ACAD-POL-2025-13 / SOP-2025-13A

Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon system revision
Custodian	QA-IEA Office
Change Log	Initial issuance of Annex P – Standard Forms and Templates for Improvement Action Plans (Nov 2025).

Annex C. Quality Assurance and Institutional Effectiveness Annual Calendar

Document Code	FU-QA-ACAD-ANNEX-Q
Linked Policy / SOP / Annexes	FU-QA-ACAD-POL-2025-13 / SOP-2025-13A / Annex G (IE Report) / Annex L (CAP Tracker) / Annex N (Audit Framework)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Annual review and revision every 3 years or upon OBEF/CAA update

I. Purpose

To define the **standard annual timetable** governing all institutional effectiveness (IE) and quality assurance (QA) activities—from data collection and audits to planning, review, and reporting—so that the university operates within a predictable, evidence-based performance cycle.

II. Scope

Applies to all FU entities:

- Academic Colleges & Programs
- Administrative Departments & Support Units
- Committees on QA and Institutional Effectiveness (CQA-IE, CQA-PE)
- QA-IEC, IR Unit, and Strategic Planning Bodies

III. Calendar Structure

Each Academic Year (January – December) is divided into six major QA-IE cycles:

Cycle	Phase Focus	Core Output	Responsible Entity
Cycle 1 (Jan–Feb)	*Planning & Goal Setting*	Annual QA-IE Plan & Calendar Approval	QA-IEC / President
Cycle 2 (Mar–Apr)	*Data Collection & Evidence Compilation*	KPI Data Sets, IR Forms 11 & 12	IR Unit / Deans / Directors
Cycle 3 (May–Jun)	*Mid-Year Evaluation & CAP Implementation Review*	CAP Progress Report #1	QA-IEA / CQA-IE
Cycle 4 (Jul–Aug)	*Internal Audits & Mid-Year Dashboard Update*	QA Audit Reports & Dashboard Analytics v2	QA-IEA / QA-IEC
Cycle 5 (Sep–Oct)	*Comprehensive Institutional Effectiveness Review*	IE Report (Draft) & CAP Closure Report	QA-IEA / CQA-IE / Deans

Cycle 6 (Nov–Dec)	*Annual Reporting & Strategic Planning Integration*	Final Institutional Effectiveness Report (Annex G) & Strategic Review	QA-IEC / President / BOT

IV. Detailed Annual Schedule

Month	Major QA-IE Activity	Deliverables	Responsible Unit / Committee
January	Approval of Annual QA-IE Plan and Audit Calendar (Annex N)	QA-IEC Minutes / Approved Plan	QA-IEC / QA-IEA
February	Department & Program Workplans aligned with OBEF	Departmental IE Plans	Deans / Directors
March	Collection of KPI data, student survey results, faculty research outputs	IR Dataset 2025 v1	IR Unit / QA-IEA
April	Self-Evaluation Reports (SE Forms 11 & 12) submission	Program SER Drafts	Deans / CQA-PE
May	CAP Progress Monitoring #1 (SOP-13A-Form 4)	CAP Dashboard Update	QA-IEA / CQA-IE
June	Internal QA Audit Cycle 1 (Annex N)	Audit Findings Report	QA-IEA / QA Audit Team
July	Mid-Year Institutional Effectiveness Dashboard Update	Dashboard v2 & CAP Validation	QA-IEA / IR
August	QA-IEC Mid-Year Review Meeting (Pillar Progress Report)	QA-IEC Resolutions	QA-IEC / President
September	CAP Progress Monitoring #2 and CAP Closure Validation	CAP Closure Certificates	QA-IEA / CQA-IE
October	Program Review and External Peer Evaluation (if scheduled)	Peer Review Report / CAP Action Plan	QA-IEA / Deans
November	Consolidated Institutional Effectiveness Report (Annex G)	Final IE Report for QA-IEC	QA-IEA / CQA-IE
December	Annual QA-IEC Review & BOT Presentation of IE Results	BOT Presentation / Strategic Plan Update	President / QA-IEC / BOT

V. Monitoring Mechanism

Monitoring Level	Frequency	Output / Tool	Responsible Entity
Unit / Program	Quarterly	CAP Dashboard & Status Reports	Program Chair / Head
College / Department	Bi-Annual	Summary Improvement Report	Dean / Director
Institution (QA-IEA)	Quarterly	KPI Analytics and CAP Log	QA-IEA Office
QA-IEC	Quarterly / Annual	Institutional IE Dashboard	QA-IEC Chair
President / BOT	Annual	Consolidated IE Report	QA-IEC / President

VI. Integration with OBEF Pillars and Strategic Framework

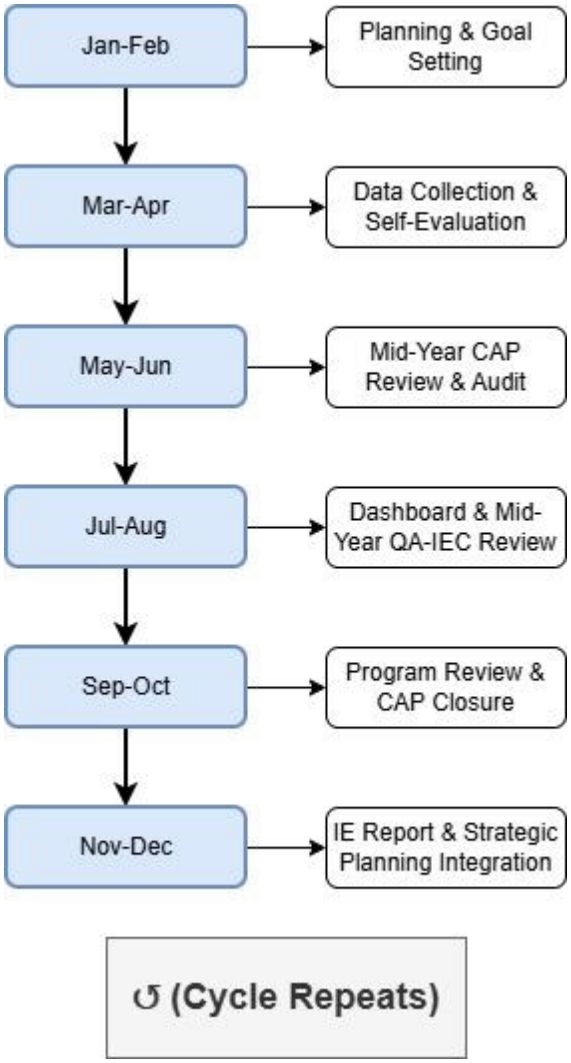
OBEF Pillar	Major QA-IE Activity Mapped to Calendar	Key Performance Indicator (Example)
Pillar 1 – Graduate Employability	Graduate Destination Survey (Mar / Oct)	≥ 85 % Employment Rate
Pillar 2 – Excellence in Teaching	Faculty Evaluation (Apr / Nov)	≥ 90 % Teaching Effectiveness
Pillar 3 – Research & Innovation	Research Output Audit (Jul / Dec)	≥ 1.5 Pubs per Faculty
Pillar 4 – Partnerships	MoU Impact Review (Jun / Nov)	≥ 10 Active Industry Projects
Pillar 5 – Community Engagement	Engagement Audit (Sep)	≥ 5 Major Projects per Year
Pillar 6 – Governance & Sustainability	Policy Review (Jan / Aug)	100 % Policies Reviewed Every 3 Years

VII. Review and Validation

Stage	Reviewer	Frequency	Deliverable
Calendar Review	QA-IEA Director / CQA-IE	Annual (January)	Updated QA-IE Calendar
Validation by QA-IEC	QA-IEC Council	Annual	Resolution No. ____
Dissemination	QA-IEA Office / IT Portal	Annual	Calendar Published on Portal
Monitoring of Compliance	QA-IEA Monitoring Team	Quarterly	QA Calendar Compliance Dashboard

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VIII. Visual Workflow (Annual Cycle)



IX. Integration and Reporting Links

All outputs generated within this calendar directly feed:

- **Annex G – Institutional Effectiveness Report**
- **Annex H – Action Plan Matrix**
- **Annex L – CAP Register**
- **Annex M – Performance Dashboard**
- **Annex N – Audit and External Review Framework**

X. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-Q
Linked SOP / Policy	FU-QA-ACAD-SOP-2025-13A / POL-2025-13
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Annual review / Major revision every 3 years
Custodian	QA-IEA Office

Change Log	Initial issuance of Annex Q – Annual QA-IE Calendar (Nov 2025).

Annex D. QA-IEA Evidence and Document Control Framework

Document Code	FU-QA-ACAD-ANNEX-R
Linked Policies / Annexes	FU-QA-ACAD-POL-2025-13 / SOP-2025-13A / Annex G (IE Report) / Annex N (Audit Framework) / Annex Q (QA-IE Calendar)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle	Every 3 Years or upon OBEF / CAA revision

I. Purpose

To define the **governance framework for managing institutional documents and evidence** supporting FU's academic, administrative, and quality assurance operations—ensuring:

- Authenticity, accuracy, and consistency of all institutional records.
- Full alignment with internal and external audits.
- Secure retention and retrieval of data for accreditation, inspection, and policy review.

II. Scope

Applies to:

- QA-IEA and Institutional Research (IR) Units.
- All Colleges, Departments, and Administrative Units.
- Committees on Quality Assurance and Institutional Effectiveness (CQA-IE, CQA-PE).
- External review and accreditation documentation managed through QA-IEA.

III. Policy Principles

1. **Integrity and Authenticity:** Every document must be traceable to its author, approver, and version history.
2. **Accountability:** Each unit is responsible for its own records and evidence repositories in compliance with QA-IEA guidelines.
3. **Accessibility:** All approved and current versions must be available through the QA-IEA Digital Repository.
4. **Confidentiality:** Sensitive records shall be restricted to authorized users under the university's Data Governance Policy.
5. **Retention and Disposal:** Documents must follow approved retention periods (typically 5 years or per CAA requirement).
6. **Standardization:** File naming, coding, and classification shall follow this Annex to ensure audit readiness.

IV. Document Classification Matrix

Class	Document Type	Examples	Retention Period
A – Governance	Policies, SOPs, By-laws	QA Manual, Strategic Plan, Committee TORs	10 Years (min.)
B – Operational QA	Reports, Audits, Minutes	QA-IEC Minutes, Audit Findings, CAP Reports	5 Years
C – Academic Evidence	Syllabi, PLO/CLO Matrices, Program Reviews	Curriculum Files, OBEF Mapping	5 Years

D – Administrative Records	HR, Finance, Facilities QA Reports	Staff Performance Audits	5 Years
E – External Compliance	CAA Submissions, Inspection Reports	Licensure Files, Review Responses	Permanent
F – Research and Innovation	Patents, Publications Evidence	Scopus Reports	5 Years
G – Community and Engagement	CISH and CSR Reports	Outreach Records	5 Years

V. Document Coding System

Each document must bear a unique identifier using the following pattern:

FU-[Unit Code]-[Category]-[DocType]-[Year]-[Sequential No.]

Example: FU-QA-ACAD-POL-2025-13 → QA-IEA Policy on Implementation of Improvement Plans.

Code Component	Definition
FU	Institution Identifier
Unit Code	QA, ACA, HR, FIN, DFaM, etc.
Category	POL (Policy), SOP (Procedure), ANNEX (Annex), REP (Report), FORM (Form)
DocType / Year / Seq	Unique running identifier for tracking and archiving

VI. Version Control and Revision Protocol

Stage	Label	Definition	Responsible Office
Draft	v0.x	Initial working version not approved.	Authoring Unit
Approved	v1.0	Validated and QA-IEC approved version.	QA-IEA
Revised	v1.x	Minor revision (clarifications, formatting).	QA-IEA
Major Revision	v2.0 ↑	Policy or content change after re-approval.	QA-IEC / President
Archived	A-###	Superseded version retained for record only.	QA-IEA Repository

Each revision must contain a **Change Log** specifying: date, author, nature of change, and approving authority.

VII. Evidence Submission and Verification Workflow

Evidence Creation → Unit Submission → QA-IEA Verification → Repository Archival → Audit Access

Step	Activity	Responsible Unit	Output / Form
1	Collect Evidence of Activity (CAP, Survey, Audit Result)	Responsible Department	Evidence File
2	Submit via QA-IEA Portal (Evidence Module)	Department / College	Digital Upload
3	QA-IEA Review for Completeness	QA-IEA Officer	Evidence Validation Log
4	Verification / Approval	CQA-IE Chair	Evidence Approval Note
5	Archival / Indexing	QA-IEA Records Custodian	Repository Code
6	Access Control Assignment	QA-IEA IT Administrator	Access Audit Log

VIII. Digital Repository Architecture

Repository Tier	Content	Access Level	Retention / Backup
Tier 1 – QA-IEA Main Server	Official Policies, IE Reports, CAP Logs	QA-IEA / President / Deans	Daily Backup
Tier 2 – QA Portal Evidence Folder	Uploaded Evidence by Units	Authorized Staff	5-Year Retention
Tier 3 – IR Data Warehouse	KPI Datasets and Dashboards	QA-IEA / IR	Automated Backup
Tier 4 – Audit Archive	Old Reports and CAA Compliance Files	QA-IEA Auditors Only	Permanent Storage

Security Protocols

- Two-factor authentication and role-based permissions (RBAC).
- Encryption (AES-256) and secure transmission (TLS 1.3).
- Monthly audit of access logs by QA-IEA IT Support.

IX. Retention and Disposal Schedule

Document Category	Minimum Retention Period	Disposal Method
Policies & SOPs	10 Years	Archive digitally
CAP and Improvement Files	5 Years	Secure delete post-audit
Audit Reports	5 Years	Archive in Tier 4
Accreditation Files	Permanent	Permanent repository
Student / Survey Data	5 Years	Anonymize before deletion
Finance and HR QA Reports	7 Years	Secure shred after period

X. Forms and Registers

Form Code	Title	Purpose
R-Form 1	Document Change Request Form	For requesting policy or version updates
R-Form 2	Evidence Submission Checklist	Ensures complete submission of QA documents
R-Form 3	Repository Access Request Form	Grants temporary review rights
R-Form 4	Document Disposal Authorization	Approves secure removal of expired files

XI. Quality Audit and Monitoring

Activity	Frequency	Responsible Office	Evidence
Repository Integrity Check	Quarterly	QA-IEA Records Custodian	Audit Checklist
Access Log Review	Monthly	QA-IEA IT Support	Security Report
Document Revision Audit	Annual	QA-IEA Director	Change Log Summary
External Verification	Triennial	ISO / CAA Auditors	Compliance Report

XII. Integration with QA-IEA Systems

All document records and evidence link seamlessly to:

- **Annex G – Institutional Effectiveness Report**
- **Annex H – Action Plan Matrix**

- **Annex L – CAP Register**
- **Annex M – Performance Dashboard Architecture**
- **Annex N – Audit and External Review Framework**
- **Annex Q – QA-IE Calendar**

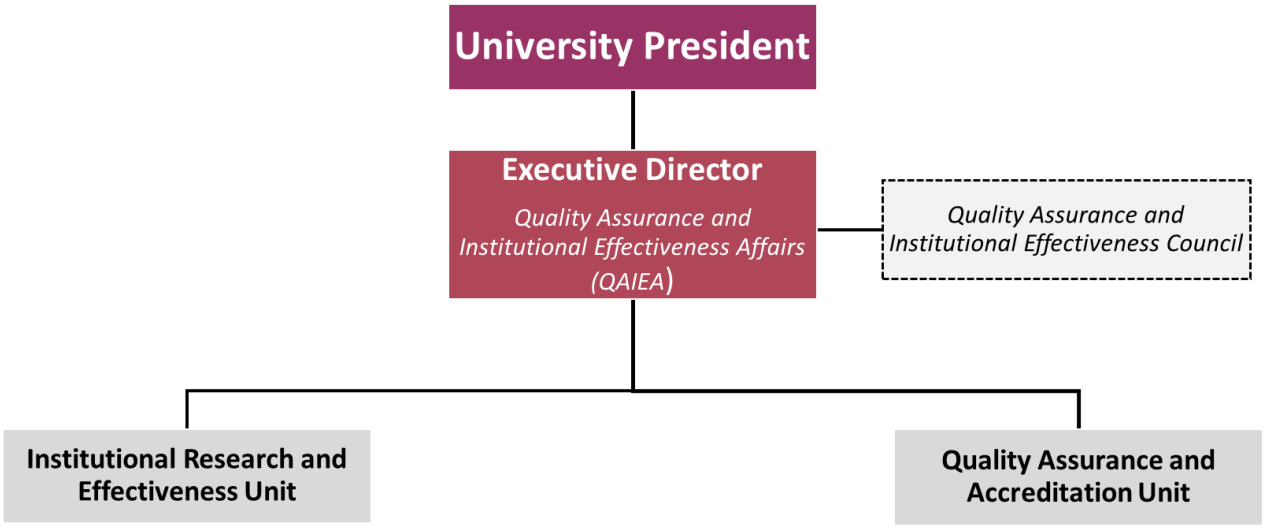
XIII. Document Control

Item	Details
Document Code	FU-QA-ACAD-ANNEX-R
Linked Policies / SOPs	QA and Institutional Effectiveness Manual
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years
Custodian	QA-IEA Office
Change Log	Initial issuance of QA-IEA Evidence and Document Control Framework (Nov 2025).

F. Assurance Unit

The organizational chart of the quality assurance unit is shown in Figure 2.1. The Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) chart shows primarily the Executive Director (ED) as head of the department and directly reporting to the University President and the corresponding human resources to cater to the institutional research and quality assurance systems, as well as, CHEDS data management. The ED shall be provided with adequate staff, equipment, and regular financial support, and access to all FU's general documents.

As illustrated in Figure 2.1 QA-IEC Organizational Chart, the QA-IEA has systematically established the governance in institutional effectiveness and participation of heads of academic and administrative affairs, as well as faculty and staff, in program effectiveness in assessing the educational outcomes of various academic programs and outcomes of administrative support services in which the results are used to enhance processes and delivery of programs toward the institutional development.



III. The Educational Program

The curricular programs offered by FU are central to its vision and mission. Its academic programs are designed based on the international academic norms; guided by the Commis-sion for Academic Accreditation (CAA) Standards, Ministry of Education; and, grounded ac-cording to the principles of curriculum development and assessments. The delivery of the educational programs adopts various principles and philosophies of teaching in higher edu-cation institutions and integrates international practices in higher education. It utilizes best-fit assessment instruments, both direct and indirect tools, to guarantee the acquisition of knowledge, skills, and competency ensuring learning outcomes are achieved. Subscribing to the principle of institutional research, the University regularly evaluates the performance of academic programs fundamental to their continuous improvement and program effective-ness. The program self-study process employs diverse principles of measurement and eval-uation in which the Quality Assurance and Institutional Research Affairs (QA-IRA) oversees and continuously monitors institutional assessment programs for academic affairs, in par-ticular, and to support the University's commitment to delivering high-quality educational; programs, in general.

A. Policy on Academic Planning Processes and Responsibilities (1.2E)

I. **Purpose**

This policy establishes a formal, evidence-based system for academic planning at the University of Fujairah. It ensures that the development, review, and enhancement of all academic programs, curricula, and teaching-learning processes are aligned with the **University's Vision and Mission**, **UAE national priorities**, and the **Outcome-Based Evaluation Framework (OBEF v10.21)**.

The policy promotes strategic alignment, academic excellence, resource efficiency, and continuous improvement in the University's academic operations.

II. **Scope**

This policy applies to all **colleges, academic departments, and programs** of the University and governs the following:

1. Planning and review of academic programs (undergraduate and graduate);
2. Annual academic operational planning;
3. Curriculum enhancement and alignment with NQF and OBEF outcomes;
4. Faculty workload, staffing, and development planning;
5. Teaching, learning, and assessment planning;
6. Academic quality monitoring and reporting;
7. Linkage of academic planning with budgeting and institutional effectiveness cycles.

III. **Policy Statement**

The University of Fujairah maintains that effective academic planning is foundational to its mission of delivering **high-quality, outcome-based education**.

Accordingly:

1. Academic planning shall be a **structured, participatory, and evidence-driven process**.

2. All academic planning activities must be **aligned with the Strategic and Operational Plans**, the **OBEF pillars**, and **CAA Standards**.
3. Academic plans must ensure **curricular relevance**, **teaching excellence**, and **faculty competence**.
4. Planning outcomes shall be systematically **monitored, reviewed, and evaluated** through established institutional effectiveness mechanisms.

IV. Policy Objectives

1. To define the **processes, responsibilities, and governance structures** guiding academic planning at FU.
2. To ensure academic programs meet the requirements of **national and international accrediting bodies**.
3. To integrate academic planning with institutional strategy, resource allocation, and quality assurance frameworks.
4. To promote **continuous improvement, innovation, and accountability** in the University's academic operations.

V. Governance and Responsibilities

Body/Office	Key Roles and Responsibilities in Academic Planning
1. **Board of Trustees (BOT)**	Provides governance oversight of academic directions and approves major academic initiatives and program proposals.
2. **President**	Ensures academic planning is aligned with FU's strategic priorities and CAA compliance.
3. **Director for Academic Affairs**	Leads the overall academic planning process; chairs the Academic Council; oversees curriculum development, delivery, and evaluation; and OBEF submission.
4. **Academic Council (AcC)**	Reviews and recommends academic programs, curriculum revisions, and policies to ensure alignment with national standards and institutional mission.
5. **Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) for Academic Affairs**	Reviews academic plans for compliance with OBEF and CAA standards; endorses them to the QA-IEC.
6. **Quality Assurance and Institutional Effectiveness Council (QA-IEC)**	Approves institutional academic plans and monitors achievement of academic KPIs.
7. **College Deans**	Develop annual academic operational plans (AOPs); monitor implementation and report on outcomes, to inlcude OBEF requirements.
8. **Program Coordinators / Heads of Departments**	Lead program-level curriculum planning, course delivery, and student learning assessment; ensure alignment with NQF and OBEF.
9. **QA-IEA Office**	Provides technical assistance in academic KPI development, data analytics, and institutional effectiveness reporting.
10. **Institutional Research (IR) Unit**	Supplies evidence-based data for enrollment, graduation rates, faculty ratios, and learning outcomes.

VI. Academic Planning Process

Step 1 – Initiation

1. The Director for Academic Affairs initiates annual planning through an Academic Planning Circular issued before the start of each academic year.
2. The circular includes guidelines, timelines, templates, and KPI requirements consistent with OBEF and QA-IEA standards.

Step 2 – Environmental and Needs Analysis

1. Each college conducts a **situational analysis** based on enrollment trends, labor market needs, and stakeholder feedback.
2. Data from Institutional Research (IR) and CHEDS are used to ensure responsiveness to national priorities.

Step 3 – Development of Academic Operational Plan (AOP-A)

1. Colleges prepare **Academic Operational Plans (AOP-A)** outlining objectives, initiatives, KPIs, and required resources.
2. Plans must map to the **Strategic Plan's Academic Goals** and **OBEF Pillars 1–3 (Graduate Employability, Quality of Learning, and Research and Innovation).**

Step 4 – Review and Alignment

1. Plans are reviewed by the **CQA-IE for Academic Affairs** for compliance with CAA Standards, NQF level descriptors, and OBEF alignment.
2. QA-IEA verifies that plans are evidence-based and integrated with institutional KPIs.

Step 5 – Approval

1. The consolidated Academic Plan is endorsed by the **QA-IEC** and approved by the **President** for implementation.
2. Where new academic programs or major revisions are involved, **BOT approval** is required.

Step 6 – Implementation

1. Colleges and departments execute their approved plans; faculty align course syllabi and assessment strategies with program learning outcomes (PLOs).
2. Learning resources, digital systems, and staffing are deployed accordingly.

Step 7 – Monitoring and Evaluation

1. QA-IEA conducts **biannual monitoring** using KPI tracking dashboards.
2. Results are reported to QA-IEC and Academic Council; Corrective Action Plans (CAPs) are required for underperforming areas.

Step 8 – Reporting and Continuous Improvement

1. The **Academic Effectiveness Report** is prepared annually, integrating findings from AOP evaluations, student feedback, faculty evaluations, and accreditation results.
2. Results inform next-cycle planning and institutional self-study.

VII. **Academic Planning Outputs**

Level	Output / Deliverable	Timeframe
1. Institutional	• Five-Year Academic Development Plan (aligned with Strategic Plan)	• Every 5 years
2. College / Department	• Annual Academic Operational Plan (AOP-A)	• Yearly
3. Program	• Curriculum Maps, CLO-PLO Matrices, OBEF Alignment Reports	• Yearly
4. QA-IEA	• Annual Academic Effectiveness Report (AAER)	• Annually

VIII. **Integration with Other Institutional Processes**

1. **Budgeting:** Academic plans must specify financial requirements; the CSPBD reviews these for budget inclusion.
2. **Quality Assurance:** All plans are subject to **QA-IEA monitoring** to ensure adherence to CAA, OBEF, and ISO standards.
3. **Institutional Effectiveness:** KPI outcomes from academic plans are integrated into the **Institutional Effectiveness Report**.
4. **Risk Management:** Academic risks (e.g., low enrollment, faculty shortages) are logged in the **Institutional Risk Register** and managed accordingly.

IX. **Monitoring and Review**

1. **Monitoring Frequency:** Semesterly for operational activities; annually for KPI achievements.
2. **Responsible Office:** QA-IEA and Director for Academic Affairs.
3. **Review Cycle:** Every three (3) years or earlier based on regulatory updates or institutional restructuring.
4. **Improvement Action:** QA-IEC recommendations incorporated into next-cycle academic plans.

X. **Compliance References**

Framework / Reference	Relevant Clauses / Pillars	Focus Area
1. **CAA Standards (2019)**	• Standards 3 (Educational Programs), 4 (Teaching and Learning), Annex 8 (QA Manual)	• Academic program quality and governance
2. **HE Inspection Framework (2023)**	• Standards 2 (Leadership), 3 (Enhancement), 6 (Academic Standards)	• Academic accountability and improvement
3. **OBEF v10.21**	• Pillars 1–3, 6	• Outcome-based learning and institutional effectiveness
4. **ISO 21001:2018**	• Clauses 6–9	• Quality management and improvement cycle for education

XI. **Document Control Notes**

Item	Details
Policy Code	FU-QA-ACAD-POL-2025-04
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 years or earlier if frameworks are revised
Custodian	QA-IEA Office
Change Log	Maintained in the QA-IEA Policy Register

Annex A. Standard Operating Procedure (SOP): Academic Planning Workflow

Document Code:	FU-QA-IEA-SOP-2025-01
Version No.:	1.0
Effective Date:	Academic Year 2025–2026
Supersedes:	New SOP
Linked Policy:	FU-QA-ACAD-POL-2025-04
Custodian:	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Review Cycle:	Every Three (3) Years or earlier upon regulatory revision

I. Purpose

This SOP standardizes the **academic planning process** at FU to ensure that all academic programs and colleges plan, implement, and evaluate their educational activities in a **systematic, evidence-based, and outcome-driven** manner.
It provides clear **steps, roles, documentation, and timelines** from initiation through monitoring and review.

II. Scope

Applies to all **colleges, departments, and programs** engaged in academic planning, curriculum design, teaching-learning enhancement, faculty development, and student-success initiatives.

III. Guiding Principles

1. **Outcome Alignment** – All plans map to OBEF Pillars 1–3 and 6.
2. **Evidence Base** – Planning decisions rely on CHEDS data, IR analytics, and benchmarking.
3. **Stakeholder Engagement** – Faculty, students, alumni, and industry advisors are consulted.
4. **Continuous Improvement** – Plans incorporate results of program reviews and accreditation feedback.
5. **Transparency and Accountability** – All documentation is stored and audited through the QA-IEA Policy Repository.

IV. Workflow Overview

A. Annual Academic Planning Cycle

Step	Activity / Task	Responsible Office / Body	Output / Deliverable	Timeline
1. Initiation	Issue *Academic Planning Circular* with guidelines, templates, and deadlines.	Director for Academic Affairs (DAA) / QA-IEA	Planning Circular & AOP-A Template	May – June

2. Environmental Scan & Needs Assessment	Analyze student data, labor market trends, stakeholder feedback, and program reviews.	Deans / Program Coordinators / IR Unit	Needs Analysis Report (SWOT, Benchmark Summary)	June – July
3. Formulation of Academic Operational Plan (AOP-A)	Define objectives, initiatives, KPIs, and resource requirements aligned with OBEF.	Colleges / Departments	Draft AOP-A per College / Program	July
4. Review & Validation	Check alignment with CAA, NQF, and OBEF; evaluate feasibility and budget linkages.	CQA-IE for Academic Affairs / QA-IEA / CSPBD	Reviewed AOP-A Summary	August
5. Approval & Integration	Consolidate college plans into University-wide Academic Plan; endorse for approval.	QA-IEC / President	Approved Institutional Academic Plan	September
6. Implementation	Execute approved initiatives and document progress through evidence files.	Deans / Program Chairs / Faculty	Implementation Reports / Evidence Portfolio	October – June
7. Monitoring	Conduct mid-year and end-year KPI tracking and compliance reviews.	QA-IEA / CQA-IE (AA)	KPI Dashboard / CAP Forms	January & June
8. Evaluation & Reporting	Prepare and submit Academic Effectiveness Report to QA-IEC and Academic Council.	QA-IEA / DAA / Deans	Annual Academic Effectiveness Report (AAER)	July – August

9. Feedback & Improvement	Integrate findings into next cycle's plans and risk register.	QA-IEC / CQA-IE (AA) / Colleges	Improvement Plan Matrix / Updated KPIs	September

B. Five-Year Academic Development Cycle

Phase	Purpose	Outputs	Lead Entity	Frequency
1. **Strategic Academic Mapping**	Translate University Strategic Plan into academic priorities.	Five-Year Academic Development Plan (ADP)	QA-IEA / DAA / CSPBD	Every 5 Years
2. **Program Portfolio Review**	Evaluate program relevance and viability using data and stakeholder input.	Program Portfolio Report / Recommendations	Academic Council / QA-IEC	Mid-Cycle (Year 3)
3. **Accreditation Alignment**	Integrate CAA / OBEF updates into curricula and delivery models.	Compliance Matrix / Curriculum Revisions	QA-IEA / Deans	Ongoing
4. **Final Evaluation & Renewal**	Assess achievement of academic goals and prepare next-cycle plan.	End-Cycle Academic Performance Report	QA-IEA / DAA / President	End of Cycle

V. Key Responsibilities Matrix

Role / Entity	Core Responsibilities
1. **Director for Academic Affairs (DAA)**	Lead academic planning process; issue circular; ensure alignment with strategic plan and CAA standards.
2. **College Deans**	Develop AOP-A; supervise faculty planning activities and KPI achievement.
3. **Program Coordinators / Chairs**	Conduct curriculum mapping; track PLO and CLO performance; prepare evidence files.
4. **CQA-IE for Academic Affairs**	Review academic plans and KPI targets for quality and compliance.
5. **QA-IEC**	Approve academic plans and evaluate effectiveness reports.
6. **QA-IEA Office**	Provide technical guidance, data analytics, and effectiveness evaluation; maintain repository.
7. **Institutional Research (IR)**	Supply quantitative data for planning and KPI validation.
8. **Academic Council**	Recommend program changes, new proposals, and curriculum revisions.

VI. Core Documents and Tools

Document / Tool	Purpose	Custodian
1. Academic Planning Circular	Annual initiation document with instructions and deadlines	DAA / QA-IEA
2. Academic Operational Plan (AOP-A)	Annual plan detailing objectives, KPIs, budget needs	Colleges / Departments
3. Curriculum Review Report	Record of curricular changes and alignment with CAA Standards and NQF	Program Chairs
4. KPI Tracking Dashboard	Live monitoring of academic performance indicators	QA-IEA
5. Corrective Action Plan (CAP)	Documentation of remedial actions for underperformance	QA-IEA / Colleges
6. Academic Effectiveness Report (AAER)	Consolidated report on academic KPI performance	QA-IEA

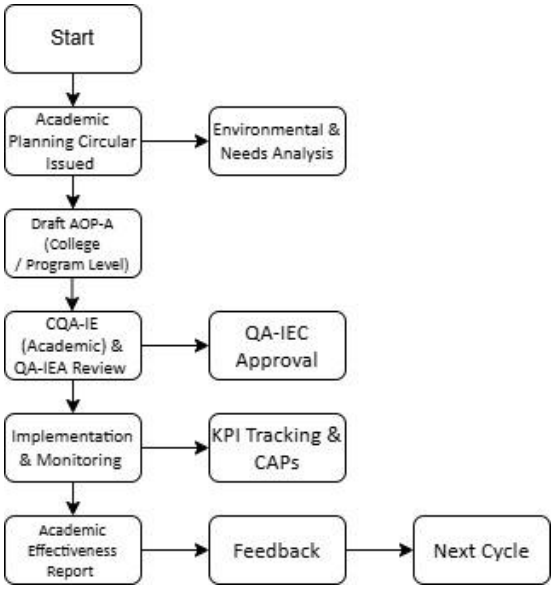
VII. KPI Integration Matrix (OBEF Alignment)

OBEF Pillar	Academic Focus Area	Example KPI	Target Benchmark
P1 – Graduate Employability	Curriculum Relevance & Skills Integration	Graduate Employment Rate	≥ 85 %
P2 – Learning & Teaching Quality	Student Satisfaction and Faculty Effectiveness	Student Satisfaction Rate	≥ 85 %
P3 – Research & Innovation	Scholarly Outputs and Innovation Culture	Research Publications per Faculty	≥ 2 per year
P6 – Institutional Effectiveness	Planning & Quality Integration	Plan Execution Rate	≥ 90 %

VIII. Monitoring and Evaluation

1. **Biannual Monitoring** – QA-IEA conducts mid-year and end-year reviews.
2. **Evidence Verification** – All evidence files uploaded to the QA-IEA Repository.
3. **CAP Implementation** – Colleges submit Corrective Action Plans within 30 days of review.
4. **Reporting** – QA-IEA prepares the Annual Academic Effectiveness Report (AAER) for QA-IEC and President.
5. **Continuous Improvement** – Findings feed into next planning cycle and risk register.

IX. Flow Diagram of Academic Planning Workflow



X. Compliance and Quality Assurance References

Framework / Standard	Relevant Clauses / Pillars	Focus Area
1. **CAA Standards (2019)**	Standards 3 & 4 – Educational Programs and Teaching & Learning	Curriculum Design and Delivery
2. **HE Inspection Framework (2023)**	Standards 2, 3, 6 – Leadership, Enhancement, Academic Standards	Academic Planning and Improvement
3. **OBEF v10.21**	Pillars 1–3 and 6	Learning Outcomes and Institutional Effectiveness
4. **ISO 21001:2018**	Clauses 6–9 – Planning, Performance Evaluation, Improvement	Educational Quality Management

XI. Document Control

Item	Details
SOP Code	FU-QA-ACAD-SOP-2025-01
Version	1.0
Effective Date	Academic Year 2025–2026
Custodian	QA-IEA Office
Next Review	2028 or earlier upon framework revision
Change Log	Maintained in QA-IEA SOP Register

B. Program Specifications

A. Graduate Program Specifications

A.1. Master of Business Administration

For the detailed program specifications, please refer to the hyperlinked document

Master of Business Administration Program Specifications

A.2. Master of Science in Artificial Intelligence Applications

For the detailed program specifications, please refer to the hyperlinked document

Master of Science in Artificial Intelligence Applications Program Specifications

A.3. Master of Sociology

For the detailed program specifications, please refer to the hyperlinked document

Master of Sociology Program Specifications

A.4. Master of Laws (LL.M.) in Cybersecurity Law

For the detailed program specifications, please refer to the hyperlinked document

Master of Laws (LL.M.) in Cybersecurity Law Program Specifications

B. Undergraduate Programs Specifications

FU offers undergraduate programs with a balance of breadth and depth requirements. The program includes a general education component covering a range of core areas that provides general knowledge to all students, and an in-depth study component in a major field. English is the medium of instruction, except for Arabic-related courses, and requires its student a university-level proficiency in spoken and written English.

The University uses the credit union system. Each unit is equivalent to one hour of lecture per week for each of the semesters. The academic year has two semesters of 15 weeks each, and each of which includes 16 weeks of instruction and one week of final examinations.

B.1.College of Business Administration (CBA)

B.1.1. Bachelor of Business Administration

Bachelor of Business Administration Program Specifications

B.2.College of Engineering and Technology (CET)

B.2.1. Bachelor of Computer Science

Bachelor of Computer Science Program Specifications

B.2.2. Bachelor of Science in Information Technology (Cybersecurity)

Bachelor of Science in Information Technology (Cybersecurity) Program Specifications

B.2.3. Bachelor of Science in Electrical Engineering

Bachelor of Science in Electrical Engineering Program Specifications

B.2.4. Bachelor of Information Technology (Networking and Security)

Bachelor of Information Technology (Networking and Security) Program Specifications

B.3.College of Arts and Humanities

B.3.1. Bachelor of Arts in Psychology

Bachelor of Arts in Psychology Program Specifications

B.3.2. Bachelor of Arts in Sociology and Social Work

Bachelor of Arts in Sociology and Social Work Program Specifications

B.3.3. Family Science Program

BFS in Social Counselling Program Specifications

BFS in Human Rights Program Specifications

BFS in Social Services Management Program Specifications

B.4.Department of Mass Communication and Public Relations

B.4.1. Bachelor of Mass Communication in Public Relation

Bachelor of Mass Communication in Public Relation Program Specifications

B.5.College of Dentistry and Health Sciences

B.5.1. Bachelor of Science in Nursing

Bachelor of Science in Nursing Program Specifications

B.5.2. Bachelor of Dental Surgery

Bachelor of Dental Surgery Program Specifications

B.5.3. Bachelor of Pharmacy

Bachelor of Pharmacy Program Specifications

B.6.College of Law

B.6. 1. Bachelor of Law

Bachelor of Law Program Specifications

C. Policy on Program Completion and Award of Undergraduate and Graduate Degrees (3.c-d.)

1. Purpose

This policy establishes the **minimum academic, research, and administrative requirements** for the **completion and award** of:

- **Undergraduate degrees (NQF Level 6)**
- **Master's degrees (NQF Level 7)**

It ensures:

✓ alignment with UAE **Ministry of Education (CAA)** requirements

✓ conformance to **UAE NQF Qualification Descriptors 2024**

✓ contribution to **OBEF pillars** for completion, employability, and learning outcomes performance

✓ transparent and fair graduation and conferral processes

2. Scope

This policy applies to:

- **All Bachelor's and Master's programs offered at Fujairah University (FU)**
- **All modes of delivery: Face-to-Face, Online, Blended**
- **All students: first-time, transfer, visiting/exchange, and readmitted**
- **All academic units and support departments involved in graduation processing**

3. Definitions (NQF-Aligned)

Term	NQF Reference	Definition
Program Completion Requirements	NQF L6/L7	Requirements that verify all intended Learning Outcomes (ILOs/PLOs) have been achieved.
Capstone Project	L6	Integrative project demonstrating applied knowledge and skills.
Thesis/Dissertation	L7	Supervised original research and scholarly contribution to field.
CGPA	—	Cumulative Grade Point Average based on all graded coursework.
Residency Requirement	CAA Std. 3	Minimum credits completed at FU prior to awarding degree.
Graduation Clearance	—	Final verification of academic, financial, and administrative obligations.

4. Policy Statements

4.1 Shared Institutional Completion Requirements (UG + PG)

All candidates must:

✓ complete all **CAA-approved study plan** credit hours

✓ achieve all **Program Learning Outcomes (PLOs)**

✓ adhere to **academic integrity** and have no unresolved violations

✓ obtain **financial, library, and university services clearance**

✓ satisfy **national service**, visa, and identity documentation (where applicable)

4.2 Undergraduate Degree Completion Requirements (NQF Level 6)

Requirement	Minimum Standard
Minimum Credits	as per CAA approved program specifications
Minimum CGPA	**2.00 (4.00 scale)**
General Education	Completion of FU General Education curriculum
Major/Concentration	Full compliance with program plan
Capstone/Internship	Required, subject to disciplinary variation
Residency	**Minimum 30 CCH** earned at FU
Maximum Duration	**150%** of normal program duration (e.g., 6 years for 4-year program)

4.3 Master's Degree Completion Requirements (NQF Level 7)

Requirement	Minimum Standard
Minimum Credits	**30–36 credit hours** (program-specific)
Minimum CGPA	**3.00 (4.00 scale)**
Thesis/Applied Project/Comprehensive Exam	Required, depending on program track
Research Ethics Clearance	Mandatory for all research-based programs
Residency	At least **50% of credits** at FU and **supervisor must be FU full-time faculty**
Maximum Duration	**150%** of normal program duration (typically 6 semesters full-time)

5. Graduation Clearance Procedure (Unified UG + PG)

Step	Action	Responsible
1	Submit **Graduation Application**	Student
2	**Study Plan Audit**	Registrar
3	Verify **CGPA, Residency, Capstone/Thesis**	College/Program Chair
4	**Financial Clearance**	Finance Office
5	**Library & IT Clearance**	Library + IT
6	**Final Approval & Conferral**	Registrar & President/Chancellor

6. Responsibilities Matrix

Unit	Responsibilities
Registrar	Audit, records, certification issuance
Program Chair / Dean	Academic completion validation
Library/IT	Service clearance
Finance	Financial compliance
President	Degree conferral authority

7. Non-Compliance

Non-compliance results in **delayed graduation** and may include:

- **Registration holds**
- **Transcript withholding**
- **Capstone/thesis extension fees**
- **Academic advisement intervention**

8. Review & Continuous Improvement

This policy is reviewed every **three years** or earlier based on:

- **CAA compliance updates**
- **NQF updates**
- **OBEF indicator analysis**
- **CHEDS/MoE regulatory changes**

9. Annexes & Standard Forms

Code	Form Title
FU-REG-GRAD-APP-Form-2025-01	Graduation Application Form
FU-REG-AUDIT-CHK-Form-2025-02	Degree Completion Audit Checklist
FU-QA-LOA-VAL-Form-2025-03	Learning Outcomes & Assessment Validation
FU-REG-CLEAR-Form-2025-04	Graduation Clearance Form

Annex A. Graduation Application Form

FU-REG-GRAD-APP-Form-2025-01: Graduation Application Form

Fujairah University

Office of the Registrar – Graduation Services

Student Information
Full Name (English): _____
Full Name (Arabic): _____
Student ID: _____
Program / Major: _____
Degree Level: ☐ Bachelor (NQF L6) ☐ Master (NQF L7)
Mode of Study: ☐ Full-time ☐ Part-time ☐ Online / Blended
Mobile: _____
Expected Graduation Term: ☐ Fall ☐ Spring ☐ Summer – AY 20__/__

Course & Completion Declaration

I certify that I am applying for graduation and that, to the best of my knowledge, I have fulfilled or will fulfill all FU degree requirements.

Requirement	Status
All required courses completed by end of term	☐ Yes ☐ No
All remedial/IEP requirements satisfied	☐ Yes ☐ No
Capstone/Internship/Thesis completed (if required)	☐ Yes ☐ No
No pending academic integrity cases	☐ Yes ☐ No

Student Signature

I request review of my eligibility for graduation and acknowledge that submission does not guarantee approval.

Signature: _____ Date: ___ / ___ / 20__

Annex B. Degree Completion Audit Checklist

FU-REG-AUDIT-CHK-Form-2025-02-Degree Completion Audit Checklist

(To be completed by Registrar + Program Chair)

Audit Category	Requirement	Verified By	Status
Credit Hours	Total CCH required: _____	Registrar	☐ Met ☐ Not Met
	CCH earned by student: _____	Registrar	
CGPA Requirement	Bachelor: min 2.00 / Master: min 3.00	Registrar	☐ Met ☐ Not Met
Residency Requirement	Bachelor: ≥ 30 CCH at FU / Master: ≥ 50% program credits at FU	Registrar	☐ Met ☐ Not Met
Capstone / Thesis / Project	Successfully completed & recorded in SIS	Program Chair	☐ Met ☐ Not Met
Internship/Practicum	Completed and evaluated (if required)	Program Chair	☐ Required ☐ Not Required ☐ Completed
Learning Outcomes Achievement	Verified through QA-IEA assessment review	QA-IEA	☐ Met ☐ Not Met
Academic Integrity Clearance	No pending violations	Student Affairs / Registrar	☐ Cleared
Financial Clearance	All tuition/fees cleared	Finance	☐ Cleared
Library / IT Clearance	No pending items	Library & IT	☐ Cleared

Remarks: _____

Final Recommendation: ☐ Eligible ☐ Not Eligible

Registrar Signature: _____ Date: ___ / ___ / 20__

Program Chair Signature: _____ Date: ___ / ___ / 20__

Annex C. Graduation Clearance Form

FU-REG-CLEAR-Form-2025-03 -Graduation Clearance Form

Student Information
Name: _____
ID: _____ Program: _____
Degree Level: ☐ Bachelor (L6) ☐ Master (L7)

Clearance Sign-Off

Office/Unit	Required Action	Authorized Sign-Off	Date
Registrar	All academic requirements verified	_____	//____
Finance	No outstanding balance	_____	//____
Library	No outstanding materials	_____	//____
IT Services	Accounts & equipment cleared	_____	//____
Student Affairs	Conduct & compliance check	_____	//____

Final Approval

☐ **Approved for Degree Conferral**

☐ **Not Approved** (Reasons: _____)

Registrar Name & Signature: _____

President/Chancellor Signature (or delegated VP): _____

Annex D. Completion requirements for undergraduate/graduate programs in terms of the number of credit hours

The following are the completion requirements for undergraduate/graduate programs in terms of the number of credit hours:

Academic Programs	Completion requirements (number of credit hours)
Associate Of Arts in Business Administration	66
Bachelor Of Business Administration - General	126
Bachelor Of Business Administration - Human Resource Management	126
Bachelor Of Business Administration - Banking and Finance	126
Bachelor Of Business Administration - Accounting and Finance	120
Bachelor Of Business Administration- Business Analytics	120
Bachelor Of Business Administration -Management	120
Bachelor Of Business Administration - Supply Chain and Logistics Management	120
Master In Entrepreneurship	36
Master Of Business Administration	36
Associate Of Arts in Information Technology	63
Bachelor Of Information Technology - Networking and Security	126
Bachelor Of Computer Science in Artificial Intelligence and Machine Learning	120
Bachelor Of Computer Science in Data Science	120
Bachelor Of Computer Science in Networking and Security	120
Bachelor Of Science in Electrical Engineering -Power and Renewable Energy	142
Bachelor Of Science in Electrical Engineering - Electronics and Communication	142
Bachelor Of Science in Electrical Engineering - Artificial Intelligence	142
Bachelor Of Science in Information Technology - Cybersecurity	123
Bachelor Of Science in Information Systems - Project Management	123
Bachelor Of Interior Design	134
Master Of Science in Artificial Intelligence Applications	30
Bachelor Of Science in Nursing	120
Bachelor Of Dental Surgery (Previously: Doctor of Dental Surgery)	200
Bachelor Of Pharmacy	167
Diploma In Public Relations	66
Bachelor Of Mass Communication in Public Relation - Public Relation	120
Bachelor Of Arts in Mass Communication- Public Relations and Advertising	126
Bachelor Of Arts in Psychology	120
Bachelor Of Arts in Sociology and Social Work	120
Bachelor Of Arts in Family Sciences - Major Human Rights	126
Bachelor Of Arts in Family Sciences -Major Social Counselling	126
Bachelor Of Arts in Family Sciences -Major Social Services Management	126
Diploma In Family Sciences	66
Bachelor In Arabic Language & Literature	126
Master Of Sociology	30
Bachelor Of Law	132
Master Of Laws (LL.M.) In Cybersecurity Law	30

D. Policy on Course Substitution (3.B)

I. Purpose

This policy governs the procedures for approving and implementing **course substitutions** to ensure academic equivalency, consistency, and transparency in cases where students must replace a required course with another of comparable content and learning outcomes.

It aims to:

1. Safeguard academic rigor and program integrity.
2. Ensure equivalency of course learning outcomes, level, and credit load.
3. Facilitate smooth academic progression of students without compromising program standards.

II. Scope

Applies to all:

- Undergraduate and graduate programs offered at Fujairah University.
- Students seeking course substitution due to course discontinuation, curriculum revision, or special academic circumstances.
- Academic advisors, program chairs, deans, registrar, and QA-IEA officers responsible for reviewing substitution requests.

III. Definitions

Term	Definition
Course Substitution	Replacement of a required course by another course of equivalent learning outcomes, credit hours, and NQF level.
Equivalent Course	A course having at least 75% equivalence in content, learning outcomes, and assessment profile.
Curriculum Revision Case	Scenario where a program revises or phases out a course, requiring substitution for affected students.
Transfer Equivalency	Evaluation of an external course (from another institution) as equivalent to a FU course.
Approval Chain	Sequential review and authorization by Academic Advisor → Program Chair → Dean → Registrar → Academic Council.

IV. Policy Statement

1. Course substitution may be granted **only when academically justified** and when the replacement course meets equivalency standards in terms of:
    - **Credit hours** (equal or higher)
    - **NQF Level**
    - **Learning Outcomes and Assessment Methods**
    - **Program Learning Outcomes (PLOs)** alignment
2. No course substitution shall reduce the total credit-hour requirement of the program.
3. Substitution must be documented and recorded in the **Student Academic Record** by the Registrar's Office.
4. All approvals shall follow the **hierarchical review process** defined in this policy.
5. The Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) office shall **monitor compliance** and ensure alignment with OBEF and accreditation standards.

V. Eligibility for Course Substitution

A student may request a course substitution in the following cases:

1. The required course has been **discontinued** or **renumbered** as part of curriculum revision.
2. The student has **transferred from another program or institution** with comparable coursework.
3. The required course **conflicts with graduation timelines** due to scheduling or offering frequency.
4. The student has **completed an equivalent course** in the same discipline with verified outcomes equivalence.

VI. Restrictions

1. Substitution shall not apply to:
    a. **Capstone / Thesis** courses.
    b. **Internship / Practicum / Clinical** courses.
    c. **Core foundation courses** unless approved by the Dean and Director for Academic Affairs.
2. Only one substitution is allowed per **course category** (Major Core, Concentration, or General Education).
3. Graduate students may substitute a course only with approval from the **Graduate Program Committee**.
4. Substituted courses cannot be double-counted across degree requirements.

VII. Procedures

Step 1 – Student Application

1. The student completes the **Course Substitution Request Form (Form 14A)** and submits it to the **Academic Advisor** with supporting documents:
    a. Course syllabus or description
    b. Transcript or grade report
    c. Rationale for substitution

Step 2 – Academic Advisor Review

1. The advisor verifies eligibility, equivalency rationale, and ensures that substitution will not affect program completion.
2. The advisor signs and forwards the request to the **Program Chair**.

Step 3 – Program Chair Evaluation

1. The Program Chair evaluates course equivalence using the following criteria:
    a. ≥ 75% overlap in course outcomes and topics
    b. Comparable credit load
    c. Similar assessment weighting
    d. NQF level equivalence
2. Recommendations are submitted to the **Dean of College**.

Step 4 – Dean and Director for Academic Affairs Approval

1. The Dean verifies academic soundness and ensures that substitution does not compromise accreditation standards.
2. The **Director for Academic Affairs** provides final academic endorsement before Registrar processing.

Step 5 – Registrar Verification and Record Update

1. The **Registrar's Office** updates the student record, academic plan, and transcript remarks: *"Approved Course Substitution for [Course Code/Title] with [Course Code/Title]."*

2. The record is archived in the student's academic file and QA-IEA repository.

Step 6 – Monitoring and QA Verification

1. The **QA-IEA Office** conducts annual audits of substitution cases for compliance with:
    a. CAA curriculum requirements
    b. NQF credit-hour and outcome mapping
    c. OBEF institutional performance indicators

VIII. Evaluation and Reporting

Indicator	Definition	Target	Responsible Unit
Equivalency Compliance Rate	% of substitutions meeting ≥ 75% outcome equivalence	≥ 95 %	QA-IEA / Registrar
Processing Time	Average time to complete substitution approval	≤ 10 working days	Academic Affairs
Record Accuracy	% of correctly updated student records	100 %	Registrar
Accreditation Alignment	% of substitutions validated against NQF and OBEF	100 %	QA-IEA

IX. Documentation and Recordkeeping

Record Type	Retention Period	Custodian
Approved Substitution Form (14A)	5 Years	Registrar
Academic Council Minutes	5 Years	Academic Affairs
QA Verification Report	5 Years	QA-IEA
Curriculum Revision Evidence	10 Years	Academic Affairs

X. Roles and Responsibilities

Role	Responsibility
Student	Initiates request and provides evidence of course equivalence.
Academic Advisor	Verifies academic eligibility and prepares recommendation.
Program Chair	Evaluates content and outcome equivalency.
Dean of College	Reviews academic justification and approves within college scope.
Director for Academic Affairs	Final academic authority for substitution approval.
Registrar's Office	Updates official records and communicates decision to student.
QA-IEA Office	Monitors compliance, audits annual records, and reports to QA-IEC.

XI. Forms and Tools

Form Code	Title	Purpose
Form 14A	Course Substitution Request	Student application for course replacement

Form 14B	Equivalency Evaluation Template	Used by Program Chair to assess alignment
Form 14C	Annual Course Substitution Audit Log	QA-IEA record tracking all approved cases

XII. Alignment with QA and Accreditation Frameworks

Framework / Standard	Clause Reference	Compliance Element
CAA Standards (2019)	Standard 3.4 & 4.2	Curriculum and Student Record Integrity
OBEF v10.21	Pillar 2 & Pillar 6	Academic Quality and Governance Effectiveness
NQF 2024	Level 6/7 Descriptors	Outcome Equivalency by Qualification Level
ISO 21001:2018	Clauses 8.3 & 8.5	Academic Delivery Control and Recordkeeping

XIII. Document Control

Item	Details
Document Code	FU-ACA-REG-POL-2025-14
Linked Forms	Form 14A–14C
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon regulatory change
Custodian	Office of Academic Affairs / Registrar
Change Log	Initial issuance of FU Policy on Course Substitution (Nov 2025).

Annex A. Standard Operating Procedure on Course Substitution

FU-ACA-REG-SOP-2025-14A

Standard Operating Procedure on Course Substitution

Document Code	FU-ACA-REG-SOP-2025-14A
Linked Policy	FU-ACA-REG-POL-2025-14
Version No.	1.0
Effective Date	Academic Year 2025–2026
Prepared by	Office of the Director for Academic Affairs / Registrar
Reviewed by	Committee on Academic Affairs and Standards (CAAS)
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Noted by	President
Next Review Date	2028 or earlier upon regulatory revision

I. Purpose

To establish a standardized and transparent process for the **evaluation, approval, and recording of course substitutions** while ensuring that all academic replacements maintain the required equivalency in learning outcomes, NQF level, credit hours, and program accreditation standards.

II. Scope

This SOP applies to:

- All undergraduate and graduate degree programs.
- All students requesting substitution for a discontinued, unavailable, or equivalent course.
- Academic Advisors, Program Chairs, Deans, Registrar, and QA-IEA staff responsible for academic compliance.

III. Process Overview

Summary Flow



Decision Timeline

- Normal Request: **Within 10 working days** from submission.
- Complex Equivalency (cross-discipline or external course): **Within 20 working days**.

IV. Step-by-Step Procedure

Step 1 – Application and Documentation

Responsible Party: Student / Academic Advisor

Form Used: Form 14A – Course Substitution Request

Action	Details	Output / Document
1.1	Student obtains Form 14A from Registrar's Office or Portal.	Blank Form 14A

1.2	Completes personal and course details, reason for substitution, and attaches supporting evidence (syllabus, transcript, etc.).	Completed Form 14A
1.3	Submits form to Academic Advisor for initial review.	Advisor log record

Step 2 – Initial Review and Verification

Responsible Party: Academic Advisor

Action	Details	Output / Document
2.1	Reviews rationale for substitution (course discontinuation, transfer equivalency, schedule conflict, etc.).	Eligibility confirmation
2.2	Ensures substitution course aligns with student's academic plan.	Advisor Endorsement
2.3	Forwards endorsed request to Program Chair for equivalency assessment.	Signed Form 14A

Step 3 – Course Equivalency Assessment

Responsible Party: Program Chair

Form Used: Form 14B – Course Equivalency Evaluation

Action	Evaluation Criterion	Evidence / Output
3.1	Compare course descriptions, syllabi, and CLOs.	Learning Outcome Mapping Table
3.2	Verify credit-hour equivalence (must be equal or higher).	Academic Load Confirmation
3.3	Confirm NQF Level and Bloom's alignment.	Equivalency Matrix
3.4	Evaluate 75% minimum outcome equivalence.	Completed Form 14B
3.5	Submit to Dean of College for approval.	Chair Signature

Step 4 – Dean and Director Approval

Responsible Party: Dean of College / Director for Academic Affairs

Action	Details	Output / Document
4.1	Dean reviews academic justification and alignment with accreditation standards.	Dean Approval Note
4.2	Director for Academic Affairs verifies NQF and program compliance.	Final Academic Endorsement
4.3	Forward approved request to Registrar's Office.	Signed Form 14A–B Packet

Step 5 – Registrar Implementation

Responsible Party: Registrar's Office

Action	Details	Output / Document
5.1	Verify completeness of approval chain.	Registrar Verification Note

5.2	Update student academic record and transcript: “Substituted [Old Course] with [New Course].”	Updated Record
5.3	Maintain copy in student’s permanent file and QA-IEA repository.	Archived Record
5.4	Notify student and advisor of official approval via email.	Communication Log

Step 6 – QA-IEA Monitoring and Audit

Responsible Party: QA-IEA Office

Action	Details	Output / Document
6.1	Conduct annual review of all approved substitutions.	QA-IEA Audit Log
6.2	Validate compliance with CAA/NQF/OBEF.	Audit Report
6.3	Report findings to QA-IEC for policy improvement.	QA-IEC Minutes

V. Process Flowchart



VI. Equivalency Evaluation Criteria (Reference Matrix)

Criterion	Requirement	Verification Tool
Credit Hours	Equal or higher	Course Description / Syllabus
NQF Level	Same or equivalent	FU NQF Mapping Table
CLO Alignment	≥ 75% equivalence	CLO-PLO Matrix
Assessment Methods	Comparable	Course Specification
Faculty Qualification	Equivalent or higher	HR Faculty Profile
Accreditation Compliance	Verified by QA-IEA	CAA Standards Checklist

VII. Reporting and Review

Report	Frequency	Prepared By	Reviewed By	Purpose
Course Substitution Summary	Quarterly	Registrar	QA-IEA	Monitor volume and compliance
Annual Substitution Audit	Annual	QA-IEA	QA-IEC	Identify gaps or patterns
Program Review Integration	Annual	Academic Affairs	QA-IEA	Feed into program review cycle

VIII. Key Performance Indicators

Indicator	Definition	Target	Data Source
Processing Efficiency	Avg. days from request to approval	≤ 10 Days	Registrar Log
Academic Equivalence Rate	% of approved cases with ≥ 75% CLO alignment	≥ 95 %	QA Audit Report
Record Accuracy	% of records correctly updated	100 %	Student Information System
Compliance Index	% aligned with CAA/NQF standards	100 %	QA-IEA Annual Report

IX. Forms and Records

Form Code	Title	Responsible Unit
Form 14A	Course Substitution Request	Registrar
Form 14B	Course Equivalency Evaluation	Program Chair
Form 14C	Substitution Audit Summary	QA-IEA
Log 14D	Student Record Change Log	Registrar

Retention Period: **5 years (minimum)** or until next accreditation cycle.

X. Alignment with QA and Accreditation Frameworks

Framework / Standard	Clause	Compliance Element
CAA Standards (2019)	3.5 & 4.2	Curriculum and Student Record Integrity
OBEF v10.21	Pillar 2, Pillar 6	Academic Quality and Governance Effectiveness
NQF 2024	Levels 6–9	Outcome and Credit Equivalence
ISO 21001:2018	8.5.1 & 8.7	Control of Academic Service Changes

XI. Document Control

Item	Details
Document Code	FU-ACA-REG-SOP-2025-14A
Linked Policy	FU-ACA-REG-POL-2025-14
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon CAA / NQF revision

Custodian	Office of Academic Affairs / Registrar
Change Log	Initial issuance of SOP on Course Substitution (Nov 2025).

Annex B. Course Equivalency Mapping Matrix and Form Templates

Document Code	**FU-ACA-REG-ANNEX-U**
Linked Policy / SOP	FU-ACA-REG-POL-2025-14 / SOP-2025-14A
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Office of Academic Affairs / Registrar / QA-IEA
Review Cycle	Every 3 Years or upon CAA/NQF Revision

I. Purpose

To formalize a consistent, evidence-based method for:

- Mapping course content, outcomes, and assessments for substitution or transfer.
- Ensuring equivalence across credit hours, NQF levels, and PLO alignment.
- Documenting institutional decisions for internal and external audit.

II. Scope

Applicable to:

- All undergraduate and graduate programs.
- Internal curricular revisions and external credit transfers.
- Program Chairs, Deans, Registrar's Office, QA-IEA and CQA-IE (academic).

III. Form Index

Form Code	**Form Title**	**Primary User**	**Purpose**
Form 14A	Course Substitution Request	Student / Advisor	Initiates request and rationale
Form 14B	Course Equivalency Mapping Matrix	Program Chair / Dean	Evaluates content and outcome equivalence
Form 14C	Annual Substitution Audit Log	QA-IEA / Registrar	Monitors and audits all approved cases

IV. Form 14A – Course Substitution Request

Student Name:		**Student ID:**	
Program / College:		**Semester / Year:**	
Reason for Substitution:	☐ Course Discontinued ☐ Curriculum Change ☐ Transfer Credit ☐ Other: _____		

Proposed Substitution

Original Course (Code & Title)	**Credit Hours**	**Replacement Course (Code & Title)**	**Credit Hours**

Rationale for Substitution:

Attachments: Course Syllabi □ Transcript □ Other Evidence □

Signatures	Date
Student	
Academic Advisor	
Program Chair	
Dean of College	
Director for Academic Affairs	
Registrar	

V. Form 14B – Course Equivalency Mapping Matrix

A. Comparative Course Information

Parameter	Original Course	Proposed Substitute
Course Code / Title		
Credit Hours		
Contact Hours (L/T/P)		
Delivery Mode		
NQF Level		
Course Type (Core/GE/Concentration/Elective)		

B. Course Learning Outcomes (CLOs) Alignment

Original CLOs	Mapped Substitute CLOs	Equivalence (%)	Remarks
CLO 1 _____			
CLO 2 _____			
CLO 3 _____			
CLO 4 _____			

✅ **Minimum equivalence threshold:** 75 % of CLOs and content.

C. Content and Assessment Comparison

Dimension	Original Course	Substitute Course	Equivalence %
Major Topics Covered			
Assessment Profile (Quizzes, Projects, Final Exam)			
Learning Resources / Textbooks			
PLO Mapping			

Overall Equivalency Score: _____ % (≥ 75 % required)

D. Evaluation Summary

Criterion	Yes / No	Remarks
Credit Hours Equivalent or Higher		
NQF Level Equivalent		

≥ 75 % Learning Outcome Match		
Comparable Assessment Weighting		
No Impact on Program Completion		

Recommendation: ☐ Approve ☐ Reject ☐ Revise and Resubmit

Program Chair: _____ **Date:** /____

Dean: _____ **Date:** /____

VI. Form 14C – Annual Course Substitution Audit Log

| **Academic Year:** ____ | **College:** _____ |

Seq No.	Student Name / ID	Original Course (Code/Title)	Substituted Course (Code/Title)	Credits	Approval Date	Dean's Sign.	Registrar's Sign.	QA-IEA Verification	Remarks
1									
2									
3									

QA-IEA Summary: Compliance Rate = _____ % Audit Date = //____

VII. Evaluation Rubric for Course Equivalency (Form 14B Scoring Guide)

Criterion	Weight (%)	Scoring Scale (1–5)	Evaluator's Notes
CLO Alignment and PLO Contribution	35 %		
Content Coverage and Depth	25 %		
Assessment Method Similarity	20 %		
Credit and Contact Hours Equivalence	10 %		
Resource and Delivery Parity	10 %		
Total Score	100 %		

✅ **Decision Rule:**

- ≥ 4.0 (80 %) → Fully Equivalent
- 3.5 – 3.9 (70–79 %) → Conditionally Equivalent (Subject to Dean's Approval)
- < 3.5 → Not Equivalent

VIII. Archival and Monitoring

Process	Repository Location	Retention Period	Custodian
Approved Forms 14A – 14C	Registrar's Digital Archive / QA-IEA Repository	5 Years	Registrar / QA-IEA
Annual Audit Summary	QA-IEC Minutes Attachment	Permanent	QA-IEA
Data Linkage	QA-IEA Dashboard (Pillar 2 – Teaching Quality)	Real-Time	IR Unit

IX. Document Control

Item	Details

Document Code	FU-ACA-REG-ANNEX-U
Linked Policy / SOP	FU-ACA-REG-POL-2025-14 / SOP-2025-14A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon CAA revision
Custodian	Registrar / QA-IEA Office
Change Log	Initial issuance of Course Equivalency Mapping Matrix and Form Templates (Nov 2025).

Annex C. Credit Transfer and Recognition of Prior Learning (RPL) Policy and Procedure

Document Code	FU-ACA-REG-ANNEX-V
Linked Policies / SOPs	FU-ACA-REG-POL-2025-14 / SOP-2025-14A / Annex U
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Registrar's Office / Director for Academic Affairs / QA-IEA
Review Cycle	Every 3 Years or upon CAA/NQF Revision

I. Purpose

To establish systematic procedures for **evaluating, approving, and recording**:

1. **Credit Transfers** from recognized higher-education institutions; and
2. **Recognition of Prior Learning (RPL)** from formal, non-formal, and experiential learning contexts.

This ensures fair, transparent, and quality-assured recognition of student achievement consistent with **NQF levels**, **CAA criteria**, and **FU's academic standards**.

II. Scope

Applies to:

- Undergraduate and graduate students requesting transfer credits or RPL.
- Academic departments, Deans, Registrar's Office, and QA-IEA.
- Learning acquired through formal studies, professional training, certifications, and documented work experience.

III. Definitions

Term	Definition
Credit Transfer	Recognition of courses completed at another accredited institution that match FU course outcomes, credits, and NQF level.
Recognition of Prior Learning (RPL)	Formal acknowledgment of learning achieved through work experience or training equivalent to academic course outcomes.
Equivalence Evaluation	Assessment process for determining outcome alignment (≥ 75 % CLO match required).
Advanced Standing	Admission status granting direct entry into a higher level of study based on approved transfer or RPL credits.

IV. Policy Statement

1. FU may grant credit transfer or RPL only after thorough academic evaluation and quality assurance.
2. Recognition shall not exceed **50 % of total program credits**, except as per MoE/CAA approval.
3. Only credits from **licensed and accredited institutions** are eligible.
4. All evaluations must verify:
   - Comparable **NQF level**;
   - Equivalent **learning outcomes** and assessment methods;
   - Same or greater **credit value**; and
   - **Currency of learning** (typically within 5 years).
5. QA-IEA shall monitor consistency and maintain a central audit log for CAA and inspection purposes.

V. Eligibility Criteria

Category	Eligibility Requirements
Credit Transfer (External)	Course must be passed with ≥ "C" (UG) or "B" (PG) from a licensed institution; syllabus and transcript required.
Internal Credit Transfer	Applicable between FU programs with verified equivalency.
RPL (Workplace Learning)	Applicant must submit portfolio of evidence (duties, projects, certifications) mapped to program CLOs.
Professional Certification RPL	Industry certificate must be NQF aligned and endorsed by recognized authority.

VI. Procedures

Step 1 – Application

a. Student submits **Form V-1 (Credit Transfer / RPL Request)** to the Registrar with supporting documents:
   - Official transcript / certificates
   - Course syllabi or training outline
   - Portfolio of evidence (for RPL)
   - Employment verification (if applicable)

Step 2 – Pre-Screening by Registrar

1. Checks document authenticity and completeness.
2. Rejects ineligible applications (> credit limit or non-accredited source).

Step 3 – Academic Evaluation

1. Program Chair and Dean evaluate using **Form V-2 – Equivalency Mapping Matrix**:
   - ≥ 75 % CLO match
   - Same or higher credit hours
   - Equivalent NQF level
   - Comparable assessment weighting

Step 4 – QA Validation

1. QA-IEA verifies alignment with OBEF and CAA standards.
2. Documents logged in **QA Portal Evidence Module** for audit.

Step 5 – Approval and Recording

1. Director for Academic Affairs endorses final approval.
2. Registrar records approved credits in SIS and annotates transcript:
   "Credit Transfer / RPL approved for [Course Code – Title]."

Step 6 – Notification and Archival

1. Student receives written notification.
2. Files archived digitally for minimum 5 years.
3. _____

VII. RPL Portfolio Assessment Rubric

Criterion	Weight (%)	Performance Indicators
Evidence Authenticity / Verification	20	Official letters, certificates, signatures
Relevance to Program Outcomes	30	Direct alignment to CLOs / PLOs
Depth of Learning and Complexity	25	Problem-solving / innovation demonstrated
Recency of Learning	10	Within last 5 years
Reflective Analysis and Documentation	15	Clarity of portfolio and supporting evidence
Total	100	**Passing Score ≥ 75 % for credit recognition**

VIII. Evaluation and Monitoring

KPI	Definition	Target	Responsible Unit
Evaluation Turnaround Time	Avg. days from submission to decision	≤ 15 working days	Registrar / Academic Affairs
Approval Accuracy	% of cases validated by QA-IEA without revision	≥ 95 %	QA-IEA
CAA Audit Compliance	% of approved credits meeting CAA criteria	100 %	QA-IEA / Registrar
Student Satisfaction	% positive feedback on clarity and timeliness	≥ 90 %	Registrar

IX. Record Management

Record Type	Retention Period	Custodian
Approved Credit Transfer Forms	5 Years	Registrar
RPL Portfolios and Evaluations	5 Years	Academic Affairs
Annual Audit Logs	5 Years	QA-IEA
Council Minutes	Permanent	QA-IEC

X. Integration with QA-IEA and OBEF

- Mapped to **OBEF Pillar 2** (Teaching and Learning Quality) and **Pillar 6** (Governance and Institutional Effectiveness).
- Feeds into the **Institutional Effectiveness Report (Annex G)** and **Dashboard (Annex M)** for annual review.
- Supports CAA licensure renewal evidence for academic records compliance.

XI. Forms and Templates

Form Code	Title	Purpose
Form V-1	Credit Transfer / RPL Request	Student application with supporting evidence
Form V-2	Course Equivalency Mapping Matrix	Academic evaluation of course / learning outcomes
Form V-3	Annual Credit Transfer Audit Log	QA-IEA record of approved cases

XII. Document Control

Item	Details
Document Code	FU-ACA-REG-ANNEX-V
Linked Policies / SOPs	Course Substitution Policy and Annex U
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon regulatory revision
Custodian	Registrar / Academic Affairs / QA-IEA
Change Log	Initial issuance of Credit Transfer and RPL Policy and Procedure (Nov 2025).

Annex D. Credit Transfer and RPL Evaluation Templates and Mapping Matrices

Document Code	FU-ACA-REG-ANNEX-W
Linked Documents	Annex V (Credit Transfer & RPL Policy and Procedure)
Version No.	1.0
Effective Date	Academic Year 2025 – 2026
Custodian	Registrar's Office / Academic Affairs / QA-IEA
Review Cycle	Every 3 Years or upon CAA/NQF Revision

I. Purpose

To supply **standardized instruments** for:

1. Recording student requests and evidence (Form V-1).
2. Mapping equivalence between external or prior learning and FU courses (Form V-2).
3. Maintaining an annual QA-auditable registry (Form V-3).

II. Form V-1 – Credit Transfer / RPL Request Form

Student Name **Student ID**

Program / College **Semester / Year**

Request Type: ☐ Credit Transfer ☐ Recognition of Prior Learning (RPL)

Institution / Organization of Origin:

Reason for Request: ☐ Previous Study ☐ Professional Certification ☐ Work Experience ☐ Other _____

Courses Proposed for Credit Recognition

Source Course Code & Title	Credits	FU Equivalent Course Code & Title	Credits	NQF Level

Supporting Evidence Checklist

☐ Official Transcript ☐ Course Syllabus / Training Outline ☐ Certificates ☐ Portfolio of Evidence

☐ Employment Verification

Student Signature: _____ **Date:** //__

III. Form V-2 – Course Equivalency Mapping Matrix

A. Comparative Information

Parameter	External Course / Learning	FU Equivalent Course
Course Title / Module		
Credits		
Contact Hours (L/T/P)		
NQF Level		
Delivery Mode		
Type (Core / Elective / Professional)		

B. Learning Outcome Alignment

External Learning Outcome / Competency	FU Course CLO Matched	Equivalence %	Evidence Source (Transcript/Portfolio)

☑ **Minimum threshold:** ≥ 75 % alignment.

C. Content and Assessment Comparison

Dimension	External Learning	FU Course	Equivalence %	Remarks
Major Topics Covered				
Assessment Profile (Quizzes/Projects/Final)				
Practical Components / Work Outputs				
Learning Resources / Texts				

Total Equivalence Score: _____ % (≥ 75 % required)

D. Evaluator Decision Matrix

Criterion	Compliant (✓)	Non-Compliant (✗)	Remarks

Credit Hours Equal or Higher			
NQF Level Equivalent			
CLO Alignment ≥ 75 %			
Comparable Assessment Methods			
No Negative Impact on PLOs			

Recommendation: ☐ Approve ☐ Conditional ☐ Reject

Evaluator (Program Chair)	Date	Dean	Date

E. RPL Portfolio Assessment Rubric (If Applicable)

Criterion	Weight (%)	Evaluator's Score (1–5)	Weighted Score
Authenticity of Evidence	20		
Relevance to Program Outcomes	30		
Depth / Complexity of Learning	25		
Recency (≤ 5 Years)	10		
Reflective Analysis & Documentation	15		
Total Weighted Score = Σ(Score × Weight)	100		

☑ **Passing Benchmark:** ≥ 75 % (Score ≥ 3.75 / 5.00)

IV. Form V-3 – Annual Credit Transfer and RPL Audit Log

Academic Year: ____				College: _____						
Seq No.	Student Name / ID	External Institution / Organization	Course / Module Recognized	FU Equivalent Course Code / Title	Credits	Approval Date	Dean's Signature	Registrar's Signature	QA-IEA Verification	Remarks / Audit Notes
1										
2										
3										

QA-IEA Summary: Compliance Rate = _____ % Audit Date = //__

V. Guidance for Evaluators

Aspect	Minimum Standard	Verification Source
Credit Equivalence	Same or Higher	Official Syllabi / Transcript
CLO Alignment	≥ 75 % Outcome Match	Learning Outcome Cross-map
Assessment Methods	Comparable Weighting	Assessment Scheme
NQF Level	Equivalent	NQF Descriptor Table
Learning Recency	≤ 5 Years	Portfolio / Transcript

Accreditation Status	Recognized HEI / Authority	MoE or CAA Database

VI. Integration with QA-IEA System

- Digital submission through **Registrar Portal → Credit Transfer Workflow**.
- QA-IEA auto-tags evidence under **OBEF Pillar 2 (T&L Quality)** and **Pillar 6 (Governance Effectiveness)**.
- Audit trail and dashboards generated for IE Report (Annex G).

VII. Record Retention and Audit

Document Type	Retention Period	Custodian
Forms B-1 and B-2 (Approved Cases)	5 Years	Registrar
Form B-3 (Audit Log)	Permanent Archive	QA-IEA
RPL Portfolios / Supporting Docs	5 Years	Academic Affairs
QA Audit Reports	5 Years	QA-IEA

VIII. Document Control

Item	Details
Document Code	FU-ACA-REG-ANNEX-W
Linked Policy / Procedure	Annex V (Credit Transfer and RPL)
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or upon CAA/NQF Change
Custodian	Registrar / QA-IEA
Change Log	Initial issuance of Credit Transfer & RPL Evaluation Templates (Nov 2025).

E. Policy Governing Additional Degrees from the Same Institution (3.C)

I. Purpose

This policy governs the award and recognition of **additional degrees** earned by students who have already completed a degree at Fujairah University.

It establishes clear rules and procedures to ensure that such additional qualifications are academically rigorous, non-duplicative, and compliant with national standards on qualification differentiation and credit transfer.

II. Scope

This policy applies to:

- Graduates of FU seeking admission to another undergraduate or graduate degree within the institution.
- Students completing a second major or specialization that leads to a distinct academic award.
- Academic and administrative units responsible for advising, evaluating, and approving additional degree pathways.

III. Definitions

Term	Definition
Additional Degree	A separate academic qualification (Bachelor's or Master's) earned after completion of another degree at FU, with distinct learning outcomes and qualification level.
Concurrent Degree	Two degrees pursued simultaneously, subject to approval and non-duplication of core requirements.
Sequential Degree	A second degree pursued after the conferral of the first degree.
Shared Courses	Courses that are common between two programs and may be counted toward the second degree within approved limits.
Residency Requirement	Minimum number of new credits earned exclusively for the second degree.

IV. Policy Statement

1. FU permits qualified graduates to pursue **a second or additional degree** provided that the program:
    a. Represents a distinct field of study;
    b. Has differentiated Program Learning Outcomes (PLOs);
    c. Meets **CAA and NQF level** requirements for qualification differentiation; and
    d. Adheres to institutional policies on academic progression and integrity.
2. The policy applies to **both undergraduate and postgraduate levels**, ensuring that academic rigor, learning outcomes, and ethical standards are upheld across multiple awards.
3. No student shall receive **two degrees for substantially the same coursework** or curriculum content.
4. The **Registrar and Academic Affairs** are responsible for enforcing compliance, while the **QA-IEA** monitors alignment with accreditation standards.

V. General Rules

Category	Regulation
1. **Residency Requirement**	The student must complete at least **50% of the total credit hours** for the second degree within FU that are *not counted* toward the first degree.
2. **Curriculum Differentiation**	A minimum of **60% distinct courses** must be unique to the second degree.
3. **Credit Transfer Limit**	Up to **40% of completed credits** may be applied if the courses are directly equivalent and align with NQF descriptors.
4. **Program Level**	The second degree must meet all level-specific outcomes (e.g., NQF Level 7 for master's).
5. **Approval Prerequisite**	Admission to a second degree requires approval of the Dean and Director for Academic Affairs.
6. **Timeframe**	The second degree must be completed within standard program duration or shorter if credits are recognized.

VI. Eligibility Criteria

A graduate of FU is eligible to apply for a second degree if they:

1. Hold a completed degree from FU with good academic standing (CGPA ≥ 2.50 undergraduate; ≥ 3.00 postgraduate).
2. Meet all admission and prerequisite requirements of the new program.
3. Have not previously received an equivalent degree in the same field or specialization.
4. Demonstrate capacity for additional academic load and financial eligibility.

VII. Procedures

Step 1 – Application and Documentation

1. Applicant submits **Form 15A – Application for Additional Degree** to the Registrar with:
    a. Copy of FU degree certificate and transcript.
    b. Statement of Purpose for pursuing a new degree.
    c. Program of intended study and curriculum plan.

Step 2 – Evaluation of Eligibility

1. Registrar verifies credentials and submits to the **Program Chair** and **Dean** for academic evaluation.
2. Equivalency mapping is conducted to identify shared courses using **Form 15B – Course Comparison Matrix**.

Step 3 – Academic Evaluation and Credit Recognition

1. Program Chair evaluates the overlap:
    a. Only courses with ≥ 75% equivalence may be transferred.
    b. Shared courses are limited to **40% of total degree credits**.
2. Remaining courses must be newly completed at FU.

Step 4 – Dean and Director Approval

1. Dean ensures compliance with CAA and NQF standards.
2. Director for Academic Affairs issues final academic approval for enrollment.

Step 5 – Registrar Recordkeeping

1. Registrar updates the student record and academic plan in the SIS.
2. Each degree maintains **separate GPA and transcript**.

Step 6 – QA-IEA Monitoring

1. QA-IEA verifies annually that additional degree awards:
    a. Maintain distinct program identity.
    b. Fulfill OBEF Pillar 2 and 6 performance indicators.
    c. Are documented in QA evidence files for institutional accreditation.

VIII. Academic Integrity Rules

1. The same coursework cannot simultaneously satisfy requirements for two separate degree awards, except for approved common courses.
2. All assignments, theses, and capstone projects must be original and non-replicative.
3. Students must adhere to the **FU Academic Integrity and Ethics Policy (FU-ACA-POL-2025-06)**.
4. Violations (e.g., duplication, misrepresentation) may result in disciplinary action and revocation of the additional degree.

IX. Evaluation and Audit Indicators

Performance Indicator	Definition	Target	Responsible Unit
Academic Distinctiveness	% of second degree programs with ≥ 60% unique courses	100 %	QA-IEA / Academic Affairs
Credit Recognition Compliance	% of degrees with ≤ 40% shared credits	100 %	Registrar
Processing Time	Average time for approval of second degree application	≤ 15 working days	Academic Affairs
Accreditation Alignment	% of second degree reviews aligned with NQF and CAA Standards	100 %	QA-IEA

X. Documentation and Record Control

Record Type	Retention Period	Custodian
Form 15A – Application	5 Years	Registrar
Form 15B – Course Comparison Matrix	5 Years	Academic Affairs
QA Verification Reports	5 Years	QA-IEA
Academic Council Endorsement Minutes	Permanent	QA-IEC Archive

XI. Forms and Templates

Form Code	Title	Purpose
Form 15A	Application for Additional Degree	Student application and rationale

Form 15B	Course Comparison Matrix	Mapping of equivalent and distinct courses
Form 15C	Annual Audit Log for Additional Degrees	QA-IEA monitoring and verification record

XII. Cross-References

Framework / Standard	Clause Reference	Relevance
CAA Standards 2019	3.2, 3.4.2, 4.2	Program differentiation and credit transfer
NQF 2024	Levels 5–9	Qualification level distinctiveness
OBEF v10.21	Pillar 2 & 6	Quality assurance and institutional effectiveness
ISO 21001:2018	Clauses 8.3 & 8.5	Educational design and continual improvement

XIII. Document Control

Item	Details
Document Code	FU-ACA-REG-POL-2025-15
Linked SOP / Annex	SOP-2025-15A (to be developed)
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon CAA/NQF revision
Custodian	Academic Affairs / Registrar / QA-IEA
Change Log	Initial issuance of FU Policy on Additional Degrees from the Same Institution (Nov 2025).

Annex A. Standard Operating Procedure on Additional Degrees from the Same Institution

FU-ACA-REG-SOP-2025-15A

Standard Operating Procedure on Additional Degrees from the Same Institution

Document Code	FU-ACA-REG-SOP-2025-15A
Linked Policy	FU-ACA-REG-POL-2025-15
Version No.	1.0
Effective Date	Academic Year 2025–2026
Prepared by	Registrar's Office / Academic Affairs
Reviewed by	Committee on Academic Affairs and Standards (CAAS)
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IEC)
Noted by	President
Next Review Date	2028 or earlier upon CAA/NQF/OBEF revision

I. Purpose

To standardize the procedures, responsibilities, and documentation required for evaluating and approving **applications for additional degrees** pursued by graduates of Fujairah University (FU). This SOP ensures that all second-degree awards are academically distinct, outcome-based, and compliant with national and institutional standards.

II. Scope

Covers all applications for a **second (or additional) undergraduate or graduate degree** conferred by Fujairah University, whether pursued concurrently or sequentially.

Applies to:

- Students, Advisors, Program Chairs, Deans, Registrar's Office, and QA-IEA.
- Colleges and programs under all FU academic units.

III. Reference Framework

Framework / Standard	Clause Reference	Applicability
CAA Standards 2019	Standards 3.4, 4.2, 4.5	Curriculum integrity, credit recognition, differentiation
OBEF v10.21	Pillars 2 & 6	Academic Quality and Institutional Effectiveness
NQF 2024	Levels 5–9	Qualification differentiation and credit mapping
ISO 21001:2018	Clauses 7.5, 8.3, 8.5	Documentation, academic delivery, and continual improvement

IV. Key Principles

1. The second degree must **represent a distinct qualification** with its own PLOs and curriculum identity.
2. At least **50% of credits** for the second degree must be newly earned.
3. Shared or overlapping courses cannot exceed **40%** of the total credits.
4. The evaluation must confirm **≥ 60% curriculum distinctiveness** (unique courses).
5. All approvals must follow the **hierarchical review and validation process** described herein.

V. Step-by-Step Procedure

Step 1 – Application Submission

- Applicant completes **Form 15A – Application for Additional Degree**.
- Submits to the **Registrar's Office** with:
  - Certified FU Transcript
  - Degree Certificate
  - Program Plan of Intended Second Degree
  - Statement of Purpose

🗓️ **Timeline:** Within the first 2 weeks of the admission cycle.

Step 2 – Registrar's Pre-Screening

- Checks eligibility based on:
  - FU graduate status
  - CGPA threshold (≥ 2.50 UG, ≥ 3.00 PG)
  - Completion of all prior requirements
- Forwards complete application to the **Program Chair** and **Dean**.

🗓️ **Timeline:** Within 3 working days.

Step 3 – Academic Evaluation

- **Program Chair** completes **Form 15B – Course Comparison Matrix**, identifying:
  - Courses overlapping with previous degree.
  - Newly required courses for the additional degree.
  - NQF level equivalence and course outcome differentiation.
- Chair recommends either **approval** or **revision** to Dean.

🗓️ **Timeline:** 5 working days.

Step 4 – Dean and Director for Academic Affairs Approval

- **Dean** verifies curriculum distinctiveness (≥ 60% new courses).
- **Director for Academic Affairs** reviews compliance with CAA, NQF, and OBEF standards.
- Issues **final academic approval** for enrollment.

🗓️ **Timeline:** 5 working days after Step 3.

Step 5 – Registrar's Record Update

- Registrar updates the student's academic plan in the SIS.
- Assigns a **new student record ID and transcript sequence** for the additional degree.
- Records all approved course waivers or credit transfers in system fields.
- Notifies the applicant officially.

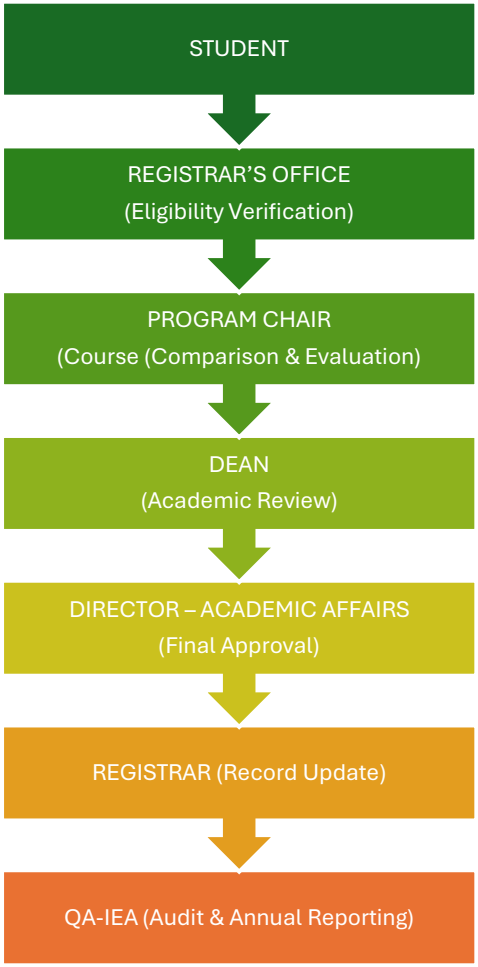
🗓️ **Timeline:** 2 working days.

Step 6 – QA-IEA Oversight and Audit

- QA-IEA logs all approved cases into the **Annual Additional Degree Audit Log (Form 15C)**.
- Verifies compliance with residency, course distinctiveness, and institutional reporting requirements.
- Submits summary to the **QA-IEC and Academic Council** for annual review.

🗓️ **Frequency:** Annually, during the Institutional Effectiveness Review Cycle (Annex Q).

VI. Process Flow Diagram



⏱ **Total Processing Time:** Maximum **15 working days** from application to approval.

VII. Responsibilities Matrix

Role	Responsibility	Key Output / Form
Student	Submits application and supporting documents	Form 15A
Registrar	Verifies eligibility and record integrity	Pre-Screening Checklist
Program Chair	Conducts course overlap analysis	Form 15B
Dean	Ensures academic soundness and distinctiveness	Dean's Endorsement
Director for Acade mic Affairs	Grants institutional academic approval	Approval Memo
QA-IEA	Audits implementation, prepares annual report	Form 15C
QA-IEC	Reviews and approves annual audit summary	Council Minutes

VIII. Evaluation Criteria

Criterion	Standard	Evidence Source
Curriculum Distinctiveness	≥ 60 % unique courses	Form 15B
Shared Courses Limit	≤ 40 % of total credits	Registrar's System Record
Residency Requirement	≥ 50 % new credits earned at FU	Transcript Audit
Academic Level Compliance	Consistent with NQF descriptor	Program Specification
Approval Timeliness	≤ 15 working days	QA-IEA Audit Log

IX. Forms and Templates

Form Code	Title	Purpose
Form 15A	Application for Additional Degree	Student submission
Form 15B	Course Comparison Matrix	Evaluation of overlap and distinctiveness
Form 15C	Annual Additional Degree Audit Log	QA-IEA monitoring and reporting

X. Monitoring and Reporting

- QA-IEA consolidates an **Annual Summary Report** to the **QA-IEC**, highlighting:
  - Number of approved second degrees.
  - % of compliant applications.
  - Non-conformance cases and corrective actions.
- This report feeds into the **Institutional Effectiveness Report (Annex G)** under OBEF Pillar 6.

XI. Documentation and Retention

Document Type	Retention Period	Custodian
Forms 15A–15C	5 Years	Registrar / QA-IEA
Academic Council Endorsements	Permanent	QA-IEC
Audit Reports and Corrective Action Plans	5 Years	QA-IEA
Student Transcripts and Records	Permanent	Registrar

XII. Quality Assurance and Review

Audit Activity	Frequency	Responsible Unit	Evidence
Review of Additional Degree Files	Annual	QA-IEA	Audit Log
Validation of Curriculum Distinctiveness	Triennial	Academic Affairs	Comparison Matrices
Compliance with NQF/CAA	Biennial	QA-IEA / Academic Council	Accreditation Reports
Continuous Improvement Actions	Annual	QA-IEC	QA-IEA Recommendations

XIII. Document Control

Item	Details
Document Code	FU-ACA-REG-SOP-2025-15A

Linked Policy	FU-ACA-REG-POL-2025-15
Version	1.0
Effective Date	Academic Year 2025–2026
Review Cycle	Every 3 Years or upon CAA/NQF revision
Custodian	Registrar / QA-IEA
Change Log	Initial issuance of SOP on Additional Degrees from the Same Institution (Nov 2025).

Annex B. Course Distinctiveness and Credit Overlap Matrix

I. Purpose

To ensure that every approved **second (additional) degree** is demonstrably distinct by quantifying course overlap, credit equivalence, and outcome differentiation between two programs. The matrix serves as an evidence-based audit instrument for the **QA-IEA**, **Deans**, and **CAA inspectors**.

II. Scope

Applicable to:

- All undergraduate and graduate programs at FU.
- Internal and external audits of curriculum differentiation.
- Registrar's Portal integration for automated overlap scoring.

III. Methodological Basis

Standard / Framework	Clause / Element	Relevance
CAA Standards 2019	3.4.2 & 4.2	Program differentiation and credit integrity
NQF 2024	Levels 5–9	Outcome and qualification distinction
OBEF v10.21	Pillar 2 & 6	Teaching Quality / Governance
ISO 21001:2018	Clauses 7.5 & 8.5	Documentation and continuous improvement

IV. Matrix Structure

Table B-1. Course Distinctiveness and Overlap Analysis

No.	Course Code / Title – First Degree	Credits	Equivalent Course in Second Degree	Credits	Overlap (%)	NQF Level	Distinctive Outcome Features	Evaluator Notes
1								
2								
3								

Table B-2. Credit Summary and Distinctiveness Computation

Parameter	Formula	Target Threshold	Actual Result	Status (✓ / ✗)
Total Credits – First Degree (A)	—	—		
Credits Shared (B)	Σ Shared Course Credits	≤ 40 % of A		
Credits Unique (C = A – B)	—	≥ 60 % Distinct Courses		
Residency Requirement (D)	C / Total Second Degree Credits	≥ 50 % at FU		
Distinctiveness Index (E)	(C ÷ A) × 100	≥ 60 %		

✅ **Result Interpretation:**

- **E ≥ 60 %** → Distinctive and Compliant
- **50–59 %** → Conditional (Dean Review)
- **< 50 %** → Non-Compliant (Reject)

Table B-3. Outcome and Assessment Differentiation Matrix

Dimension	First Degree	Second Degree	Variance Score (%)	Evaluator Comment
Program Learning Outcomes (PLOs)				
Capstone / Thesis Focus				
Assessment Philosophy (Qualitative vs Quantitative)				
Pedagogical Design (Mode / Tools)				
Industry / Community Integration				

Average Variance ≥ 25 % = Acceptable Distinctiveness.

V. Evaluator Scoring Rubric

Criterion	Weight (%)	Performance Indicator	Passing Benchmark
Curricular Distinctiveness	40	Unique content and CLO variance ≥ 60 %	≥ 3.0 / 5
Residency Credit Compliance	20	≥ 50 % credits completed at FU	≥ 3.0 / 5
NQF Level Differentiation	20	Demonstrated complexity increase	≥ 3.0 / 5
Assessment / Outcome Variance	20	≥ 25 % assessment difference	≥ 3.0 / 5
Total Weighted Score	100	—	≥ 3.5 / 5 (70 %) = PASS

VI. Automated Computation and Visualization (Portal Integration)

- **Input Fields:** Course codes, credits, NQF levels, PLO mapping.
- **System Output:**
  - Pie chart of Distinct vs Shared Credits.
  - Distinctiveness Index Score.
  - Compliance Flag (Compliant / Conditional / Non-Compliant).
- **Storage:** Linked to Forms 15A–15C and QA-IEA Dashboard.

VII. Reporting and Audit

Activity	Responsible Office	Frequency	Evidence / Output
Data Entry & Computation	Registrar	Per Application	Matrix Record
Verification of Distinctiveness	Program Chair / Dean	Per Application	Form 15B + Annex Y Summary
Institutional Audit Review	QA-IEA	Annually	Audit Log (Form 15C)
Compliance Reporting	QA-IEC	Annually	IE Report (Annex G)

VIII. Record Retention

Document Type	Retention Period	Custodian

Matrix per Applicant	5 Years	Registrar
Annual Summary of Overlap Audits	Permanent	QA-IEA
Electronic Dashboard Files	Continuous	IR Unit / QA-IEA

IX. Document Control

Item	Details
Document Code	FU-ACA-REG-ANNEX-Y
Linked Policy / SOP	FU-ACA-REG-POL-2025-15 / SOP-2025-15A
Version	1.0
Effective Date	Academic Year 2025 – 2026
Review Cycle	Every 3 Years or as required by CAA updates
Custodian	QA-IEA / Registrar
Change Log	Initial issuance of Course Distinctiveness and Credit Overlap Matrix (Nov 2025).

F. Policy on Undergraduate Thesis/Capstone and Master's Thesis Supervision and Examination (3.I CAA Stnd)

1. Purpose

This policy governs the academic, ethical, supervisory, and examination requirements associated with:

- **Undergraduate Thesis/Capstone Projects, and**
- **Master's Thesis**

It ensures that research conducted at FU:

- **meets internationally recognized research conventions,**
- **upholds UAE and international research ethics standards,**
- **is supervised exclusively by qualified and workload-eligible faculty, and**
- **supports the institution's research orientation aligned with OBEF Pillar 4.**

2. Scope

This policy applies to:

Category	Included
Academic Levels	Undergraduate (Thesis/Capstone), Master's (Thesis)
Participants	Students, Supervisors, Co-Supervisors, Examiners, Program Chairs, IRB
Modes	Face-to-face, Online, Hybrid, Industry-integrated
Research Domains	Empirical, Experimental, Applied, Theoretical, Creative, Community-engaged

3. Definitions (Research Conventions)

Term	Research Definition
Thesis	A scholarly document presenting original research results following accepted research methodologies and disciplinary conventions.
Capstone Project	A culminating undergraduate research, design, or applied project integrating program learning outcomes and research inquiry.
Principal Supervisor	A full-time faculty member holding the appropriate highest degree and research record in the specialization.
Supervisory Committee	A formally appointed academic body overseeing research supervision, examinations, and quality assurance.
Oral Defense/Viva Voce	A structured academic examination of the research work.

4. Policy Statements (CAA-Aligned)

4.1 Eligibility of Research Supervisors

Supervisors must demonstrate:

Requirement	Undergraduate Thesis	Master's Thesis/Dissertation
Academic Credential	Master's or higher	Doctorate in discipline
Research Output (Last 5 yrs)	Desirable	Required
Full-time FU Appointment	Preferred	Required (CAA directive)
Research Ethics Training	Required	Required

Adjunct/industry specialists may serve as **co-supervisors** upon approval.

4.2 Supervision Load Limits (Mandatory for Faculty Workload)

Rank	Maximum Concurrent Supervisees (UG + Master's combined)
Professor	8
Associate Professor	6
Assistant Professor	4
Lecturer/Instructor	Capstone only, if approved; limit 3

Supervision load is **counted as workload credits** and **must be reflected in the faculty workload plan**.

4.3 Research Ethics and Compliance

All research must adhere to:

- **FU Research Ethics and IRB Policy**
- **UAE laws regarding human/animal subjects, data protection, AI use in research**
- **International codes (WCRI, COPE, Belmont Report, Declaration of Helsinki)**

5. Procedures

5.1 Supervisor Appointment Procedure

Step	Action	Responsible
1	Student submits Supervisor Request Form	Student
2	Verification of supervisor qualifications and load	Program Chair/Dean
3	Program-level endorsement	Program Chair
4	Formal issuance of Supervisor Appointment Letter	Dean
5	Entry into Research Supervision Registry	Dean

5.2 Research Milestones

(applies to Undergraduate and Master's with depth differences)

Research Stage	Undergraduate Thesis/Capstone	Master's Thesis/Dissertation
Topic Identification	Required	Required
Formal Proposal Defense	Required	Required
IRB / Ethics Compliance	Required if involving humans/animals/data	Mandatory
Mid-Research Progress Review	Required	Required (written + meeting)
Plagiarism/Turnitin® Check	Required (threshold defined by college)	Required (lower threshold)
Final Submission & Defense	Required	Required
Archiving	FU Repository	FU Repository + publication encouraged

5.3 Examination & Defense Procedure

Step	Action	Responsible
1	Nomination & verification of examiners	Program Chair + OGS
2	Plagiarism and formatting clearance	OGS + Library
3	Oral defense administration	Examination Committee
4	Result: Pass / Pass with Revisions / Major Revisions / Fail	Committee Chair
5	Repository deposit + embargo options	Library/LRC

6. Responsibilities

Role	Key Responsibilities
Supervisor	Methodological guidance, research integrity assurance
Student	Conducts research ethically and independently
Program Chair	Approval of committees, milestone compliance
OGS	Governance, records, supervision registry, reporting
QA-IEA	KPI tracking per OBEF Pillar 4
IRB/Ethics Committee	Ethics review and monitoring

7. Quality Assurance, KPIs & OBEF Integration

KPI	Target
On-time completion	≥ 85%
Research ethics and IRB compliance	100%
Publications from Master's theses	Program-defined benchmark
Supervision load compliance	100%
Plagiarism compliance	100% within approved limits

8. Non-Compliance

Non-compliance may result in:

- **removal from supervision eligibility,**
- **disciplinary proceedings under HR and Faculty Performance Policy,**
- **research sanctions for students.**

9. Required Forms (developed upon request)

Code	Form Name
FU-RES-THX-01	Supervisor Appointment & Eligibility Verification Form
FU-RES-THX-02	Research Proposal & Ethics Approval Form
FU-RES-THX-03	Progress Review & Supervisor Report
FU-RES-THX-04	Pre-Defense Submission & Plagiarism Clearance Form
FU-RES-THX-05	Oral Defense Evaluation & Result Form
FU-RES-THX-06	Final Submission & Repository Deposit Form

Annex A. Supervisor Appointment & Eligibility Verification Form

Form Code: FU-RES-THX-01 • **Academic Level:** ☐ Undergraduate Thesis/Capstone ☐ Master's Thesis/Dissertation

A. Student Information

Field	Details
Student Full Name	
Student ID	
Program & College	
Thesis/Capstone Working Title	
Research Area/Keywords	

B. Proposed Principal Supervisor

Field	Details
Faculty Name	
Rank/Position	
Department/College	
Highest Academic Qualification	
Research Specialization Alignment (Yes/No + justification)	
Email & Contact	

C. Eligibility Verification (CAA-Compliant)

Criterion	Requirement	Verified by (initials)
Full-Time Faculty Appointment	Required for Master's Principal Supervisor	
Research Publications (last 5 yrs)	Minimum program requirement	
Research Ethics/IRB Training	Verified current certification	
Supervision Load Compliance	Within allowed capacity	

D. Supervision Structure

Type	Name	Approved (Y/N)
Principal Supervisor		
Co-Supervisor (if any)		
Industry/Adjunct Mentor (optional)		

E. Approvals

Role	Name/Signature	Date
Student		
Principal Supervisor		
Program Chair		
Office of Graduate Studies (OGS)		

Annex B. Research Proposal & Ethics Approval Form

Form Code: FU-RES-THX-02 • Must precede data collection

A. Research Information

Field	Details
Proposed Research Title	
Research Problem	
Objectives / Research Questions	
Methodology (Design, Participants, Instruments)	
Expected Contributions/Significance	

B. Ethical Compliance (IRB/REC Review)

Ethical Requirement	Response
Human Subjects / Animals involved?	☐ Yes ☐ No
Informed Consent processes described?	☐ Yes ☐ No
Data privacy and storage plan matches FU Data Governance Policy?	☐ Yes ☐ No
Risks identified and mitigation plan provided?	☐ Yes ☐ No

Attach: Full Research Proposal + Consent Forms + Survey/Interview Protocols.

C. Approvals

Role	Name/Signature	Date
Supervisor		
IRB/Ethics Committee Decision	☐ Approved ☐ Conditionally Approved ☐ Not Approved	
IRB/REC Chair		

Annex C. Progress Review & Supervisor Report

Form Code: FU-RES-THX-03 • Frequency: At least **two reviews**

A. Research Progress Summary

Stage	Status	Notes
Proposal Approved	☐ Yes ☐ Pending	
Literature Review	% Completed	
Data Collection	% Completed	
Analysis & Interpretation	% Completed	
Draft Chapters Submitted	Chapters:	

B. Progress Assessment

Descriptor	Rating
Timeliness of Progress	☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement
Research Quality	☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement
Ethical Compliance	☐ Full ☐ Partial ☐ At Risk

C. Supervisor Recommendation

☐ Continue without changes

☐ Continue with required improvements

☐ Suspend work pending corrective measures

☐ Recommend termination or withdrawal

D. Signatures

Role	Name/Signature	Date
Student		
Supervisor		

Annex D. Pre-Defense Submission & Plagiarism Clearance Form

Form Code: FU-RES-THX-04 • Submit before scheduling defense

A. Submission Details

Requirement	Attached
Final Thesis/Dissertation Document (Format-compliant)	☐ Yes
Turnitin Report (Similarity %)	%:
Formatting Checklist	☐ Yes
IRB/Ethics Approval Letter	☐ Yes
Supervisor Certification	☐ Yes

B. Plagiarism Threshold Compliance

Area	Acceptable Standard	Result
Overall Similarity Index	≤ Program Threshold	
Any Single Source	≤ Program Threshold	
AI-Assisted Writing Disclosure Included	☐ Yes ☐ No	

C. Approval

Role	Name/Signature	Date
Supervisor		
Program Chair		
OGS Administrator		

Annex E. Oral Defense Evaluation & Result Form

Form Code: FU-RES-THX-05

A. Committee Details

Role	Name
Chair	
Internal Examiner	
External Examiner (if applicable)	

B. Defense Result

☐ Pass – No Revisions

☐ Pass – Minor Revisions

☐ Pass – Major Revisions

☐ Fail / Resubmit

C. Evaluation Rubric (Excerpt)

Criterion	Score (1–5)
Problem definition & rationale	
Literature review rigor	
Methodological adequacy	
Analysis, findings, and interpretation	
Contribution to discipline/practice	
Scholarly writing and conventions	
Oral defense quality	

D. Signatures

Role	Name/Signature	Date
Committee Chair		
Committee Members		
OGS Verification		

Annex F. Final Submission & Repository Deposit Form

Form Code: FU-RES-THX-06 • Mandatory for graduation clearance

A. Final Documentation

Requirement	Received
Final corrected version (PDF + Word)	☐ Yes
Abstract (English/Arabic)	☐ Yes
Permission for Library/Public Access	☐ Yes
Embargo period requested?	☐ No ☐ 6 mo ☐ 1 yr ☐ 2 yrs

B. Repository Archiving

Field	Details
Repository Accession Number	
Keywords/Descriptors	
DOI (if assigned)	

C. Approval

Role	Name/Signature	Date
Supervisor Certification		
Library/LRC Repository Officer		
OGS Final Clearance		

G. Policy Governing Academic Progress (3.D)

I. Purpose

To establish a fair, transparent, and systematic framework to monitor and support students' academic progress, ensuring they meet program requirements and learning outcomes, while providing interventions and clear pathways for continuation, probation, or dismissal.

II. Scope

This policy applies to:

- All undergraduate and graduate students at FU
- All academic programs and colleges
- Academic advising units, Program Chairs, Deans, Registrar, QA-IEA

III. Definitions

Term	Definition
Academic Progress	Successful advancement toward degree completion, meeting performance and credit requirements.
Good Standing	Student meeting minimum GPA, credit load, and academic requirements.
Probation	Status applied to students falling below GPA/academic standards.
Dismissal	Withdrawal from the program due to failure to meet academic standards.
CGPA / SGPA	Cumulative / Semester grade point average.
Academic Intervention	Formal support plan for students at risk.

IV. Policy Statement

FU ensures that academic progress:

1. Aligns with program learning outcomes (PLOs) and graduation requirements
2. Is reviewed systematically and fairly
3. Supports student success through proactive interventions
4. Meets regulatory and accreditation standards
5. Is documented and auditable through the **QA-IEA** and **Registrar systems**

V. Academic Progress Standards

Minimum GPA Requirements

Degree Level	Good Standing	Probation Trigger	Dismissal Trigger
Bachelor's	CGPA ≥ 2.00	CGPA < 2.00	2 consecutive semesters below 2.00
Master's	CGPA ≥ 3.00	CGPA < 3.00	2 consecutive semesters below 3.00

Credit Load and Progression

Category	Undergraduate	Graduate
1. Full-load	12–18 credits/term	6–12 credits/term
2. Probation Max Load	9 credits	6 credits
3. Minimum Annual Progress	24 credits/year	12 credits/year

Special cases allowed only with Dean approval.

Time-to-Degree Limits

Program Type	Standard Duration	Maximum Duration
1. Bachelor's	4 Years	6 Years
2. Master's	2 Years	4 Years

Extensions require Director for Academic Affairs approval.

VI. Academic Probation Guidelines

Student placed on probation must:

1. Enroll only in **reduced course load**
2. Attend **mandatory academic advising**
3. Sign an **Academic Improvement Plan (AIP)**
4. Participate in assigned remediation (writing center, tutoring, workshops)

Failure to comply may result in a registration hold.

VII. Academic Dismissal Rules

Dismissal applied if student:

1. Remains below minimum CGPA for **two consecutive terms**
2. Fails to comply with improvement plan
3. Exhausts maximum study duration

Dismissed students may apply for:

1. **Re-admission after 1 semester**
2. Or **transfer to another program**, if eligible

VIII. Procedures

Step 1 — End-of-Semester Review

Action	Responsible
1. Run academic progress report	Registrar
2. Flag students at risk	SIS System
3. Notify student and advisor	Registrar

Step 2 — Academic Status Assignment

Status	Action	Responsible
1. Good Standing	Continue	—
2. Probation	Issue probation notice + AIP	Advisor / Chair
3. Dismissal	Issue dismissal notice	Registrar

Step 3 — Academic Improvement Plan (Probation)

Plan includes:

1. GPA target
2. Approved course load
3. Support activities

4. Follow-up schedule

Copy maintained in SIS and QA-IEA evidence file.

Step 4 — Mid-Semester Review

Advisor monitors student progress:

1. Academic performance check
2. Engagement with support services
3. Adjust AIP if needed

Step 5 — Appeal Process

Student may submit appeal to **Academic Appeals Committee** within 5 business days.

Committee decision is final.

IX. Student Support and Intervention

FU shall provide:

1. Academic advising
2. Tutoring and writing center support
3. English and math remediation
4. Counseling services
5. Disability support (per inclusive access policy)

X. Institutional Effectiveness & Reporting

Requirement	Responsible	Frequency
1. Probation and dismissal data	Registrar	Each term
2. Academic progress dashboard	IR / QA-IEA	Annual
3. Corrective Action Plans	Colleges	Annual
4. Reporting to QA-IEC	QA-IEA	Annual cycle

Integrated with **OBEF Pillar 2 (Learning Quality)** & **Pillar 6 (Governance)**.

XI. Documentation and Record Retention

Record	Retention
1. Academic progress reports	5 years
2. Probation letters & AIP	5 years
3. Dismissal & appeal documents	Permanent
4. Audit files	Permanent

XII. Compliance References

1. **CAA Standards 2019 — Sections 3.4, 3.5, 4.2**
2. **UAE NQF Level Standards**
3. **OBEF v10.21 — Pillars 2 & 6**
4. **ISO 21001:2018 — 9.1, 10.2**
5. **HE Inspection Framework 2023 — Quality of Learning & Monitoring**

XIII. Document Control

Item	Description
Policy Code	FU-ACA-REG-POL-2025-16

Effective	AY 2025–2026
Review Cycle	Every 3 years or upon regulatory change
Custodian	Academic Affairs / QA-IEA
Version	1.0

Annex A. Form AP-1: Academic Improvement Plan (AIP)

FU-ACA-REG-FORM-AP1 | Version 1.0 | Effective AY 2025-2026

A. Student Information

Field	Details
Student Name	
Student ID	
Program / Major	
College	
Level / Semester	
Contact Details	Email: ___

B. Academic Status

Metric	Value
Current CGPA	
Last Semester GPA	
Academic Standing	☐ Probation-1 ☐ Probation-2 ☐ Returning from Suspension
Program Chair Verified?	☐ Yes ☐ No
Registrar Note	

C. Required Performance Targets

Objective	Requirement
Minimum CGPA to Clear Probation	• **UG: ≥ 2.00** • **PG: ≥ 3.00**
Minimum Semester GPA Target	
Credits Allowed This Term	• **UG ≤ 9 credits** • **PG ≤ 6 credits (unless Dean-approved)**
Repeat Courses Required	Course(s): _____

D. Academic Challenges Identified

☐ Study skills deficits

☐ Time management

☐ English language support needed

☐ Course load difficulty

☐ Personal / health issues

☐ Attendance issues

☐ Motivation / engagement

☐ Other (describe): _____

E. Assigned Support Interventions

Category	Required Action	Schedule / Frequency	Responsible
Academic advising	1:1 session	Weekly / Bi-weekly	Advisor
Tutoring	Subject(s): ___		Learning Center
Writing / Language lab			
Counseling / Student Support	If needed		Student Affairs
Workshops	Study skills / Time mgmt / Exam prep		SAS Unit
Other			

F. Student Commitment Statement

I acknowledge academic probation status and agree to comply with this Academic Improvement Plan to return to good standing.

Student Signature: _____ Date: /_____

G. Approvals

Role	Name & Signature	Date
Academic Advisor		
Program Chair		
College Dean	(if probation-2)	
Registrar	Uploaded to SIS & QA-IEA Repository	

Institutional Routing

- SIS upload
- College file
- QA-IEA Evidence Folder (OBEF Pillar 2 + Pillar 6)

Review Cycle: Weekly advisor check + midterm review

Annex B. Form AP-2: Academic Dismissal Appeal Form

FU-ACA-REG-FORM-AP2 | Version 1.0 | Effective AY 2025-2026

A. Student Information

Field	Details
Student Name	
Student ID	
Program	
College	
Semester of Dismissal	Fall / Spring / Summer ___

B. Grounds for Appeal (Select all that apply)

☐ Documented medical condition

☐ Extenuating personal circumstances

☐ Incorrect grade / academic record

☐ University error / procedural issue

☐ Newly available supporting evidence

☐ Other: _____

C. Explanation

Provide a detailed justification for appeal (attach supporting documents):

Statement:

_____

_____

Attachments included:

☐ Medical certificate

☐ Police / legal documents

☐ Counseling report

☐ Grade correction proof

☐ Financial hardship evidence

☐ Other: _____

D. Improvement Action Already Taken

Describe improvements since dismissal notice:

_____

_____

E. Requested Action

☐ Reinstate enrollment next term

☐ Reinstate and allow reduced load

☐ Reinstate after one term suspension

☐ Other: _____

F. Approvals and Comments

Role	Name / Signature	Comment	Date
Academic Advisor			
Program Chair			
Dean			
Academic Appeals Committee Decision	☐ Approved ☐ Denied		
Registrar Implementation	☐ Recorded in SIS ☐ Notification issued		

Institutional Routing

- Registrar
- College Dean
- Academic Appeals Committee
- QA-IEA Archive

Final Decision is Binding.

H. Policy on Assessment, Recording, Grading, and Storage of Student Performance Data (4.H)

1. Purpose

This policy establishes the institutional framework for assessment, recording, grading, and secure retention of student performance data to ensure:

- Fair, valid, reliable, consistent assessment practices
- Alignment with **Outcome-Based Education (OBE)** principles
- Transparent and equitable student evaluation
- Compliance with **CAA Standards**, **NQF**, and **OBEF** requirements
- Data integrity, security, and confidentiality

2. Scope

Applies to:

- All undergraduate and graduate programs
- All course-based, internship, capstone, and thesis assessments
- All assessment modalities (written, oral, practical, digital)
- All campuses, delivery modes, and academic terms

3. Policy Statement

Fujairah University shall maintain a robust, transparent, and quality-assured assessment system which:

- Measures and verifies student learning outcomes
- Ensures academic integrity and fairness
- Implements pre- and post-assessment moderation
- Secures assessment records and student performance data
- Ensures timely reporting and communication of results
- Provides documented appeal and review mechanisms
- Ensures compliance with accreditation, regulatory, and ethical standards

4. Assessment Principles

Principle	Description
Validity	Aligns with CLO/PLO and NQF levels
Reliability & Consistency	Standardized rubrics & moderation
Equity & Accessibility	Universal learning design & reasonable accommodations
Transparency	Criteria communicated in advance
Academic Integrity	Zero-tolerance for academic misconduct
Confidentiality	FERPA-like protection & UAE data laws
Timeliness	Grading and feedback deadlines
Continuous Improvement	Data informs teaching enhancement

5. Assessment Components

5.1 Types of Assessment

Category	Examples
Diagnostic	Pre-tests, readiness checks
Formative	Quizzes, assignments, class tasks
Summative	Midterm, final exam, final project
Authentic	Case study, simulation, practicum
Capstone	Thesis/dissertation, senior project

5.2 Assessment Weighting

As defined in approved syllabus and program requirements.

5.3 Rubrics

All major assessments must include published rubrics.

6. Grading Framework

6.1 Institutional Grading Scale

(To match FU approved scale: letter grades, GPA, descriptors)

6.2 Grade Submission Timelines

Stage	Deadline
Formative feedback	≤ 10 working days
Midterm results	Within 2 weeks of exam
Final grades	≤ 5 working days after final exam

6.3 Grade Review & Appeals

- Student submits grade appeal within **5 working days**
- Chair/Dean review
- Committee review if unresolved
- Final decision by VPAA

7. Assessment Moderation

Stage	Description
Pre-moderation	Review exam alignment, rubrics, fairness
Post-moderation	Review sample graded work; verify consistency
External moderation (as required)	Thesis / capstone / professional programs

Moderation records stored in course file and QA-IEA repository.

8. Academic Integrity Compliance

- Turnitin or equivalent mandatory for submissions
- Invigilation / proctoring required for exams
- Record of academic misconduct cases maintained

9. Recording & Reporting

System	Role
LMS	Continuous assessment records
SIS / Registrar System	Official grades
Course File	Assessment instruments, samples, reports
OBEF Reporting Sheet	CLO attainment data

10. Storage & Retention of Assessment Data

Data Type	Storage	Retention
Grades	Registrar SIS	Permanent
Assessment submissions	LMS / Repository	1 year minimum
Sample artifacts for QA	QA-IEA archive	5 years
Thesis / dissertation	Repository & library	Permanent
Moderation docs	Program & QA-IEA	3 years

Exam papers	Department + QA	1 year

Records must be protected using **secure digital systems**, restricted access, and encrypted backups.

11. Roles & Responsibilities

Role	Responsibilities
Faculty	Develop, assess, grade, record, upload data
Program Chair	Monitor quality, verify compliance
Dean	Oversight & approval
Registrar	Maintain official records
QA-IEA	Audit, verify, report to QA-IEC
VPAA	Final authority on appeals & compliance

Procedures

A. Assessment Administration Process

Step	Action	Responsible
1	Finalize assessment plan in syllabus	Faculty / Chair
2	Upload to LMS	Faculty
3	Conduct assessments	Faculty
4	Grade using rubrics	Faculty
5	Provide timely feedback	Faculty
6	Upload results in SIS	Faculty / Registrar
7	Conduct moderation	Chair / QA
8	Submit final grades	Faculty
9	Archive records	Faculty / QA / Registrar

B. Data Security & Backup Procedure

- SIS & LMS data backed up daily
- Restricted administrator access only
- Confidential student files locked or encrypted
- Controlled data export privileges

C. Course File Evidence Checklist

- Course syllabus
- CLO mapping matrix
- Assessment rubrics
- Sample graded assessments (high/medium/low)
- Moderation forms
- Grade distribution
- CLO achievement report
- Improvement actions

D. Compliance Monitoring

Instrument	Frequency
Course File Audit	Every semester
Teaching Observation	Once per semester

OBEF CLO Achievement Review	Each term
QA-IEA Academic Audit	Annual
CAA Readiness Compliance Review	Annual

Document Control

Item	Value
Version	1.0
Effective	AY 2025-2026
Owner	VPAA / QA-IEA
Approval	Academic Council
Review	Every 3 years

Annex A. Assessment Moderation SOP

1) Assessment Moderation

Purpose

Ensure fairness, validity, consistency, and reliability of assessment tasks and grading.

Scope

All courses, across all modes and campuses.

Steps

Step	Activity	Responsibility	Evidence
1	Instructor submits assessments & rubrics before semester	Faculty	Assessment Plan, Rubric
2	Pre-moderation review	Program Chair + QA	Pre-moderation form
3	Conduct assessment	Faculty	Assessment records
4	Post-moderation (samples)	Program Chair + assigned faculty	Post-moderation form
5	Sign-off & feedback	Chair + Dean	Signed moderation record
6	Submission to QA-IEA	Chair	QA Repository copy
7	Archive	QA-IEA + Registrar	5-year retention

Moderator Sampling Rule:

- ≥ 10 students: 10% sample (min 3)
- < 10 students: review all submissions

2) Pre-Assessment Moderation Form

Document Code: FU-ASM-MOD-PRE-2025**

Item	Criteria	Yes	No	Comments
Curriculum Mapping	CLOs aligned to NQF level	☐	☐	
Assessment Variety	Appropriate mix of methods	☐	☐	
Rubric Provided	Analytical or holistic rubric	☐	☐	
Clarity	Instructions & marking criteria clear	☐	☐	
Workload	Reasonable vs credits/time	☐	☐	
Academic Integrity	Plagiarism check required	☐	☐	

Signatures:

Instructor _____ | Chair _____ | QA _____

3) Post-Assessment Moderation Form

Document Code: FU-ASM-MOD-POST-2025**

Item	Check	Comments
Rubric applied consistently	☐	
Feedback adequate	☐	
Grade distribution normal	☐	
Samples reviewed (H/M/L)	☐	
CLO attainment documented	☐	
Improvement action needed	☐	

4) Grade Appeal SOP

Step	Actor	Action	Timeline
1	Student	Appeal submission	Within 5 working days
2	Instructor	Recheck evidence	3 days
3	Chair	Second evaluation	5 days
4	Committee (if escalated)	Final review	10 days
5	VPAA	Final decision	5 days

5) Grade Appeal Form

Document Code: FU-ASM-APL-2025**

Field	Details
Student	
ID	
Course / Section	
Instructor	
Reason for Appeal	
Evidence Attached	☐ Yes ☐ No

Student Signature _____ Date _____

6) Course File Evidence Checklist

Document Code: FU-ASM-CF-2025**

Category	Required Items
Course Outline	NQF & CLO mapping, rubrics
Assessment Plan	Weighting, schedule
Assessment Samples	High / Medium / Low
Moderation Records	Pre + Post
Grade Sheet	SIS extract
OBEF CLO Report	Data + reflection
Improvement Actions	CAP included

Filed every semester → archived 5 years.

7) Digital Assessment Security Protocol

Area	Standard
Exam files	Encrypted drive / LMS only
Access	Faculty + Chair + QA only

Submission	LMS mandatory
Turnitin similarity required	≥90% of courses
Backups	Daily automated backup
Confidentiality	FERPA-equivalent protection
Exam storage	12 months minimum

Prohibited:

Printing assessments unless secured & logged.

Using personal email/cloud for assessment data.

I. Policy and Procedures Governing Circumstances that May Result in Changes to Students' Grades and the Grade Appeals Process (4.K)

1. Purpose

This policy ensures that the process for grade changes and grade appeals at Fujairah University (FU) is **transparent, fair, and academically sound**. It safeguards both faculty academic judgment and student rights, maintaining **trust, accountability, and quality** in FU's assessment system.

2. Scope

Applies to all:

- Undergraduate and postgraduate students
- Faculty and administrative staff involved in teaching, grading, or assessment
- Courses across all delivery modes (face-to-face, blended, and online)

3. Policy Statements

1. Student grades represent an instructor's professional academic judgment and shall not be changed arbitrarily.
2. Grades may be changed only when clear **academic, clerical, or procedural errors** are established and supported by evidence.
3. A **Grade Appeals Process** provides students a fair opportunity to contest grades when procedural fairness or error is in question.
4. All grade changes must follow a formal **review and approval workflow** documented in the **Registrar's records**.
5. The **QA-IEA** oversees compliance, ensuring consistent application of this policy and reporting findings in annual assessment reviews.

4. Legitimate Grounds for Grade Change or Appeal

A student may request a review or appeal under the following conditions:

Ground	Definition / Example
1. **Clerical Error**	Miscalculation, incorrect grade entry, or transcription error
2. **Procedural Irregularity**	Deviation from stated grading criteria or policies
3. **Inconsistent Rubric Application**	Rubric not applied uniformly across student submissions
4. **Bias or Discrimination**	Evidence of unfair treatment or partiality
5. **Academic Misconduct Resolution**	Grade modification following an upheld misconduct case

Not valid grounds: dissatisfaction with grade outcome, personal hardship, or disagreement with academic judgment alone.

5. Circumstances Permitting Grade Changes

Grades may be changed only under the following:

1. **Correction of an error** verified by instructor and Program Chair.
2. **Outcome of a formal appeal** upheld by the Grade Appeals Committee.
3. **Resolution of academic misconduct** resulting in sanction or reinstatement.

4. **Dean's approval** following review and verification.
5. **Registrar's update** based on documented authorization.

6. Grade Appeal Process

6.1 Informal Clarification

1. Student requests explanation from the course instructor within **5 working days** after grade release.
2. Instructor reviews grading evidence and clarifies the rationale.
3. If unresolved, the student may proceed to a **formal appeal**.

6.2 Formal Grade Appeal Procedure

Step	Description	Responsible
1	Student submits **Grade Appeal Form** with evidence to Program Chair within 10 working days of grade release.	Student
2	Chair acknowledges receipt and requests instructor's report.	Program Chair
3	Instructor provides explanation, grading criteria, and evidence.	Instructor
4	Chair reviews evidence for procedural compliance.	Program Chair
5	If unresolved, the case is forwarded to the **Grade Appeals Committee**.	Dean
6	Committee reviews documentation and may interview parties.	Committee
7	Decision is reached within 15 working days and recorded in the **Grade Appeals Register**.	Committee
8	Registrar implements any grade change approved by the Dean and VPAA.	Registrar

7. Grade Appeals Committee Composition

Role	Representation
Chair	Appointed by the Dean
Faculty Member	From same College, not involved in the course
QA-IEA Representative	Ensures compliance and procedural fairness
Student Affairs Representative	Non-voting observer
Secretary	Assigned by the College Dean

Quorum: **Minimum three voting members**.

8. Documentation and Record-Keeping

All records must be retained for **a minimum of five (5) years**:

- Grade Appeal Form
- Instructor's response and evidence
- Committee minutes and recommendations
- Final decision letter
- Registrar's grade change confirmation
- QA-IEA audit file

9. Reporting and Monitoring

- The **Registrar** maintains the **Grade Appeals Register**.
- The **QA-IEA** audits appeal outcomes and reports findings to the **QA-IE Council**.

- Annual analysis of appeals informs institutional improvement actions under **OBEF Pillar 2**.

10. Procedural Safeguards

- Due process, impartiality, and confidentiality are mandatory.
- Students shall not be penalized or discriminated against for filing an appeal in good faith.
- Decisions of the **Grade Appeals Committee** are **final** within the University.

11. Quality Assurance and Continuous Improvement

- All appeals data contribute to the **Annual Program Performance Review (IR Form 1)**.
- The QA-IEA uses appeal trends to identify areas for faculty training and assessment enhancement.
- Findings feed into **OBEF Institutional Effectiveness Reports**.

12. Related Documents

- FU Policy on Assessment, Recording, and Grading
- FU Academic Integrity Policy
- FU Student Appeals and Complaints Policy
- FU QA-IEA Manual (OBEF v10.21)
- ISO 21001:2018 Implementation Framework

Annex A. Form 1: Grade Appeal Form

Document Code: FU-ACAD-GAF-2025-01

Version: 1.0 | **Confidential – Student Academic Record**

Field	Details
Student Name:	
Student ID:	
Program / College:	
Course Code & Title:	
Instructor:	
Semester / Term:	
Contact Email / Phone:	

Grounds for Appeal (check all that apply)

☐ Clerical or calculation error

☐ Inconsistent application of grading rubric

☐ Procedural irregularity or unfair process

☐ Evidence of bias or discrimination

☐ Other (specify): _____

Student Statement (attach supporting evidence)

_____

_____

Attachments (tick if included):

☐ Copy of graded work ☐ Assessment rubric ☐ Instructor communication ☐ Supporting documentation

Declaration:

I declare that this appeal is made in good faith and that all information is accurate.

Student Signature	Date

Annex B. Form 2: Grade Change Authorization Form

Document Code: FU-ACAD-GCF-2025-01

Version: 1.0 | **Controlled Academic Record**

Field	Details
Course Code & Title	
Program / College	
Instructor	
Original Grade	
Revised Grade	
Reason for Change	☐ Calculation Error ☐ Rubric Error ☐ Appeal Outcome ☐ Other: _____

Supporting Evidence

☐Re-graded assessment ☐ Corrected rubric ☐ Committee decision letter ☐ Other documents

Approval	Name	Signature	Date
Course Instructor			
Program Chair			
College Dean			
Registrar (SIS update)			
QA-IEA Reviewer			

Annex C. Form 3: Grade Appeals Committee Resolution Form

Document Code: FU-ACAD-GACR-2025-01

Version: 1.0 | **Confidential – QA-IEA File**

Meeting Date:	**Appeal Reference No.:**
Student Name / ID:	
Course Code / Title:	
Instructor:	
Grounds for Appeal:	

Committee Composition

Role	Member	Signature
Chair (Dean Appointee)		
Faculty Member (independent)		
QA-IEA Representative		
Student Affairs Representative (non-voting)		

Summary of Deliberation

_____

_____

Committee Decision

☐ Appeal upheld – grade changed to _____

☐ Appeal rejected – original grade stands

☐ Re-evaluation required (to be completed by //____)

Rationale / Comments

_____

_____

Approvals	Signature	Date
Chair, Appeals Committee		
Dean		
Registrar		
QA-IEA Verifier		

Annex D. Form 4: Appeals Tracking & Audit Register (QA-IEA Use)

Document Code: FU-QA-IEA-ATR-2025-01

Version: 1.0 | **Internal Use Only**

No.	Date Received	Student ID	Course	Decision	Date Closed	QA-IEA Audit Verified	Remarks
1							
2							
3							
4							

Maintained by: Office of Quality Assurance & Institutional Effectiveness Affairs (QA-IEA)

Retention: 5 years minimum for audit and OBEF reporting evidence.

Implementation Notes

- All forms are to be embedded in the **FU SIS / LMS** workflow and stored digitally in the **QA-IEA Repository**.
- The **Registrar** must update grades **only after receiving the authorized Grade Change Form**.
- The **QA-IEA** conducts semester-end audits and reports appeal trends in **OBEF Pillar 2 performance indicators**.

J. Policy and Procedures Governing the Assessment System Related to the Board of Examiners and Conferring Committees (4.L)

1. Purpose

This policy ensures the **integrity, fairness, and transparency** of all academic assessment and award decisions at Fujairah University (FU) through structured procedures for the **Board of Examiners (BoE)** and **University Conferring Committee (UCC)**.

It defines the mechanisms for verifying student results, endorsing grades, approving progression, and conferring degrees, in compliance with FU's academic governance and UAE higher education regulations.

2. Scope

This policy applies to:

- All undergraduate and postgraduate academic programs
- All courses and assessment types (examinations, projects, theses, and practicum components)
- All academic terms and delivery modes (face-to-face, blended, online)
- All staff responsible for teaching, assessment, or academic administration

3. Policy Statements

1. Assessment decisions must be **systematically reviewed and approved** through the BoE and UCC before publication or conferral.
2. All assessment results shall undergo internal verification, moderation, and QA review prior to endorsement.
3. BoE and UCC decisions shall be evidence-based and properly documented.
4. The Registrar shall maintain the **official record of grades, awards, and conferrals**.
5. The QA-IEA shall independently verify the integrity and compliance of all assessment and award processes under **OBEF Pillars 2 and 6**.
6. Students shall not be deemed graduates until their awards are ratified by the **Board of Trustees (BOT)** upon recommendation of the President.

4. Structure and Responsibilities

4.1 Board of Examiners (BoE)

Purpose:

To review and approve course and program assessment results for accuracy, fairness, and consistency.

Composition:

Role	Position
Chair	College Dean
Members	Program Chairs, Course Coordinators, and Faculty Assessors
Registrar Representative	Verifies grades and documentation
QA-IEA Representative	Ensures compliance and audit trail
Secretary	Assigned by College Dean

Quorum: At least 50% of members, including Chair and Registrar representative.

Responsibilities:

- Review and confirm student grades and progression decisions.
- Verify assessment moderation and OBEF alignment.

- Approve or recommend adjustments to grades.
- Record decisions and submit the endorsed results to the UCC.

4.2 University Conferring Committee (UCC)

Purpose:

To verify eligibility for graduation and authorize the conferral of awards and distinctions.

Composition:

Role	Position
Chair	Vice President for Academic Affairs (VPAA)
Members	College Deans, Registrar, QA-IEA Head, and Legal Affairs Representative (observer)
Secretary	Registrar's Office

Responsibilities:

- Validate BoE-approved results and graduation lists.
- Verify fulfillment of academic and administrative requirements.
- Confirm student eligibility for degrees and honors.
- Recommend final conferral to the President and BOT.

5. Procedures

5.1 Pre-BoE Verification

Step	Action	Responsible
1	Verify course results and ensure grading consistency.	Course Coordinators
2	Complete pre- and post-moderation reports.	Program Chairs
3	Confirm academic integrity and absence of pending cases.	QA-IEA & Deans
4	Prepare consolidated grade sheets.	Registrar
5	Schedule BoE meeting and distribute documentation.	College Dean

5.2 Board of Examiners Process

Step	Action	Responsible
1	Present summary of results and grade distribution.	Program Chair
2	Review anomalies or outliers.	BoE Members
3	Confirm moderation and CAP implementation.	QA-IEA
4	Approve or conditionally approve course results.	BoE
5	Sign and forward BoE Resolution Form to Registrar.	Chair (Dean)

5.3 University Conferring Committee Process

Step	Action	Responsible
1	Review BoE-approved results.	Registrar
2	Verify academic, financial, and disciplinary clearance.	Registrar + Student Affairs
3	Confirm degree completion and CGPA thresholds.	Director AcA / Deans
4	Approve conferral and generate final graduation list.	UCC
5	Submit recommendation to President and BOT for final endorsement.	Director AcA

6	Archive conferral decisions for audit.	QA-IEA

6. Documentation and Records

- BoE Minutes and Resolutions
- UCC Minutes and Endorsements
- Grade Distribution and Anomaly Reports
- Graduation Eligibility Checklists
- QA-IEA Audit Reports and OBEF Data

Retention Period: **Minimum 5 years** (Registrar and QA-IEA repositories).

7. Quality Assurance and Audit

- QA-IEA verifies the procedural integrity and documentation completeness of BoE and UCC decisions.
- Audit findings are reported annually to the **QA-IE Council** and incorporated into the **Institutional Effectiveness Review (OBEF Pillar 6)**.
- Any irregularity triggers a **Corrective Action Plan (CAP)**.

8. Confidentiality and Ethics

- All proceedings are confidential.
- Only authorized individuals may access BoE and UCC records.
- Members must avoid conflicts of interest or recuse themselves when necessary.

9. Non-Compliance

Failure to adhere to this policy may result in administrative review, faculty performance evaluation action, or revision of procedures under QA-IEA supervision.

10. Review Cycle

This policy shall be reviewed every **three years** or sooner if required by revisions to **CAA**, **OBEF**, **HE Inspection Framework**, or institutional governance standards.

11. Related Documents

- FU Policy on Assessment, Recording, and Grading
- FU Policy on Grade Changes and Appeals
- FU QA-IEA Manual (OBEF v10.21 Alignment)
- FU Academic Integrity Policy
- FU Graduation and Conferral Policy
- ISO 21001:2018 Implementation Manual

Summary:

This policy formalizes FU's academic governance process by defining structured methods for verifying, approving, and conferring student results and awards. It ensures **integrity, transparency, and regulatory compliance** across the entire assessment lifecycle.

K. Policy on Internship/Practicum and Work-Integrated Learning (3.n-CAA)

1. Purpose

This policy establishes the requirements, responsibilities, procedures, and quality assurance mechanisms governing **internships, practicum, and work-integrated learning** experiences intended to:

- **Provide students with supervised, structured professional learning;**
- **Strengthen achievement of Program Learning Outcomes (PLOs) and CLOs;**
- **Support OBEF employability measures and improve graduate outcomes;**
- **Ensure that work placements comply with UAE laws, CAA Standards, and safety protocols.**

2. Scope

This policy applies to:

- **All undergraduate, diploma, and graduate programs with a required or elective internship/practicum;**
- **Cooperative education, clinical placement, school teaching practice, fieldwork, externships, and industry project placements;**
- **All internship sites (local, national, international) and virtual/remote WIL;**
- **All FU students, faculty supervisors, site supervisors, and placement providers.**

3. Definitions

Term	Definition
Internship/Practicum/WIL	Structured, supervised workplace learning approved for academic credit and aligned to CLOs/PLOs.
Host/Placement Provider	Employer/organization providing internship training.
Faculty Supervisor	FU academic staff responsible for academic monitoring and assessment.
Site Supervisor	Employer-appointed supervisor responsible for guiding the student at the workplace.
Training Agreement / MoU	Legally binding document defining roles, insurance, responsibilities, confidentiality, and supervision expectations.

4. Policy Statements

4.1 Academic Integration & CLO/PLO Alignment

Each internship must be mapped to **CLOs/PLOs and NQF-QFE descriptors**.

A **Course Syllabus/Handbook** must detail learning activities, assessments, and evaluation criteria.

4.2 Eligibility & Prerequisites

Minimum requirements (unless program-specific):

Requirement	Minimum Standard
Completion of credit requirements	At least 60% of program CH (UG) / first year coursework (PG)
Good Academic Standing	CGPA per program policy
Pre-placement orientation & safety compliance	Mandatory

4.3 Agreements & Legal Compliance

No placement shall begin without:

Signed Training Agreement or institutional MoU

Defined workload, schedule, and supervision plan

Insurance and liability coverage as per UAE law

4.4 Supervision

Requirement	Standard
Faculty Supervisor Load	limited to max. **10 interns** (unless justified)
Site Supervisor	qualified with relevant expertise
Meeting Frequency	minimum **bi-weekly** check-ins

4.5 Assessment & Grading

Assessment components may include:

- **Learning journal/reflection log**
- **Competency skills evaluation**
- **Supervisor evaluation**
- **Portfolio, presentation, or report**
- **Final internship performance rating**

4.6 Misconduct, Termination & Re-Placement

Grounds for internship removal: violation of code of conduct, unauthorized absence, safety breach, or legal non-compliance.

5. Procedures

5.1 Pre-Placement

Step	Action	Responsible
1	Orientation & preparation	Internship Office / Program
2	Eligibility verification	Registrar + Program Coordinator
3	Placement matching & site confirmation	Internship Office
4	Training Agreement signing	Host + FU + Student
5	Risk & safety briefing (if clinical/field)	HSE/College

5.2 During Placement

Step	Action	Responsible
1	Student attends work placement	Student
2	Faculty monitoring & visits/virtual check-ins	Faculty Supervisor
3	Site Supervisor performance evaluations	Host Organization
4	Reporting incidents, grievances, risks	Student/Supervisor via FU-WIL-INC-Form

5.3 Post-Placement

Step	Action	Responsible
1	Submission of portfolio/report	Student
2	Final evaluation rubric scoring	Faculty Supervisor
3	Grade submission to SIS	Faculty
4	QA-IEA evaluation & KPI reporting	QA-IEA, Internship Office

6. Responsibilities

Role	Key Responsibilities
Internship Office	Coordination, site relations, documentation, reporting
Program/College	Academic quality, alignment, assessment moderation
Faculty Supervisor	Academic oversight and monitoring
Site Supervisor	Workplace supervision and evaluation
Student	Professional conduct, attendance, completion of tasks
QA-IEA	KPI monitoring (OBEF), effectiveness review

7. Non-Compliance

Possible consequences:

- **Required remedial training or extended placement**
- **Removal/termination from placement**
- **Academic penalties or disciplinary actions**
- **Site partnership suspension if host is non-compliant**

8. Required Forms & Templates

Code	Document Name
FU-WIL-APP-Form-2025-01	Internship/Practicum Application & Eligibility Clearance
FU-WIL-AGR-Form-2025-02	Training Agreement / Host Organization MoU Annex
FU-WIL-LOG-Form-2025-03	Weekly Learning Log & Timesheet
FU-WIL-SITE-EVAL-Form-2025-04	Site Supervisor Evaluation of Intern
FU-WIL-FAC-EVAL-Form-2025-05	Faculty Supervisor Final Assessment & Grade Rubric
FU-WIL-INC-Form-2025-06	Incident/Grievance Report Form
FU-WIL-KPI-Dashboard-2025-07	OBEF Work-Placement KPI Dashboard

9. Revision History

Version	Date	Summary of Changes	Approved By
1.0	//2025	Initial release	President/Chancellor

Annex A. Internship / Practicum Application & Eligibility Clearance Form

FU-WIL-APP-Form-2025-01: INTERNSHIP / PRACTICUM APPLICATION & ELIGIBILITY CLEARANCE FORM

Section A: Student Information

Field	Details
Student Name	
Student ID	
Program / Major	
College	
Academic Level/Year	
FU Email	
Phone	

Section B: Proposed Internship Details

Field	Details
Host Organization	
Department/Division	
Address / Location	
Internship Mode	☐ On-Site ☐ Hybrid ☐ Remote
Internship Duration (Dates)	From: ___ / ___ / ___ To: ___ / ___ / ___
Estimated Weekly Training Hours	
Internship Role / Expected Duties	

Section C: Eligibility Clearance

Requirement	Minimum Standard	Verified
CGPA	Program minimum	☐ Yes ☐ No
Completed Credit Hours	60% of program CH (UG) / 1 year coursework (PG)	☐ Yes ☐ No
Completed Required Courses	Per study plan	☐ Yes ☐ No
Orientation Attendance	Mandatory	☐ Yes ☐ No

Section D: Approvals

Role	Name/Signature	Date
Student		
Academic Advisor		
Program/Internship Coordinator		
Internship Office		
Registrar Clearance (if required)		

Annex B. Training Agreement / Host Organization MOU Annex

FU-WIL-AGR-Form-2025-02: TRAINING AGREEMENT / HOST ORGANIZATION MOU ANNEX

Section A: Parties

This agreement is entered by and between:

Party	Details
Fujairah University (FU)	Represented by the Internship/Practicum Office
Host Organization	
Intern (Student)	

Section B: Training Terms

Area	Description
Training Title/Role	
Start & End Dates	
Work Schedule	
Stipend/Benefits (if any)	
Training Location/Mode	

Section C: Confidentiality & Data Protection

The intern agrees to maintain confidentiality and comply with UAE laws on:

- **Data Protection & Privacy**
- **Intellectual Property**
- **Cybersecurity & IT Acceptable Use**

Section D: Health, Safety & Insurance

Requirement	Yes/No
Host provides safe training environment	☐ Yes ☐ No
Worksite Hazard Briefing completed	☐ Yes ☐ No
Insurance & liability arrangements verified	☐ Yes ☐ No

Section E: Signatures

Role	Name/Signature	Date
Intern		
Host Organization Supervisor		
FU Internship/Practicum Office		
Program/College Representative		

Annex C. Weekly Learning Log & Timesheet

FU-WIL-LOG-Form-2025-03: WEEKLY LEARNING LOG & TIMESHEET

Week No.	Dates	Hours Completed	Activities & Tasks Performed	CLO/PLO Competency Demonstrated	Site Supervisor Initials
1					
2					
3					
4					
5					
6					
…					

Student Signature: _____

Site Supervisor Signature: _____

Annex D. Site Supervisor Evaluation of Intern

FU-WIL-SITE-EVAL-Form-2025-04: SITE SUPERVISOR EVALUATION OF INTERN

Performance Evaluation Rubric

(Scale: 5 = Excellent, 4 = Very Good, 3 = Satisfactory, 2 = Needs Improvement, 1 = Unsatisfactory)

Criteria	1	2	3	4	5
Attendance & Punctuality	☐	☐	☐	☐	☐
Professional Conduct & Ethics	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐
Problem Solving / Critical Thinking	☐	☐	☐	☐	☐
Technical/Disciplinary Skills	☐	☐	☐	☐	☐
Teamwork & Collaboration	☐	☐	☐	☐	☐
Adaptability & Learning Attitude	☐	☐	☐	☐	☐

Overall Recommendation

☐ Highly Recommend

☐ Recommend

☐ Recommend with Reservation

☐ Not Recommended

Supervisor Name / Signature: _____ Date: //___

Annex E. Faculty Supervisor Final Assessment & Grade Rubric

FU-WIL-FAC-EVAL-Form-2025-05: FACULTY SUPERVISOR FINAL ASSESSMENT & GRADE RUBRIC

Evaluation Components

Assessment Component	Weight
Weekly Logs & Timesheets	20%
Final Report/Portfolio	30%
Site Supervisor Evaluation	30%
Presentation/Oral Defense	20%

Final Grade

Score Range	Grade
90–100	A
80–89	B
70–79	C
60–69	D
< 60	F

Annex F. Incident / Grievance Report Form

FU-WIL-INC-Form-2025-06: INCIDENT / GRIEVANCE REPORT FORM

Category	Check
Safety/HSE Incident	☐
Harassment or Discrimination	☐
Breach of Confidentiality/IP	☐
Performance Concern	☐
Other	☐

Description of Incident/Complaint	

Reported By	Signature	Date

Action Taken/Recommended	Responsible	Follow-up Date

Annex G. Work-Placement KPI Dashboard

FU-WIL-KPI-Dashboard-2025-07: OBEF WORK-PLACEMENT KPI DASHBOARD

KPI Definitions (Aligned to OBEF Pillar 1 & 2)

KPI	Definition	Source
% Students completing industry WIL	Students completing internship vs. eligible	Registrar/WIL Office
Employer Satisfaction Score	Survey score from host organizations	QA-IEA
Job Offer Post-Placement	Offers related to field of study within 12 months	Alumni/Employer Data
Student WIL Satisfaction	Student end-of-placement survey	QA-IEA
Joint Industry Projects	Co-developed research/innovation outputs	Research Office

Dashboard Format (Sample)

KPI	Target	Actual	Status
WIL Completion	100%		☐ Met ☐ Not Met
Employer Satisfaction	≥85%		☐ Met ☐ Not Met
Job Offers	≥40%		☐ Met ☐ Not Met

L. Policy on Teaching and Learning Methods (4.E)

1. Purpose

To establish a university-wide framework governing teaching and learning methods that ensures:

- Alignment with UAE **NQF**, **CAA**, **OBEF**, and international academic standards
- Student-centered and outcome-based learning
- Effective integration of face-to-face, blended, and experiential learning
- Continuous enhancement of teaching quality and student engagement

2. Scope

This policy applies to:

- All academic programs (UG & PG)
- All teaching faculty and instructional staff
- All modalities: face-to-face, blended, online supplemental, experiential, internship, capstone, clinical learning (where applicable)

3. Policy Statements

3.1 FU Teaching & Learning Philosophy

Fujairah University adopts a **learner-centered, outcomes-oriented, innovation-enabled** teaching philosophy emphasizing:

1. Active and inquiry-based learning
2. Constructive alignment between CLOs, pedagogy, and assessment
3. Learning diversity, accessibility, and universal design
4. Integration of digital pedagogies and educational technologies
5. Academic integrity, ethics, and intellectual rigor

3.2 Principles

FU commits to:

Dimension	Institutional Expectation
1. Outcome-based pedagogy	CLOs aligned with PLOs & NQF descriptors
2. Student engagement	Active participation, collaborative learning
3. Inclusivity	Accessible learning for diverse learners
4. Research-informed teaching	Use of academic evidence and professional practice
5. Technology integration	LMS, digital content, simulation, labs
6. Work-ready pedagogy	Practical application, internship, experiential work
7. Continuous enhancement	Faculty professional development; student feedback

4. Approved Teaching & Learning Approaches

Category	Examples
1. Active Learning	Problem-based learning, case method, flipped classroom, debates, simulations
2. Collaborative Learning	Team projects, peer instruction, seminars
3. Experiential Learning	Labs, internships, practicum, clinical rotations, studio work

4. Digital & Smart Learning	LMS-enhanced learning, simulation tools, AI-supported learning environments
5. Independent Learning	Research projects, capstone, thesis, self-directed tasks
6. Assessment-Integrated Learning	Formative quizzes, reflective journals, embedded assessments

5. Responsibilities

Role	Key Responsibilities
1. Director for Academic Affairs	Strategic oversight of teaching excellence
2. Deans	Enforce policy, monitor learning practices
3. Program Chairs	Ensure CLO-pedagogy-assessment alignment
4. Faculty	Deliver OBE-aligned instruction; maintain course files
5. QA-IEA	Monitor institutional effectiveness & OBEF compliance
6. Teaching & Learning Center (when established)	Faculty development; pedagogy training
7. Registrar	Records modalities & academic documentation

6. Procedures

6.1 Course Design & Delivery

Step	Action	Responsible
1	Map CLOs → PLOs → NQF	Program Chair & Faculty
2	Select a variety of approved teaching methods	Faculty
3	Document in syllabus & course file	Faculty
4	Review and approval of syllabus	College Council
5	Upload to LMS & inform students	Faculty
6	Deliver instruction & document attendance	Faculty

6.2 Monitoring & Evaluation

Mechanism	Frequency	Office
1. Class observation	Each semester	QA-IEA & College
2. Course file audit	Each semester	QA-IEA & Program Chairs
3. Student feedback surveys	Midterm & end-term	QA-IEA
4. Peer review	Annual	Department
5. OBEF Teaching Indicators evaluation	Annual	QA-IEA
6. External examiners / accreditation	As required	Academic Affairs

6.3 Continuous Improvement Actions

Triggered when:

1. Low student feedback (<80% satisfaction)
2. Low OBEF teaching performance threshold
3. Course learning outcomes not achieved
4. Accreditation recommendation

Actions may include:

1. Pedagogy coaching / faculty development
2. Course redesign
3. Enhanced LMS or technology support
4. Mentorship pairing
5. Intervention plan by Chair and Dean

All actions documented in **Annual Program Review (APR)**.

7. Compliance References

- CAA Standards 2019 — Standard 2 & Standard 3
- OBEF v10.21 — Pillar 2 (Teaching Quality) & Pillar 6
- UAE NQF 2024 Descriptor Guidelines
- ISO 21001:2018 — Clauses 8 & 9
- HE Inspection Framework 2023 — Education Delivery & Student Experience

8. Document Control

Item	Description
Document Code	FU-ACA-TEACH-POL-2025-01
Version	1.0
Effective Date	AY 2025–2026
Custodian	Office of Academic Affairs
Monitoring	QA-IEA
Review Cycle	3 years
Change Log	Initial issue

Annex A. Standard Operating Procedures (SOP)

A. Teaching & Learning Methods SOP

Step-by-Step Teaching Implementation

Step	Activity	Documentation
1	CLO-aligned syllabus preparation	Syllabus; CLO-PLO matrix
2	Pedagogy planned and documented	Lesson plan
3	LMS material upload	LMS logs
4	Active delivery & engagement	Attendance, activity logs
5	Continuous formative assessment	Gradebook, rubrics
6	Mid-semester student feedback review	Survey report
7	Adjust teaching methods if required	Action note in course file
8	End-semester teaching evaluation	Course report; APR
9	QA-IEA review and audit	Audit checklist

Teaching Evidence Checklist

Faculty must maintain:

1. Syllabus & lesson plans
2. CLO-PLO mapping
3. Teaching slides/materials
4. Student engagement records
5. Assessments & feedback
6. Course report
7. Peer review forms
8. Student survey results

Key Performance Indicators (KPIs)

KPI	Target
1. Student satisfaction	≥ 85%
2. Course learning outcome achievement	≥ 80%
3. OBEF Pillar 2 teaching score	Meets threshold
4. Faculty development participation	100% annually
5. Course file completion	100%

Annex B. Teaching & Learning Manual

(Academic Staff Handbook Section)
Document Code: FU-ACA-TLM-MAN-2025
Applies to: All Colleges & Academic Programs
Purpose: To guide faculty in the design, delivery, assessment, and enhancement of teaching aligned with FU standards and outcomes-based education principles.

1. Teaching & Learning Philosophy

FU embraces a **learner-centered, competency-focused, and evidence-driven** teaching model.

Core Principle	Description
1. Student-centered learning	Students as active partners & co-creators
2. Outcome-based learning (OBE)	CLOs → PLOs → NQF mapped and assessed
3. Knowledge, skills, & values	Balanced development across all domains
4. Inclusivity	Accessibility and universal design for learning
5. Industry relevance	Internship, applied work, real-world problems
6. Continuous quality improvement	Feedback → reflection → enhancement

2. FU Teaching Framework

2.1 Constructive Alignment Model (Biggs, 2003)

Teaching practice must demonstrate:

Component	Requirement
1. Outcomes	Aligned to PLOs & NQF descriptors
2. Teaching methods	Match outcome cognitive level & discipline
3. Assessment	Directly measures CLO achievement
4. Learning resources	Support independent & collaborative learning

3. Approved Teaching Pedagogies

3.1 Active Learning

a. Problem-based learning
b. Flipped classroom
c. Case studies
d. Simulations, debates, student-led seminars

3.2 Experiential & Work-Integrated Learning

a. Internships / practicum / clinical rotations
b. Fieldwork & community projects
c. Capstone, thesis, consultancy projects

3.3 Digital & Smart Learning

a. LMS-supported teaching
b. Multimedia learning activities
c. Simulation, VR / lab technologies

3.4 Independent & Research-Oriented Learning

a. Research papers, project portfolios
b. Inquiry-based assignments, literature reviews

Faculty are required to combine methods appropriate to **discipline, level, and CLOs**.

4. Teaching Responsibilities of Faculty

Category	Faculty Requirement
1. Course planning	CLO mapping, syllabus approval
2. LMS utilization	Materials uploaded before semester start
3. Engagement	Design active learning sessions
4. Monitoring	Attendance, formative feedback
5. Ethical practice	Academic integrity, student fairness
6. Student support	Advising, office hours, timely feedback
7. Documentation	Maintain complete course file

5. Course Design Requirements

1. Faculty must ensure each syllabus includes:
2. CLO–PLO–NQF mapping
3. Teaching & learning strategies
4. Assessment plan & rubrics
5. Weekly learning plan
6. Technology & resource utilization
7. Student support information

All syllabi must be approved by the College and QA-IEA before delivery.

6. Delivery & Interaction Expectations

Element	Standard
1. Weekly schedule adherence	Required
2. Minimum in-person hours	Per program modality map
3. Office hours	Minimum 4 hours weekly (UG) / 2 hours (PG)
4. Use of LMS	Mandatory; all assessments recorded
5. Formative feedback	Returned within 10 working days
6. Student communication	Professional & timely

7. Course File Requirements

All faculty must maintain a course file (electronic + signed documents):

Component	Required Evidence
1. Syllabus	Approved version
2. Lesson plans	Weekly topics & activities
3. Learning materials	Slides, videos, classroom worksheets
4. Assessment evidence	Rubrics, graded student work, moderation
5. Student feedback	MTS & ETS reports + action plan
6. Quality evidence	Peer review, observations, CAP actions
7. Reflection	Course report with improvement plan

8. Evaluation of Teaching

8.1 Mechanisms

Method	Frequency	Unit
1. Teaching observation	Each semester	Program Chair / QA-IEA
2. Student satisfaction survey	Midterm & end-term	QA-IEA
3. Peer review	Annual	Department
4. Course file audits	Each semester	QA-IEA
5. External accreditation review	As scheduled	Academic Affairs

9. Faculty Development

All faculty must complete:

1. **Annual pedagogy training**
2. **OBE and assessment workshops**
3. **LMS and instructional technology training**
4. **Research & supervision training (PG faculty)**

Participation logged in QA-IEA records.

10. Non-Compliance and Support

If teaching practice is **below institutional expectations**, actions include:

1. Feedback and developmental support
2. Peer mentoring or coaching
3. Required training
4. Teaching improvement plan

Persistent non-compliance triggers academic performance review procedures.

11. Alignment & Standards

This manual aligns with:

1. CAA 2019 Standards (Sections 2–3)
2. UAE NQF Awarding Requirements
3. OBEF v10.21 Pillars 2 & 6
4. ISO 21001:2018 Clause 9
5. HE Inspection Framework 2023
6. Universal Design for Learning (CAST)
7. Biggs' Constructive Alignment Model

12. Document Control

Item	Details
Code	FU-ACA-TLM-MAN-2025
Effective	AY 2025–2026
Revision	Every 3 years
Owned by	Academic Affairs
Monitored by	QA-IEA
Version	1.0

Annex C. Teaching Observation Rubric

Document Code: FU-ACA-TLM-RUBRIC-2025
Applies to: All Colleges & Faculty
Purpose: Evaluate instructional quality and provide developmental feedback
Frequency: Minimum once per semester per faculty

1. Scoring Scale

Score	Descriptor	Meaning
5	Excellent	Exceeds expectations with exemplary practice
4	Very Good	Strong performance; minor enhancement needed
3	Satisfactory	Meets baseline expectations
2	Developing	Below expected standard; improvement required
1	Unsatisfactory	Not aligned with teaching expectations

2. Rubric Dimensions

A. Course Design & Alignment (20%)

Criteria	Evidence	Score
1. CLOs referenced/aligned to the session	Lesson plan; syllabus; verbal cues	
2. Teaching aligned to CLO level (NQF)	Delivery matches intended learning outcomes	
3. Assessment fit for CLOs	Formative checks; questioning techniques	
4. Organization & structure	Clear sequencing; learning objectives presented	

Comments: _____

B. Delivery & Instructional Methods (25%)

Criteria	Evidence	Score
1. Clear explanation of content	Clarity; structure; pacing	
2. Use of varied methods	Lecture + active methods; flipped/pairs/simulation	
3. Effective questioning	Bloom-aligned questions; probing; wait time	
4. Student engagement	Participation, interaction, contribution	
5. Inclusivity	Engages diverse learners; UDL elements	

Comments: _____

C. Learning Environment & Interaction (20%)

Criteria	Evidence	Score
1. Classroom climate	Respectful, inclusive, motivated	
2. Rapport & student support	Encouragement, feedback, availability	
3. Professionalism & tone	Academic language; mentorship demeanor	
4. Classroom management	Time, attention, discipline, flow	

5. Ethical behavior	Academic integrity; fairness	

Comments: _____

D. Technology & Learning Resources (15%)

Criteria	Evidence	Score
1. Appropriate use of LMS	Materials posted, announcements, rubrics	
2. Use of digital tools	Slides, videos, polls, interactive tech	
3. Resource quality	Relevant, current, well-designed	
4. Accessibility	Materials accessible; screen-friendly; UDL compliance	

Comments: _____

E. Assessment & Feedback (20%)

Criteria	Evidence	Score
1. Formative assessment	Quick checks; questioning; group tasks	
2. Feedback quality	Constructive, timely, developmental	
3. Use of rubrics	Rubric follow-through; transparency	
4. Student performance reference	Clear expectations; reinforcement	

Comments: _____

3. Overall Evaluation

Category	Score	Weighted %
1. Course Design & Alignment	/5 × 20%	
2. Delivery & Methods	/5 × 25%	
3. Learning Environment	/5 × 20%	
4. Technology	/5 × 15%	
5. Assessment & Feedback	/5 × 20%	

TOTAL SCORE: _____ / 5

Rating: ☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Developing ☐ Unsatisfactory

Minimum acceptable = **3/5 (Satisfactory)**

4. Action Plan & Development

Improvement Area	Action	Support Required	Target Date

5. Signatures

Role	Name / Signature	Date
1. Observer		
2. Faculty Member		
3. Program Chair		
4. Dean (if required)		

Copy sent to QA-IEA: ☐ Yes

6. Compliance & Standards Alignment

a. **CAA Standards 2019** — Sections 2.1, 3.3, 4.2
b. **UAE NQF 2024** — Constructive alignment & level descriptors
c. **OBEF v10.21** — Pillar 2 (Quality of Learning) & Pillar 6 (Governance)
d. **HE Inspection Framework** — Teaching & Learning Judgments
e. **ISO 21001:2018 Clause 9.1** — Evaluation & improvement

Annex D. Course File Audit Checklist

Document Code: FU-ACA-TLA-CFA-2025
Applies to: All courses (UG & PG)
Frequency: Every semester
Purpose: Ensure completeness, compliance, and quality of course files
Evaluator: Program Chair / College QA Coordinator / QA-IEA Reviewer

Section A — Course Information

Item	Requirement	Yes	No	Remarks
1. Approved syllabus	Latest approved version (signed & dated)	☐	☐	
2. CLO–PLO–NQF mapping	Clearly aligned and referenced	☐	☐	
3. Course specification form	Completed and approved	☐	☐	
4. Credit hours & contact hours documented.	Consistent with the catalog	☐	☐	
5. Teaching plan & schedule	Detailed week-by-week plan	☐	☐	

Section B — Teaching & Learning Materials

Item	Requirement	Yes	No	Remarks
1. Lecture slides	Uploaded & organized	☐	☐	
2. Lesson plans	Weekly plans documented	☐	☐	
3. Supplemental resources	Articles, videos, cases, simulations	☐	☐	
4. Textbooks/references	Current & relevant	☐	☐	
5. LMS presence	Full content uploaded	☐	☐	

Section C — Delivery Evidence

Item	Requirement	Yes	No	Remarks
1. Attendance records	Accurate & complete	☐	☐	
2. Classroom engagement evidence	Activities, discussions, milestones	☐	☐	
3. Use of active learning	Documented (cases, PBL, flipped)	☐	☐	
4. Use of technology	LMS, quizzes, media tools	☐	☐	

Section D — Assessment & Grading

Item	Requirement	Yes	No	Remarks

1. Assessment plan	Matches syllabus	☐	☐	
2. Assessment instruments	Exams, quizzes, assignments	☐	☐	
3. Rubrics	Present & aligned with CLOs	☐	☐	
4. Moderation evidence	Pre- & post-moderation	☐	☐	
5. Feedback samples	Timely, constructive	☐	☐	
6. Grade distribution	Recorded & verified	☐	☐	
7. Grade submission proof	Submitted on time	☐	☐	

Section E — CLO Achievement Evidence

Item	Requirement	Yes	No	Remarks
1. CLO attainment report	Completed with data	☐	☐	
2. Methodology described	Achievement method clear	☐	☐	
3. Action plan for weak CLOs	Follow-up actions documented	☐	☐	

Section F — Student Feedback & Response

Item	Requirement	Yes	No	Remarks
1. Mid-semester survey results	Available & reviewed	☐	☐	
2. End-semester survey results	Available & analyzed	☐	☐	
3. Instructor reflection	Written reflection	☐	☐	
4. Action plan based on feedback	Documented & reasonable	☐	☐	

Section G — Quality Assurance Evidence

Item	Requirement	Yes	No	Remarks
1. Peer observation form	Completed	☐	☐	
2. QA reviewer comments	Recorded	☐	☐	
3. Program Chair sign-off	Completed	☐	☐	

Final Evaluation

Score	Category
90–100%	Excellent
80–89%	Very Good
70–79%	Satisfactory
60–69%	Needs Support
< 60%	Non-compliant – corrective action required

Course File Score: _____ %

Rating: ☐ Excellent ☐ VG ☐ Satisfactory ☐ Needs Support ☐ Non-compliant

Signatures

Role	Name & Signature	Date
1. Faculty		
2. Program Chair		
3. College Dean / QA Rep		
4. QA-IEA Reviewer		

Archival & Data Flow

1. Course file stored: **College + QA-IEA repository**
2. Data feeds: **Annual Program Review (APR)** & **OBEF Teaching Indicators**
3. Retention period: **5 years**

Annex E. Student Teaching Feedback Instrument

Document Code: FU-ACA-TLA-STF-2025
Applies to: All Courses (UG & PG)
Modes: Online via LMS + Printable Form
Type:
☐ Mid-Semester formative feedback
☐ End-Semester summative evaluation

Section A — Course & Instructor Information

Field	Details
Course Title	_____
Course Code	_____
Instructor Name	_____
Program	_____
Semester/Academic Year	_____

Confidential — Student identity not collected.

Section B — Rating Scale

Score	Meaning
5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree

Section C — Teaching & Learning Evaluation

1. Course Organization & Clarity

Statement	Score
1. The course was well-organized and easy to follow.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

2. The instructor clearly explained course objectives & expectations.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. Weekly learning activities were well-planned.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

2. Teaching Effectiveness

Statement	Score
1. The instructor explained concepts clearly.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. Teaching methods supported my learning.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. Examples, case studies, or activities enhanced understanding.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

3. Student Engagement

Statement	Score
1. I was encouraged to participate and ask questions.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. The instructor fostered critical thinking.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. Classroom environment was respectful & supportive.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

4. Assessment & Feedback

Statement	Score
1. Assessment expectations were clear.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. Feedback on assignments was timely and helpful.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. Assessments aligned with learning outcomes.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

5. Learning Resources & Technology

Statement	Score
1. Learning resources were useful and relevant.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. LMS (Moodle/Blackboard) was effectively used.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
3. Technology enhanced learning.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

6. Instructor Availability & Support

Statement	Score
1. The instructor was available for consultation.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. I received academic support outside class when needed.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Section D — Student Learning Experience

Statement	Score
1. I am satisfied with my learning in this course.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. This course contributed to my knowledge and skills.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Section E — Open-Ended Questions (Qualitative)

1. **What aspects of this course helped your learning the most?**

   _____

2. **What improvements would you suggest for this course or instruction?**

_____

3. **What teaching practices did you find most effective?**

_____

4. **Any additional comments or suggestions:**

_____

Section F — Administrative Use

Field	Details
Survey Type	☐ Mid-Semester (Formative) ☐ End-Semester (Summative)
Reviewed by	Program Chair / QA Coordinator
Action Plan Required?	☐ Yes ☐ No

Action Plan Notes (if applicable):

_____

_____

Integration & Reporting

Output	Used by
1. Student experience KPI	QA-IEA / OBEF reporting
2. Instructor improvement plan	Chair / Dean
3. Annual Program Review (APR)	College / QA-IEC
4. Accreditation evidence	CAA / ISO audits

Annex F. Faculty Professional Development Tracking Template

Document Code: FU-ACA-FPD-TRK-2025
Applies to: All faculty (FT/PT/Adjunct/Visiting)
Frequency: Ongoing — reviewed every semester
Maintained by: College Dean / Program Chair / QA-IEA

Section A — Faculty Information

Field	Details
Faculty Name	_____
Employee ID	_____
Academic Rank	_____
College / Department	_____
Program(s) Taught	_____

Section B — Development Requirements Overview

Requirement	Standard	FU Target
1. OBE Training & Assessment	Mandatory	1 per year minimum
2. Digital Pedagogy / LMS Training	Mandatory	1 per year minimum
3. Research & Scholarship Development	Required for research-active faculty	Per role
4. Industry Engagement	Required for applied programs	1 activity per year
5. Community Engagement	Strategic requirement	1 activity per year
6. Academic Integrity & Ethics	Mandatory	Annual
7. Professional Certification (if applicable)	Required where regulated	Per discipline

Section C — Development Activities Log

Date	Activity / Training Title	Type	Organizer	Hours / Credits	Evidence	Status
	☐ Workshop ☐ Seminar ☐ Conference ☐ Certification ☐ PD Program ☐ Webinar			☐ Certificate ☐ Attendance Record ☐ Report	☐ Completed ☐ Pending	

Attach supporting files (certificates, slides, notes, reflections) to course file & QA-IEA drive.

Section D — Reflections & Impact on Teaching Practice

How has this training improved your teaching and student learning?

_____

_____

_____

_____

Planned application in future teaching

_____

_____

_____

_____

Section E — Development Action Plan (if needed)

Improvement Area	Action Needed	Support Required	Target Completion

Section F — QA & Approval Cycle

Stage	Responsible	Date	Signature
1. Faculty Submission	Faculty		
2. Review & Verification	Program Chair		
3. Endorsement	Dean		
4. QA-IEA Review (Sampling / Audit)	QA-IEA		

Record Retention & Reporting

Requirement	Responsibility	Storage
1. Upload evidence to LMS/SharePoint/Drive	Faculty	Program Folder
2. Annual consolidation	Program Chair	College QA Folder
3. Annual review report	Dean	QA-IEA Portal
4. Audit sampling	QA-IEA	Institutional Evidence Archive

Retention period: **5 year**

Alignment & Standards Compliance

This template satisfies:

Framework	Requirement
CAA Standards 2019	Faculty qualification & development documentation
NQF 2024	Teaching capability aligned to learning outcomes
OBEF v10.21	Pillar 2 — Teaching & Learning Performance
ISO 21001:2018	Competence, training, awareness & documentation
HE Inspection Framework 2023	Staff competency, teaching quality

Document Control

Field	Entry
Document Code	FU-ACA-FPD-TRK-2025
Version	1.0
Effective Date	AY 2025–2026
Responsible Office	Academic Affairs / QA-IEA
Review Cycle	3 years
Status	Approved

Annex G. Course Template

Document Code: FU-ACA-LMS-TMP-2025
Applies to: All undergraduate and postgraduate courses
Format: Moodle / Blackboard / Canvas / MS Teams LMS-agnostic
Purpose: Ensure consistency, OBE alignment, student engagement, and accreditation evidence

Course Homepage Structure

Header

Item	Required
Course Code & Title	✓
Program & College	✓
Instructor Name & Title	✓
Office Hours (with booking link if available)	✓
Contact (Email + Office/virtual location)	✓
Syllabus Download (PDF)	✓

Syllabus must include CLO/PLO/NQF mapping & QA-approved version.

Section 1 — Course Orientation

Component	Content
Welcome Video / Intro Message	Faculty introduction + course overview
Course Handbook / Syllabus	Upload PDF + on-screen summary
Course Purpose	Learning goals & relevance to industry
CLOs & PLO Mapping	Table or infographics
Course Schedule	Calendar-linked
Expectations & Conduct	Academic integrity, attendance, professionalism
Technology Requirements	LMS tools, simulation software, etc.
Support Services	Writing center, library, counseling, advising links

Section 2 — Instructional Plan (Weekly Modules)

Each weekly folder labeled:

Week X — Topic Title (CLO#: _)

Inside EACH week folder:

Item	Description	Required
Weekly learning objectives	Aligned with CLO(s)	✓

Lecture slides	PDF + PPT	✓
Recorded lecture or audio guide	Minimum weekly micro-lecture	✓
Learning materials	Articles, textbook pages, cases	✓
Active learning task	Discussion / quiz / exercise	✓
Assessment link	If applicable that week	✓
Reflection / "Exit ticket" question	Short reflective prompt	✓

Section 3 — Assessments

Category	Requirements
Assessment schedule	Visible in LMS calendar
Rubrics	Uploaded for all graded activities
Samples	Anonymized examples if possible
Turnitin submission (if writing)	Enabled
Academic integrity notice	Required before submission

Assessment breakdown:

Level	Examples
Formative	Quiz, practice exercise, forum post
Summative	Exam, project, presentation, report
Authentic Assessment	Case, lab, simulation, client-based task

Section 4 — Course Resources

Type	Examples
Core reading	Textbook chapters, e-books
Supplementary reading	Journal articles, policy reports
Industry resources	Standards, professional videos, toolkits
Library integration	E-library links, databases
Multimedia	Lab demos, podcasts, VR, simulations

Section 5 — Communication Channels

Tool	Purpose
Announcements	Weekly announcements required
Discussion forum	One graded academic interaction required
Office hours link	MS Teams / Zoom booking link
Ask-the-Instructor Forum	Response policy posted (≤48 hrs)

Section 6 — Attendance & Engagement

Requirement	Method
Attendance tracking	LMS analytics / classroom attendance
Engagement tracking	Forum, quiz, activity logs
Mid-semester evaluation	Link to feedback form

Section 7 — QA & Accreditation Evidence Folder (faculty view only)

Item	Evidence
Approved syllabus	PDF
CLO attainment data	LMS gradebook extract
Rubrics	Uploaded format
Sample graded works	Redacted / anonymized
Moderation forms	Pre- & post-moderation
Student feedback summary	Mid- and end-term
Course reflection & improvement plan	Faculty report
Peer observation report	Scanned version

Hidden from students; QA-IEA access enabled.

Visual Layout Requirements

- Consistent folder icons & headings
- Short labels (no long file names)
- Fonts: Arial / Liberation Sans / Roboto
- Color scheme aligned with FU brand
- Mobile-friendly layout required

Minimum Faculty Actions Per Semester

Task	Frequency
Weekly announcement	Every week
Synchronous teaching	Per schedule
Student reminders	Two per assessment
Mid-term intervention message	For at-risk students
Assignment feedback	≤10 working days
Course reflection report	End-semester

Compliance Checklist

Item	Required
Syllabus (approved & uploaded)	✓
Weekly learning modules	✓
CLO alignment visible	✓
Active learning tasks	✓
Formative + summative assessments	✓
Rubrics available	✓
Student support info	✓
QA evidence folder complete	✓

Document Control

Field	Info
Version	1.0
Effective Date	AY 2025–2026
Owner	Office of Academic Affairs
Monitor	QA-IEA

Review Cycle	Every 3 years
Status	Approved

Annex H. Faculty Teaching Roles & Responsibilities

Document Code: FU-ACA-FHB-TLR-2025**
Applies to: Full-time, part-time, adjunct, visiting faculty

1. Purpose

To define the academic responsibilities of FU faculty in delivering high-quality, student-centered, and outcomes-based teaching, aligned with national and international quality frameworks.

2. Core Teaching Responsibilities

2.1 Course Planning & Design

Faculty must:

Requirement	Standard
Design courses aligned with NQF	CLO → PLO → NQF mapping
Submit syllabus before semester	Approved through College QA
Upload syllabus to LMS	Prior to first class
Ensure constructive alignment	CLOs ↔ Teaching ↔ Assessment
Plan learning activities weekly	Lesson plans + LMS weekly folders

2.2 Teaching Delivery

Faculty must:

- Deliver teaching consistent with FU's **learner-centered OBE pedagogy**
- Use varied active learning strategies (PBL, cases, debates, labs, simulations)
- Provide weekly engagement opportunities
- Maintain professional tone, respect, and ethical conduct
- Use technology (LMS, digital tools, smart learning strategies)

Minimum requirements

Obligation	Standard
Contact hours	As per approved modality & load
Office hours	Minimum 4 hrs/week (UG); 2 hrs/week (PG)
LMS activity	Weekly posting + gradebook updates
Attendance tracking	Mandatory
Student support	Advising & timely response

2.3 Assessment & Feedback

Faculty must:

Requirement	Standard
Develop assessments aligned to CLOs	Verified by Chair
Use rubrics	Uploaded & communicated
Provide timely feedback	≤ 10 working days
Upload grades to LMS	On schedule
Maintain exam integrity	Proctoring & ethical policy compliance
Participate in moderation	Pre & post moderation

2.4 Student Support & Advising

Faculty must:

- Support students academically and refer to services when needed
- Hold office hours and respond to student queries within 48 hours
- Identify at-risk students and report/intervene early

2.5 Course File & Quality Assurance

Faculty must:

Requirement	Evidence
Maintain full course file	Approved checklist
Complete course report	End-of-term
Participate in teaching evaluation	Faculty, student, peer
Implement improvement actions	Evidence in course file
Engage in QA processes	Survey reviews, OBEF reporting

3. Professional Competency & Conduct

Faculty shall demonstrate:

- Academic integrity
- Fair treatment of students
- Cultural respect and sensitivity
- Punctuality and preparedness
- Ethical use of AI and digital tools
- Data privacy and confidentiality

4. Continuous Professional Development

All faculty must participate in:

Activity	Annual Minimum
OBE & assessment training	1 workshop
Digital pedagogy training	1 workshop
Academic integrity & ethics	Annual
Research development (if research-active)	Per role
Industry engagement (for applied programs)	1 per year

Documentation via Faculty Development Tracker.

5. Evaluation of Teaching Performance

Evaluation Component	Evidence
Student feedback	Mid + end-of-semester reports
Peer review	At least once per year
Chair/Dean evaluation	Annual faculty review
Course file audit	Every term
Teaching observation	Per QA cycle
OBEF teaching metrics	Annual

Performance below standards results in:

1. Development plan → 2) Mentoring → 3) HR intervention (if needed)

6. Rights of Faculty

Faculty have the right to:

- Academic freedom within FU and UAE policy frameworks
- Institutional support (library, lab, LMS, training, IT)
- Fair evaluation and due process
- Opportunities for professional development
- Feedback and improvement support

7. Support Provided by the University

FU provides:

- LMS and smart learning systems
- Faculty development workshops
- Academic advising support
- Research & library resources
- Teaching innovation guidance
- Student support services (SAS, counseling, tutoring)
- IT and digital pedagogy support units

8. Compliance & Enforcement

Non-compliance results in:

1. Verbal/written advisory
2. Teaching improvement plan
3. Mandatory training / mentoring
4. Performance management per HR policy

9. Standards References

- **CAA Standards 2019** — Standards 2 & 3
- **UAE NQF 2024** — Program learning requirements
- **OBEF v10.21** — Pillar 2 & Pillar 6
- **ISO 21001:2018** — Clause 9
- **HE Inspection Framework 2023** — Teaching quality criteria

10. Document Control

Item	Value
Version	1.0
Effective Date	AY 2025–2026
Responsible Office	Academic Affairs
Monitoring	QA-IEA
Review Cycle	Every 3 years
Supersedes	New Section

Annex I. Teaching Compliance Monitoring Tool

For Deans & Program Chairs
Document Code: FU-ACA-TCM-2025
Applies to: All Colleges & Programs
Frequency: Per semester & annual review
Purpose: Ensure faculty compliance with teaching, assessment, LMS, and QA standards

1. Semester Teaching Compliance Dashboard

Faculty Name	Course Code(s)	Syllabus Approved	LMS Setup (Week 1)	Weekly Delivery Logged	Assessment Alignment Verified	Course File Check	QA Review Required	Status
	☐	☐	☐	☐	☐	☐	On Track / Needs Action	
	☐	☐	☐	☐	☐	☐	On Track / Needs Action	

Key:
☑ = Meets requirement | ☐ = Pending / Non-compliant

2. Faculty Teaching Performance Compliance Checklist

Compliance Area	Standard	Evidence Required	Yes	No	Remarks
Course syllabus approved before semester start	QA-approved & uploaded	Syllabus & LMS	☐	☐	
Weekly lesson plans	Instructional schedule visible	Weekly folders	☐	☐	
CLO alignment visible	CLO → PLO → NQF map	Course file	☐	☐	
Active learning demonstrated	Student-centered methods	LMS / Observation	☐	☐	
Assessment rubrics used	CLO-aligned & shared	Rubrics	☐	☐	
Moderation completed	Pre- and post-moderation	Forms	☐	☐	
Timely grading	≤10 working days	LMS evidence	☐	☐	
Student feedback response	Midterm & end-term actions	Feedback log	☐	☐	
Course report completed	CLO achievement + actions	Final course report	☐	☐	

3. LMS Compliance Review

Area	Requirement	Yes	No	Notes
Syllabus uploaded	Before week 1	☐	☐	
Weekly modules present	Week-by-week units	☐	☐	
Learning materials posted	Slides / readings	☐	☐	
Formative tasks included	Weekly activity	☐	☐	
Feedback posted	Per assessment	☐	☐	
Gradebook updated	Weekly	☐	☐	

Minimum compliance threshold: **85%**

4. OBE Compliance Review

Area	Requirement	Evidence	Yes	No
CLO coverage	All CLOs taught	Course map	☐	☐
CLO assessment	Direct assessment for each CLO	Rubrics, samples	☐	☐
CLO achievement report	Completed and analyzed	CLO achievement report	☐	☐
Improvement actions	Documented	Course report	☐	☐

5. Teaching Observation & Feedback

Item	Requirement	Status
Observation completed	At least once per semester	☐ Done ☐ Pending
Faculty reflection submitted	Self-evaluation	☐ Yes ☐ No
Follow-up meeting held	With Chair	☐ Yes ☐ No
Professional development actions	Assigned if needed	☐ Yes ☐ No

6. At-Risk Faculty Intervention Log

Faculty	Concern	Action	Deadline	Status
LMS non-compliance	Mentoring + training	___	Pending / Completed	
Student complaints	Class visit + support	___	Pending / Completed	

All interventions documented & reported to QA-IEA.

7. Program-Level Teaching Quality Summary

Area	Metric	Target	Score	Status
Teaching compliance rate	% courses compliant	≥90%		☐ Achieved ☐ Action Needed
Student satisfaction	Teaching component	≥85%		☐ Achieved ☐ Action Needed
CLO achievement	≥80% CLO targets	≥80%		☐ Achieved ☐ Action Needed
Faculty development completion	% faculty trained	100%		☐ Achieved ☐ Action Needed

8. Decision & Follow-Up Plan

Required Action	Program Chair Action	Deadline	Dean Approval
Remedial training assignment			
Peer mentoring assignment			
Course redesign / support			
Escalation to QA-IEA			

9. Signatures

Role	Signature	Date
Program Chair		
College Dean		
QA-IEA Reviewer		

Archiving & Reporting

Requirement	Action
Roster stored	College QA folder + SIS
Report shared with	Dean, QA-IEA, VPAA
Included in	Annual Program Review (APR)
Feeds OBEF Metrics	Pillar 2 (Teaching) & Pillar 6 (Governance)

Retention period: **5 years**

Annex J. CAA Evidence Mapping Matrix – Teaching & Learning

Document **Code:** FU-ACA-CAA-EVID-TL-2025**

Purpose: Evidence crosswalk demonstrating compliance with CAA Standards on Teaching & Learning

CAA Standard 3: Students — Teaching & Learning Environment

CAA Clause	Requirement	FU Evidence / Document	Status
2.1	Effective teaching & learning	Teaching & Learning Policy; Faculty Handbook	
2.2	Qualified faculty	HR Credential Verification; CVs; MOHRE/Equivalency	
2.3	Academic advising	Advising SOP; AIP Form; Advisor Logs	
2.4	Learning resources support	Library / LMS / IT Support Policy	
2.5	Academic integrity	Academic Integrity Policy; Turnitin reports	
2.6	Admission & progression	Academic Progress Policy; SOPs; Registrar Rules	
2.7	Student support services	Student Affairs Manuals; Counseling Policy	

CAA Standard 3: Teaching & Learning

Clause	Requirement	FU Evidence
3.1	Program delivery & implementation	Program Handbook; Teaching SOP

3.1.2	Constructive alignment	CLO→PLO→NQF Matrix; Syllabi
3.1.3	Student-centered learning	Teaching & Learning Manual; Active Learning Evidence
3.1.4	Assessment alignment	Assessment Policy; Rubrics; Moderation Forms
3.1.5	Learning environment	LMS Template; Student Feedback Reports
3.1.6	Staff workload & performance	Workload Policy; Faculty Evaluation
3.2	Program resources & facilities	Laboratory & Facilities Management SOP
3.3	QA & continuous enhancement	QA-IEA Framework; Annual Teaching Report
3.4	Course syllabi	Approved Syllabus Templates
3.5	Course development & review	Curriculum Governance SOP; CQA-PE minutes

CAA Standard 3: Students & Graduates — Learning Outcomes

Clause	Requirement	FU Evidence
4.1	Learning outcomes achieved	CLO Achievement Reports
4.2	Assessment integrity	Assessment SOP; Proctoring Policy
4.3	Graduate attributes	Program Learning Outcomes (PLOs)
4.4	Work readiness	Internship/Practicum Manuals
4.5	Stakeholder feedback	Employer & Alumni Surveys
4.6	Graduate employment	OBEF Pillar 1 reporting

CAA Standard 5: Faculty & Staff

Clause	Requirement	FU Evidence
5.1	Faculty qualifications	Credentialing documents; HR checklist
5.2	Faculty development	Faculty PD Tracker; Annual PD Log
5.3	Teaching effectiveness checks	Observation Rubric; QA Reports
5.4	Research & professional practice	Research Policy; Faculty Workload Model
5.5	Academic leadership & committees	Organizational Chart; QA Committees

CAA Standard 6: Technology & Learning Resources

Clause	Requirement	FU Evidence
6.1	Library & IT access	Library Policy; E-database subscriptions
6.2	LMS & digital tools	LMS Template; Usage Reports
6.3	Resource adequacy	Annual resource evaluation
6.4	Technical support	IT Support SOP
6.5	Staff & student training	Digital Skills PD records

Internal QA & Reporting Evidence

Category	Evidence
Annual Course Reports	Required each semester
Annual Program Review	With teaching KPIs
Course File Audit	QA-IEA verified
OBEF Teaching Metrics	Pillar 2 reports
Teaching Observation Reports	Per faculty, per term

Student Teaching Feedback	Mid & end term
CAPs (Corrective Action Plans)	QA closure records

How FU Uses This Matrix

Stage	Use
Self-study submission	Evidence table annex
CAA on-site visit	Walk-through evidence
Annual QA audit	QA-IEA report
Internal accreditation audits	College QA monitoring
Strategic reporting	OBEF Pillar 2 upload

Annex K. Teaching Excellence & Quality System Framework

Document **Code:** FU-ACA-TEF-SYS-2025

Approved by: QA-IEC / VPAA / Academic Council

1. Purpose

To recognize, support, and reward outstanding teaching aligned with:

- UAE CAA Standards 2019
- OBEF v10.21 Pillar 2 & Pillar 6
- NQF 2024 outcomes-based delivery
- ISO 21001 Educational Organization Management
- UAE HE Inspection Framework 2023

2. Pillars of Teaching Excellence at FU

Pillar	Focus	Evidence
1. **Learning Design & Curriculum Innovation**	OBE, pedagogy, curriculum quality	Syllabus, CLO mapping, lesson plans
2. **Teaching Delivery & Engagement**	Active learning, digital pedagogy	Observation rubric, LMS logs
3. **Assessment Excellence**	Validity, reliability, feedback rigor	Rubrics, moderation reports
4. **Student Learning Impact & Success**	CLO achievement, progression, satisfaction	CLO attainment, student surveys
5. **Professional Growth**	PD participation, certifications	PD tracker, certificates
6. **Applied & Industry-Embedded Learning**	Real-world integration	Internships, industry co-teaching
7. **Scholarship of Teaching**	SoTL, research-informed practice	Publications, conferences
8. **Service & Community Engagement**	Advising, outreach, mentorship	Logs, event evidence

3. Teaching Excellence Evaluation Rubric

Area	Weight
Course Design & OBE Alignment	20%
Teaching Delivery & Innovation	20%
Assessment & Feedback Quality	15%
Student Engagement & Experience	15%
Learning Outcomes Achievement	15%
Professional Development	10%
Institutional Contribution	5%

Pass threshold: **≥85% Excellent**

4. Teaching Excellence Portfolio Requirements

Faculty submit:

- Updated CV
- OBE-aligned syllabus & lesson plan sample

- LMS screenshots & analytics
- Student feedback summary & improvement actions
- Peer observation reports
- Assessment samples & moderation reports
- PD certificates & SoTL outputs
- Evidence of student mentoring & community engagement

5. Teaching Excellence Award Categories

Award	Target
Distinguished Teaching Award	Senior faculty
Early-Career Teaching Award	<5 years experience
Innovative Pedagogy Award	Tech, AI, flipped, PBL
Student-Nominated Teaching Award	Top 10% ratings
Community & Industry Engagement Award	Applied learning

Award certificates + research/PD funding + recognition at University Academic Awards Ceremony.

6. Annual Cycle

Period	Activity
Week 1-2	Call for nomination
Week 4	Submission deadline
Week 6	Evaluation & scoring
Week 8	Committee decision
Week 10	Senate/Academic Council approval
Convocation / FU Teaching Excellence Day	Award ceremony

7. Committee Composition

- VPAA (Chair)
- QA-IEA Director
- Dean representatives
- Student representative (for nominated award)
- External reviewer (optional — best practice)

8. Teaching Excellence KPIs Dashboard

KPI	Target
% faculty achieving ≥85% teaching rating	≥90%
CLO achievement success	≥80%
Student satisfaction (teaching)	≥85%
Faculty PD completion	100%
Peer observation completion	100%
Course file compliance	≥95%

Quarterly report to **QA-IEC** & President.

9. Nomination Form Template

Name:

College / Department:
Category:
Narrative Statement (max 2 pages):
Teaching Philosophy:
OBE Evidence Attached:
Student Feedback Summary:
PD Summary:
Supporting Documents Checklist:

10. Reviewer Scoring Sheet

1. Course design & OBE evidence — /20
2. Teaching strategies — /20
3. Assessment quality — /15
4. Student success outcomes — /15
5. Professional development — /10
6. Institutional service — /5
7. Innovation — /15

Total: /100

11. Integration with QA & Accreditation

Evidence feeds:

- CQI cycle (Continuous Quality Improvement)
- Annual Program Review
- OBEF reporting
- Internal Teaching Quality Dashboard
- CAA evidence binder (Teaching Standard)

12. Document Control

Item	Value
Version	1.0
Effective	AY 2025–2026
Authority	Academic Council
Monitor	QA-IEA
Review	Every 2 years

M. Policy on Class Size Management (4.F)

1. Purpose

This policy establishes standardized requirements for class size determination and management to ensure:

- Quality of teaching and learning
- Student engagement and safety
- Effective OBE implementation
- Resource and facility optimization
- Compliance with **UAE CAA Standards**, **NQF 2024**, and **OBEF v10.21**

2. Policy Statement

Fujairah University maintains class sizes that support high-quality, student-centered instruction and ensures that learning outcomes, engagement, and assessment integrity are achieved.

Class size decisions shall be based on:

- Pedagogy and learning outcomes
- Regulatory and accreditation provisions
- Classroom capacity and safety
- Faculty workload and availability
- Program modality and discipline needs

3. Minimum & Maximum Class Sizes

3.1 Standard Lecture-Based Courses

Type	Minimum	Maximum
Undergraduate courses	12	35
Graduate courses	8	25

3.2 Lab/Studio/Clinical-Based Courses

Type	Minimum	Maximum
Science / Engineering Labs	6	20
Simulation-based / Clinical skills	6	12
Professional practice / Field placement	Based on facility & accreditor	Per accreditor

3.3 Exceptions (with approval)

Scenario	Authority
Low-enrolment core course	VPAA + Dean
Capstone, thesis, project course	Dean + QA-IEA
Guest scholar / special seminar	Dean
Strategic innovation pilot course	VPAA
Accreditor-mandated capacity	Per accreditor

No section may exceed room capacity or safety limits.

4. Class Consolidation & Cancellation

Situation	Action	Approval
Below minimum size	Consolidate sections or offer independent study	Dean + VPAA
Zero enrolment by Week 1	Cancel	Dean + Registrar

Strategic / accreditation-critical course	Run even if low enrolment	VPAA authorization

Student notification: within 48 hours via Registrar + LMS announcement.

5. Faculty–Student Ratio Guidance

Discipline Category	F:S Target
Theory / lecture	1:20–35
STEM labs	1:10–20
Clinical / practicum	1:6–10
Thesis advising	1:5–10

6. Monitoring & Compliance

Activity	Responsible
Pre-semester section review	Registrar + Deans
Room capacity audit	Facilities + QA-IEA
Safety compliance	HSE Unit
Semester class size report	QA-IEA
Review in APR & OBEF reporting	Dean + QA-IEC

7. Quality Assurance Alignment

Compliance assessed via:

- Teaching & learning audit reports
- Program accreditation files
- Annual Program Review (APR)
- OBEF Pillar 2 & Pillar 6 indicators
- Teaching observation & student feedback

8. Associated Risks

Risk	Mitigation
Overcrowding	Space audit + schedule control
Under-enrolment	Strategic consolidation + advising
Pedagogical limits exceeded	VPAA exception review
Accreditation breach	QA-IEA compliance verification

9. Related Policies

- Teaching & Learning Policy
- Academic Scheduling Policy
- Health & Safety Policy
- Resource Allocation Policy
- OBEF Reporting Guidelines

Procedures

A. Semester Class Size Management Workflow

1. Pre-Registration Planning

Step	Action	Responsibility
1	Set projected enrollment	Registrar + Colleges
2	Allocate rooms & schedules	Scheduling Team

3	Preliminary section size check	QA-IEA

2. Add-Drop Period Monitoring

Step	Action	Responsibility
1	Track class size daily (Week 1–2)	Registrar
2	Validate room capacity & compliance	Facilities + QA-IEA
3	Review low-enrolment courses	Deans
4	Approve exceptions	VPAA
5	Notify students & faculty	Registrar

3. Mid-Semester Review

- Confirm continued compliance
- Monitor space, safety, technology needs
- Document in QA semester report

4. Documentation Required

Document	Maintained by
Class size report	Registrar
Exception approvals	VPAA
Space audit checklist	Facilities
OBEF class size indicator	QA-IEA

B. Escalation Matrix

Issue	Escalates to
Class above capacity	Registrar → Facilities → QA-IEA
Below required minimum	Program Chair → Dean → VPAA
Safety / equipment limitation	Facilities & HSE
Accreditation deviation	QA-IEA

Annex A. Class Size Exception Request Form

Document Code: FU-ACA-FORM-CLS-EXC-2025
Related Policy: FU-ACA-POL-CLS-2025
Effective: AY 2025–2026
Controlled By: Office of Academic Affairs / QA-IEA

1. Course Information

Field	Details
College	_____
Department	_____
Course Code & Title	_____
Program	UG ☐ PG ☐
Delivery Mode	F2F ☐ Hybrid ☐ Online ☐
Semester / Year	_____
Instructor	_____

2. Scheduled Section Details

Item	Data
Approved min–max size	_____ / _____
Current enrollment	_____ students
Assigned room capacity	_____ seats

3. Type of Exception Requested

Reason	Check
A. Low-enrolment — request to **run below minimum**	☐
B. Over-enrolment — request to **exceed maximum**	☐
C. Accreditation/clinical/technical requirement	☐
D. Strategic Program / Graduation Requirement	☐
E. Other (specify): _____	☐

4. Justification for Request

Provide academic and operational rationale (attach evidence where applicable)

_____

_____

Pedagogical Consideration (tick all applicable):

Condition	Check
Capstone / Thesis / Independent Study	☐
Specialized Lab / Studio Constraint	☐
Accreditation / Safety requirement	☐
Industry-based / Practicum placement	☐
Graduate-level seminar	☐
Course required for graduation	☐
Student equity / access reason	☐
Faculty expertise necessity	☐

5. Impact Mitigation Measures

(Select as applicable)

Measure	Check
Additional TA / support staff	☐
Additional lab / section time	☐
Reduced assessment load	☐
Modified teaching strategy	☐
Student learning support plan	☐
Alternative delivery (blended/online)	☐
Other: _____	☐

6. Attachments

Documentation	Attached?

Course syllabus & CLO map	☐
Room capacity verification	☐
Academic justification memo	☐
Student list	☐
Safety/HSE clearance (if relevant)	☐
Other: _____	☐

7. Approvals

Role	Name	Signature	Date	Decision
Instructor				Submit
Program Chair				☐ Approve ☐ Reject
Dean				☐ Approve ☐ Reject
Registrar				☐ Confirm space & schedule
QA-IEA				☐ Noted ☐ Audit
Vice-President for Academic Affairs				☐ Final Approval

No class size exception may be enacted without Director for AA approval.

8. For QA-IEA Office Use Only

Item	Status
Logged in QA system	Yes ☐ No ☐
Included in semester academic audit	Yes ☐ No ☐
Impact review scheduled	Yes ☐ No ☐
Notes	_____

Document Control

Item	Value
Version	1.0
Form Category	Academic Governance
Revision	Every 3 years
Storage	QA-IEA Repository + Registrar System

Annex B. Class Size Audit Checklist

Document Code: FU-ACA-QA-CLS-CHK-2025
Unit: Office of Quality Assurance & Institutional Effectiveness Affairs (QA-IEA)
Frequency: Start of semester, Add/Drop period, Mid-semester
Applies To: All Colleges & Academic Programs

1. Course & Section Information

Field	Details
College / Department	_____
Program	_____
Course Code & Title	_____
Section	_____
Instructor	_____
Semester / Year	_____

2. Enrollment & Capacity Verification

Criterion	Yes	No	Remarks
Enrolment meets minimum policy threshold	☐	☐	
Class size does not exceed maximum limit	☐	☐	
Assigned classroom capacity not exceeded	☐	☐	
Room suitability verified (type, equipment)	☐	☐	
Safety/HSE standards satisfied	☐	☐	

3. Policy Compliance Verification

Requirement	Yes	No	Evidence / Notes
Class on timetable approved by Registrar	☐	☐	
Section listed in SIS/LMS	☐	☐	
Syllabus posted & section number correct	☐	☐	
Student attendance roster established	☐	☐	
LMS course shell active	☐	☐	
Active list matches SIS roster	☐	☐	

4. Exceptions Management

Item	Yes	No	Notes
Exception needed?	☐	☐	
If yes, exception request form submitted	☐	☐	
VPAA approval recorded	☐	☐	
Exception archived in QA-IEA system	☐	☐	

5. Pedagogical Considerations

Evaluation	Yes	No	Notes
Class size appropriate for pedagogy	☐	☐	
Active learning feasible	☐	☐	
Assessment load manageable	☐	☐	

Labs/studios meet safety rules	☐	☐	

6. Stakeholder Confirmation

Step	Yes	No	Notes
Instructor confirms capacity suitable	☐	☐	
Department Chair reviewed section	☐	☐	
Dean verified compliance	☐	☐	

7. Audit Summary

Item	Status
Compliant	☐ Fully ☐ Partially ☐ Non-compliant
Immediate action required	☐ Yes ☐ No
Corrective action plan needed	☐ Yes ☐ No
Deadline for correction	_____

8. QA-IEA Comments

_____

_____

9. Signatures

Role	Name & Signature	Date
QA-IEA Reviewer		
Program Chair		
College Dean		
Registrar Confirmation		

Archival Compliance

Requirement	Status
Filed in QA-IEA repository	☐
Included in Semester QA Report	☐
Tagged for Audit Sample	☐

Retention period: **5 years**

Document Control

Field	Entry
Version	1.0
Responsible Unit	QA-IEA
Review Cycle	Every 3 years
Approved By	QA-IEC & VPAA

Annex C. OBEF Class-Size KPI Input Template

Document Code: FU-OBEF-CLS-KPI-TEMPLATE-2025
Owner: QA-IEA
Reporting Cycle: Every semester
Use: OBEF Pillar 2 (Teaching Quality) & Pillar 6 (Governance & Sustainability)

Section 1 — Course and Program Data

Field	Input
College	
Program	
Semester / Academic Year	
Course Code	
Course Title	
Section	
Course Type	Lecture ☐ Lab ☐ Clinic ☐ Capstone ☐ Graduate ☐ Other: ___
Instructor	
Delivery Mode	F2F ☐ Hybrid ☐ Online ☐
Classroom Capacity (seats)	

Section 2 — Enrollment & Policy Thresholds

KPI Element	Expected	Actual	Status
Minimum enrollment requirement			☐ Met ☐ Below
Maximum capacity threshold			☐ Met ☐ Exceeded
Actual student enrollment			
Difference from policy range			+ / –

Section 3 — Exception Tracking

Exception Type	Yes/No	Approval Ref	Action Required
Below minimum enrollment	☐ / ☐		
Above max allowed	☐ / ☐		
VPAA Exception Approved	☐ / ☐		
Academic justification attached	☐ / ☐		
HSE / capacity verified (if applicable)	☐ / ☐		

Section 4 — Learning Impact & Documentation

Quality Measure	Evidence Required	Attached	Notes
Course syllabus aligned to NQF	CLO/PLO matrix	☐	
LMS weekly modules active	Screenshot / audit log	☐	
Teaching method suitable for enrolment	Teaching observation	☐	
Assessment load manageable	Assessment plan	☐	
Student support available	Office hours docs	☐	

Section 5 — OBEF Data Capture

OBEF Category	Value	Evidence	Status

CLO Attainment %		CLO Report	☐
Student Satisfaction – Teaching		Survey report	☐
Student Satisfaction – Class Environment		Survey report	☐
Faculty Satisfaction (optional)		Annual survey	☐
Accreditation / Safety Compliance	Yes ☐ No ☐	HSE form	☐

Section 6 — KPI Summary Score

KPI Dimension	Performance	Score (0-3)
Class size compliance		
Teaching environment quality		
OBE Assessment alignment		
Student learning impact		
Governance & compliance rigor		

Scoring Guide (Internal QA)

3 = Fully compliant | 2 = Minor deviation | 1 = Significant issue | 0 = Non-compliance

Section 7 — QA Review & Actions

Reviewer	Role	Signature	Date
Program Chair			
Dean			
QA-IEA Auditor			

Corrective Action Plan (if required)

Issue	Action	Owner	Deadline

Document Control

Item	Entry
Version	1.0
Effective	AY 2025–2026
Reviewed by	QA-IEC
Next Review	**2028 upon OBEF update**

IV. Research and Innovation

A. Policy and Procedures Governing the Free Pursuit and Dissemination of Knowledge (5.A)

1. Purpose

This policy affirms Fujairah University's commitment to **academic freedom, scholarly integrity, and the uninhibited pursuit of knowledge**, ensuring that all faculty, researchers, and students can freely engage in inquiry, innovation, and dissemination of results consistent with ethical, legal, and cultural norms of the UAE and FU's mission.

2. Scope

This policy applies to:

- All faculty, students, researchers, and staff engaged in teaching, learning, and research
- All colleges, centers, and institutes involved in academic and scholarly activities
- All modes of delivery—face-to-face, blended, and online
- All platforms for dissemination, including conferences, journals, creative works, and community engagement activities

3. Policy Statements

1. **Freedom of Inquiry and Expression:**
   FU upholds the right of all academic members to explore, question, and communicate ideas without censorship or institutional interference, within the boundaries of professional ethics and national regulations.
2. **Scholarly Responsibility:**
   Academic freedom is balanced by the obligation to maintain accuracy, integrity, and respect for cultural, moral, and legal norms.
3. **Alignment with Mission:**
   All scholarly activities must contribute to FU's mission of developing critical thinking, creativity, innovation, and evidence-based knowledge for societal advancement.
4. **Integrity and Ethics:**
   Faculty and students must adhere to FU's **Academic Integrity** and **Research Ethics** policies.
5. **Institutional Support:**
   FU shall provide an enabling environment—including resources, governance structures, and protection measures—to ensure the safe and responsible dissemination of knowledge.
6. **Transparency and Compliance:**
   Dissemination of research outputs must comply with UAE federal laws on publishing, intellectual property, data protection, and national security.

4. Implementation Framework

Functional Area	Mechanism / Practice	Responsible Office
Curriculum and Teaching	Encourage critical inquiry and diverse perspectives within courses; ensure balanced representation of theories and debates	Director, Academic Affairs / College Deans

Research and Innovation	Maintain policies supporting open, ethical research and publication	Office of Research & Innovation
Community Engagement	Disseminate knowledge through public lectures, outreach, and partnerships	CEELL / Colleges
Institutional Governance	Protect freedom of expression through clear reporting and appeal mechanisms	QA-IEA / VPAA
Scholarly Dissemination	Support faculty and student publication in indexed journals, conferences, and creative forums	Deans / QA-IEA

5. Procedures

5.1 Pursuit of Knowledge

1. Faculty and students engage in teaching, research, and publication within their disciplines.
2. Topics of inquiry must align with FU's mission, UAE laws, and ethical standards.
3. Proposals involving sensitive or human-subject research must obtain ethical clearance from the **FU Research Ethics Committee**.

5.2 Dissemination of Knowledge

1. Faculty and students are encouraged to present or publish scholarly works in reputable platforms.
2. The **Office of Research and Innovation** reviews outputs for compliance with FU's **Research Ethics and Intellectual Property Policy**.
3. Dissemination through media, conferences, or digital channels must include proper institutional affiliation.
4. Open-access dissemination is encouraged, subject to publisher and copyright compliance.

5.3 Protection and Redress Mechanisms

1. Any faculty or student who believes their academic freedom is infringed may submit a written appeal to the **Dir. AcA.**
2. The **QA-IEA** will independently review the complaint for due process and integrity.
3. Findings will be reported to the **QA-IE Council** and, if necessary, to the **Board of Trustees** for institutional action.

6. Quality Assurance and Monitoring

- The **QA-IEA** monitors adherence to this policy through annual academic and research audits.
- Indicators such as publications, collaborative projects, conference participation, and innovation outputs are tracked under **OBEF Pillars 2 and 3**.
- Periodic feedback from faculty and students informs continuous improvement in academic-freedom support mechanisms.

7. Related Documents

- FU Research Ethics and Intellectual Property Policy
- FU Academic Integrity Policy
- FU Community Engagement and Lifelong Learning Policy
- FU QA-IEA Manual (OBEF v10.21)
- UAE Federal Law No. 7 of 2002 on Copyrights and Neighboring Rights
- ISO 21001:2018 Implementation Framework

8. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier, upon amendments to national higher-education regulations, OBEF revisions, or institutional mission review.

Summary

This policy operationalizes FU's mission to advance **learning, research, and innovation** through an environment of **academic freedom, intellectual integrity, and responsible dissemination**.

It ensures that all members of the university community can pursue and share knowledge in a manner consistent with **UAE values, legal frameworks, and global academic standards**.

B. Policy and Procedures Governing Research Support for Faculty and Students (5.B)

1. Purpose

This policy establishes the framework for **supporting, facilitating, and recognizing research and innovation** at Fujairah University. It ensures that faculty and students have equitable access to resources, mentorship, funding, and institutional structures that promote **high-quality, ethical, and impactful research** in line with FU's mission, the UAE's national innovation strategy, and global standards of academic excellence.

2. Scope

This policy applies to all:

- Full-time and part-time faculty members, research associates, and graduate assistants
- Undergraduate and postgraduate students engaged in research activities
- Research centers, laboratories, and academic programs within FU
- Internal and external research projects, grants, and collaborations

3. Policy Statements

1. **Institutional Commitment:**
   FU commits to building a research-enabling environment that fosters discovery, innovation, and dissemination of knowledge.
2. **Equitable Access:**
   Faculty and students are entitled to access institutional research resources, facilities, training, and funding opportunities without discrimination.
3. **Capacity Development:**
   The University shall provide structured programs for research mentoring, proposal development, grant writing, and publication ethics.
4. **Research Infrastructure:**
   FU shall maintain and continuously improve its laboratories, libraries, databases, and digital repositories to support research and scholarly activities.
5. **Financial Support:**
   FU shall allocate annual research funds for faculty projects, student research grants, and conference participation.
6. **Ethics and Integrity:**
   All research must comply with FU's **Research Ethics Policy** and UAE federal laws on data protection, intellectual property, and academic conduct.
7. **Monitoring and Evaluation:**
   The QA-IEA shall evaluate research productivity and alignment with **OBEF Pillar 3 – Research and Innovation** through annual institutional reports.

4. Institutional Research Support Framework

Support Category	Mechanisms Provided	Responsible Office
Research Funding	Internal faculty grants; student mini-grants; seed funds for external collaborations	Office of Research and Innovation (ORI)
Infrastructure and Facilities	Access to laboratories, digital repositories, and data analytics tools	College Deans / IT and Library Services

Training and Development	Research skills workshops, publication seminars, and grant writing sessions	ORI / QA-IEA
Mentorship and Supervision	Research mentorship programs linking faculty and students	College Research Committees
Recognition and Awards	Annual Research Excellence Awards and Publication Incentives	Dir. AcA / ORI
External Partnerships	Collaboration with industry, government, and international universities	Office of Partnerships and Community Engagement
Ethics Oversight	Ethical review of projects involving human or animal subjects	Research Ethics Committee (REC)

5. Procedures

5.1 Faculty Research Support

1. **Proposal Submission:** Faculty submit research proposals to the ORI using the standard template and budget form.
2. **Review and Approval:** Proposals are evaluated by the College Research Committee and endorsed by the Dean.
3. **Funding Allocation:** Approved projects receive funding based on availability and strategic alignment with FU's Research Agenda.
4. **Progress Monitoring:** Quarterly reports must be submitted to ORI and QA-IEA.
5. **Completion and Dissemination:** Upon completion, faculty present findings through seminars or publication in indexed journals.

5.2 Student Research Support

1. **Supervision Assignment:** Each student research project is assigned a qualified faculty supervisor.
2. **Research Training:** Students receive mandatory orientation on research ethics and methodology.
3. **Funding and Logistics:** Eligible students may apply for mini-grants or conference support.
4. **Evaluation:** Student research output is assessed under CLOs linked to the program's research learning outcomes.
5. **Publication and Showcase:** Outstanding works are featured in the **FU Student Research Symposium** and the University's Research Repository.

5.3 Research Ethics and Compliance

1. All projects must obtain ethical clearance from the **Research Ethics Committee (REC)**.
2. Researchers must adhere to confidentiality, informed consent, and data-protection standards.
3. Plagiarism and fabrication constitute serious violations and are subject to disciplinary action under the Academic Integrity Policy.

5.4 Monitoring and Performance Measurement

- ORI and QA-IEA track KPIs such as publication count, citations, grant income, and student research engagement.
- Outcomes feed into the **Annual Institutional Effectiveness Report** (OBEF Pillar 3).
- Corrective Action Plans (CAPs) are initiated for underperforming units.

6. Incentives and Recognition

- Faculty with outstanding research outputs are eligible for promotion points and monetary rewards.
- Students with distinguished projects receive certificates, grant renewals, and nomination for national competitions.

7. Quality Assurance and Reporting

- The QA-IEA conducts annual audits of research projects and reports findings to the **QA-IE Council**.
- Reports are used for strategic planning, budget allocation, and benchmarking against peer institutions.
- Institutional performance is monitored under OBEF KPIs 3.1–3.6 (Research Capacity, Collaboration, and Impact).

8. Review Cycle

This policy shall be reviewed every three (3) years or earlier upon updates to CAA, OBEF, or FU strategic priorities.

9. Related Documents

- FU Research Ethics and Integrity Policy
- FU Intellectual Property and Patent Policy
- FU Academic Integrity Policy
- FU QA-IEA Manual (OBEF v10.21 Alignment)
- ISO 21001:2018 Implementation Framework
- UAE National Innovation Strategy 2031

Summary

This policy institutionalizes FU's commitment to supporting research excellence by providing resources, training, and incentives for faculty and students. It ensures that research at FU is conducted ethically, supported adequately, and aligned with national priorities and FU's strategic mission to advance knowledge and innovation.

C. Policy and Procedures Governing Ethical Issues in Research, Including the Use of Human and Animal Subjects (5.C)

1. Purpose

This policy ensures that all research activities conducted under the auspices of Fujairah University (FU) are carried out with **integrity, accountability, and respect for ethical standards**, particularly in studies involving **human participants or animal subjects**.
It establishes the institutional framework for ethical review, informed consent, confidentiality, and humane treatment in accordance with UAE laws and international research-ethics protocols.

2. Scope

This policy applies to:

- All faculty, staff, and students engaged in research or scholarly inquiry.
- All funded and non-funded projects involving human or animal subjects.
- All data collection, experimentation, observation, or testing conducted under FU authorization.
- Collaborative research undertaken with external partners or agencies.

3. Policy Statements

1. **Ethical Integrity:**
   FU upholds internationally recognized ethical principles—**respect for persons**, **beneficence**, and **justice**—in all research.
2. **Research Ethics Committee (REC):**
   All studies involving human or animal subjects require prior **ethical clearance** from the REC.
3. **Informed Consent:**
   Participation must be voluntary, based on comprehensive, understandable information and signed consent.
4. **Protection of Participants:**
   Research must minimize risks and ensure participants' confidentiality, safety, and dignity.
5. **Animal Welfare:**
   Research involving animals must adhere to **humane care and use** principles, avoiding unnecessary harm or distress.
6. **Compliance:**
   All research shall comply with **UAE federal legislation**, **MOHESR**, and **international conventions** on ethics and animal care (e.g., Declaration of Helsinki, UAE Federal Law 16 of 2007 on Animal Welfare).
7. **Transparency and Accountability:**
   All ethical approvals, adverse events, and outcomes shall be documented and monitored by QA-IEA.

4. Research Ethics Governance Structure

Body / Office	Primary Functions
Research Ethics Committee (REC)	Reviews, approves, and monitors research protocols involving human/animal subjects.
Office of Research and Innovation (ORI)	Provides administrative support, records approvals, and disseminates ethics guidelines.
College Deans & Chairs	Ensure faculty and student projects comply with REC requirements.
QA-IEA	Audits ethical compliance and reports to the QA-IE Council.

5. Procedures

5.1 Submission and Review Process

Step	Action	Responsible Party
1	Researcher prepares proposal using FU Ethics Application Form and supporting documents (consent form, instrument, protocol).	Researcher / Student
2	Supervisor/Dean reviews for completeness and institutional alignment.	Supervisor / Dean
3	Proposal submitted to REC via ORI.	ORI
4	REC reviews ethical, legal, and methodological aspects.	REC
5	REC decision: Approved / Approved with modifications / Rejected / Deferred.	REC
6	Approved projects assigned an **Ethics Approval Code** and validity period.	ORI
7	QA-IEA archives approvals for audit and OBEF reporting.	QA-IEA

5.2 Human Subject Research Requirements

1. Obtain written, informed consent prior to participation.
2. Ensure voluntary participation and right to withdraw.
3. Protect privacy, anonymity, and confidentiality.
4. Avoid physical, psychological, or social harm.
5. Secure approval for vulnerable populations (e.g., minors, patients).
6. Maintain data securely and destroy after retention period (min. 5 years).

5.3 Animal Research Requirements

1. Animal use must be scientifically justified and approved by the REC.
2. Housing, care, and procedures must comply with UAE and international animal-welfare regulations.
3. Personnel must be trained in humane handling.
4. Procedures must minimize pain, distress, and suffering.
5. Alternatives to animal use should be considered whenever feasible.

5.4 Ethics Training and Capacity Building

- All faculty and students conducting research must complete FU's **Research Ethics and Integrity Training**.
- QA-IEA and ORI organize annual workshops on ethics in human/animal research.

5.5 Monitoring and Reporting

1. Ongoing projects are subject to **annual ethics review**.
2. Any adverse event or ethical breach must be reported to the REC within 48 hours.
3. The REC may suspend or terminate approval if violations occur.
4. QA-IEA maintains an **Ethics Compliance Register** and submits periodic reports to the QA-IE Council and BOT.

6. Non-Compliance and Sanctions

Failure to comply with this policy constitutes **research misconduct** and may result in:

- Withdrawal of ethics approval;
- Suspension of project or funding;
- Disciplinary action under FU Academic Integrity Policy;
- Reporting to regulatory bodies if legally required.

7. Documentation and Record-Keeping

All ethics applications, approvals, amendments, and monitoring reports are archived electronically for **at least five (5) years** in the **ORI and QA-IEA repositories** for audit and accreditation evidence.

8. Quality Assurance and Continuous Improvement

- QA-IEA audits REC operations annually.
- Findings feed into **OBEF Pillar 3 Research and Innovation KPIs**.
- Feedback informs revisions to FU's Research Ethics Framework and procedures.

9. Related Documents

- FU Research Support Policy (FU-QA-RSCH-POL-2025-01)
- FU Academic Integrity Policy
- FU Data Protection and Confidentiality Policy
- UAE Federal Law No. 16 of 2007 on Animal Welfare
- Declaration of Helsinki (2013 Revision)
- ISO 21001:2018 Implementation Framework
- OBEF v10.21 Reference Guide

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier when national, legal, or regulatory changes occur.

Summary

This policy establishes FU's ethical framework for research involving human and animal subjects. It ensures that all research is conducted with **integrity, respect for life, informed consent, and scientific responsibility**, reflecting FU's mission to promote **ethical innovation and societal impact** within the UAE and global research community.

D. Policy and Procedures Governing Student and Faculty Research(5.D)

1. Purpose

This policy provides a unified framework for the conduct, management, and enhancement of **research and scholarly activity** by faculty and students at Fujairah University (FU). It ensures that all research activities advance FU's **mission**, **strategic goals**, and **OBEF Pillar 3** outcomes in innovation, societal impact, and sustainable development.

2. Scope

This policy applies to:

- All full-time and part-time faculty engaged in research, consultancy, or creative scholarship.
- All undergraduate and postgraduate students undertaking course-based or independent research.
- All research projects, theses, capstones, or creative works supported or recognized by FU.
- All FU centers, institutes, and collaborative projects with external organizations.

3. Policy Statements

1. **Research Mission Alignment**
   All research conducted under FU must support the University's mission, national priorities (UAE Vision 2031, Net Zero 2050), and global Sustainable Development Goals (SDGs).
2. **Faculty Research Expectations**
   Faculty are expected to contribute to disciplinary knowledge through publications, applied research, innovation, and student mentorship.
3. **Student Research Integration**
   Student research shall be embedded in curricula through capstone, thesis, or supervised projects consistent with program learning outcomes (PLOs).
4. **Ethical Compliance**
   All research must conform to FU's Research Ethics Policy and obtain clearance from the **Research Ethics Committee (REC)** before data collection.
5. **Institutional Support**
   FU shall provide research grants, mentoring, infrastructure, and administrative support through the **Office of Research and Innovation (ORI)**.
6. **Quality Assurance**
   The QA-IEA shall monitor research performance and compliance using OBEF Key Performance Indicators (KPIs).
7. **Dissemination and Recognition**
   FU encourages dissemination through reputable journals, conferences, and community engagement, with due recognition of intellectual property rights.

4. Research Governance Framework

Entity	Primary Functions
Office of Research and Innovation (ORI)	Administers research policy, manages grants, and coordinates training.
Research Ethics Committee (REC)	Reviews and approves all research involving human or animal subjects.

College Research Committees (CRC)	Evaluate proposals and monitor project progress.
Supervisors / Mentors	Guide students in proposal design, methodology, and publication.
QA-IEA	Audits research processes and reports institutional performance under OBEF Pillar 4.

5. Procedures

5.1 Research Proposal Development

1. Researchers develop proposals aligned with FU's Research Agenda.
2. Students must secure faculty supervision and departmental endorsement.
3. Proposals are submitted to ORI for initial screening and CRC review.
4. Projects requiring ethical approval are forwarded to REC prior to implementation.

5.2 Funding and Resource Allocation

1. Faculty and students may apply for internal or external research grants.
2. ORI evaluates proposals based on merit, feasibility, and strategic alignment.
3. Funded projects must submit financial and technical progress reports every semester.

5.3 Supervision and Mentorship

1. Each student project must have a qualified supervisor.
2. Supervisors ensure methodological rigor and ethical compliance.
3. College Deans monitor supervision workload and outcomes annually.

5.4 Ethics and Compliance

1. Ethical approval is mandatory for all research involving human or animal subjects.
2. Participants' privacy, consent, and data security must be guaranteed.
3. Violations are subject to FU's Academic Integrity and Research Misconduct Policies.

5.5 Dissemination and Publication

1. Researchers are encouraged to publish in **Scopus**, **WoS**, or indexed journals.
2. FU's affiliation must appear on all publications.
3. Conference participation and collaborative outputs are supported by ORI funds.

5.6 Monitoring and Evaluation

1. Research progress and outcomes are reviewed every semester by CRC and ORI.
2. QA-IEA compiles data for inclusion in the **Annual Institutional Effectiveness Report (IR Form 1)**.
3. Key metrics: publications, citations, collaborations, student projects, and research income.

6. Responsibilities

Role	Key Duties
Faculty Members	Conduct and supervise research, publish outputs, mentor students.
Students	Comply with ethical standards and submit research outputs on time.
Deans / Chairs	Ensure alignment of research activities with college plans.
ORI	Manage research funding, training, and data repositories.
QA-IEA	Audit research processes and evaluate impact under OBEF KPIs.

7. Quality Assurance and Audit

- QA-IEA conducts annual audits of faculty and student research activities.

- ORI prepares an **Annual Research Performance Report** for presentation to the QA-IE Council and Board of Trustees.
- Audit findings inform improvement plans and resource allocations.

8. Ethical Compliance and Intellectual Property

1. Research outputs are subject to FU's Research Ethics and Intellectual Property Policies.
2. Authorship and credit must follow international standards (ICMJE guidelines).
3. Plagiarism or misconduct leads to disciplinary action as per FU Academic Integrity Policy.

9. Continuous Improvement

- Annual surveys of research support and mentorship inform strategic enhancement plans.
- Performance data feed into OBEF Pillar 3 KPIs and the FU Strategic Plan 2025–2030.

10. Related Documents

- FU Research Support Policy (FU-QA-RSCH-POL-2025-01)
- FU Research Ethics Policy (FU-QA-RSCH-POL-2025-02)
- FU Academic Integrity Policy
- FU Intellectual Property and Patent Policy
- FU QA-IEA Manual (OBEF v10.21 Alignment)
- ISO 21001:2018 Implementation Handbook

11. Review Cycle

This policy shall be reviewed every three (3) years or earlier as required by national regulatory changes or institutional strategy updates.

Summary

This policy defines FU's commitment to a research culture characterized by **academic excellence, ethical integrity, and societal impact**. It ensures that faculty and students are empowered with resources, training, and ethical guidance to generate innovative knowledge that advances the University's mission and supports UAE's national innovation agenda.

E. Policy and Procedures Governing the Management of Research, Including Sustainability Principles and Intellectual Property Rights (5.E)

1. Purpose

This policy establishes Fujairah University's framework for the **management, governance, and sustainability of research** and the **protection of intellectual property rights (IPR)** arising from research activities. It ensures that FU's research is conducted ethically and sustainably, and in compliance with UAE and international laws governing innovation and intellectual property.

2. Scope

This policy applies to all:

- Faculty, staff, and students engaged in research, consultancy, innovation, and creative scholarship.
- Research centers, laboratories, and institutes within FU.
- Collaborative and externally funded research projects involving FU affiliation.
- Intellectual property (IP) outputs including publications, patents, software, designs, and datasets.

3. Policy Statements

3.1 Principles of Sustainability in Research

1. Research activities shall advance **environmental, social, and economic sustainability** in line with UAE Vision 2031 and FU's Strategic Plan 2025-2030.
2. Projects must align with **UN Sustainable Development Goals (SDGs)** and FU's **OBEF Pillar 3 (Research and Innovation)** and **Pillar 5 (Community Engagement)**.
3. Faculty and students must incorporate ethical and environmental considerations into research design and implementation.
4. Resource use (laboratories, materials, energy) should be optimized to reduce waste and carbon footprint.
5. The **Office of Research and Innovation (ORI)** will monitor sustainability impact through an**nual reports and OBEF indicators.**

3.2 Intellectual Property Rights (IPR)

1. All intellectual property generated under FU auspices is governed by UAE Federal Laws and international IP treaties (WIPO, TRIPS).
2. **Ownership:**
    - FU retains ownership of IP developed using its resources or funding.
    - Joint ownership may be negotiated in collaborative projects.
3. **Attribution:** Faculty and students are entitled to authorship and acknowledgment in accordance with the International Committee of Medical Journal Editors (ICMJE) criteria.
4. **Disclosure:** All inventions and creations must be disclosed to the ORI prior to external publication or filing for patent.
5. **Protection:** The ORI shall facilitate patent applications, copyright registration, and licensing agreements consistent with UAE law.
6. **Revenue Sharing:** Net revenues from commercialized IP shall be shared among the inventor(s), FU, and external partners as stipulated in the FU IPR Agreement.
7. **Compliance:** Research must not infringe third-party rights, confidential agreements, or export-control laws.

4. Governance Structure

Body / Office	Functions
Office of Research & Innovation (ORI)	Administers this policy, manages research records, and oversees IP registration and commercialization.
Research Ethics and Sustainability Committee (RESC)	Reviews research proposals for ethical and sustainability compliance.
College Research Committees (CRC)	Monitor research outputs and promote integration of sustainability principles.
QA-IEA	Audits research governance and reports OBEF Pillar 3 performance to QA-IE Council.
Legal Affairs Office	Provides legal advice on contracts, IP ownership, and licensing agreements.

5. Procedures

5.1 Sustainable Research Management

Step	Action	Responsible Office
1	Proposal design includes sustainability impact assessment template (FU-RSCH-SUS-01).	Researcher / Supervisor
2	Proposal review by RESC for alignment with FU's Sustainability and SDG Agenda.	RESC
3	Approval by ORI and Dean before funding allocation.	ORI / Dean
4	Implementation with periodic reporting on environmental and social impacts.	Researcher / ORI
5	Annual sustainability report submitted to QA-IEA.	ORI

5.2 Intellectual Property Management

Step	Action	Responsible Office
1	Researcher submits Invention Disclosure Form to ORI.	Researcher
2	ORI conducts novelty search and assesses ownership eligibility.	ORI / Legal Affairs
3	Patent or copyright application filed with the UAE Ministry of Economy (WIPO if applicable).	ORI
4	Licensing and commercialization negotiated with stakeholders.	ORI / Legal Affairs
5	Revenue distributed per FU IPR Revenue Sharing Scheme.	Finance Dept / ORI
6	QA-IEA records KPIs under OBEF Pillar 3 (Research and Innovation Impact).	QA-IEA

6. Ethical and Legal Compliance

- All research activities must adhere to the **FU Research Ethics Policy** and the **Policy on Ethical Issues in Research (FU-QA-RSCH-POL-2025-02)**.

- Violations of IP laws or misappropriation of data constitute research misconduct subject to disciplinary action.
- FU reserves the right to pursue legal remedies for unauthorized use of its intellectual property.

7. Monitoring and Reporting

- ORI shall maintain a **Research and IP Register** including projects, patents, and publications.
- QA-IEA conducts annual audits to verify ethical and sustainability compliance.
- Key Performance Indicators (KPIs): number of sustainable projects, patents filed, citations, and external collaborations,

8. Quality Assurance and Continuous Improvement

- Annual evaluation of this policy's implementation is carried out by QA-IEA.
- Recommendations feed into the **FU Research Strategy 2025-2030** and the **Institutional Effectiveness Report**.
- Corrective Action Plans (CAPs) are issued for any non-compliance.

9. Related Documents

- FU Research Support Policy (FU-QA-RSCH-POL-2025-01)
- FU Ethical Issues in Research Policy (FU-QA-RSCH-POL-2025-02)
- FU Intellectual Property and Patent Guidelines
- UAE Federal Law No. 31 of 2006 on Industrial Regulation and Patents
- WIPO and TRIPS International Conventions
- ISO 21001:2018 Implementation Manual
- OBEF v10.21 Framework

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier when legislation, accreditation standards, or institutional strategy require amendment.

Summary

This policy ensures that FU research is conducted responsibly and sustainably while protecting intellectual property rights in accordance with UAE and international laws. It creates a transparent system for managing research outputs, promoting sustainability, and strengthening FU's contribution to the knowledge economy and societal development.

V. Faculty and Professional Staff

A. Policy Governing Faculty & Professional Staff Roles (5.a.CAA)

1. Purpose

1.1 This policy defines the roles, responsibilities, and performance expectations of **faculty** and **professional staff** to ensure they measurably contribute to Fujairah University's institutional performance and compliance with the **Outcome-Based Evaluation Framework (OBEF v10.21)** across its six pillars.

1.2 The policy ensures clarity of:
(a) academic and administrative reporting lines, aligned with the **FU Organizational Structure**;
(b) expectations for teaching, learning, research, student and industry engagement, and community impact;
(c) data and quality assurance responsibilities that support **OBEF KPI benchmarks**.

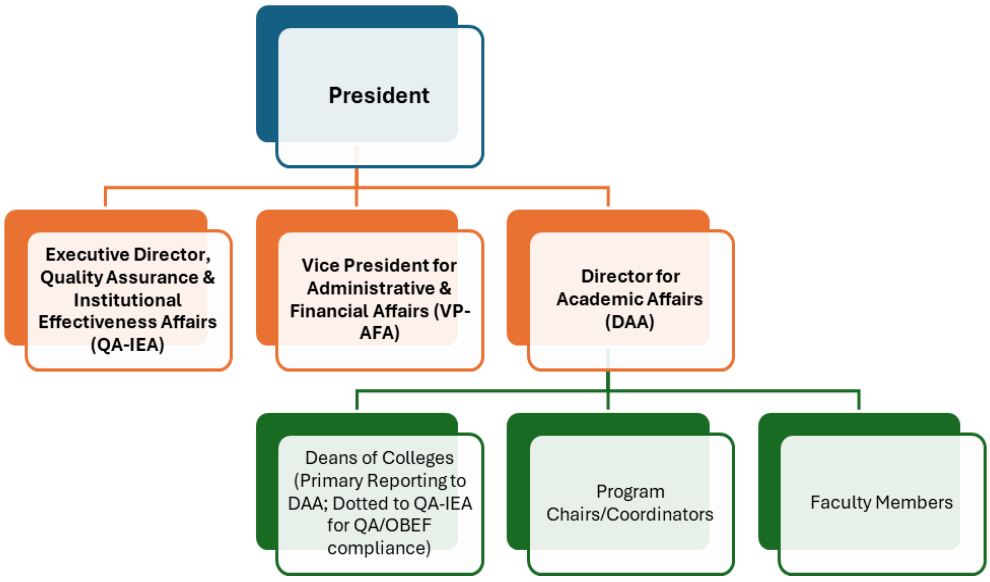
2. Scope

2.1 Applies to all full-time and part-time faculty and staff, including:

- Teaching & Learning Faculty
- Research & Innovation Faculty
- Industry & Employability Faculty
- Community & Societal Impact Faculty
- Adjunct / Visiting Faculty
- Academic & Student Support Professional Staff
- Administrative, Finance, HR, Digital, Library, and IT Units
- Directors, Deans, Associate/Assistant Deans, Chairs, Coordinators, and Professional Specialists

3. Governance and Reporting Structure

3.1 FU Organizational Reporting Line (Academic and Administrative)



3.2 QA-IEA Dotted-Line Authority

QA-IEA maintains **oversight of evidence integrity** for all OBEF KPIs and may require data or compliance actions from any academic or administrative unit.

4. Definitions (OBEF-Weighted Categories)

Category	Definition	OBEF Pillars & Indicative KPI Areas
Teaching & Learning Effectiveness Faculty	Faculty whose primary responsibility is delivery of learning, assessment, student progress, and retention support.	**Pillar 2:** KPI 2.1 external assessment quality; KPI 2.2 retention; KPI 2.6 student satisfaction
Research, Innovation & FWCI Faculty	Faculty whose primary responsibility is producing research, research-informed teaching, publications, and impact.	**Pillar 4:** KPI 4.1 publication ratio; KPI 4.2 FWCI; KPI 4.3 joint industry research; KPI 4.4 student research
Industry & Employability Faculty	Faculty who collaborate with employers, supervise internships, embed work-based learning and competencies.	**Pillar 1 & 3:** KPI 1.1 employment; 1.2 related jobs; KPI 3.2 work placement; KPI 3.3 joint industry courses
Community & Societal Impact Faculty	Faculty whose primary work supports community engagement, service-learning, and societal partnerships.	**Pillar 6:** KPI 6.1 community engagement; KPI 6.2 reputation/societal value
Adjunct / Visiting Faculty	Faculty hired on part-time/sessional/visiting appointments to deliver assigned academic load.	Expected to support Pillar 2 and assessment integrity within assigned courses
Professional Staff – Academic Support	Advising, learning resources, library services, academic records, and student success functions.	**Pillar 2:** KPI 2.2 retention; KPI 2.6 satisfaction
Professional Staff – Administrative & Digital Services	HR, Finance, IT, Registration, Institutional Data, and operational services.	Support KPI data reliability across all pillars

5. Responsibilities of Faculty

5.1 Teaching & Learning (OBEF Pillar 2)

Faculty shall:

a) Design and deliver CLO/PLO-aligned instruction and assessment.

b) Participate in **External Assessment Review** (KPI 2.1).

c) Maintain course files and SIS/LMS academic records.

d) Support retention and student success (KPI 2.2).

5.2 Research, Scholarship & Innovation (OBEF Pillar 4)

Faculty shall:

a) Produce research toward KPI 4.1–4.4.

b) Follow research ethics, integrity, and data management.
c) Engage in student research supervision where applicable.

5.3 Employability, Industry & Partnerships (OBEF Pillars 1 & 3)
Faculty shall:
a) Support internships, work placements, and employer evaluation.
b) Develop/work on **joint industry courses** (KPI 3.3).

5.4 Community & Societal Engagement (OBEF Pillar 6)
Faculty shall:
a) Participate in societal impact activities and student engagement.

5.5 Institutional Service, Accreditation & QA
Faculty shall:
a) Support program review, accreditation, and QA audits.
b) Provide evidence required for OBEF KPI verification.

6. Responsibilities of Professional Staff
Professional staff shall support operations and OBEF information integrity by:

Function	Responsibilities	Pillar Contribution
Academic Support & Advising	Advising, retention, academic records	Pillar 2 KPIs 2.2, 2.6
Student Affairs & Career Services	Placement, employer links, alumni tracking	Pillar 1 & 3 KPIs 1.1, 1.2, 3.2
Research & Library Support	Research repository, scholarly tools	Pillar 4 KPIs 4.1–4.4
IT, SIS/LMS, Data & Digital	Data compliance, cybersecurity	Supports KPI integrity across all pillars
HR, Finance, Admin & Operations	Resource allocation, staffing, contracts	Institutional empowerment

7. Performance Evaluation (KPI-Aligned)
Annual faculty and staff evaluation will include evidence-based contributions to OBEF KPIs.

Faculty KPI Evaluation Domains

Domain	KPI Linkage
Teaching & Assessment Quality	2.1, 2.2, 2.6
Research Output & FWCI	4.1–4.4
Industry & Employability	1.1, 1.2, 3.2, 3.3
Community Engagement	6.1–6.2

Professional Staff KPI Evaluation Domains

Domain	KPI Linkage
Student Support & Retention	2.2, 2.6

Placement & Employer Relations	1.1–1.2; 3.2
Data & Systems Integrity	All OBEF KPIs
Operational Performance & Service Quality	Institutional empowerment

8. RACI Matrix (Accountability Summary)

Role	Responsible	Accountable	Consulted	Informed
President	—	✓	—	—
Executive Director, QA-IEA	KPI integrity	✓	All units	BOT/President
Director for Academic Affairs	Teaching, assessment	✓	Deans, QA-IEA	President
Deans	Program delivery	✓	Chairs, QA-IEA	DAA
Program Chairs	Curriculum, CLO/PLO	✓	Faculty, QA-IEA	Dean
Faculty	Teaching/Research/Industry	✓	Chairs/Deans	Students
Professional Staff	Support services & data	✓	QA-IEA/HR	Units

9. Enforcement

Non-compliance may result in:

a) Performance improvement plan;

b) Restriction of teaching/supervision privileges;

c) Contract non-renewal or termination.

10. Policy Review

Every 3 years, or sooner if OBEF/CAA Standards are revised.

B. Policy on Recruitment and Terms of Employment (5.b.CAA.5.3)

1. Purpose

This policy ensures that Fujairah University maintains **effective, fair, and transparent processes** for recruiting, appointing, compensating, evaluating, promoting, and retaining faculty and professional staff, in accordance with **CAA Standards 5.3**, UAE labor laws, and institutional mission.

2. Scope

This policy applies to all categories of:

Full-time and part-time faculty

Clinical, teaching, research, and visiting faculty

Professional, administrative, and support staff

Temporary, contract-based, and project-based appointments

3. Policy Statements and Processes (CAA Requirements 5.3.1 – 5.3.12)

3.1 Advertising, Recruitment, and Appointment (5.3.1)

The University shall:

a) Advertise vacancies through reputable platforms and institutional channels;

b) Use merit-based, non-discriminatory selection criteria;

c) Conduct structured screening, interviews, verification of credential authenticity, and reference checks;

d) Maintain recruitment records in accordance **with HR data retention requirements.**

3.2 Assigned HR Officer for Appointments & Visas (5.3.2)

The University designates an **HR Recruitment & Employment Officer** responsible for:

- Faculty and staff hiring documentation
- Work permit and residence visa processing
- Benefits enrollment
- Maintenance of employee personnel files
- Coordination of onboarding and probationary tracking

3.3 Letters of Appointment/Contracts (5.3.3)

All appointees shall receive:

An official **Letter of Appointment**

An **Employment Contract** stating:

- Rank/Position
- Compensation and benefits
- Workload/functional expectations
- Term of contract and renewal conditions
- Probationary requirements

3.4 Probation, Renewal, and Termination (5.3.4)

The standard probation period shall be **six (6) months** unless otherwise contractually specified. The University shall inform employees in writing of:

- Satisfactory completion
- Extension of probation (if applicable)
- Termination during probation (with legal due process)

3.5 Faculty Salaries and Benefits – Market Sensitivity (5.3.5 & 5.3.6)

The University commits to:

- Offering competitive salaries comparable within UAE higher education
- Providing a published salary classification with appointment ranks
- Informing faculty of salary ranges and criteria for advancement
- Reviewing compensation against market benchmarks and inflation

3.6 Professional/Non-Faculty Staff Salaries (5.3.7)

Professional staff compensation shall:

- **Be** competitive relative to UAE higher education and industry roles
- Include transparent salary scales and advancement criteria

3.7 Promotion Policies (5.3.8)

The University implements **consistent and fair promotion criteria**, which may include:

- Teaching and advising effectiveness
- Research, scholarship, and innovation contributions
- Industry/community engagement
- Institutional service and professional development

3.8 Contract Extension and Security (5.3.9)

Upon successful probation, the University may issue:

- Fixed-term renewable contract, or
- Multi-year or rolling contract to promote retention and continuity

3.9 Nepotism and Ethics in Employment (5.3.10)

The University prohibits:

- Nepotism in hiring, supervision, or evaluation
- Inappropriate employee relationships creating conflicts of interest

A **Conflict of Interest & Related Parties Disclosure Form** must be filed where necessary.

3.10 Legal Handling of Employment Matters (5.3.11)

Legal Affairs and HR shall oversee:

- Employment disputes
- Contract interpretation
- Compliance with UAE labor law and regulatory obligations

3.11 Structured Induction and Orientation (5.3.12)

The University provides a mandatory **New Employee Orientation Program** including:

- Institutional mission, values, and quality culture
- UAE national identity, heritage, and customs
- HR policies and digital systems
- Academic integrity and data privacy
- OBEF and accreditation awareness (for academic employees)

4. Records and Documentation Requirements

HR shall maintain secure digital and/or physical records including:

- **Recruitment advertisements and candidate screening documents**
- **Credential verification and attestation copies**
- **Visa and work permit documentation**
- **Contracts and amendments**
- **Performance evaluations and promotion decisions**
- **Conflict of interest disclosures**

5. Roles and Responsibilities

Role	Key Responsibilities
President	Final approval of hiring for senior positions
Hear, Dept. of HR	Oversees all recruitment and employment processes
Recruitment & Employment Officer	Manages hiring, visas, onboarding, files
Deans/Directors	Participate in faculty & staff selection committees
QA-IEA	Verifies that hiring supports institutional capacity and compliance
Legal Affairs	Advises on contracts & employment law compliance

6. Monitoring and Compliance

Compliance is monitored through:

- **HR internal audits**
- **QA-IEA institutional effectiveness reviews**
- **CAA inspection and accreditation compliance exercises**
- **Annual reports on recruitment and retention practices**

7. Policy Review

This policy shall be reviewed **every three (3) years** or earlier when UAE labor laws or CAA Standards are revised.

C. Policy Governing Compensation, Pay Classification, and Benefits (5.c.CAA-CI6B-SM-14 and CI-6AFM-37)

1. Purpose

The purpose of this policy is to establish **fair, equitable, market-responsive, and transparent compensation and benefits programs** for faculty and professional staff at Fujairah University, in compliance with:

- **CAA Standards for faculty and staff recruitment and retention (5.3.5 – 5.3.7)**
- **Framework for the Compliance Inspection of Higher Education Institutions**
- **The UAE Federal Labour Law and associated regulations governing employment, visas, taxation, and residence.**

2. Scope

This policy applies to:

- **Full-time and part-time faculty**
- **Adjunct, clinical, research, and visiting faculty**
- **Professional, administrative, and technical staff**
- **Employees on limited-term, renewable, or rolling contracts**

3. Policy Statements

3.1 Compensation Philosophy

The University is committed to offering compensation that:

a) Supports recruitment and retention of **highly qualified academic and professional staff**;
b) Reflects **market competitiveness** in UAE higher education and relevant international sectors;
c) Ensures **equity and transparency** across job classifications and ranks;
d) Incentivizes performance and supports **career progression and promotion**.

3.2 Pay and Classification Structure

The University shall maintain an **approved pay and classification schedule** that includes:

- **Defined job families (Faculty, Professional/Administrative, Technical)**
- **Compensation bands for each job family**
- **Rank-based academic scales (Lecturer → Assistant Professor → Associate Professor → Professor)**
- **Periodic salary benchmarking against UAE higher education market standards**

3.3 Salary Scales and Ranges (CAA 5.3.5–5.3.7)

To affirm compliance with CAA requirements, the University shall:

- **Ensure faculty salaries are at least comparable with similar positions in UAE institutions;**
- **Maintain differentiated compensation for disciplines with market scarcity or high specialization;**
- **Inform employees of:**
  - **Salary ranges**
  - **Placement criteria**
  - **Advancement and salary increase criteria**

3.4 Benefits Program

Benefits may include, as applicable:

Category	Examples
Allowances	Housing, transportation, utility, communication
Leave Benefits	Annual, sick, maternity/paternity, bereavement, Hajj/Umrah
Health & Insurance	Medical coverage for employee and eligible dependents
Travel & Relocation	Relocation allowance, annual air ticket (according to grade)
End of Service Benefits	Gratuity and settlement per UAE Labour Law
Work Permit & Visa	Sponsored residence visa, Emirates ID, medical exam coverage

3.5 Performance-Based Adjustments

Compensation adjustments may be linked to:

- **Annual performance evaluation**
- **Promotion and rank advancement**
- **Exceptional contributions to research, accreditation, industry engagement, or OBEF KPIs**

3.6 Annual Budgeting and Review

Compensation shall be reviewed annually through:

- **HR/Finance salary benchmarking**
- **Market analysis and cost-of-living trend review**
- **Recommendation to the President for approval**

4. Processes and Procedures

4.1 Development and Approval of Pay Schedule

Responsible: Vice-President for Administrative Affairs; HR Head & Finance Head
Approval: President

Steps:

1) **HRD conducts benchmarking and updates salary tables;**
2) **Finance confirms budgetary viability;**
3) **HR Committee reviews and recommends adjustments;**
4) **President/Chancellor approves updated schedule;**
5) **Revised schedule loaded into HRIS and communicated to employees.**

4.2 Compensation Communication

Employees receive:

1) **Salary scale and band placement upon appointment**
2) **Information on eligibility for increases and salary progression**
3) **Access to HR helpdesk for compensation queries**

4.3 Benefits Administration

Responsible: HR Recruitment & Employment Officer

Actions include:

- **Enrollment in medical insurance and benefits**
- **Administration of leave, tickets, end-of-service processes**

- **Maintenance of benefits documentation**

5. Responsibilities

Role	Responsibilities
President	Final approval of compensation schedule
HR Head	Compensation strategy, benchmarking, classification
Finance Head	Budget review and affordability validation
HR Recruitment/Employment Officer	Benefits administration and records
Legal Affairs	Alignment with UAE employment law
Executive Director, QA-IEA	Verifies compliance with CAA/Inspection requirements

6. Compliance Monitoring

Compliance will be demonstrated through:

- **Annual compensation and market benchmarking reports**
- **Personnel file audits and payroll documentation**
- **CAA inspection evidence submissions**
- **QA-IEA policy and KPI review mechanisms**

7. Review of Policy

This policy shall be reviewed **every three (3) years** or earlier when:

- **UAE employment legislation changes**
- **CAA standards change**
- **Significant market compensation shifts occur**

D. Policy and Procedures Governing Full-Time Faculty and Professional/Administrative Staff Leave (5.d.CI-6a(24-30).6b-8.)

1. Purpose

The purpose of this policy is to establish a **comprehensive, transparent, equitable, and regulatory-compliant framework** governing leave entitlements, eligibility requirements, approval procedures, and documentation obligations for **full-time Faculty and professional/administrative staff** at Fujairah University (FU). The policy ensures that FU's leave governance system supports academic excellence, workforce wellbeing, institutional sustainability, and compliance with national and global higher education standards.

Specifically, this policy aims to:

1. Ensure Compliance with UAE Labour & Employment Legislation

To adhere to the provisions of **Federal Decree-Law No. 33/2021**, Cabinet Decision No. 1/2022, and aligned directives governing annual leave, sick leave, parental leave, special leave, religious/cultural observance leave, and other employment entitlements applicable to full-time employees.

2. Uphold CAA Standards 2019, Especially Standard 5.3 (Recruitment & Terms of Employment)

To operationalize CAA requirements regarding:

- **transparent, equitable, and non-discriminatory employment terms,**
- **consistent and fair administration of leave types,**
- **sustained academic staffing sufficiency,**
- **continuity of instruction and assessment cycles,**
- **accurate documentation suitable for CAA audits and accreditation inspections.**

3. Align with the HEI Compliance Inspection Framework (UAE Ministry of Education)

To ensure FU's human resource operations adhere to inspection indicators related to:

- **employment terms and HR compliance,**
- **workforce wellbeing and professional support,**
- **institutional risk management,**
- **continuity and quality of academic operations,**
- **governance integrity and policy implementation.**

This alignment demonstrates FU's commitment to providing culturally inclusive, fair, and operationally stable employment practices.

4. Support FU Pillars and Goals; Outcome-Based Evaluation Framework (OBEF)

To reinforce FU pillars and goals, aligned with the national OBE outcomes by:

- **Pillar 2 – Teaching Quality: maintaining stable instructional delivery and faculty availability;**
- **Pillar 4 – Research, Innovation & Impact: enabling faculty productivity through sabbatical, CPD, and research leave;**
- **Pillar 6 – Sustainability & People Management: supporting workforce wellbeing, retention, capacity-building, and institutional resilience.**

5. Enhance Instructional Quality, Research Productivity, and Staff Wellbeing

To ensure leave provisions are aligned with UF's academic calendar and workload planning processes, support sabbatical and research cycles, and strengthen faculty and staff wellbeing as part of institutional sustainability.

6. Promote Transparent, Fair, and Non-Discriminatory Leave Administration

To guarantee consistent implementation of all leave categories—including annual, sick, maternity/paternity, emergency, cultural and religious observance, sabbatical, CPD, and special leave—across all staff categories without bias or preferential treatment.

7. Standardize Documentation, Recordkeeping, and Auditability

To institutionalize standardized HR documentation protocols supporting:

- **personnel file integrity,**
- **WPS compliance and payroll accuracy,**
- **CHEDS/MOHESR data reporting,**
- **accreditation and reaccreditation evidence compilation,**
- **institutional governance under QA-IEA oversight.**

8. Ensure Continuity of Academic and Administrative Operations

To safeguard uninterrupted teaching, assessments, advising, research commitments, administrative functions, and accreditation-sensitive processes.

9. Reflect Global Best Practices in Higher Education HR Governance

To align FU's leave governance with international standards adopted by leading global HEIs, including:

- **QAA UK, ABET, AACSB, ENQA,**
- **UNESCO Recommendations on Higher Education Teaching Personnel,**
- **SHRM and CIPD global HR frameworks,**
- **sabbatical and academic mobility policies used by Oxford, ANU, Toronto, MIT, NUS, and similar institutions.**

2. Scope

This policy applies to all **full-time employees** of Fujairah University, including:

(a) Full-Time Faculty (Academic Rank Structure)

Instructor → Lecturer → Assistant Professor → Associate Professor → Professor

(b) Full-Time Professional/Administrative Staff

All HR-graded administrative, technical, digital, and support personnel.

The policy **does not** apply to: part-time, adjunct, visiting, temporary, or student employees (governed separately).

3. Definitions (Summary)

Term	Definition
Annual Leave	Paid vacation entitlement accrued yearly.
Sick Leave	Paid/unpaid leave due to medically certified incapacity.
Maternity/Paternity Leave	Statutory parental leave related to childbirth.

Emergency Leave	Paid short-term leave for urgent, unforeseen events.
Bereavement Leave	Paid leave following the death of an immediate family member.
Hajj Leave	Leave for Muslim pilgrimage, once in employment.
Cultural & Religious Observance Leave	**Paid** leave for significant non-UAE religious/cultural observances.
Sabbatical Leave (Faculty only)	Research leave under **the SAB- full-pay model requires tangible outputs**/projects.
CPD/Training Leave	Leave for conferences, workshops, professional development.
Unpaid Leave	Employer-authorized leave without pay.
Continuity of Instruction Plan (CIP)	Faculty teaching coverage plan ensuring no disruption to students.

4. Leave Types and Entitlements

4.1 Common Leave Types: Faculty + Professional/Administrative Staff

Leave Type	Entitlement	Basis / Legal–Policy Reference
Annual Leave	30 calendar days per year	Art. 29 UAE Labour Law
Sick Leave	90 days/year (15 full pay, 30 half pay, 45 unpaid)	Art. 31 UAE Labour Law
Maternity Leave	60 days (45 full pay + 15 half pay), extensions allowed	Art. 30 UAE Labour Law
Paternity Leave	5 working days (within 6 months of birth)	UAE Labour Law
Bereavement Leave	5 days (spouse) / 3 days (parent, child, sibling, grandparent)	Art. 33 UAE Labour Law
Emergency Leave	Up to 7 paid days/year	Institutional — Employee Welfare
Hajj Leave	Up to 30 days unpaid once during employment	Art. 32 UAE Labour Law
Unpaid Leave	Case-by-case written approval	Institutional
Special Leave	President-approved	Institutional
Cultural & Religious Observance Leave (for non-UAE religious and cultural observances)	**Up to 3 paid working days per year**, applicable to significant cultural or religious observances not recognized as UAE public holidays. Two available drafting options (Explicit or Neutral wording) appear in Section 4.5.	Institutional — International HR Best Practice; DEI Compliance; CI Framework: Fair & Equitable Employment Terms

4.2 Cultural & Religious Observance Leave (CR-A Paid Leave)

Fujairah University recognizes that its academic and administrative workforce is multicultural, comprising Faculty and staff from a wide range of religious and cultural traditions. To uphold principles of fairness, inclusivity, and compliance with UAE higher education regulatory requirements, FU provides **up to three**

(3) paid working days per calendar year to observe cultural or religious events that are not part of the official UAE holiday calendar.

This leave category is designed to ensure equitable treatment, non-discrimination, and alignment with global HR practices in international universities.

4.3 Professional/Administrative Staff-Specific Leave Types

Leave Type	Entitlement	Requirements
CPD/Training Leave	Up to **10 working days/year (**may extend to 30 for funded research/teaching development)**,** as per the recommendation of QA-IEC.	Relevance to role; completion evidence
Job-Embedded Development	As approved by the President, as per the recommendation by QA-IEC	Evaluation tool submission

5. Sabbatical Leave (Faculty only)

Fujairah University adopts a **research output–based sabbatical model (SAB-2)** to promote high-impact scholarship, strengthen research capacity, support global academic engagement, and align faculty productivity with **OBEF Pillar 4: Research, Innovation & Impact**, UAE Vision 2031, and the University's Research Strategy.

5.1 Eligibility Criteria

Sabbatical leave may be granted to full-time faculty members who meet **all** of the following conditions:

1. **Length of Service**
   Completed at least six (6) consecutive years of full-time academic service at FU.

B. **Performance Standards**
   Maintained satisfactory or above performance evaluations for the preceding three academic cycles, with no active disciplinary sanctions.

C. **Research Trajectory**
   Demonstrated a sustained record or strong potential for measurable scholarly contribution aligned with:
   - **FU's Research Agenda**
   - **UAE national research priorities (AI, sustainability, education, public health, maritime, cybersecurity, energy), and research clusters and themes of academic programs.**
   - **OBEF Pillar 4 indicators**
   - **College/Program research KPIs**

D. **Feasibility and Institutional Alignment**
   Submitted a Sabbatical Research Proposal (peer-reviewed internally) showing feasibility, methodological rigor, ethical compliance, and anticipated institutional benefit.

5.2 Minimum Required Research Outputs

Faculty on sabbatical must produce **at least one (1)** of the following measurable outputs:

- **A funded research project (national or international) in PI/co-PI capacity.**
- **A patent or registered intellectual property (UAE, GCC, or WIPO).**
- **A scholarly book or research monograph published by a recognized academic press.**

Additional outputs will be considered as evidence of exceptional performance (e.g., datasets, creative works, innovation prototypes, curricular frameworks).

5.3 Continuity of Instruction Requirements

The primary purpose of Continuity of Instruction Requirements is to guarantee uninterrupted, high-quality teaching and assessment during faculty sabbatical leave, thereby protecting Fujairah University's compliance with national higher education regulations, accreditation obligations, and internal quality assurance standards. To preserve instructional quality and uphold accreditation standards, the faculty member must submit a **Continuity of Instruction Plan (CIP)** that includes:

1) **Teaching Coverage**
   Detailed arrangements for course replacement, guest lectures, or team-teaching models.
2) **Assessment and Grading Continuity**
   Ensuring seamless administration of assessments, grade submission, and academic integrity processes.
3) **Accreditation and Quality Assurance Obligations**
   Coverage of:
   - **Course files**
   - **External/internal moderation**
   - **Assessment mapping**
   - **Program/college accreditation evidence**
   - **OBEF reporting commitments**
5) **Communication Plan**
   Documenting communication protocols with program chairs, deans, QA-IEA, and students (where necessary).

5.4 Classifications of Faculty Projects Eligible for Sabbatical Leave

(Integrated Global Benchmark Framework)

FU recognizes **seven (7)** globally benchmarked categories of projects as eligible for sabbatical leave.

1. High-Impact Research & Scholarly Advancement Projects

These align with global norms (e.g., ANU, University of Toronto, NYU Abu Dhabi).

Category	Description	Typical Outputs	Institutional Rationale
1.1. Multidisciplinary Research Projects	Major projects crossing disciplinary boundaries or contributing to national priority areas (AI, sustainability, public health).	Joint papers, research grants, innovation prototypes.	Supports UAE Vision 2031 & OBEF Pillar 4.
1.2. Funded Research Projects	Principal Investigator/co-PI roles in funded national or international grants (ASPIRE, NRF, Horizon Europe).	Grant deliverables; technical reports; datasets.	Attracts external funding; enhances research profile.
1.3. Book and Monograph Development	Writing academic books, textbooks, or scholarly monographs for globally recognized publishers.	Published books; teaching materials.	Elevates institutional scholarly reputation.

1.4. Longitudinal or Field-Based Studies	Research requiring immersive data collection (e.g., ethnography, longitudinal education or public health studies).	Data repositories; methodological contributions.	Advances rigorous methodologies.

2. Innovation, Technology, and Applied Research Projects

Benchmarked with MIT, UBC, KAUST, Aalto University.

Category	Description	Outputs	Rationale
2.1. Innovation & Prototype Development	AI tools, digital health devices, smart sensors, social-tech solutions.	Patents/IP; prototypes; tech-transfer outputs.	Contributes to UAE knowledge economy.
2.2. Industry Co-Created Research Projects	Joint projects with industry partners (energy, maritime, logistics, financial services).	Technical solutions; white papers.	Supports OBEF Pillar 4.6 (Joint Industry Research).
2.3. Applied Policy Research	Development of policies for government ministries, NGOs, and public agencies.	Policy briefs; impact documents.	Builds societal impact (OBEF Pillar 6).

3. Academic Program Development or Pedagogical Innovation

Common in UK/European HEIs and accredited programs (ABET, AACSB, QAA).

Category	Description	Outputs	Rationale
3.1. Curriculum Innovation Projects	New program development, micro-credential design, OBE-aligned learning frameworks.	New syllabi, QA documents.	Strengthens curriculum quality (CAA Standard 4).
3.2. Educational Technology Innovation	LMS innovations, AI-based assessment systems, adaptive learning tools.	Instructional platforms/tools.	Enhances teaching quality (OBEF Pillar 2).
3.3. Accreditation-Focused Scholarship	Development of evidence-based academic QA systems, accreditation research.	Accreditation frameworks, rubrics, QA instruments.	Institutional development & sustainability.

4. Community Engagement, Societal Impact & Public Scholarship

Benchmarked with institutions emphasizing outreach (UBC, University of Melbourne).

Category	Description	Outputs	Rationale
4.1. National/Regional Service Projects	Work with communities, ministries, NGOs on social impact programs.	Impact reports; intervention models.	Supports OBEF Pillar 6 & university mission.
4.2. Public Scholarship & Knowledge Transfer	Developing influential reports, think-tank papers, public-oriented research.	Policy briefs; public lectures.	Strengthens university's societal footprint.
4.3. Cultural, Environmental, or Social Development Projects	Sustainability, climate action, cultural heritage documentation.	Research outputs; community deliverables.	Aligns with UAE green agenda and global SDGs.

5. International Collaboration & Global Academic Mobility

Aligned with global sabbatical norms (Oxford, Harvard, NUS).

Category	Description	Outputs	Rationale
5.1. Visiting Scholar Appointments	Affiliation with top universities or research institutes.	Joint publications, research frameworks.	Enhances global benchmarking and networks.
5.2. International Project Leadership	Leading cross-border research consortia, Fulbright-type projects.	Reports; co-authored outputs.	Strengthens international visibility.
5.3. Global Pedagogical Advancement Programs	Participation in elite teaching fellowships, pedagogy labs.	Teaching models, pedagogical frameworks.	Improves instructional quality.

6. Creative, Professional, and Artistic Research (where applicable)

Aligned with global practice in universities with arts/humanities.

Category	Description	Outputs	Rationale
6.1. Artistic/Creative Scholarship	Creative works, exhibitions, performances.	Exhibitions; curated outputs.	International cultural contribution.
6.2. Documentary/Media Projects	Production of scholarly documentaries or media content.	Completed film/media content.	Knowledge dissemination through creative mediums.

7. Institutional Capacity-Building & Strategic Projects

Increasingly recognized by HEIs in the Middle East and Asia.

Category	Description	Outputs	Rationale
7.1. Strategic Institutional Development Projects	QA systems, strategic plan frameworks, institutional analytics.	QA manuals, dashboards, governance tools.	Critical for accreditation and OBEF compliance.
7.2. Development of Major Centers/Labs	Establishment of research centers, innovation labs.	Lab plans, operational frameworks.	Strengthens institutional research ecosystem.
7.3. Academic Leadership Projects	Role in major university reforms or national working groups.	Leadership reports; strategic models.	Enhances governance and academic excellence.

8. Sabbatical Eligibility Benchmark: Summary Table

Global Category	Aligned Outputs	Benchmark Institutions
High-impact research	Papers, grants, books	ANU, U of Toronto, KAUST
Applied/Innovation	Patents, prototypes	MIT, Aalto, UCLA
Teaching & curriculum innovation	Program frameworks	QAA, AACSB, ABET-accredited institutions

Community & societal impact	Impact evidence	UBC, Melbourne
International collaboration	Joint projects	Oxford, NUS, Harvard
Creative scholarship	Exhibitions/performances	Arts-based universities
Institutional capacity-building	QA, dashboards, strategies	Middle East universities; OBEF-driven

6. Leave Request and Approval Procedures

Step	Action	Responsible
1	Submit FU Leave Request Form with supporting documentation	Employee
2	Check operational/teaching coverage	Line Manager / Dean
3	Verify eligibility, legal compliance, payroll effect	HR Department
4	Final Approval	VPAA (Faculty) / VP Admin & HR Director (Staff)
5	HRMS/WPS update & notification	HR + Payroll
6	QA-IEA logs leave for accreditation evidence	QA-IEA

7. Recordkeeping & Accreditation Evidence

HR must retain documentation for **minimum 10 years**, including:

- **Leave requests, approvals, payroll adjustments**
- **Sabbatical output verification and CIP**
- **CPD evidence**
- **Cultural/Religious Observance documentation (when required)**

Evidence supports:

- **CAA Compliance**
- **HEI Inspection Framework**
- **OBEF KPI reporting**
- **CHEDS/MOHESR audits**

8. Roles and Responsibilities

Role	Responsibilities
Employees	Submit request & documentation; ensure compliance
Deans/Managers	Ensure coverage and operational continuity
HR Head & Departmet Heads	Legal compliance, HRMS/WPS updates, personnel files
Director Academic Affairs; VP Admininistrative Affairs	Final authority for faculty/staff leave
Finance	Payroll and benefits adjustments
QA-IEA	Accreditation evidence and KPI reporting

Annex A. Forms

1. FU-HR-EMP-LEAVE-Form-01: Annual Leave Request & Approval Form

A. Employee Information

Name: _____

Employee ID: _____

Position/Academic Rank: _____

College/Department/Unit: _____

Employment Category: ☐ Faculty ☐ Professional Staff ☐ Administrative Staff

Mobile/Email: _____

B. Leave Details

Annual Leave Period Requested:

From __ / __ / 20__ To __ / __ / 20__

Total Leave Days: _____

Is this leave aligned with the academic calendar?

☐ Yes ☐ No (If no, provide justification)

Justification: _____

C. Course/Workload Continuity (Faculty Only)

Course/s affected: _____

Arrangements made (attach plan if >1 week):

D. Approvals

Role	Name & Signature	Date
Immediate Supervisor / Chair		
Dean / Director		
HR Leave Administration		
VPAA / VP Admin (if required)		

2. FU-HR-EMP-LEAVE-Form-02: Sick Leave Request & Medical Documentation Form

A. Employee Information

(Same as Form-01)

B. Sick Leave Details

Type:

☐ Sick Leave (15 days full pay)

☐ Sick Leave (30 days half pay)

☐ Sick Leave (45 days unpaid)

Period: From __ / __ / 20__ To __ / __ / 20__

Total Days: _____

C. Medical Documentation

☐ Medical Certificate Attached

☐ UAE Licensed Physician

☐ Hospital Report (if applicable)

☐ Fit-to-Resume Duty Certificate

D. Health & Safety Notes (if applicable)

E. Approvals

(Same signatories as Form-01)

3. FU-HR-EMP-LEAVE-Form-03: Maternity / Paternity / Parental Leave Request Form

A. Employee Information

(Same as Form-01)

B. Leave Type

- ☐ **Maternity Leave (60 days: 45 full-pay + 15 half-pay)**
- ☐ **Extended Maternity Leave (as per UAE Labour Law)**
- ☐ **Paternity Leave (5 working days within 6 months)**
- ☐ **Adoption/Parental Leave (if applicable per UAE regulations)**

C. Required Documentation

- ☐ Birth Certificate
- ☐ Expected Date of Delivery Report
- ☐ Hospital/Physician Letter
- ☐ Baby Passport/Emirates ID (post-return check)

D. Leave Period

From __/ __/ 20__ To __/ __/ 20__

Total Days: _____

E. Approval Workflow

(Same as Form-01; maternity requires VP approval)

4. FU-HR-EMP-LEAVE-Form-04: Special Leave / Emergency Leave Request Form

A. Employee Information

(Same as Form-01)

B. Leave Type

- ☐ Emergency Leave (up to 7 days/year)
- ☐ Bereavement Leave (UAE Labour Law Article 33)

☐ Hajj Leave (up to 30 days unpaid, once in service)

☐ Cultural/Religious Observance Leave (Non-UAE religions)

☐ Special Leave (President-approved)

☐ Unpaid Leave (case-by-case)

C. Reason for Leave

(Attach supporting documents)

D. Period of Leave

From __/ __/ 20__ To __/ __/ 20__

Total Days: _____

E. Approvals

(Same routing as Form-01)

5. FU-HR-EMP-LEAVE-Form-05: Sabbatical Leave (SAB-2 Model) Application Form

A. Faculty Information

Name, Rank, Dept, Contact (as per Form-01)

B. Sabbatical Classification (Select One)

(as per the 7 eligible global project categories)

☐ 1. High-Impact Research & Scholarly Advancement

☐ 2. Innovation, Technology & Applied Research

☐ 3. Curriculum & Pedagogical Innovation

☐ 4. Community Engagement & Societal Impact

☐ 5. International Collaboration & Academic Mobility

☐ 6. Creative/Professional Research

☐ 7. Institutional Capacity-Building & Strategic Projects

C. Required Attachments

Sabbatical Research Proposal (using FU template)

Gantt Chart & Deliverables Plan

Expected Research Output (linked to Section 5.4)

Ethical Compliance Clearance (if relevant)

Updated CV & Research Track Record

Continuity of Instruction Plan (CIP)

D. Sabbatical Period

☐ Fall Semester 20__

☐ Spring Semester 20__

☐ Full Year (if approved)

E. Approvals

Role	Signature	Date
Chair		
Dean		
HR		
Director for Academic Affairs		
QA-IEA (for accreditation impact)		
President	**Final Approval**	

6. FU-HR-EMP-LEAVE-Form-06: Training / CPD Leave Request Form

(Workshops, Conferences, Certifications, CPD Week, etc.)

A. Employee Information

(Same as Form-01)

B. CPD Details

Title of Training/Conference: _____

Organizer/Institution: _____

Accreditation/CPD Value (if applicable): _____

Mode: ☐ Physical ☐ Virtual ☐ Hybrid

Location: _____

C. Dates

From __ / __ / 20__ To __ / __ / 20__

Total Days: _____ (Max 15 working days/year)

D. Funding Source

☐ FU-Funded

☐ Externally Funded

☐ Self-Funded

E. Expected Institutional Benefit

F. Post-CPD Requirement

☐ Will submit a CPD Report within 10 working days

☐ Will present key learnings at college/unit level

☐ Evidence (certificate, materials) will be submitted to QA-IEA

G. Approvals

(Same routing as Form-01)

Annex B. SOP

1. Standard Operating Procedure (SOP)

Continuity of Instruction Plan (CIP) – Sabbatical & Faculty Absence Coverage
Code: FU-ACAD-CIP-SOP-2025-01
Effective: AY 2025–2026

1. Purpose
To ensure that all teaching, assessment, documentation, and accreditation-critical academic activities continue **seamlessly** when a faculty member is on **sabbatical leave, long-term leave, or temporary absence**, in alignment with:

CAA Standards 4, 5.3, 11
OBEF Pillar 2 (Teaching Quality) & Pillar 6 (People Management)
HEI Compliance Inspection Framework: Workforce Sufficiency & Instructional Continuity
FU Academic Affairs and QA-IEA governance requirements

2. Scope
This SOP applies to:

Full-time Faculty on **sabbatical**, **maternity**, **sick**, **emergency**, or **special leave**, or a documented temporary absence.
Departments, Colleges, Academic Affairs, HR, and QA-IEA involved in academic continuity.

3. Definitions

Term	Definition
Continuity of Instruction Plan (CIP)	A required document specifying how teaching, assessment, and QA duties will continue during faculty absence.
Substitute Instructor	A qualified faculty member assigned to deliver course content during the absence.
Academic Handover	Transfer of course materials, assessments, records, and responsibilities.
Moderation	Internal/external validation of assessment quality and alignment with CLO/PLOs.

4. Responsibilities

Role	Responsibility
Faculty Member	Drafts CIP, hands over all course materials, assessments, and documentation.
Department Chair	Reviews CIP, assigns substitute, confirms feasibility.
Dean	Final academic approval; ensures coverage meets accreditation requirements.
HR Leave Administration	Verifies leave eligibility and forwards CIP to QA-IEA.
QA-IEA	Ensures CIP covers all accreditation elements; monitors compliance.
VPAA/Provost	Final oversight for semester-long sabbaticals or long absence.

5. SOP Process

Step 1 – Submission of Leave Request
Faculty submits FU Leave Form + CIP draft to Chair.

Step 2 – Drafting the CIP
Faculty prepares CIP covering the following:

A. Teaching Coverage
- Substitute instructor name
- Qualification match to course
- Teaching method continuity
- Schedule and delivery modality

B. Assessment & Grading Continuity
- Approved assessments
- Rubrics and grading keys
- Deadlines for administration
- Grading responsibilities
- Academic integrity procedures

C. Accreditation & QA Requirements
- Course file completion
- CLO/PLO assessment mapping
- Moderation evidence
- OBEF Pillar 2 reporting responsibilities
- Any program accreditation evidence required

Step 3 – Chair Review
Chair evaluates academic feasibility and ensures substitute readiness.

Step 4 – Dean Approval
Dean confirms academic continuity and compliance with accreditation standards.

Step 5 – HR Verification
HR validates leave entitlement and CIP documentation completeness.

Step 6 – QA-IEA Compliance Review
QA-IEA verifies:
- instructional continuity,
- assessment integrity,
- accreditation-sensitive evidence,
- data-reporting obligations (OBEF & CHEDS/MOHESR).

Step 7 – Final Approval (VPAA/Provost)
Required for sabbaticals, semester-long leaves, or multi-course coverage cases.

Step 8 – Implementation & Monitoring

Chair monitors substitute instructor
Dean ensures course and assessment delivery
QA-IEA audits course file quality mid-semester

Step 9 – Post-Leave Handover

Returning Faculty must:
review all assessments administered,
finalize outstanding grades,
update course files,
submit post-leave academic summary.

2. CIP Compliance Checklist

For Deans, Chairs, HR, and QA-IEA
Code: FU-ACAD-CIP-CHK-2025-01**

SECTION A — Faculty & Course Identification

☐ Faculty Name & Rank
☐ Department/College
☐ Leave Type & Duration
☐ List of Courses Affected (with CRNs)

SECTION B — Teaching Continuity

☐ Substitute instructor assigned
☐ Substitute qualifications verified (meets CAA requirements)
☐ Teaching materials provided (slides, syllabus, weekly plan)
☐ Delivery modality aligned with original course

SECTION C — Assessment Continuity

☐ All assessments identified (Midterm, Final, Projects, Quizzes)
☐ Rubrics and answer keys included
☐ Assessment schedule confirmed
☐ Substitute trained in academic integrity procedures
☐ Grade submission plan established

SECTION D — QA & Accreditation Requirements

☐ Course file template updated
☐ CLO→Assessment mapping completed
☐ Internal moderation assigned
☐ External moderation (if required) arranged
☐ OBEF Pillar 2 reporting ensured
☐ Accreditation evidence (AACSB/ABET/QAA/etc.) protected

SECTION E — Documentation Integrity

- ☐ CIP signed by Faculty
- ☐ CIP reviewed by Chair
- ☐ CIP approved by Dean
- ☐ HR verification completed
- ☐ QA-IEA accreditation review completed
- ☐ VPAA/Provost approval (for sabbatical/long leave)

SECTION F — Implementation

- ☐ Substitute received all materials
- ☐ Classroom access/LMS access granted
- ☐ Monitoring schedule established
- ☐ Chair confirms first-week compliance

SECTION G — Post-Leave Compliance

- ☐ Returning Faculty reviewed course records
- ☐ Grades reconciled
- ☐ Course file finalized
- ☐ Dean & QA-IEA sign-off

3. Substitute Instructor Qualification Checklist

Code: FU-ACAD-SUBQUAL-CHK-2025-01

Purpose: To verify that any faculty member assigned as a substitute instructor during sabbatical, emergency, or temporary leave fully meets accreditation, qualification, and instructional quality requirements.

Fujairah University
Substitute Instructor Qualification Checklist
(CAA-OBEF-Compliant)

A. Basic Information

Item	Response
Course Code & Title	_____
CRN	_____
Original Instructor	_____
Substitute Instructor	_____
College/Department	_____
Type of Leave	Sabbatical / Maternity / Sick / Emergency / Special Leave

B. Academic Qualification Requirements

Requirement	Yes	No	Notes
Substitute holds a **terminal degree** OR degree **one level higher** than the course taught (CAA Standard 4)	☐	☐	
Specialization **matches the discipline** of the course	☐	☐	
Qualification is **verified and documented** in HR personnel file	☐	☐	
Attested certificates/equivalency (if required) are on file	☐	☐	

C. Experience & Teaching Competence

Requirement	Yes	No	Notes
Prior teaching experience in the same or similar course	☐	☐	
Demonstrated familiarity with CLO-PLO alignment	☐	☐	
Experience with OBE pedagogy and assessment	☐	☐	
Experience with LMS/online delivery platforms	☐	☐	

D. Accreditation & QA Requirements

Requirement	Yes	No	Notes
Substitute understands **course file requirements**	☐	☐	
Training in **internal/external moderation**	☐	☐	
Knowledge of **OBEF Pillar 2** reporting	☐	☐	
Can deliver assessments with academic integrity standards	☐	☐	
Approved by Dean & QA-IEA for instructional continuity	☐	☐	

E. Instructional Preparation

Requirement	Yes	No	Notes
Received teaching materials, syllabus, and weekly plan	☐	☐	
Received assessment rubrics and model answers	☐	☐	
Briefed on grading procedures and submission deadlines	☐	☐	
Understood all ongoing student issues or special cases	☐	☐	

F. Final Authorization

Role	Name	Signature	Date
Department Chair			
Dean			
Director for Academic Affairs (for multi-course or semester-level coverage)			
QA-IEA			

Annex C. Policy Annex For Accreditation Files

Code: FU-ACAD-CIP-ANNEX-2025-01**
This Annex is designed for inclusion in **CAA compliance files**, **OBEF documentation**, **HEI Compliance Inspection evidence**, and **QA-IEA accreditation binders**.

1. Policy Annex: Continuity of Instruction (CIP) Accreditation Evidence

A. Accreditation Alignment Summary

This annex demonstrates that FU's CIP process complies with:

1. CAA Standards 2019

Standard 4 — Faculty and Teaching:
Ensures qualified substitutes are assigned and teaching standards maintained.

Standard 5.3 — Recruitment & Terms of Employment:
Guarantees staffing sufficiency and instructional continuity.

Standard 11 — Academic & Student Services:
Protects students from disruptions in teaching and assessment.

B. Alignment with OBEF v10.21

Pillar 2 (Teaching Quality)
CIP ensures OBE delivery, CLO→Assessment alignment, course file continuity.

Pillar 4 (Research & Innovation)
Allows Faculty to take research leave without compromising instruction.

Pillar 6 (Sustainability & People Management)
Supports workforce wellbeing and institutional resilience.

C. Alignment with HEI Compliance Inspection Framework

Component: Workforce Sufficiency & Instructional Continuity
CIP provides evidence that:
Instruction continues uninterrupted.
Qualified replacements are available.
Assessments and grading are delivered on schedule.
Academic risk is mitigated through approved coverage.

D. Required Accreditation Evidence (Checklist)

To be maintained by Chair/Dean/QA-IEA

☐ Copy of approved CIP
☐ Approved Substitute Instructor Qualification Checklist
☐ Copy of substitute's credentials + HR file verification
☐ Updated course syllabus and weekly plan
☐ Assessment plan + rubrics
☐ Internal moderation record
☐ External moderation (if required)
☐ Updated course file template for the semester

☐ Records of communication to students

☐ Mid-semester monitoring check (QA-IEA)

☐ Completion report after the faculty returns

E. Risk Mitigation Matrix

Risk	Likelihood	Impact	Mitigation
Course delivery interruption	Low	High	Approved CIP + qualified substitute
Assessment delays	Medium	High	Pre-approved grading plan
Missing accreditation evidence	Medium	Medium	QA-IEA mid-term audit
Student complaints	Low	Medium	Transparent communication plan
Substitute unpreparedness	Low	High	Qualification checklist + briefing

F. Documentation Retention

All CIP-related documentation must be retained for:

At least 5 years (CAA requirement)

OBEF reporting cycle

HEI inspection cycles

Internal QA-IEA audits

Stored in:

HR personnel file (leave documentation)

Department academic file

QA-IEA accreditation repository

2. Full Continuity of Instruction Plan (CIP) Template

Code: FU-ACAD-CIP-Form-2025-01
Effective: AY 2025–2026
Approved by: VPAA / Academic Affairs Council

Fujairah University
Continuity of Instruction Plan (CIP)
(For Sabbatical, Long-Term Leave, or Temporary Faculty Absence)

A. Faculty & Course Identification

Item	Details
Faculty Name	_____
Academic Rank	_____
College / Department	_____
Employee ID	_____
Type of Leave	Sabbatical / Maternity / Sick / Emergency / Special Leave
Leave Period	From __ / __ / 20__ To __ / __ / 20__
Courses Affected (with CRN)	_____
Program(s) Impacted	_____

B. Substitute Instructor Information

Item	Details
Substitute Name	_____
Academic Rank	_____
Highest Qualification	_____
Area of Specialization	_____
Evidence of Qualification Attached	☐ Yes ☐ No
Substitute Instructor Qualification Checklist Attached	☐ Yes ☐ No

C. Teaching Continuity Plan

1. Instructional Delivery

Mode of delivery: ☐ F2F ☐ Online ☐ Hybrid

Weekly teaching plan handed over: ☐ Yes ☐ No

Substitute trained on LMS/Assessment: ☐ Yes ☐ No

2. Course Materials Provided

☐ Updated syllabus

☐ Lecture slides

☐ Readings / Resources

☐ Assignment briefs

☐ Lab/clinical manuals (if applicable)

☐ Guest lectures/industry sessions plans

3. Learning Activities

Describe how learning activities will continue:

_____

_____

_____

D. Assessment & Grading Continuity

1. Assessments Covered

Assessment	Date	Responsible	Notes
Quiz			
Midterm			
Final Exam			
Project/Portfolio			
Lab/Practical			
Other			

2. Required Documentation

☐ Assessment rubrics

☐ Marking keys/model answers

☐ Academic integrity procedures

☐ Grade submission deadlines

E. Quality Assurance & Accreditation Requirements

1. Course File Requirements

☐ Course file template updated

☐ CLO–Assessment mapping completed

☐ Samples of graded student work provided

☐ Moderation (internal/external) arranged

2. OBEF & Accreditation Obligations

OBEF Pillar 2 (assessment quality) tasks assigned

Accreditation evidence required (AACSB/ABET/QAA/CAA)

Documentation delivery timeline

Risk mitigation identified

3. Communication Requirements

☐ Students informed of substitute instructor

☐ Updated syllabus shared on LMS

☐ Department notified of teaching changes

F. Risk Mitigation Plan

Identify potential risks and mitigation strategies:

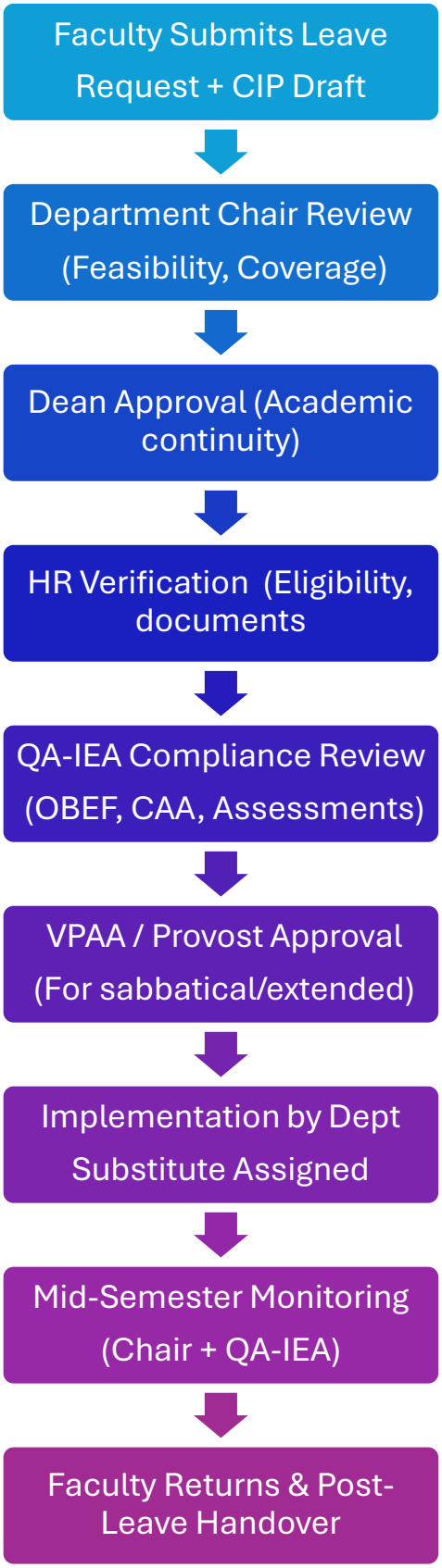
Risk	Likelihood	Impact	Mitigation
Assessment delay	Low/Medium/High		
Course file incompleteness			
Student grievances			
Substitute unavailable			

G. Approvals

Role	Name	Signature	Date
Faculty Member			
Department Chair			
Dean			
HR Leave Administration			
Director for Academic Affairs (required for sabbatical)			
QA-IEA			

3. Workflow Diagram for Cip Processing (ASCII Format)

Code: FU-ACAD-CIP-WORKFLOW-2025-01



Annex D. CIP Compliance Checklist (Policy Annex)

Code: FU-ACAD-CIP-ANNEX-2025-02

For: Deans, Chairs, HR, QA-IEA

CIP COMPLIANCE CHECKLIST

A. Faculty & Course Documentation

- ☐ CIP completed and signed
- ☐ Leave form approved
- ☐ All course codes/CRNs correctly listed
- ☐ Course timetable verified
- ☐ Learning hours unaffected

B. Substitute Instructor Qualification

- ☐ Highest qualification verified
- ☐ Specialization matches discipline
- ☐ Teaching experience checked
- ☐ HR personnel file updated
- ☐ Substitute Instructor Qualification Checklist attached

C. Teaching Continuity

- ☐ Teaching materials transferred
- ☐ Weekly plan reviewed
- ☐ LMS access provided
- ☐ Classroom/lab logistics arranged
- ☐ Student notification issued

D. Assessment Continuity

- ☐ Full assessment plan included
- ☐ Rubrics and model answers attached
- ☐ Moderation scheduled
- ☐ Grade submission plan approved
- ☐ Academic integrity briefing provided

E. QA / Accreditation Requirements

- ☐ Course file updated
- ☐ CLO–Assessment mapping complete
- ☐ Internal moderation documented
- ☐ External moderation (if required) verified
- ☐ Accreditation outcomes unaffected
- ☐ OBEF Pillar 2 reporting plan approved

F. Risk Management

- ☐ Risks identified
- ☐ Mitigation actions documented
- ☐ Escalation plan in place

G. Final Verification

- ☐ Chair compliance check completed
- ☐ Dean approval issued
- ☐ HR verification complete
- ☐ QA-IEA compliance review complete
- ☐ VPAA approval for sabbatical or semester-long leave

E. Policy on Maintenance of Faculty and Staff Employment Personnel Records (5.e.CI-6B-18.)

1. Purpose

This policy establishes the framework and standards for the creation, maintenance, access, storage, retention, and protection of faculty and staff employment personnel records at Fujairah University (FU). The policy ensures:

1) **Compliance with UAE Labour Law, UAE data protection requirements, and federal reporting obligations.**
2) **Full adherence to CAA Standard 5.3 (Recruitment & Terms of Employment) and Standard 11 (Student Services – where personnel records affect student safety and teaching quality).**
3) **Alignment with the HEI Compliance Inspection Framework for Employment Terms, HR Compliance, Workforce Wellbeing, and Governance.**
4) **Support for FU and OBEF Pillars interrelated to Teaching Quality, Research & Innovation, and Sustainability & People Management**
5) **Integrity, completeness, confidentiality, and audit-readiness of all personnel records.**

2. Scope

This policy applies to:

- **All full-time, part-time, adjunct, visiting, and temporary faculty.**
- **All professional and administrative staff.**
- **All HR units, Deans/Directors, QA-IEA, and other authorized personnel.**
  It covers both physical and electronic personnel files.

3. Definitions

Term	Definition
Personnel Record	The complete set of employment documents maintained by HR on each faculty/staff member.
Official Personnel File	The central, authoritative employment record maintained by the HR Department.
Confidential Record	Sensitive documents (e.g., medical, disciplinary, legal) stored under restricted access.
HRIS	Human Resource Information System used for digital documentation.
Access Log	An audit trail of all individuals who access personnel records.

4. Policy Statements

4.1 Mandatory Maintenance of Personnel Records

FU shall maintain a secure and complete personnel record for every faculty and staff member from recruitment through separation.

4.2 Completeness and Accuracy

All personnel records must contain accurate, verified, and up-to-date information, including:

- **Recruitment & selection documents**
- **Employment contract and appointment letters**
- **Qualifications & credential verification (CAA-required)**
- **Workload assignments & teaching schedules**
- **Annual performance reviews**

- **Research productivity and scholarly activity records**
- **Leave records**
- **Disciplinary actions (if any)**
- **End-of-service and separation documentation**

4.3 Confidentiality and Data Privacy

Personnel files are confidential and protected under UAE privacy regulations. Access is limited to authorized personnel only.

4.4 Secure Storage

Personnel records shall be:

- **Stored in locked physical cabinets (for paper documents)**
- **Secured in encrypted HRIS databases with controlled access**
- **Backed up through University-approved digital systems**

4.5 Auditability and Accreditation Compliance

- **Personnel records shall always be audit-ready for:**
- **CAA inspections**
- **HEI Compliance Inspection**
- **QA-IEA reviews**
- **Internal and external audits (CHEDS, MOHESR, WPS)**

4.6 Retention Requirements

FU shall retain employment records for **minimum 7 years** after separation, or longer if required by UAE law or accreditation.

5. Required Components of Personnel Records

Each official personnel file must include:

5.1 Recruitment & Onboarding Documents

- **Advertisement copy**
- **CV & credentials**
- **Passport/visa documents**
- **Equivalency certificates (when required)**
- **Reference checks**
- **Hiring committee evaluations**
- **Offer letter, contract, job description**

5.2 Employment & Performance Records

- **Workload assignments**
- **Teaching schedules**
- **Research outputs & scholarly activity**
- **Professional development & CPD records**
- **Annual performance evaluations**

5.3 Compensation & Benefits Documentation

- **Salary history**
- **Allowance and benefit records**
- **WPS/payroll documents**

5.4 Leave & Attendance Records

Annual/sick/maternity/sabbatical/CPD leave forms

Continuity of instruction plans (faculty)

5.5 Legal, Disciplinary & Compliance Documents

- **Warning letters**
- **Investigation reports**
- **Grievance and appeal documentation**
- **Legal correspondence**
- **Medical/confidential files (kept separately under restricted access)**

5.6 Separation & End-of-Service Records

- **Clearance forms**
- **Exit interview report**
- **Final settlement/WPS**

End-of-service certificate

6. Access, Confidentiality & Release of Information

6.1 Authorized Access

Access is limited to:

- **HR Head and designated HR Records officers**
- **Executive Director, QA-IEA for program accreditation and institutional effectiveness (has tge access to all HR files)**
- **Immediate supervisor (restricted access)**
- **VP Administrative Affairs**
- **Legal Affairs (as required)**
- **President (upon request)**

6.2 Employee Access Rights

Employees may view their own personnel file upon written request.

6.3 Release of Information to Third Parties

Personnel information may be released only when:

- **Required by UAE law**
- **Required by a court order**
- **Required for government reporting (CHEDS/MOHESR/WPS)**
- **Authorized in writing by the employee**

6.4 Prohibited Disclosure

- **Unauthorized sharing**
- **Informal transmission (WhatsApp, personal email)**
- **Release without written authorization**

7. Procedures for Maintaining Personnel Records

Step 1 — File Creation

HR creates a personnel file upon recruitment and loads digital copies into the HRIS.

Step 2 — Verification

All documents undergo credential, identity, and compliance verification.

Step 3 — Updating Records

Departments submit updated documents to HR (e.g., evaluation, CPD, research output).

Step 4 — Confidential Document Management

HR stores sensitive documents in a restricted-access folder.

Step 5 — Access Logging

Any file access must be recorded in the Access Log.

Step 6 — Retention & Archiving

Upon separation, the file is archived and retained for at least 7 years.

Step 7 — Destruction of Records

After retention expiry, files are destroyed securely (shredding or encrypted digital deletion).

8. Quality Assurance & Monitoring

QA-IEA shall:

Conduct **annual compliance audits** of HR personnel records

Verify evidence required for **OBEF Pillars 2 & 6**

Ensure accreditation readiness for **CAA Standard 5.3**

Check completeness, accuracy, and alignment with institutional policies

9. Responsibilities

Unit/Role	Responsibility
HR Department	Primary custodian; maintains and secures all records
Deans/Director	Submit faculty/staff evaluation, workload, and CPD records
QA-IEA	Verification for accreditation, documentation quality
Legal Affairs	Ensure compliance with UAE regulations
VP Administrative Affairs	Oversight of HR operations
Employee	Provide accurate, timely documents

10. Policy Review

This policy shall be reviewed every **three years**, or sooner if required by changes in:

- **UAE Labour Law**
- **CAA Standards**
- **OBEF requirements**
- **HEI Compliance Inspection Framework**

Annex A. Personnel Record Management SOP

Code: FU-HR-REC-SOP-2025-01
Effective: AY 2025–2026
Approved by: VP Administrative & Financial Affairs

Fujairah University
Standard Operating Procedure (SOP)
Personnel Record Management

1. Purpose

To provide a standardized process for the creation, maintenance, security, access, retention, and disposal of **faculty and staff personnel records**, ensuring compliance with:

- UAE Labour Law
- CAA Standards 2019 (Standard 5.3; Standard 2)
- HEI Compliance Inspection Framework
- OBEF Pillar 6 (People Management)
- FU QA-IEA documentation integrity requirements

2. Scope

This SOP applies to:

- The HR Department (Records Unit)
- All Colleges and Administrative Units
- QA-IEA (for accreditation evidence)
- Legal Affairs
- All full-time, part-time, adjunct, and visiting employees

3. Definitions

Personnel File: The official employment record maintained by HR.
Confidential File: Restricted documents (medical, disciplinary, legal).
HRIS: University's Human Resource Information System.
Access Log: Documentation of staff who access personnel files.

4. Responsibilities

Role	Responsibility
HR Head	Oversight of personnel file integrity
HR Records Officer	Maintains, updates, secures files
Deans/Directors	Submit performance and workload documents
QA-IEA	Compliance verification for accreditation
Legal Affairs	Ensures lawful disclosure & privacy compliance
Employees	Submit accurate and timely documents

5. Process Steps

Step 1 — File Creation

Triggered upon issuance of employment contract.
HR creates **physical & electronic** personnel files.
Required documents checked using **HR File Checklist**.

Step 2 — Verification & Validation
HR validates:
Academic qualifications (attestation, equivalency)
Identity documents
Licenses, certifications
Employment eligibility
All documents are stamped "VERIFIED" and uploaded to HRIS.

Step 3 — Updating Records
HR updates personnel files with:
Performance evaluations
Research & scholarly activities
Workload distribution & course schedules
Leave records
CPD & training reports
Disciplinary actions (if any)
Updates must be made within **5 working days** of receipt.

Step 4 — Secure Storage
Physical files stored in locked cabinets in HR.
Digital files stored in **encrypted HRIS** with role-based access.
Confidential records stored in a **restricted subfolder**.

Step 5 — Access Control
Only authorized roles may access files.
All access must be recorded in the **Access Log Template**.
Files **must not leave HR premises** unless authorized by HR Director.

Step 6 — Audit & QA Checks
QA-IEA performs annual audits for CAA compliance.
HR produces personnel file reports for:
CAA site visits
HEI Compliance Inspection
OBEF audits
CHEDS/MOHESR reports

Step 7 — Retention & Archiving
Files retained **minimum 7 years after separation**.
Archived in secured storage or dedicated digital repository.

Step 8 — Secure Disposal

Paper files shredded using cross-cut shredders.
Digital files permanently deleted following IT procedures.

Annex B. HR Personnel File Checklist (CAA-Compliant)

Code: FU-HR-REC-CHK-2025-01**

Fujairah University

Personnel File Documentation Checklist

A. Recruitment & Hiring

- ☐ Job Advertisement Copy
- ☐ CV / Resume
- ☐ Passport + Visa Copy
- ☐ Emirates ID
- ☐ Academic Certificates (attested)
- ☐ Equivalency (if required)
- ☐ Reference Checks
- ☐ Interview Evaluation Form
- ☐ Offer Letter & Acceptance
- ☐ Signed Contract
- ☐ Job Description

B. Appointment & Credentials (CAA Standard 4)

- ☐ Verified Terminal Degree
- ☐ Verified Specialization Match
- ☐ Teaching Load Assignment
- ☐ Schedule & Timetable
- ☐ Faculty Credential Verification Form

C. Performance & Evaluation

- ☐ Annual Performance Reviews
- ☐ Classroom Observation Reports
- ☐ Research Output Evidence
- ☐ CPD / Training Certificates
- ☐ Student Evaluation Summaries

D. Compensation & Benefits

- ☐ Salary Offer
- ☐ Allowances
- ☐ Banking/WPS Information
- ☐ Annual Salary Adjustments

E. Leave Records

- ☐ Annual Leave Forms
- ☐ Sick Leave Medical Certificates
- ☐ Maternity/Paternity Leave
- ☐ Sabbatical Leave + CIP
- ☐ CPD/Training Leave

F. Legal & Disciplinary

- ☐ Warning Letters
- ☐ Investigation Reports
- ☐ Grievance Documents
- ☐ Legal Correspondence

G. Separation

- ☐ Clearance Form
- ☐ Exit Interview
- ☐ Final Settlement
- ☐ Experience Certificate

Annex C. Access Log Template

Code: FU-HR-ACCLOG-2025-01**

Fujairah University

Personnel File Access Log

Date	Name of Person Accessing	Position	Reason for Access	Type of Access (View/Copy/Update)	Authorization (HR Director)	Signature

Note:

Access is restricted to authorized personnel only.

All entries must be complete to maintain compliance with UAE law, CAA, and QA-IEA standards.

Annex C. Digital Record Schema For HRIS

Code: FU-HR-HRIS-SCHEMA-2025-01**

Fujairah University

HRIS Personnel Record Digital Schema (CAA–OBEF–CI Compliant)

The HRIS must store personnel records using the following hierarchical structure:

```
HRIS/
  Faculty_Staff_Records/
    [EmployeeID]_[LastName]/
      01_Recruitment/
        JobAd.pdf
        CV.pdf
        Passport.pdf
        Certificates/
          Degree1.pdf
          Degree2.pdf
        Equivalency.pdf
        InterviewEvaluation.pdf
        OfferLetter.pdf
        SignedContract.pdf

      02_Credentials_CAA/
        FacultyCredentialVerification.pdf
        WorkloadAssignment.pdf
        TeachingSchedule.pdf
        SpecializationMatch.pdf

      03_Performance/
        AnnualReview_[Year].pdf
        ClassroomObservation_[Year].pdf
        ResearchOutputs/
        CPD_Records/
        StudentEvaluations/

      04_Compensation/
        SalaryLetter.pdf
        AllowanceStructure.pdf
        WPSRecords/

      05_Leave/
        AnnualLeave/
```

SickLeave/
MaternityPaternity/
Sabbatical/
CIP.pdf
EmergencyLeave/
CPDLeave/

06_Legal_Compliance/
WarningLetters/
InvestigationRecords/
Grievances/
LegalCorrespondence/

07_Separation/
ClearanceForm.pdf
ExitInterview.pdf
Settlement.pdf
ExperienceCertificate.pdf

F. Policy on Professional Development (6a.22)

1. Purpose

This policy establishes a structured institutional framework for **professional development** to ensure that faculty and professional staff maintain and enhance competencies required for teaching, research, scholarship, student support, governance, and administrative functions.

2. Scope

Applies to:

- **Full-time and part-time faculty members**
- **Full-time and part-time professional staff**
- **Adjunct, clinical, visiting, and laboratory faculty**
- **Academic leaders (Deans, Program Coordinators, Chairs)**

All development activities include face-to-face, online, hybrid, and microcredential offerings.

3. Definitions

Term	Definition
Professional Development (PD)	Structured activities that enhance knowledge/skills to support institutional performance, teaching, research, and operational effectiveness.
Faculty Development	PD targeting instructional competence, research, supervision, assessment quality, and scholarly contributions.
PD Plan	Annual individualized plan derived from performance evaluation and aligned with institutional priorities.
PD Activity	Conferences, workshops, courses, microcredentials, scholarly dissemination, sabbatical, or training.

4. Policy Statements

(Aligned to CAA Standards 5.10.1–5.10.7)

4.1 Faculty development (CAA 5.10.1)

FU **provides ongoing faculty development** that supports:

- **Pedagogy and instructional design**
- **Assessment of learning (OBE, rubric design, CLO/PLO mapping)**
- **Research and scholarship productivity**
- **Supervision of graduate projects/theses**
- **Academic advising and student mentoring**

4.2 Training for instructional strategies and educational technologies (CAA 5.10.2–5.10.3)

FU ensures that faculty and staff receive training in:

- **Active and lifelong learning methodologies**
- **LMS (Moodle/Blackboard/Banner/Smart Learning Hub)**
- **AI-assisted learning tools**
- **Simulation labs, digital learning objects**
- **Academic integrity and proctoring tools**

- **Generative AI and emerging technologies**

4.3 Research and scholarship support (CAA 5.10.4)

Supports include:

- **Conference participation funding (local, regional, international)**
- **Research incentive awards**
- **Sabbatical and training leave (where eligible)**
- **Internal research grant schemes**
- **Publication support and Scopus/WoS training**
- **IP, patents, and commercialization support**

4.4 Evaluation and development planning (CAA 5.10.5)

Annual performance appraisals must:

- **Identify PD needs**
- **Produce an Individual PD Plan**
- **Contribute to Unit/College PD Priorities**
- **Feed into Institutional PD Plan and Budget**

4.5 Professional staff development (CAA 5.10.6)

The institution provides:

- **Training related to each staff member's job description**
- **Data analytics, student services, finance, HR, IT, library competencies**
- **Customer service and student experience**
- **EHS, cybersecurity, privacy, and risk management**
- **Mandatory training evaluations for effectiveness**

4.6 Budget allocation (CAA 5.10.7)

An **annual PD budget** is allocated to support faculty and staff development, including:

- **Local and international PD activities**
- **Research conferences and seminars**
- **Membership in professional organizations**
- **Subscriptions, software, and e-learning platforms**

Finance and QA-IEA maintain evidence of utilization, outcomes, and return-on-impact.

5. Procedures

5.1 PD Needs Analysis

Step	Action	Responsible
1	Review institutional KPIs, OBEF indicators, and performance evaluation findings	QA-IEA & HR
2	Identify PD priorities per unit/college	Deans/Directors
3	Validate PD priorities with VPAA/VPAFA	QA-IEC
4	Finalize annual PD plan	HR

5.2 PD Request and Approval Workflow

Step	Action	Responsible
1	Submit PD Request Form (training/conference/grant)	Faculty/Staff
2	Line Manager recommendation	Dean/Director
3	Budget check and compliance	HR/Finance
4	Final approval	VPAA/VPAFA (as applicable)
5	Participation and documentation	Faculty/Staff
6	Post-activity report & evidence upload	Faculty/Staff & QA-IEA

5.3 Recognition / Incentives

FU may provide:

- Research publication awards
- Teaching excellence awards
- Innovation & community engagement recognition
- Additional PD support for high performers

5.4 Documentation & Evidence Requirements

Mandatory records include:

- PD Request Form
- Approval documentation
- Proof of participation (certificate, badge, proceedings)
- Post-Training Reflection & Impact Report
- Updated Faculty CV

6. Responsibilities

Unit	Key Responsibilities
HR	PD administration, tracking, reporting, budget utilization
QA-IEA	Assure alignment to KPIs, accreditation, OBEF and conduct evaluation
Deans/Directors	Nominate candidates, monitor outcomes
VPAA	Academic PD oversight
VPAFA	Budget authority and utilization control
Staff/Faculty	Active participation and reporting

7. Monitoring & Evaluation

Key PD KPIs include:

- % of faculty completing PD annually
- PD budget utilization rate
- Research outputs attributable to PD
- Improvement in teaching & assessment quality
- Stakeholder satisfaction surveys

8. Non-Compliance

May result in:

- Denial of future PD support requests
- Inclusion in performance improvement plans
- Disciplinary action for misuse of PD funds

Appendices (Available Upon Request)

Code	Document/Template
FU-HR-PD-FORM-2025-01	PD Request & Approval Form
FU-HR-PD-FORM-2025-02	Post-Activity PD Impact Report
FU-HR-PD-LOG-2025-03	Annual PD Register/Tracking Log
FU-HR-PD-PLAN-2025-04	Individual PD Plan Template
FU-HR-PD-SOP-2025-05	PD Standard Operating Procedure

G. Policy and Procedures Governing Nepotism and Employee Relationships (6.A)

1. Purpose

This policy ensures that all employment, promotion, supervision, and evaluation processes at Fujairah University are conducted with **objectivity, fairness, and transparency**, free from **favoritism, conflict of interest, or undue influence** resulting from personal, familial, or romantic relationships.

2. Scope

This policy applies to all:

- Academic, administrative, and support staff (full-time, part-time, or contract-based).
- Applicants for employment, including visiting scholars and consultants.
- Relationships among employees where a real or perceived conflict of interest could arise.

3. Policy Statements

1. **Equal Opportunity:**
   All employment decisions—recruitment, promotion, evaluation, and compensation—must be based solely on **merit, qualifications, and performance**, not personal relationships.
2. **Prohibition of Nepotism:**
   No individual shall participate in decisions affecting the hiring, supervision, evaluation, promotion, or compensation of a **family member or individual with whom they share a close personal relationship**.
3. **Transparency and Disclosure:**
   Employees must disclose any familial or personal relationship with another employee or applicant that could create a **conflict of interest**.
4. **Conflict of Interest Mitigation:**
   When such relationships exist, FU shall take corrective measures such as **reassignment, change in reporting line, or exclusion from decision-making**.
5. **Institutional Integrity:**
   FU upholds ethical governance and organizational transparency consistent with **OBEF Pillar 6** and the **UAE Labour Law** provisions on equality and anti-favoritism.

4. Definitions

Term	Definition
Nepotism	Favoritism granted to relatives or personal acquaintances in employment or decision-making.
Family Member	Spouse, parent, child, sibling, in-law, cousin, aunt/uncle, niece/nephew, or any individual residing in the same household.
Personal Relationship	Romantic, domestic, or financial association that could compromise professional objectivity.
Conflict of Interest	A situation in which personal relationships or interests may influence or appear to influence professional judgment or actions.

5. Responsibilities

Position	Key Duties
President /VPAF	Ensure enforcement of anti-nepotism standards in leadership decisions.
Head of Human Resources	Maintain disclosure registry, ensure conflict mitigation, and monitor compliance.
Deans/Dir. AcA	Prevent assignment of supervisory roles involving related employees.
QA-IEA	Conduct annual compliance audits and report findings to QA-IE Council.
Employees	Disclose any relevant relationship that could affect institutional integrity.

6. Procedures

6.1 Recruitment and Appointment

1. All applicants must declare familial or personal relationships with FU employees during the application process.
2. The HR Department shall screen for potential conflicts and document disclosures.
3. Where a relationship exists, the applicant's hiring decision shall be reviewed by an **independent HR Panel** to ensure fairness.
4. No employee may participate in the recruitment or selection of a relative.

6.2 Employment Relationships

1. Relatives or individuals with a close relationship may be employed in the same unit **only if one does not directly or indirectly supervise the other**.
2. In case of marriage or new relationships between employees within the same department, HR shall reassign reporting structures to eliminate conflict.
3. All such changes must be formally documented and approved by the HR Director and the concerned Vice-President.

6.3 Evaluation and Promotion

1. Supervisors shall not evaluate, recommend, or approve salary increases, promotions, or disciplinary actions for relatives or individuals with whom they have a personal relationship.
2. Alternative evaluators must be appointed to maintain objectivity.

6.4 Disclosure and Reporting

1. Employees must submit a **Conflict of Interest and Relationship Disclosure Form (FU-HR-CIR-2025-01)** annually and upon any change in status.
2. Confidential disclosures are reviewed by HR and QA-IEA.
3. Failure to disclose constitutes a violation subject to disciplinary measures.

6.5 Disciplinary Action

Violations of this policy may result in:

- Formal written warning;
- Suspension of supervisory or managerial authority;
- Termination of employment for severe or repeated offenses.

7. Confidentiality

All disclosures and investigations under this policy shall be treated with **strict confidentiality**.

Information will be shared only with authorized personnel for compliance verification and record-keeping.

8. Monitoring and Quality Assurance

- The **QA-IEA** and **HR Department** jointly audit adherence to this policy every academic year.
- Audit results are reported to the **QA-IE Council** and inform institutional effectiveness KPIs under **OBEF Pillar 6.1 (Ethical and Transparent Governance)**.
- Recommendations from audits feed into continuous improvement of HR governance processes.

9. Related Documents

- FU Human Resources Code of Conduct
- FU Policy on Conflict of Interest (FU-HR-GOV-POL-2025-02)
- FU Ethics and Professional Behavior Policy
- UAE Federal Decree-Law No. 33 of 2021 – Regulation of Labour Relations
- ISO 21001:2018 Implementation Manual
- OBEF v10.21 (Pillar 6 – Institutional Effectiveness, Governance, and Sustainability)

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier upon changes to UAE labour laws or institutional governance frameworks.

Summary

This policy protects the **integrity, fairness, and accountability** of Fujairah University's employment practices by prohibiting nepotism and ensuring all staff relationships are managed transparently.

It reinforces FU's commitment to **ethical governance, merit-based employment, and institutional sustainability**.

H. Policy and Procedures Governing Annual Performance Evaluations of Faculty (6.a.CI-20)

1. Purpose

This policy establishes a **comprehensive, transparent, equitable, and accreditation-aligned framework** for the annual performance evaluation of Fujairah University (FU) faculty. Its purposes are to:

1. Ensure **full compliance with CAA Standards**, particularly Standard **5.12 (Evaluation)**, Standard **4 (Faculty)**, and Standard **5.3 (Employment)**.
2. Demonstrate conformity with the **HEI Compliance Inspection Framework**, including requirements on Workforce Sufficiency, HR Compliance, Academic Quality Assurance, and Staff Development.
3. Integrate FU and **OBEF interrelated Pillars 2, 4, and 6** to strengthen teaching quality, research productivity, and sustainable people management.
4. Provide **evidence-based evaluation mechanisms** that feed into:
    - individual Professional Development Plans (PDPs),
    - collective College Development Plans, and
    - institutional strategic workforce planning.
5. Ensure results of evaluations directly influence employment decisions, including **contract renewal**, **promotion**, **teaching load allocation**, **sabbatical eligibility**, and **performance improvement interventions**.
6. Standardize documentation in HR and QA-IEA repositories to ensure **audit readiness** for CAA, HEI inspections, and OBEF reporting.

2. Scope

This policy applies to all:

- **Full-time Faculty**
- **Part-time Faculty**
- **Visiting/adjunct Faculty**
- **Clinical, practicum, teaching fellows, and instructional staff**

across all locations, modalities, and programs.

3. Definitions

Term	Definition
Annual Performance Evaluation (APE)	The institution's annual assessment of faculty achievement in teaching, research, service, and CPD.
Evaluation Portfolio	Evidence submitted by Faculty demonstrating performance in the evaluation period.
PDP (Professional Development Plan)	A faculty-specific annual development plan based on evaluation outcomes.
PIP (Performance Improvement Plan)	A remediation plan for underperforming Faculty.
360° Feedback	Evaluation including student, peer, supervisor, and self-assessment.

4. Policy Statements

4.1 Mandatory Annual Evaluation (CAA 5.12.1)

FU conducts **annual evaluations** for all faculty categories to ensure continuous enhancement of:

- teaching,

- research/scholarship,
- service,
- professional development.

Evaluations use multiple, verifiable measures.

4.2 Use of Multiple Measures (CAA 5.12.1)

Evidence includes:

- Student evaluations
- Peer observations
- Course file audits
- Assessment quality review
- Research productivity (OBEF Pillar 4)
- Service record
- Committee participation
- Professional development and CPD (CAA 5.10.5)
- Contribution to accreditation and OBEF data quality
- Attendance, punctuality, and compliance with policies

4.3 Transparent and Equitable Criteria (CAA 5.12.2)

- Criteria are **published**, applied uniformly, and disseminated at the start of AY.
- Criteria align with academic rank, workload, and program accreditation.
- No hidden criteria are applied.

4.4 Feedback & Development (CAA 5.12.3)

- Results must be shared during a **formal evaluation meeting**.
- Faculty must have the opportunity to respond.
- Evaluation outcomes must inform **PDPs**, mentoring assignments, research support, and workload adjustments.

4.5 Link to Professional Development (CAA 5.10.5)

Evaluations must result in:

- **Individual PDPs**
- **College-level development plans**
- Training and CPD requests
- Leadership or promotion recommendations

4.6 Effect on Employment

Evaluation outcomes influence:

- **Promotion eligibility**
- **Contract renewal or non-renewal**
- **Sabbatical approvals**
- **Teaching load adjustments**
- **Eligibility for leadership roles**
- **Corrective action (PIP)**
- **Termination in cases of persistent underperformance**

5. Evaluation Framework

A. Teaching Effectiveness (OBEF Pillar 2)

- Course delivery quality
- CLO–Assessment mapping accuracy
- Moderation compliance (internal/external)
- Course file completeness
- Academic integrity compliance
- Student feedback
- Advising and supervision quality

B. Research, Scholarship & Innovation (OBEF Pillar 4)

- Scopus/WoS publications
- Funded research
- Conference outputs
- Research supervision

Innovation and IP

C. Service & Institutional Contribution

- Accreditation and QA work
- Committee involvement
- Community engagement
- Industry partnership development

D. Professional Development

- CPD hours
- Teaching innovation
- Research development
- Leadership development

6. Procedures

Step 1 — Release of Evaluation Guidelines

Academic Affairs communicates criteria and rubrics at the start of AY.

Step 2 — Submission of Evaluation Portfolio

Faculty submit:

- Self-evaluation
- CV
- Research outputs
- Course files
- CPD certificates
- Service documentation

Step 3 — Chair Evaluation

Chair reviews using the FU Evaluation Rubric.

Step 4 — Peer Evaluation

Peer observations conducted for teaching quality.

Step 5 — Dean Review
Dean reviews consolidated results.

Step 6 — Final Evaluation Rating
Ratings:

1. Outstanding
2. Exceeds Expectations
3. Meets Expectations
4. Partially Meets Expectations
5. Does Not Meet Expectations

Step 7 — Feedback Meeting
The Chair and Dean meet with the faculty member, discuss the results, and confirm the required developmental actions.

Step 8 — Development Planning (CAA 5.10.5)
Evaluation results produce:

- **Individual PDP**
- **College PD Plan**
- **Institutional PD priority mapping**

Step 9 — Documentation & HR Filing
All results are filed in the HR personnel file and the QA-IEA accreditation repository (retention: 7 years).

Step 10 — Employment Decision Integration
Based on evaluation:

- Renewal issued
- Promotion recommended
- Sabbatical eligibility updated
- PIP initiated (if required)
- Non-renewal recommended for persistent underperformance.

7. Quality Assurance & Monitoring
QA-IEA ensures:

- Evaluation processes comply with CAA, HEI, OBEF
- Evidence sufficiency for accreditation
- Independent audit sampling
- Annual reporting to the Academic Affairs Council

8. Policy Review
Revised every 3 years or when required by:

- Changes to CAA Standards
- OBEF updates
- HEI Compliance Framework changes

- Institutional governance updates

Annex A. Forms

1. Annual Performance Evaluation (APE) Form

Code: FU-HR-ACAD-APE-Form-2025-01

Fujairah University
ANNUAL PERFORMANCE EVALUATION FORM — FACULTY
Academic Year: _____
Faculty Member: _____
Rank: _____
College/Department: _____
Supervisor: _____

SECTION A — TEACHING EFFECTIVENESS (OBEF Pillar 2)
(Attach evidence: course files, mapping sheets, moderation reports, student evaluations)

Criterion	Supervisor Rating (1–5)	Evidence Attached
Course Delivery Quality		
CLO–Assessment Alignment		
Assessment & Moderation Compliance		
Course File Completion		
Advising & Supervision Quality		
Academic Integrity Compliance		
Student Evaluation Scores		

Teaching Score: _____ / 5
Comments:_____

SECTION B — RESEARCH, SCHOLARSHIP & INNOVATION (OBEF Pillar 4)

Criterion	Rating	Evidence
Scopus/WoS Publications		
Funded Research		
Conference Outputs		
Intellectual Property / Innovation		
Research Supervision		

Research Score: _____ / 5
Comments: _____

SECTION C — SERVICE & INSTITUTIONAL CONTRIBUTION

Criterion	Rating	Evidence
Committee Participation		
Accreditation / QA Work		
Community Engagement		

Industry Partnerships		
Institutional Events		

Service Score: _____ / 5

Comments: _____

SECTION D — PROFESSIONAL DEVELOPMENT (CAA 5.10.5)

Criterion	Rating	Evidence
CPD Hours Completed		
Teaching/Research Training		
Leadership Development		
Pedagogical/Tech Innovation		

PD Score: _____ / 5

Comments: _____

SECTION E — OVERALL PERFORMANCE RATING

Rating	Description
5	Outstanding
4	Exceeds Expectations
3	Meets Expectations
2	Partially Meets Expectations
1	Does Not Meet Expectations

Overall Score (weighted): _____

Final Rating: _____

SECTION F — DEVELOPMENTAL ACTIONS

- PDP Required: □ Yes □ No
- PIP Required: □ Yes □ No
- Recommended Training/Support:

SIGNATURES

Faculty: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

VPAA: _____ Date: _____

2. Faculty Professional Development Plan (FPDP)

Code: FU-HR-ACAD-PDP-Form-2025-02**

Fujairah University
PROFESSIONAL DEVELOPMENT PLAN (PDP)
Faculty Name: _____
Academic Year: _____

1. Evaluation-Based Development Needs

Domain	Identified Need	Source (APE Section)
Teaching		
Research		
Service		
Professional Development		

2. PDP Goals & Actions

Goal	Action Steps	Required Support	Timeline	KPI/Success Metric

3. OBEF & Accreditation Integration

Pillar	Faculty Contribution
OBEF Pillar 2	
OBEF Pillar 4	
OBEF Pillar 6	
Program Accreditation	

SIGNATURES
Faculty: _____
Chair: _____
Dean: _____

3. PERFORMANCE IMPROVEMENT PLAN (PIP)

Code: FU-HR-ACAD-PIP-Form-2025-03**

Fujairah University
PERFORMANCE IMPROVEMENT PLAN (PIP)
Faculty Member: _____
Evaluation Rating: □ 1 - Does Not Meet □ 2 - Partially Meets
College: _____

1. Issues Identified

Area	Description of Issue	Evidence
Teaching		
Research		
Service		
Professional Conduct		

2. Improvement Requirements

Required Outcome	Actions Required	Support Required	Evidence of Completion	Deadline

3. Monitoring & Review

- Weekly / Monthly Review Schedule: _____
- Monitoring Authority: Chair / Dean / VPAA

4. Non-Compliance Clause

Failure to complete PIP requirements may result in:

- reduced teaching load
- contract non-renewal
- administrative action per HR policies

SIGNATURES

Faculty: _____ Chair: _____ Dean: _____ VPAA: _____

4. EVALUATION RUBRIC

Code: FU-HR-ACAD-EVAL-RUBRIC-2025-04**

A. Teaching Effectiveness (40%)

Level	Descriptor
5 Outstanding	Exceptional teaching quality; model course files; >90% compliance; innovative assessment; high student ratings.
4 Exceeds	Strong teaching; minor refinements needed; consistent compliance.
3 Meets	Delivering expected teaching with acceptable compliance.
2 Partially Meets	Gaps in course files, mapping, or moderation; inconsistent delivery.
1 Does Not Meet	Serious deficiencies; quality and compliance risks.

B. Research & Scholarship (30%)

Level	Descriptor
5	≥2 Scopus/WoS outputs or equivalent high-impact outcomes.
4	1 high-quality output + ongoing research.
3	Minimum institutional requirement met.
2	Minimal progress; low engagement.

1	No research activity.

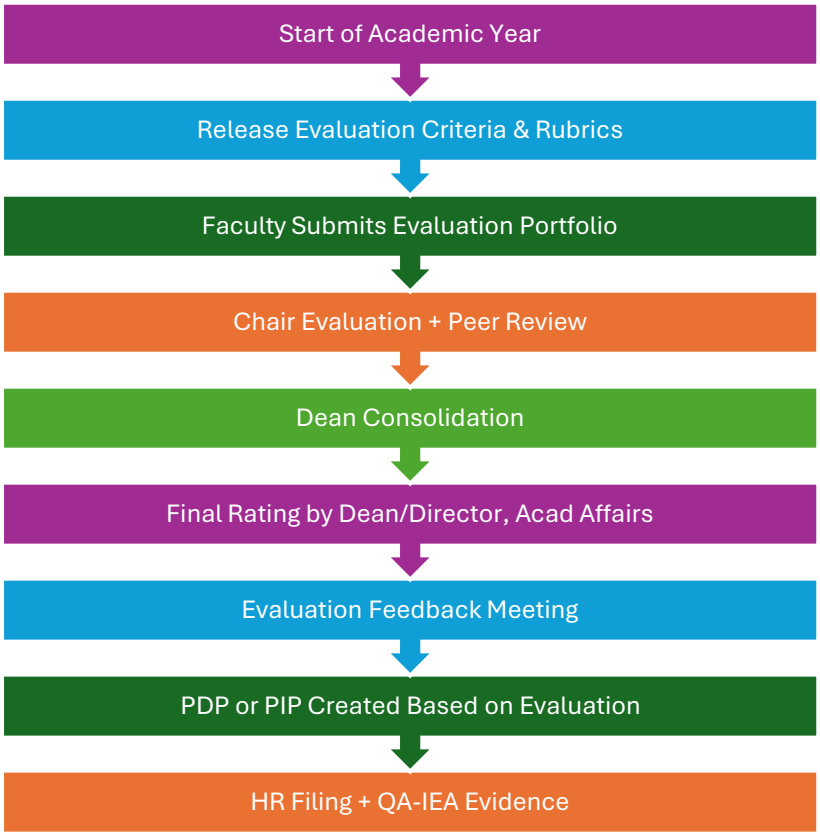
C. Service & Institutional Contribution (20%)

Level	Descriptor
5	Significant leadership in committees, accreditation, community work.
4	Active involvement.
3	Meets expected service load.
2	Limited involvement.
1	No contribution.

D. Professional Development (10%)

Level	Descriptor
5	Extensive CPD (>30 hours), leadership development, certifications.
4	Strong CPD (20–30 hours).
3	Minimum CPD (10–20 hours).
2	Limited CPD (<10 hours).
1	No CPD.

5. EVALUATION WORKFLOW DIAGRAM (ASCII)



I. Policy and Procedures Governing Staff Annual Performance Evaluation (5.i.CI-SM-13)

1. Purpose

This policy establishes a structured, transparent, and equitable framework for the **annual performance evaluation of professional and administrative staff** at Fujairah University (FU). It aims to ensure:

1. **Compliance with UAE CAA Standards 5.12 and 5.3** for workforce evaluation, employment terms, and staff development.
2. Alignment with the **HEI Compliance Inspection Framework** on:
    - Administrative workforce sufficiency
    - HR compliance and documentation integrity
    - Professional support and performance management
3. Integration with **OBEF v10.21 Pillar 6 (People Management)** to strengthen staff satisfaction, retention, and institutional sustainability.
4. A fair, consistent annual evaluation process linked to:
    - Training and development
    - Merit recognition
    - Promotion
    - Contract renewal
    - Corrective action and performance improvement
5. Proper retention of evaluation documents to support:
    - CAA accreditation
    - HEI inspections
    - Internal QA audits
    - CHEDS/MOHESR reporting

2. Scope

This policy applies to all:

- **Professional staff**
- **Administrative staff**
- **Technical, operational, and support staff**
- **Employees on full-time, part-time, and limited-term contracts**

It excludes **faculty**, whose evaluation is covered under a separate policy.

3. Definitions

Term	Definition
Professional & Administrative Staff	Non-teaching employees responsible for administrative, technical, operational, and managerial functions.
Annual Performance Evaluation (APE)	The official yearly review of staff performance using FU-approved metrics.
Supervision	Ongoing oversight, coaching, and monitoring of staff performance throughout the year.
PDP (Professional Development Plan)	A development plan arising from performance evaluation.

PIP (Performance Improvement Plan)	A corrective action plan for underperformance.
Competency Framework	FU's required behavioural and functional competencies for staff.

4. Policy Statements

4.1 Mandatory Annual Evaluation (CAA 5.12.1)

FU conducts annual performance evaluations for ALL staff using multiple, verifiable measures, consistent across all units.

4.2 Transparent and Equitable Evaluation Criteria (CAA 5.12.2)

Evaluation criteria must be:

- Published annually
- Fair, rank/role-appropriate
- Aligned with job descriptions and institutional competencies
- Disseminated to all staff at the start of the year

4.3 Evidence-Based Evaluation

Evaluations must rely on documented evidence, including:

- Task delivery and KPIs
- Timeliness and responsiveness
- Quality assurance participation
- Attendance and punctuality
- Customer service quality
- Innovation and process improvements
- Teamwork and collaboration
- Compliance with policies and directives
- CPD/training participation

4.4 Feedback, Documentation & Discussion (CAA 5.12.3)

Supervisors must:

- Provide written evaluation outcomes
- Hold an evaluation discussion meeting
- Allow staff to respond or provide clarifications
- Document agreed actions and recommendations

4.5 Integration With Staff Development (CAA 5.10.5)

Evaluation outcomes **must** inform:

- Individual PDPs
- Unit-level training needs
- Institutional HR development strategies
- Leadership development programmes

4.6 Employment Decision Impact

Annual performance evaluations directly affect:

- Contract renewal

- Promotion decisions
- Merit and performance-based salary adjustments
- Transfer/reassignment
- Eligibility for training, scholarships, or special assignments
- Continuation of employment
- Implementation of PIP (Performance Improvement Plan)
- Termination in cases of repeated unsatisfactory performance

5. Evaluation Components

5.1 Core Performance Categories

Category	Description
Job Performance	Completion of tasks, accuracy, timeliness, and efficiency.
Technical Competence	Skills and knowledge relevant to job responsibilities.
Quality of Work	Standards compliance, attention to detail, and reliability.
Service Orientation	Customer service quality and responsiveness.
Teamwork & Collaboration	Cooperation, communication, and unit support.
Communication Skills	Clarity, professionalism, and documentation.
Compliance	Adherence to policies, procedures, and ethical standards.
Innovation & Improvement	Contributions to process improvements and efficiency.
Professional Development	CPD engagement, training completion, certifications.

6. Procedures

Step 1 — Annual Planning & Setting Expectations

Supervisors must:

- Review job descriptions
- Set annual goals and KPIs
- Identify competency expectations
- Document expectations in the HR system

Step 2 — Continuous Supervision

Supervisors monitor performance through:

- Quarterly check-ins
- Feedback discussions
- Workload monitoring
- Early identification of performance gaps

Documentation stored in HR system.

Step 3 — Portfolio Submission (Where Required)

Staff provide documentation of:

- Completed tasks
- Reports and outputs
- Training certificates
- Achievements and accomplishments
- Customer service evaluations

Step 4 — Supervisor Evaluation

Supervisor completes:

- Evaluation Rubric
- Evidence verification
- Draft rating
- Preliminary developmental recommendations

Step 5 — Secondary Review

- Director reviews and endorses
- VP Administrative Affairs signs off

Step 6 — Final Rating

Using FU's standardized 5-level rating scale:

1. Outstanding
2. Exceeds Expectations
3. Meets Expectations
4. Partially Meets Expectations
5. Does Not Meet Expectations

Step 7 — Feedback Meeting (MANDATORY)

Supervisor meets with staff to:

- Present the evaluation
- Clarify expectations and concerns
- Agree on development actions
- Document staff comments

Step 8 — Development Planning

- PDP created for all staff
- PIP created for ratings 4 or 5
- HR monitors implementation

Step 9 — Employment Impact Integration

Evaluation data is used in decisions on:

- Renewal / non-renewal
- Promotion
- Transfer or reassignment
- Salary progression
- Eligibility for training or scholarships
- Disciplinary or remedial action

Step 10 — Documentation and Filing

HR retains:

- Evaluation form
- Portfolio

- PDP / PIP
- Supervisor notes
- Committee endorsements

Minimum retention: **7 years**, per QA-IEA requirements.

7. Quality Assurance & Monitoring

QA-IEA conducts:

- Annual audits of evaluation documentation
- Random verification checks
- Cross-unit consistency analysis
- Compliance checks with CAA & CI Framework
- Reporting to VP Administrative Affairs & President

8. Review and Revision

Reviewed every **three (3) years**, or earlier upon:

- Changes to CAA Standards
- Updates to HEI Inspection Framework
- OBEF revisions
- Legislative changes

Annex A. Forms

1. Administrative Staff Annual Performance Evaluation Form

Code: FU-HR-STF-APE-Form-2025-01**

Section A — Staff Information

Field	Entry
Evaluation Year	_____
Staff Name	_____
Position/Grade	_____
Unit/Department	_____
Supervisor	_____

Section B — Core Performance Dimensions

Criterion	Description	Rating (1–5)	Evidence Attached (Y/N)	Supervisor Comments
Job Knowledge & Technical Competence	Mastery of role, procedures, technical skills			
Quality of Work	Accuracy, completeness, standards compliance			
Productivity & Efficiency	Timeliness, workload management, KPI completion			
Service Orientation	Customer service, professionalism, responsiveness			
Teamwork & Collaboration	Cooperation, supportiveness, communication			
Communication	Clarity, documentation quality, responsiveness			
Compliance & Integrity	Policy adherence, ethics, confidentiality			
Innovation & Improvement	Process enhancement, technology use			
Professional Development	CPD participation, training, learning			

Section C — Overall Evaluation

Component	Weight	Score
Total Weighted Score	100%	_____

Final Overall Rating	–	□ Outstanding (5) □ Exceeds (4) □ Meets (3) □ Partially Meets (2) □ Does Not Meet (1)

Section D — Development Planning

Field	Entry
PDP Required?	□ Yes □ No
PIP Required?	□ Yes □ No
Supervisor Comments	_____
Staff Comments	_____

Section E — Signatures

Role	Name	Signature	Date
Staff			
Supervisor			
Director			
VP Admin Affairs			

2. Staff Professional Development Plan (PDP) Template

Code: FU-HR-STF-PDP-Form-2025-02**

Section A — Development Needs

Performance Domain	Development Need	Source (Evaluation Section)
Job Skills		
Service Quality		
Communication		
Technical Competency		
Compliance		

Section B — PDP Goals and Actions

PDP Goal	Action Steps	Support Required	Timeline	KPI / Success Measure

Section C — Alignment with Frameworks

Framework	Requirement	Contribution
FU Pillar 6	Staff Wellbeing & Capacity	
CI Framework	HR/Administrative Compliance	
Unit KPIs	Service & Efficiency Requirements	

Section D — Signatures

Stakeholder	Signature	Date
Staff		

Supervisor		
Vice-President for Admin. Affairs		

3. STAFF PERFORMANCE IMPROVEMENT PLAN (PIP) TEMPLATE

Code: FU-HR-STF-PIP-Form-2025-03**

Section A — Performance Gaps

Area	Performance Deficiency	Evidence
Quality		
Timeliness		
Communication		
Compliance		
Conduct		

Section B — Required Outcomes & Support

Required Outcome	Corrective Actions	Required Training/Support	KPI/Metric	Deadline

Section C — Monitoring Schedule

Frequency	Responsible Person	Notes
Weekly □	Supervisor	
Biweekly □	Director	
Monthly □	HR/VP Admin	

Section D — Compliance Notice

Statement	Staff Acknowledgment
Non-compliance with the PIP may result in non-renewal, reassignment, or termination in accordance with FU HR policies.	Signature: _____

Section E — Signatures

Stakeholder	Signature	Date
Staff		
Supervisor		
Director		
VP Admin Affairs		

4. STAFF EVALUATION RUBRIC SUMMARY

Code: FU-HR-STF-RUBRIC-2025-04**

Performance Levels

Rating	Descriptor
5	Outstanding
4	Exceeds Expectations

3	Meets Expectations
2	Partially Meets Expectations
1	Does Not Meet Expectations

Rubric Dimensions Table

Category	Weight	Level 5 Descriptor	Level 3 Descriptor	Level 1 Descriptor
Job Knowledge	20%	Expert; mentors others	Competent	Lacks required knowledge
Quality of Work	20%	High accuracy	Acceptable quality	Frequent errors
Productivity	15%	Exceeds targets	Meets targets	Fails deadlines
Service Orientation	15%	Exceptional client service	Good responsiveness	Poor customer interactions
Teamwork	10%	Drives collaboration	Participates effectively	Disruptive or uncooperative
Communication	10%	Excellent clarity	Good clarity	Poor communication
Compliance & Integrity	5%	Model compliance	Meets expectations	Violates policies
Professional Development	5%	>20 CPD hours	10–20 hours	<10 hours; no CPD

5. STAFF ANNUAL SUPERVISION CHECKLIST

Code: FU-HR-STF-SUP-CHK-2025-05**

Section A — Pre-Evaluation Setup

Checklist Item	Completed (Y/N)	Notes
Job description reviewed		
KPIs set and documented		
Prior year evaluation reviewed		
Staff informed of expectations		
CPD status reviewed		

Section B — Quarterly Supervision

Quarter	Activities Completed	Notes
Q1	Coaching / Monitoring / Corrections	
Q2	Task review, KPI tracking	
Q3	Pre-evaluation meeting	
Q4	Evaluation readiness	

Section C — Evaluation Preparation

Item	Completed	Notes
Self-evaluation received		
Evidence verified		
KPI achievement checked		
Rubric applied		

Draft rating prepared		

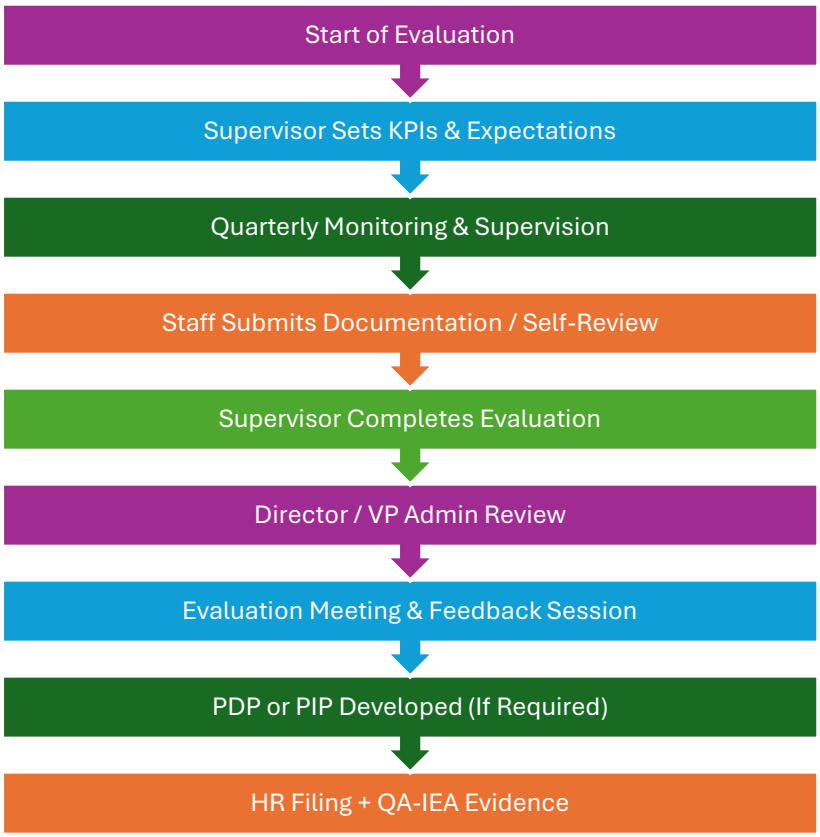
Section D — Evaluation Meeting

Item	Completed	Notes
Feedback delivered		
Staff clarifications recorded		
PDP/PIP agreed		
Signatures collected		

Section E — Post-Evaluation

Item	Completed	Notes
HR filing completed		
QA-IEA evidence submitted		
Follow-up review schedule set		

6. STAFF EVALUATION WORKFLOW DIAGRAM (ASCII)



J. Policy and Procedures Governing Faculty Qualifications for Teaching (6.C)

1. Purpose

This policy ensures that all teaching faculty members at Fujairah University possess the **qualifications, academic credentials, professional experience, and pedagogical competencies** required by the **UAE Ministry of Education – Commission for Academic Accreditation (CAA)**. It promotes high-quality instruction, academic integrity, and alignment with FU's mission of **teaching excellence and student success**.

2. Scope

This policy applies to:

- All full-time, part-time, adjunct, and visiting faculty members engaged in teaching undergraduate or postgraduate courses;
- Academic units and programs under all colleges and departments;
- Recruitment, appointment, evaluation, and promotion processes related to teaching staff.

3. Policy Statements

1. **Compliance with CAA Requirements**
    - All faculty qualifications must comply with **CAA Standards 2019** and related updates.
    - Each faculty member's credentials must be **verified, attested, and approved** by the UAE MoE before appointment.
2. **Minimum Qualification Requirements**

Teaching Level	Minimum Qualification	Additional Requirements
• **Undergraduate**	Ph.D degree in the teaching discipline or closely related field	≥ 5 years of professional or teaching experience preferred
• **Graduate / Postgraduate**	Doctorate (Ph.D. or equivalent) in the discipline	Record of scholarly research and publications
• **General Education/ Foundation**	Master's degree in the field of instruction (e.g., English, Math, IT)	Pedagogical certification (TESOL, CELTA, etc.) preferred
• **Professional / Clinical Programs**	Graduate qualification + recognized professional license	Clinical experience or industry certification required

3. **Equivalency and Credential Verification**
    - All academic degrees must be **attested** by the UAE Ministry of Education.
    - Foreign qualifications require **equivalency certification** from the MoE.
    - The HR Department and QA-IEA maintain a verified faculty credentials database.
4. **Continuous Professional Development (CPD)**
    - Faculty are required to engage in **at least two professional development activities annually** related to teaching, learning, or research.
    - CPD records must be submitted to the Dean and QA-IEA for OBEF reporting.
5. **Pedagogical and Research Competence**
    - Faculty must demonstrate competence in learning design, student assessment, and research integration.
    - All new faculty must attend the **FU Faculty Orientation and Teaching Effectiveness Program**.
6. **Periodic Review**

- Faculty qualifications and CVs shall be reviewed annually by the Dean and QA-IEA for CAA and OBEF compliance.
- Any discrepancy or change in status must be reported to HR and the Director of Academic Affairs.

4. Responsibilities

Unit / Position	Responsibilities
President / VPAA / Director of Academic Affairs	Ensure institutional compliance with CAA faculty qualification standards.
College Deans and Chairs	Verify and endorse faculty qualifications before teaching assignment; monitor credential updates.
Department of Human Resources (DHRSA)	Collect and verify attested academic documents; maintain faculty files.
QA-IEA	Audit faculty qualification records and report OBEF KPI (Teaching Effectiveness and Competence).
Faculty Members	Maintain accurate records of qualifications and CPD activities.

5. Procedures

5.1 Recruitment and Verification

1. HR collects official transcripts and attestation documents upon appointment.
2. The Director of Academic Affairs confirms disciplinary alignment of qualifications with assigned courses.
3. QA-IEA verifies faculty qualification mapping to CAA Standard 3.3 and records them in the **Faculty Qualification Matrix (FU-ACA-FQM-2025-01)**.

5.2 Assignment of Teaching Load

1. Deans ensure that only faculty meeting the minimum qualification requirements are assigned to teach courses at each academic level.
2. Any exception must be justified in writing and approved by the Vice President for Academic Affairs (VPAA) and QA-IEA.

5.3 Annual Review and Audit

1. QA-IEA conducts an annual audit of faculty qualifications, professional licenses, and CPD activities.
2. Results are reported to the QA-IE Council and included in the OBEF Institutional Effectiveness Report.

6. Non-Compliance and Corrective Action

- Faculty without valid attestation or equivalency will not be assigned teaching duties.
- A Corrective Action Plan (CAP) must be submitted by the Dean within 15 working days.
- Persistent non-compliance may result in employment termination in accordance with UAE Labour Law and FU policy.

7. Monitoring and Quality Assurance

- QA-IEA monitors implementation through annual OBEF audits and CAA accreditation reviews.
- The Faculty Qualification Matrix is updated each semester and submitted to the MoE as part of the program licensure or renewal process.

8. Related Documents

- FU Faculty Recruitment and Appointment Policy
- FU Teaching and Learning Policy

- FU Continuous Professional Development (CPD) Framework
- UAE MoE – CAA Standards 2019 (Standard 3.3)
- OBEF v10.21 (Indicators 2.1 – 2.4)
- ISO 21001:2018 Implementation Manual

9. Review Cycle

This policy shall be reviewed every three (3) years, or earlier upon amendments to MoE CAA regulations or OBEF guidelines.

Summary

This policy establishes a unified institutional framework to ensure that all FU faculty meet or exceed **CAA minimum qualification requirements**, possess **verified credentials**, and demonstrate **ongoing professional competence**. It upholds FU's commitment to **teaching excellence**, **academic integrity**, and **compliance with national and international quality standards**.

K. Policy and Procedures Governing Faculty Workload Assignments (6.D)

1. Purpose

This policy provides a clear and equitable framework for **faculty workload planning, assignment, and monitoring** to ensure compliance with **MoE CAA Standards 2019**, promote teaching excellence, research productivity, and service engagement consistent with FU's mission, and uphold fair distribution of academic responsibilities across programs and colleges.

2. Scope

This policy applies to:

- All **full-time**, **part-time**, **adjunct**, and **visiting faculty**;
- Academic departments, programs, and colleges across all levels;
- All activities classified as **teaching**, **research**, **community service**, or **administrative/service duties** that contribute to institutional effectiveness.

3. Policy Statements

1. **Compliance with CAA Requirements**
   FU shall assign faculty workloads that align with the **CAA Standard 3.3** requirement: ensuring sufficient time for high-quality teaching, research, student advising, and service, without compromising academic standards or faculty wellbeing.
2. **Teaching Load Parameters**
   - Full-time faculty shall normally teach between:
     - **Undergraduate:** 12–15 credit hours per semester (or equivalent in contact hours)
     - **Graduate:** 9–12 credit hours per semester
   - Laboratory-based or clinical courses may have reduced credit equivalence (based on contact time).
   - Teaching overloads shall not exceed **six (6) credit hours per semester** and must be approved by the **Dean and Director of Academic Affairs**.
3. **Workload Distribution Framework**
   A faculty member's total workload shall encompass **Teaching, Research, Service, and Administrative Duties**, expressed in **percentage allocation**:

Category	Standard Range	Examples
Teaching & Supervision	50–70 %	Course delivery, thesis supervision, advising
Research & Scholarly Output	20–30 %	Publications, funded projects, innovation
Service & Community Engagement	10–20 %	Committee work, outreach, professional service
Administrative / Leadership Roles	Up to 30 % (for chairs, coordinators)	Program leadership, QA coordination

4. **Equity and Transparency**
   - Workload assignments shall be equitable within comparable programs.
   - Workload matrices must be approved by the College Dean and reviewed by QA-IEA.
   - Any deviation from standard allocation must be justified in writing.

5. **Monitoring and Review**
   The QA-IEA shall annually review workload compliance across all colleges to ensure balanced faculty engagement in teaching, research, and service consistent with institutional KPIs.

4. Responsibilities

Unit / Position	Key Responsibilities
President / VPAA	Oversee institutional compliance with CAA faculty workload standards.
Director of Academic Affairs	Issue university-wide workload circulars; coordinate approval of college workload plans.
College Deans / Department Chairs	Prepare, assign, and monitor faculty workloads within defined limits; review overload requests.
QA-IEA	Audit workload data, verify alignment with OBEF and CAA KPI 2.3 (Teaching Quality and Engagement).
Faculty Members	Submit annual workload plans and reports; ensure fulfillment of assigned duties.
HR Department	Maintain official workload records for all faculty.

5. Procedures

5.1 Workload Planning

1. Prior to each academic year, Department Chairs prepare a **Faculty Workload Plan (FU-ACA-FWP-Form 01)** listing all teaching and non-teaching duties.
2. The Dean reviews the plan for balance and compliance with CAA Standards.
3. The Director of Academic Affairs consolidates plans into the institutional workload matrix.

5.2 Approval of Overload / Underload

1. Faculty requesting overloads must submit **FU-ACA-FOL-Form 02**, along with a justification.
2. Overload approvals require endorsement from the Dean and VPAA; compensation or time-off-in-lieu is determined by HR policy.
3. Underload (less than 12 credits) must be offset by additional research, service, or administrative duties.

5.3 Monitoring and Reporting

1. The Dean conducts mid-semester and end-of-semester workload reviews.
2. QA-IEA verifies and audits the data through the **Faculty Performance Dashboard**.
3. Any irregularities or excessive overloads trigger a **Corrective Action Plan (CAP)**.

5.4 Integration with OBEF Indicators

- Teaching effectiveness and workload equity are linked to OBEF Pillar 1 and 2 indicators:
- Workload data contribute to annual program performance reviews (IR Form 1).

6. Non-Compliance and Corrective Action

- Unapproved overloads, inaccurate workload reporting, or violation of CAA requirements shall result in formal corrective measures.
- Deans must submit a CAP to QA-IEA within 15 working days to restore compliance.
- Repeated non-compliance may impact departmental accreditation standing.

7. Quality Assurance and Continuous Improvement

- QA-IEA conducts annual audits of workload distributions and benchmarks results across colleges.

- Outcomes are reported in the **Institutional Effectiveness Report** and feed into FU's Strategic Plan Pillar 2 (Learning and Teaching Excellence).
- Recommendations inform adjustments to future workload planning and resource allocation.

8. Related Documents

- FU Faculty Qualifications Policy (FU-ACA-FAC-POL-2025-01)
- FU Teaching and Learning Policy
- FU Continuous Professional Development Framework
- FU Research and Scholarly Activity Policy
- CAA Standards 2019 (Standard – Faculty and Staff)
- OBEF v10.21 (Pillar 2 – Learning & Teaching Excellence)
- ISO 21001:2018 Implementation Manual

9. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier if CAA requirements, OBEF indicators, or institutional strategies change.

Summary

This policy ensures that all FU faculty workloads are **balanced, transparent, and compliant with CAA Standards**, supporting effective teaching, research productivity, and institutional sustainability.
It reinforces FU's commitment to **academic excellence, faculty wellbeing, and quality assurance** in alignment with national and international benchmarks.

L. Policy and Procedures Governing Release Time for Academic Management and Administrative Assignments (6.E)

1. Purpose

This policy establishes a formal framework for **granting release time** (partial reduction of teaching load) to faculty members who assume **academic management or administrative responsibilities** at Fujairah University.

The purpose is to ensure that such roles are executed effectively without compromising **teaching quality**, **research productivity**, or **institutional performance**, and to comply fully with **CAA Standard** regarding faculty workload and performance balance.

2. Scope

This policy applies to all:

- Full-time faculty assigned to administrative or academic management positions (e.g., Deans, Department Chairs, Program Coordinators, Directors, and Committee Chairs);
- Colleges, departments, and academic units under FU;
- Administrative duties that directly contribute to the achievement of FU's academic, research, and governance objectives.

3. Policy Statements

1. **Alignment with CAA Requirements**
    - All release time allocations must comply with **CAA Standard – Faculty and Staff**, ensuring adequate time for academic and administrative responsibilities without exceeding teaching limits or impairing research obligations.
2. **Principle of Equitable Allocation**
    - Release time shall be determined objectively based on the **scope, complexity, and institutional significance** of the management or administrative role.
    - Faculty in comparable roles shall receive equivalent reductions across colleges.
3. **Transparency and Accountability**
    - All release time must be approved in writing by the **Director for Academic Affairs** and recorded in the **Faculty Workload Matrix (FU-ACA-FWM-2025-01)**.
    - The QA-IEA shall monitor equitable application across all academic units.
4. **Sustainability and Institutional Effectiveness**
    - Release time arrangements must maintain teaching continuity and program delivery standards in line with **OBEF Pillar 2 (Learning & Teaching Excellence)** and **Pillar 6 (Community Engagement: Governance & Sustainability)**.

4. Standard Release Time Allocations

Administrative / Management Role	Standard Release Time per Semester	Remarks
Dean	6 credit hours	Equivalent to 60 % reduction in teaching; includes strategic, financial, and accreditation duties.

Department/Program Chair	3 credit hours	Covers program management, scheduling, faculty supervision, and assessment oversight.
Program Coordinator	3 credit hours	Includes coordination of assessment, accreditation documentation, and OBEF reporting.
Committee Chair (major institutional or accreditation committee)	3 credit hours (maximum)	For intensive, time-bound responsibilities.
Other Assignments (ad hoc)	Case-based; determined by Dean and VPAA	Requires documented justification and President's endorsement.

Note: Release time shall not reduce total faculty engagement below institutional expectations for research, advising, and service.

5. Responsibilities

Role	Responsibilities
President / VPAA	Approves all release time allocations; ensures institutional compliance with CAA and OBEF requirements.
Director of Academic Affairs	Reviews and consolidates college-level workload plans for QA-IEA verification.
College Deans	Recommend release time based on workload analysis; ensure teaching continuity and quality.
Department Chairs / Program Directors	Submit justifications for release time requests; monitor faculty performance in both academic and administrative tasks.
QA-IEA	Audit release time records and report deviations or inequities to the QA-IE Council.
HR Department	Record approved release time in faculty contracts and HRIS.

6. Procedures

6.1 Request and Approval Process

Step	Action	Responsible Unit / Person
1	Faculty member or Dean submits a **Release Time Request Form (FU-ACA-RTF-2025-01)** detailing duties, expected outcomes, and proposed reduction.	Dean / Faculty
2	The Director of Academic Affairs reviews the request for compliance with workload norms.	DAA
3	The VPAA approves and forwards the decision to the HR Department.	VPAA
4	HR updates workload records and payroll implications, if any.	DHRSA
5	QA-IEA audits and confirms inclusion in the **Workload Audit Report** for OBEF submission.	QA-IEA

6.2 Monitoring and Evaluation

1. At the end of each semester, faculty with release time must submit an **Achievement Report (FU-ACA-RAR-2025-01)** summarizing completed administrative deliverables.
2. The Dean and DAA evaluate the outcomes against assigned responsibilities.

3. QA-IEA incorporates these results into institutional performance metrics under **OBEF Pillar 6.1 (Governance and Effectiveness)**.

6.3 Renewal or Adjustment

1. Release time may be renewed annually based on performance evaluation and institutional needs.
2. Adjustments (increase or reduction) require documented justification and approval by the VPAA.
3. All changes must be communicated to QA-IEA and HR for record update.

7. Non-Compliance

- Unauthorized or undocumented release time allocations are **invalid** and subject to corrective action.
- Colleges failing to adhere to this policy will be required to submit a **Corrective Action Plan (CAP)** within 15 working days.
- Persistent non-compliance may impact accreditation reviews and OBEF performance scores.

8. Quality Assurance and Continuous Improvement

- The QA-IEA conducts **annual audits** on faculty workload and release time distributions.
- Findings are reported to the **QA-IE Council** and incorporated into the **Institutional Effectiveness Report (IER)**.
- Recommendations are used to refine workload allocation practices for sustainability and equity.

9. Related Documents

- FU Faculty Workload Assignment Policy (FU-ACA-FAC-POL-2025-02)
- FU Faculty Qualification Policy (FU-ACA-FAC-POL-2025-01)
- FU Academic Affairs Operational Manual
- CAA Standards 2019 (Standard 3.3 – Faculty and Staff)
- OBEF v10.21 (Pillar 2 and Pillar 6)
- ISO 21001:2018 Implementation Manual

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if required by CAA or MoE amendments, changes in OBEF indicators, or institutional restructuring.

Summary

This policy ensures that **faculty release time** for academic management and administrative duties is assigned **fairly, transparently, and in compliance with CAA standards**, while maintaining FU's commitment to **teaching excellence, research productivity, and institutional effectiveness**.

It strengthens FU's governance culture by linking faculty management roles to measurable outcomes and accountability frameworks under **OBEF Pillar 6**.

M. Policy on Faculty Disciplinary Actions and Appeals (5.k.CI-6a-FM-40)

1. Purpose

The purpose of this policy is to ensure that Fujairah University (FU) maintains a **fair, consistent, and lawful system of faculty disciplinary actions**, aligned with UAE higher education regulations and international academic governance principles. Specifically, the policy aims to:

1. Ensure compliance with **CAA Standards** regarding governance, employment terms, evaluation, and academic workforce conduct.
2. Meet **HEI Compliance Inspection Framework** requirements regarding due process, transparency, recordkeeping, and HR compliance.
3. Promote accountability and uphold standards of ethical conduct, professionalism, academic integrity, and institutional reputation.
4. Provide faculty members with a clear mechanism for **appealing disciplinary actions**, ensuring procedural fairness and the right to be heard.
5. Standardize documentation for **CAA site visits**, **HEI inspections**, **QA internal audits**, and **legal compliance**.

2. Scope

This policy applies to:

- All **full-time**, **part-time**, **adjunct**, **visiting**, and **clinical faculty** at FU.
- All academic units and delivery modalities (campus, blended, online).
- Supervisors (Chair/Dean), HR, Legal Affairs, and VPAA.

3. Definitions

Term	Definition
Disciplinary Action	Institutionally sanctioned consequence for violation of policy, contract, or professional standards.
Misconduct	Any behavior violating university policy, ethics, professionalism, academic integrity, or UAE law.
Due Process	Fair steps including notice, investigation, evidence review, and opportunity to respond.
Appeal	Formal request for reconsideration of a disciplinary decision.
Faculty Disciplinary Committee (FDC)	The body formally empowered to review serious cases and recommend sanctions.
Progressive Discipline	System where penalties escalate if misconduct persists.

4. Policy Statements

4.1 Faculty Conduct Expectations

Faculty must comply with:

- FU bylaws, policies, and regulations
- UAE laws (including cybercrime, labour, and academic integrity laws)
- CAA requirements regarding ethical academic practice
- Professional standards of teaching, research, and academic integrity
- Confidentiality, non-discrimination, and role-model responsibility

4.2 Grounds for Disciplinary Action

Disciplinary action may be taken for:

- Academic integrity violations
- Breach of contract or job duties
- Repeated poor performance (after PIP)
- Unprofessional conduct
- Misuse of university property
- Abuse, harassment, discrimination
- Breach of confidentiality or data privacy
- Violation of assessment, moderation, or course-file policies
- Failure to meet CAA/OBEF/QA compliance expectations
- Serious misconduct under UAE Labour Law

4.3 Progressive Discipline Framework

FU uses a progressive model unless the violation warrants direct severe action.

Level	Action	Description
Level 1	Verbal Warning	Documented discussion to correct behavior.
Level 2	Written Warning	Formal notice placed in HR file.
Level 3	Final Written Warning	Explicit consequences if misconduct continues.
Level 4	Suspension	With or without pay depending on case severity.
Level 5	Termination	Dismissal per UAE Labour Law, CAA standards, and FU Bylaws.

4.4 Non-Progressive (Immediate) Actions

Severe offenses may lead immediately to:

- Suspension
- Removal from teaching duties
- Contract termination

Examples:

- Fraud, falsification of records
- Harassment/assault
- Serious academic misconduct
- Criminal acts
- Gross insubordination

4.5 Confidentiality

All investigations and proceedings must maintain strict confidentiality per:

- UAE data privacy requirements
- CAA Standard 11
- FU HR policies

5. Procedures for Disciplinary Actions

Step 1 — Complaint/Incident Submission

- Complaint submitted to Chair/Dean or HR.

- Use approved incident report form.
- Initial screening within **5 working days**.

Step 2 — Preliminary Review

The Chair/Dean determines whether:

- Issue can be resolved informally
- Issue requires formal investigation
- Immediate suspension is necessary for safety/duty-of-care reasons

Step 3 — Formal Investigation

Led by HR + Dean + Legal Affairs.

Includes:

Investigation Requirement	Description
Notification	Faculty is informed in writing of allegations
Evidence Gathering	Documentation, witness statements, review of records
Interview	Faculty provided chance to respond
Documentation	Full investigation file created for HR & QA-IEA

Timeline: **15 working days** (extendable).

Step 4 — Determination & Recommendation

Findings categorized into:

- No misconduct
- Minor misconduct
- Serious misconduct

Recommended sanction submitted to VPAA.

Step 5 — Director for Academic Affairs (DAA) Decision

- DAA issues final institutional decision.
- Decision documented and filed.

Step 6 — Implementation of Disciplinary Action

HR coordinates:

- Notice issuance
- Record placement
- Contract implications
- Reporting obligations (e.g., CHEDS if required)

6. Faculty Appeals Process

Right to Appeal

Faculty may appeal disciplinary actions except verbal warnings.

Appealable decisions include:

- Written warnings
- Final warnings

- Suspension
- Dismissal

Step 1 — Filing of Appeal

Requirement	Details
Timeline	Within **10 working days** of receiving the decision
Submission	Written appeal to the DAA
Contents	Grounds, evidence, errors in process, mitigating factors

Step 2 — Formation of Faculty Appeals Committee (FAC)

Committee includes:

- One senior faculty (Chair)
- One Dean not involved in the case
- HR representative
- QA-IEA representative
- Legal Affairs (ex-officio)

Step 3 — Review Process

FAC:

- Reviews evidence
- Conducts hearing
- Interviews faculty if needed
- Ensures due process was followed

Timeline: **10–20 working days**.

Step 4 — Recommendation

FAC submits a written recommendation to the President.

Step 5 — Presidential Decision (Final)

President issues the final institutional decision.

Decision communicated in writing.

7. Recordkeeping

All disciplinary and appeal records must:

- Be stored in the HR personnel file
- Have restricted access
- Be retained for **7 years**
- Be available for CAA/HEI audits
- Be logged in QA-IEA's audit registry as compliance evidence

8. Quality Assurance & Monitoring

QA-IEA ensures:

- Policy alignment with CAA & CI Framework
- Documentation completeness

- Consistent institutional application
- Annual audit of cases for fairness and regulatory compliance

9. Policy Review

Reviewed every **three (3) years**, or earlier per:

- Changes to CAA Standards
- Modifications to CI Framework
- Updates to UAE Labour Law
- Institutional governance changes

Annex A. Faculty Disciplinary Incident Report Form

Code: FU-FAC-DIS-INC-Form-2025-01**

(To be completed by Dean/Chair/Complainant)

Fujairah University – Faculty Disciplinary Incident Report

Field	Information
Faculty Member	_____
Position/Rank	_____
College/Department	_____
Date of Incident	_____
Location	_____
Reported By (Name/Role)	_____
Type of Incident	□ Academic Misconduct □ Professional Misconduct □ Policy Violation □ Ethical Breach □ Other: _____
Description of Incident (Detailed, factual)	_____ _____ _____
Witnesses (If any)	_____ _____
Evidence Submitted	□ Documents □ Emails □ Screenshots □ Student Complaints □ Course Files □ Other: _____
Immediate Action Taken (If any)	_____ _____
Reporter Signature	_____ Date: _____
Received By (Dean/Chair)	_____ Date: _____

Annex B. Faculty Disciplinary Investigation Template

Code: FU-FAC-DIS-INV-Form-2025-02**

Fujairah University – Faculty Disciplinary Investigation Report

1. Case Information

Field	Entry
Case ID	_____
Faculty Member	_____
College/Department	_____
Investigation Start Date	_____
Investigation End Date	_____
Investigating Body	□ Dean □ HR □ Legal Affairs □ QA-IEA □ Special Committee

2. Summary of Allegation

Field	Entry
Allegation Type	_____
Description	_____

3. Evidence Review

Evidence Type	Description	Verified by	Notes
Documents			
Emails/Communication			
Course Files/Assessments			
Witness Statements			
Student Complaints			
Digital Records (LMS, logs)			

4. Faculty Response

Question	Response
Was the faculty member informed of allegations?	□ Yes □ No
Written response submitted?	□ Yes □ No
Summary of faculty explanation	_____

5. Findings

Criterion	Outcome
Misconduct occurred?	□ Yes □ No
Severity	□ Minor □ Moderate □ Serious □ Gross Misconduct
Recurrence	□ First Offense □ Repeated Offense
Mitigating Factors	_____
Aggravating Factors	_____

6. Recommendation

Recommended Action	Rationale
□ No Action	
□ Verbal Warning	
□ Written Warning	
□ Final Warning	
□ Suspension	
□ Termination	
□ Other: _____	

7. Signatures

Role	Name	Signature	Date
Lead Investigator			
Dean			
HR			
Legal Affairs			

Annex **C.** Faculty Disciplinary Hearing Procedures Manual

Code: FU-FAC-DIS-HRNG-SOP-2025-03**

Fujairah University – Disciplinary Hearing SOP

1. Purpose

To ensure fair, transparent, and procedurally compliant disciplinary hearings following UAE CAA Standards and HEI CI Framework.

2. Hearing Committee Composition

Member	Role
Chair (Senior Faculty)	Leads hearing
Dean (Not from same dept.)	Academic oversight
HR Representative	Procedural compliance
Legal Affairs	Legal advice
QA-IEA	Documentation & fairness monitoring
Secretary	Records minutes (non-voting)

3. Pre-Hearing Steps

Step	Action
1	Notice to faculty (minimum 5 working days advance)
2	Sharing of evidence bundle
3	Confirmation of attendance & witnesses
4	Logistics prepared (venue, recording, confidentiality)

4. Hearing Agenda (Standardized)

Phase	Description
Opening	Chair opens, explains procedures
Presentation of Case	Investigator presents evidence
Faculty Response	Faculty provides explanation
Committee Questions	Fair, non-leading questions
Witnesses	Optional
Closing Statements	Both parties
Deliberation (Closed)	Committee decides outcome

5. Decision-Making

Criteria:

- Factual evidence
- Policies violated
- Severity
- Recurrence
- Intent
- Mitigating circumstances

Outcome categories:

- No Violation
- Minor Violation
- Serious Violation
- Gross Misconduct

6. Hearing Decision Template

Field	Entry
Committee Decision	_____
Sanction	_____
Rationale	_____
Effective Date	_____
Communication Method	□ Email □ Letter □ In-Person

7. Documentation

- Minutes
- Evidence file
- Decision letter
- Signatures
- HR & QA-IEA archiving

Annex **D.** Faculty Appeal Submission Form

Code: FU-FAC-DIS-APL-Form-2025-04**

Fujairah University – Faculty Appeal Form

Field	Entry
Faculty Name	_____
Position/Rank	_____
College	_____
Date of Receiving Decision	_____
Date of Appeal Submission	_____

Grounds for Appeal (Select all that apply):

□ Procedural error

□ New evidence

□ Excessive penalty

□ Misinterpretation of facts

□ Bias or unfair treatment

□ Other: _____

Statement of Appeal

(Attach additional pages if needed)

Evidence Submitted with Appeal

Type	Attached (Y/N)
Documents	
Emails	
Witness Statements	
New Information	
Other	

Requested Remedy

Remedy Requested	Explanation
□ Overturn Decision	
□ Reduce Sanction	
□ Reopen Hearing	
□ Other	

Signatures

Role	Signature	Date
Faculty		
Received By (Director for the Acad Affairs Office)		

Annex **E.** Disciplinary Decision Communication Templates

Code: FU-FAC-DIS-NOT-Templates-2025-05**

1. Verbal Warning – Template
Subject: Verbal Warning – Faculty Conduct Reminder
Your conduct on _____ has been reviewed. This communication serves as a formal verbal warning. Continued issues may lead to escalation.

2. Written Warning – Template
Subject: Written Warning – Misconduct Determination
Following investigation Case #_____, the University has determined that misconduct occurred.
Sanction: Written Warning
Expectations for improvement: _____

3. Final Warning – Template
Subject: Final Warning – Serious Misconduct
This letter serves as a final warning. Further violations will result in suspension or termination.

4. Suspension Letter – Template
Subject: Suspension Notice
You are suspended (□ with pay / □ without pay) from _____ to _____.
Reason: _____

5. Termination Letter – Template
Subject: Termination of Employment
Your employment is terminated effective _____ following Case #_____.

N. . Policy and Procedures Governing Faculty Grievance (5.m.CI-6a-FM-40)

1. Purpose

This policy establishes a transparent, fair, and systematic process for faculty members to file grievances regarding employment conditions, workplace treatment, supervisory actions, academic decisions, or alleged violations of rights or policies.

The policy aims to:

1. Ensure compliance with **CAA governance, HR, and staff protection standards**.
2. Satisfy **HEI Compliance Inspection Framework** requirements on fairness, dispute handling, and documentation.
3. Ensure faculty have a safe, confidential, and structured mechanism to raise concerns without fear of retaliation.
4. Promote early resolution, organizational learning, and professional workplace relationships.
5. Provide standard documentation for **accreditation**, **legal compliance**, **CHEDS**, and **internal QA**.

2. Scope

This policy applies to:

- All full-time, part-time, adjunct, and visiting faculty members
- All Colleges, Departments, and Academic Units
- All employment-related and academic-workplace concerns

This does *not* cover:

- Student complaints (covered under Student Grievance Policy)
- Academic integrity cases (separate policy)
- Disciplinary appeals (separate procedure but linked)

3. Definitions

Term	Definition
Grievance	A formal complaint related to employment terms, treatment, or violations of policy or rights.
Informal Resolution	Attempt to resolve issues directly with involved parties before filing a formal grievance.
Formal Grievance	Written submission requesting institutional intervention and adjudication.
Faculty Grievance Committee (FGC)	A standing or ad-hoc committee appointed to adjudicate grievances.
Retaliation	Any adverse action taken as a result of filing or participating in a grievance. Prohibited.
Due Process	Fair, impartial, evidence-based process ensuring the right to be heard.

4. Policy Statements

4.1 Right to File a Grievance

Every faculty member has the right to file a grievance on matters including:

- Workload disputes
- Evaluation concerns
- Disagreement with supervisory decisions
- Contractual misunderstandings
- Violations of academic freedom
- Harassment, discrimination, or hostile work environment
- Violation of university policies or rights
- Procedural errors in promotion, reappointment, or workload assignments

4.2 Non-Retaliation

No faculty member shall suffer retaliation for:

- Filing a grievance
- Participating in a grievance investigation
- Supporting another faculty member's grievance

Retaliation triggers immediate disciplinary investigation.

4.3 Confidentiality

All grievance information must be handled confidentially according to:

- UAE privacy requirements
- CAA Standard 11
- HEI CI Framework on record protection

4.4 Timeliness

Grievances must be filed within **20 working days** of the incident or decision.

4.5 Documentation and Recordkeeping

All grievance records must be:

- Kept in the **HR personnel file**
- Copied to **QA-IEA** for accreditation evidence
- Maintained for **7 years**
- Accessible for CAA/HEI audits

5. Procedures

5.1 Stage 1: Informal Resolution (Optional but Encouraged)

Step	Action	Responsible
1	Faculty discusses issue directly with the person involved	Faculty
2	If unresolved → discuss with Chair/Dean	Faculty
3	Chair/Dean attempts facilitated resolution	Dean/Chair
4	If not resolved → move to Stage 2	Faculty

Timeline: **Within 10 working days**

5.2 Stage 2: Filing of Formal Grievance

The faculty member submits the **Faculty Grievance Submission Form** to:

- Dean
- HR

- CC: VPAA, QA-IEA

Form must include:

- Details of grievance
- Evidence
- Remedy sought

HR logs case and issues acknowledgment within **3 working days**.

5.3 Stage 3: Preliminary Review

Step	Action
1	HR + Dean + Legal conduct initial review
2	Determine if grievance is valid, requires investigation, or falls outside this policy
3	Notify faculty of next steps

Timeline: **5 working days**

5.4 Stage 4: Formal Investigation

If warranted, an investigation is conducted by:

- HR
- Legal Affairs
- VPAA representatives
- QA-IEA (observer/assurance)

Activities include:

- Evidence collection
- Witness interviews
- Review of policy compliance
- Faculty statement (written or interview)

Timeline: **15 working days**, extendable.

5.5 Stage 5: Faculty Grievance Committee (FGC) Hearing

An FGC is convened if:

- The case involves academic matters
- Workload or evaluation disputes
- Allegations of discrimination or harassment
- Requests for reconsideration of major decisions

Composition

Member	Role
Senior Faculty (Chair)	Presides
Dean (not involved in the case)	Academic oversight
HR Representative	Compliance
Legal Affairs	Legal review
QA-IEA Representative	Procedural assurance

Hearing Format

1. Opening briefing
2. Presentation of grievance

3. Faculty statement
4. Committee questioning
5. Witness statements (optional)
6. Closing statements
7. Closed deliberation

Timeline: Hearing within **10 working days** of investigation conclusion.

5.6 Stage 6: Decision and Notification

The FGC provides a written recommendation to the VPAA, including:

- Findings
- Policy interpretation
- Recommended remedy

DAA issues the final institutional decision.

Faculty receives written notification within **5 working days**.

5.7 Stage 7: Appeal (Final Step)

Faculty may appeal to the **President** on grounds of:

- Procedural violations
- New evidence
- Misapplication of policy
- Unjust or disproportionate decision

President's decision is **final and binding**.

Timeline: **10 working days** from receiving DAA decision.

6. Remedies

Possible remedies include:

- Correction of workload
- Removal or amendment of evaluation report
- Reversal of administrative or academic decisions
- Compensation for documented procedural errors
- Non-retaliation orders
- Mediation recommendations
- Workplace adjustments
- Written apology or clarification

No remedy may:

- Contradict UAE law
- Violate CAA Standards
- Override institutional governance authorities

7. Recordkeeping and Quality Assurance

QA-IEA ensures:

- Documentation completeness for audits
- Consistency across colleges
- Policy alignment with updated CAA/HEI requirements
- Annual review of grievance trends for institutional improvement

8. Policy Review

This policy will be reviewed every **three years** or earlier if:

- CAA Standards are revised
- UAE Labour Law changes
- Institutional restructuring occurs
- HEI CI Framework requirements update

Annex A. Full Faculty Grievance Materials Package

1. Faculty Grievance Submission Form

Code: FU-FAC-GRV-Form-2025-01

Fujairah University – Faculty Grievance Submission Form

A. Faculty Information

Field	Entry
Name	_____
Position/Rank	_____
College/Department	_____
Employee ID	_____
Contact Details	_____

B. Nature of Grievance

Select all that apply:

□ Workload
□ Evaluation/Appraisal
□ Promotion/Reappointment
□ Academic Freedom
□ Contractual Issue
□ Workplace Treatment / Harassment
□ Discrimination
□ Procedural Violation
□ Violation of Rights / Policy
□ Retaliation
□ Other: _____

C. Statement of Grievance

Provide a detailed narrative of the issue:

_____

_____

D. Evidence Attached

Type	Yes	No
Emails	□	□
Written Documentation	□	□
Witness Statements	□	□
Course/Workload Records	□	□
Evaluation Records	□	□
Other:	□	□

E. Remedy Requested

_____

_____

F. Faculty Declaration

I certify that the information provided is accurate and truthful.

Signature	Date
_____	_____

G. Office Use Only

Field	Entry
Received By	_____
Date	_____
Reference No.	_____

2. Grievance Investigation Template

Code: FU-FAC-GRV-INV-Form-2025-02**

Fujairah University – Grievance Investigation Report

1. Case Information

Field	Entry
Case ID	_____
Faculty Member	_____
College/Dept	_____
Investigator(s)	_____
Start Date	_____
End Date	_____

2. Grievance Summary

_____

_____

_____

_____

3. Evidence Reviewed

Evidence Type	Description	Verified (Y/N)	Notes
Emails			
Policies			
Evaluation Records			
Workload Records			
Witness Statements			
Other Documents			

4. Faculty Response Summary

_____

_____

5. Analysis & Findings

Question	Answer
Was there a policy violation?	□ Yes □ No
Was due process followed?	□ Yes □ No
Any mitigating factors?	_____
Any aggravating factors?	_____

6. Conclusion

_____

_____

7. Recommendation to FGC

_____

_____

8. Signatures

Role	Name	Signature	Date
Lead Investigator			
HR			
Legal Affairs			
Dean			

3. Faculty Grievance Hearing SOP

Code: FU-FAC-GRV-HRNG-SOP-2025-03**

Fujairah University – Faculty Grievance Hearing Standard Operating Procedure

A. Purpose

To provide a structured, fair, and transparent grievance hearing process aligned with CAA and HEI compliance standards.

B. Faculty Grievance Committee (FGC) Composition

Role	Selection
Chair	Senior faculty member
Dean (Other College)	Academic oversight
HR Representative	Policy & HR compliance
Legal Affairs	Legal advisory
QA-IEA	QA & procedural assurance
Secretary	Minutes; non-voting

C. Pre-Hearing Procedures

1. Notice to faculty (minimum 5 working days)
2. Submission of evidence bundle
3. Faculty confirmation of attendance and witnesses
4. Arrangement of venue or remote hearing logistics
5. Confidentiality agreement signed by committee

D. Hearing Agenda

1. Opening & procedural briefing
2. Presentation of grievance
3. Faculty presentation/response
4. Witness testimonies (optional)
5. Committee questioning
6. Closing statements
7. Committee deliberation (private)

E. Decision-Making Criteria

- Evidence weight
- Policy interpretation
- Procedural fairness
- Reasonableness of actions
- Severity of issue
- Equity and non-discrimination

F. Outputs

- Hearing Minutes
- Decision Recommendation Report
- Supporting evidence

4. Grievance Hearing Decision Template

Code: FU-FAC-GRV-HRNG-DEC-Form-2025-04**

Fujairah University – FGC Decision Form

Field	Entry
Case ID	_____
Faculty Member	_____
Committee Members	_____

Decision

□ Grievance Upheld

□ Grievance Partially Upheld

□ Grievance Denied

Rationale

_____

_____

Recommendations

_____

_____

Signatures

Committee Member	Name and Signature	Date
Chair		
Dean		
HR		
Legal		
QA-IEA		

5. Grievance Decision Notification Templates

Code: FU-FAC-GRV-NOT-Templates-2025-05**

Template 1 — Acknowledgment of Receipt

Subject: Acknowledgment of Faculty Grievance Submission

Your grievance dated _____ has been received and assigned Case ID _____.

Template 2 — Hearing Schedule Notification

Subject: Faculty Grievance Hearing – Official Notice

Your hearing is scheduled on _____ at _____.

Template 3 — Decision Notification

Subject: Faculty Grievance Outcome

After review, the Grievance Committee has reached the following decision: _____.

6. Grievance Tracking Register (QA-IEA + HR)

Code: FU-FAC-GRV-REG-2025-06**

Faculty Grievance Tracking Register

Case ID	Faculty Name	Issue Category	Status	Hearing Date	Outcome	Closure Date	Archive Ref	Notes

7. Confidentiality & Access Log

Code: FU-FAC-GRV-ACCESS-2025-07**

Access Log – Faculty Grievance Records

Name	Position	Purpose of Access	Date/Time	Signature

8. Optional Digital File Schema for HRIS/QA-IEA Repository

Code: FU-FAC-GRV-DIG-STRUCT-2025-08**

Digital Record Structure (Folder Template)

/Faculty-Grievances/
  /2025/
    /Case-0001/
      - GRV Submission Form.pdf
      - Evidence Bundle/
      - Investigation Report.pdf
      - Hearing Minutes.pdf
      - Decision Letter.pdf
      - Appeal (if any).pdf
      - Access Log.xlsx
      - QA-IEA Compliance Summary.pdf

O. Policy and Procedures Governing Staff Disciplinary Actions and Appeals (5.k.CI-6b-SM-19)

1. Purpose

The purpose of this policy is to establish a fair, consistent, and transparent system for handling disciplinary actions and appeals for administrative and professional staff at Fujairah University. It aims to:

1. Ensure **full compliance** with UAE CAA Standards, the HEI Compliance Inspection Framework, and UAE Labour Law.
2. Define clear expectations for staff conduct, performance, professionalism, and institutional responsibility.
3. Provide a structured disciplinary system that ensures due process and non-discrimination.
4. Protect staff rights while enabling the University to maintain operational, academic, and administrative integrity.
5. Provide documentation for **internal QA**, **accreditation**, **legal compliance**, and **audits**.

2. Scope

This policy applies to:

- Administrative staff
- Professional staff
- Technical staff
- Support staff
- Contracted non-teaching staff
- Temporary/term-appointed administrative employees

It does not cover:

- Faculty disciplinary actions (separate policy)
- Student disciplinary processes

3. Definitions

Term	Definition
Staff	A non-teaching employee of the University occupying an administrative, professional, or support role.
Misconduct	Violation of policies, rules, professional expectations, or UAE laws.
Progressive Discipline	Stepwise corrective action to allow improvement before severe sanctions.
Gross Misconduct	Severe offenses that may justify immediate suspension or termination.
Due Process	Right to fair procedures: notice, evidence review, representation, and opportunity to respond.
Appeal	Request to review, reconsider, or reverse a disciplinary decision.

4. Policy Statements

4.1 Staff Conduct Expectations

Staff must:

- Comply with FU policies, rules, and bylaws
- Uphold confidentiality, professionalism, and decorum
- Use university resources responsibly

- Demonstrate ethical conduct and respect toward colleagues, students, and stakeholders
- Maintain compliance with UAE laws and regulations

4.2 Grounds for Disciplinary Action

Disciplinary measures may be imposed for:

- Misconduct or inappropriate behavior
- Violation of confidentiality or data privacy
- Breach of duty or negligence
- Absenteeism or excessive tardiness
- Insubordination
- Misuse of University property or resources
- Failure to comply with safety or compliance protocols
- Harassment, discrimination, or bullying
- Dishonesty, fraud, falsification of records
- Breach of UAE law

4.3 Non-Retaliation

No staff member may be penalized for reporting misconduct, participating in investigations, or filing grievances.

4.4 Confidentiality

All disciplinary proceedings must remain confidential and accessible only to authorized personnel.

5. Disciplinary System

The FU system follows **progressive discipline**, unless the nature of the violation requires immediate action.

5.1 Progressive Disciplinary Actions

Level 1: Verbal Warning

- Supervisor identifies behavior
- Discussion documented internally

Level 2: Written Warning

Formal letter placed in HR file; corrective actions assigned.

Level 3: Final Written Warning

Issued for repeated or serious misconduct.

Level 4: Suspension

- With or without pay depending on severity
- Requires VP Administrative Affairs and HR approval

Level 5: Termination

- Based on findings
- Requires procedural compliance with UAE Labour Law

5.2 Immediate (Non-Progressive) Actions

Applicable for serious misconduct:

- Theft
- Fraud
- Harassment or violence

- Major breach of confidentiality
- Criminal acts
- Gross negligence
- Serious breach of UAE law

Actions may include immediate suspension pending investigation.

6. Procedures for Disciplinary Action

Step 1 — Incident Reporting

Misconduct is reported via the Staff Disciplinary Incident Form.

Step 2 — Initial Screening

Supervisor + HR determine whether:

- Issue warrants informal counseling
- Formal investigation is required
- Immediate suspension is necessary

Timeline: **5 working days**

Step 3 — Formal Investigation

Led by HR with Legal Affairs involvement.

Includes:

- Notification to staff
- Evidence review
- Interviews
- Opportunity for staff to respond
- Written report

Timeline: **10–15 working days**

Step 4 — Determination and Sanction

HR + Supervisor + Legal Affairs recommend a sanction to the VP Administrative Affairs.

Step 5 — Notification

Staff receive formal written notice containing:

- Findings
- Sanction
- Rights and next steps
- Appeal procedures

Step 6 — Implementation

HR ensures:

- Record placement
- Payroll adjustments (if applicable)
- System updates
- QA-IEA documentation

7. Staff Appeals Process

7.1 Right to Appeal

Staff may appeal:

- Written warnings
- Final warnings
- Suspensions
- Terminations

Appeal must be submitted within **10 working days** using the Staff Appeal Form.

7.2 Appeal Committee Composition

- One senior administrator (Chair)
- HR representative
- Legal Affairs representative
- QA-IEA representative (non-voting, compliance assurance)

7.3 Appeal Stages

Stage 1 — Submission

Staff provide a written appeal citing grounds:

- Procedural error
- Unfair treatment
- New evidence
- Excessive penalty
- Incorrect factual basis

Stage 2 — Review

Committee reviews the case file and may interview parties.

Stage 3 — Recommendation

Committee submits recommendation to the **President**.

Stage 4 — Presidential Decision

President issues the final decision.

President's decision is final.

8. Recordkeeping

HR must maintain:

- Incident reports
- Investigation files
- Sanction documents
- Appeal records
- Access logs

Retention: **7 years** and available for **CAA or HEI audits**.

9. Quality Assurance Monitoring

QA-IEA ensures:

- Consistency of disciplinary decisions
- Compliance with policy
- Documentation completeness
- Annual risk reports for institutional improvement

10. Policy Review

To be reviewed every **three years** or earlier if:

- CAA Standards change
- UAE Labour Law changes
- HEI Compliance Framework updates
- Internal audits recommend improvements

Annex A. Full Staff Disciplinary Forms

1. Staff Disciplinary Incident Report Form

Code: FU-STF-DIS-INC-Form-2025-01**

Fujairah University – Staff Disciplinary Incident Report

A. Staff Information

Field	Details
Staff Name	_____
Position / Grade	_____
Department / Unit	_____
Employment Type	□ Full-time □ Part-time □ Contract □ Temporary
Supervisor	_____

B. Incident Information

Field	Details
Date of Incident	_____
Time	_____
Location	_____
Reported By (Name/Position)	_____

C. Nature of Incident *(Check all that apply)*

□ Misconduct
□ Negligence / Dereliction of Duty
□ Breach of Confidentiality
□ Insubordination
□ Harassment / Discrimination
□ Absenteeism / Timekeeping Violation
□ Misuse of Resources
□ Safety Violation
□ Violation of UAE Law
□ Other: _____

D. Incident Description (Factual, objective narrative)

_____
_____
_____
_____

E. Witnesses

Name	Position	Contact

F. Evidence Attached

□ Documents

□ Emails

□ CCTV Footage

□ System Logs

□ Witness Statements

□ Medical/Security Reports

□ Other: _____

G. Immediate Action Taken (if any)

_____

H. Reporter Declaration

Name	Signature	Date

2. Staff Disciplinary Investigation Report

Code: FU-STF-DIS-INV-Form-2025-02**

Fujairah University – Investigation Report (Staff)

1. Case Summary

Field	Details
Case ID	_____
Staff Member	_____
Position	_____
Department	_____
Investigator(s)	_____
Investigation Start	_____
Investigation End	_____

2. Allegations

_____

_____

3. Evidence Review

Evidence Type	Description	Verified (Y/N)	Notes
Documents			
Emails			
HR Records			
Attendance/Logs			
CCTV/IT Logs			
Witness Statements			

Other			

4. Staff Member Response

_____
_____
_____
_____

5. Findings

Question	Answer
Misconduct occurred?	□ Yes □ No
Severity	□ Minor □ Moderate □ Serious □ Gross Misconduct
Recurrence	□ First Offense □ Repeat Offense
Mitigating Factors	_____
Aggravating Factors	_____

6. Recommendation

Recommended Action	Justification
□ Verbal Warning	
□ Written Warning	
□ Final Warning	
□ Suspension	
□ Termination	
□ No Action	
□ Other	

7. Signatures

Role	Name	Signature	Date
Lead Investigator			
HR Representative			
Legal Affairs			
Supervisor			

3. Staff Disciplinary Hearing SOP

Code: FU-STF-DIS-HRNG-SOP-2025-03**

Fujairah University – Staff Disciplinary Hearing SOP

A. Purpose

To ensure disciplinary hearings are fair, consistent, and compliant with CAA, HEI, and UAE Labour Law.

B. Committee Composition

Member	Role
Senior Administrator (Chair)	Presiding officer

HR Representative	Procedural compliance
Legal Affairs	Legal advice
QA-IEA Representative	Observer & QA
Department Delegate (not involved)	Context expert
Secretary	Minutes

C. Pre-Hearing Requirements

1. Provide written notice **5 working days** prior.
2. Share evidence bundle with staff.
3. Confirm attendance and witnesses.
4. Ensure confidentiality agreements signed.
5. Set hearing room or secure online environment.

D. Standard Hearing Agenda

1. Opening & Procedural Overview
2. Presentation of Case
3. Staff Response
4. Witness Testimonies (optional)
5. Committee Questioning
6. Closing Statements
7. Committee Deliberation (private)
8. Recommendation Report to VP Admin Affairs

E. Decision Basis

- Evidence weight
- Policy interpretation
- Consistency
- Labour Law compliance
- Due process
- Severity & context

F. Required Documentation

- Hearing minutes
- Decision form
- Evidence bundle
- Attendance log
- Confidentiality agreement

4. Staff Appeal Submission Form

Code: FU-STF-APL-Form-2025-04**

Fujairah University – Staff Appeal Form

A. Staff Information

Field	Details
Name	_____
Position/Grade	_____
Department	_____
Decision Being Appealed	_____
Date Decision Received	_____
Appeal Submission Date	_____

B. Grounds for Appeal

□ Procedural Error

□ New Evidence

□ Unfair Treatment

□ Excessive Penalty

□ Misinterpretation of Facts

□ Other: _____

C. Statement of Appeal

_____

_____

_____

D. Evidence Submitted

Evidence	Attached (Y/N)
Documents	
Emails	
Logs	
Witness Statements	
Other	

E. Remedy Requested

_____

_____

F. Staff Declaration

Signature	Date
_____	_____

G. Receiving Officer

Name	Signature	Date

5. Staff Disciplinary Decision Notification Templates
Code: FU-STF-DIS-NOT-Templates-2025-05**

Template 1 – Written Warning Notification
Subject: Written Warning – Staff Misconduct
Dear Mr./Ms. _____,
Following the investigation of Case ID _____, FU issues a formal **Written Warning** for the following misconduct: _____.
Corrective measures: _____
Failure to improve may result in further disciplinary action.

Template 2 – Final Warning
Subject: Final Warning – Serious Misconduct**
This is a **Final Written Warning** regarding serious misconduct documented in Case ID _____.

Template 3 – Suspension
Subject: Notice of Suspension**
You are hereby **suspended** with/without pay from _____ to _____, pending or following investigation.

Template 4 – Termination
Subject: Notice of Termination**
Your employment is terminated effective _____, based on findings under Case ID _____.

6. Staff Disciplinary Access Log
Code: FU-STF-DIS-ACCESS-2025-06**

Access Log – Staff Disciplinary Records

Name	Position	Reason for Access	Date/Time	Signature

7. Staff Disciplinary Tracking Register (HR + QA-IEA)
Code: FU-STF-DIS-TRACK-2025-07**

Staff Disciplinary Register

Case ID	Staff Name	Dept	Type of Violation	Sanction	Status	Hearing Date	Outcome	Archive Ref	Notes

P. Policy and Procedures Governing Professional Staff Grievance and Appeals (5.m.CI-6b-SM.20)

1. Purpose

The purpose of this policy is to provide a structured, fair, confidential, and lawful mechanism for professional staff to raise employment-related grievances and request formal review or appeal of administrative decisions. The policy ensures:

1. Compliance with **CAA Standards**, UAE Labour Law, and the **HEI Compliance Inspection Framework**.
2. A fair, non-retaliatory method to address concerns related to workplace conditions, treatment, or administrative decisions.
3. Transparency, due process, and consistency in resolving staff concerns.
4. Protection of staff welfare and institutional integrity.
5. Comprehensive documentation for audits, accreditation, and quality assurance.

2. Scope

This policy applies to:

- All **professional staff**, including:
  - administrative officers, coordinators, specialists
  - IT, finance, HR, student affairs, and executive office staff
  - technical and operational staff
- All employment types: full-time, part-time, temporary, term, and contract staff.

This policy does *not* cover:

- Faculty grievances (separate policy)
- Student complaints
- Disciplinary procedures (covered under Staff Disciplinary Policy, unless appeal-related)

3. Definitions

Term	Meaning
Professional Staff	Non-faculty employees engaged in administrative, technical, operational, or professional support roles.
Grievance	A formal complaint filed by a professional staff member regarding work conditions, treatment, decisions, or rights.
Informal Resolution	Early-stage, facilitated dialogue to resolve issues without escalation.
Formal Grievance	A written complaint requesting official review and intervention.
Appeal	A request to reconsider a grievance decision.
Professional Staff Grievance Committee (PSGC)	Committee empowered to review and adjudicate grievances.
Due Process	Fair, consistent procedures ensuring notice, representation, and opportunity to respond.

4. Policy Statements

4.1 Right to File a Grievance

Professional staff may file grievances concerning:

- Work assignments, workload distribution, or performance evaluation

- Contractual misunderstandings
- Denial of benefits or entitlements
- Hostile work environment or unprofessional treatment
- Discrimination or harassment
- Breach of university policies or rights
- Safety or wellness issues
- Procedural errors affecting employment decisions

4.2 Fair Treatment and Non-Retaliation

FU strictly prohibits retaliation against staff for:

- Filing a grievance
- Participating in investigations
- Supporting another employee's grievance

4.3 Confidentiality

Grievances and investigations must be handled confidentially, consistent with:

- UAE privacy and data protection
- CAA Standard 11 on staff protection
- HEI Compliance Inspection Framework

4.4 Timeliness

Grievances should be filed within **20 working days** of the incident or decision.

4.5 Recordkeeping

HR and QA-IEA must maintain complete documentation for **7 years** for:

- CAA audits
- HEI Compliance inspections
- Internal QA reviews
- Legal compliance

5. Procedures

5.1 Stage 1 – Informal Resolution (Optional but recommended)

Step	Action	Responsible
1	Staff discusses issue with immediate supervisor	Employee
2	If unresolved → escalate to Department/Unit Head	Employee
3	Supervisor attempts resolution through mediation	Supervisor
4	If unresolved → proceed to formal grievance	Employee

Timeline: **Within 5–10 working days**

5.2 Stage 2 – Submission of Formal Grievance

Professional staff submit the **Professional Staff Grievance Form** to HR.

Submission must include:

- Description of grievance
- Evidence
- Remedy requested

HR acknowledges receipt within **3 working days**.

5.3 Stage 3 – Preliminary Review

HR + Supervisor + Legal Affairs conduct preliminary assessment:

- Determine validity
- Assess jurisdiction
- Ensure the matter is appropriate for grievance procedure
- Inform staff of next steps

Timeline: **5 working days**

5.4 Stage 4 – Formal Investigation

Investigation conducted by:

- HR (Lead)
- Legal Affairs
- Department/Unit Head
- QA-IEA (Compliance observer)

Investigation activities:

- Collecting evidence
- Interviewing staff and witnesses
- Reviewing documents, emails, logs
- Assessing policy compliance

Timeline: **10–15 working days**

5.5 Stage 5 – Professional Staff Grievance Committee (PSGC) Hearing

Cases requiring adjudication are forwarded to the **PSGC**.

Committee Composition

- Senior Administrator (Chair)
- HR Representative
- Legal Affairs Representative
- QA-IEA Representative (non-voting)
- One staff peer representative (neutral)
- Secretary (non-voting)

Hearing Format

1. Opening and explanation of procedures
2. Presentation of grievance
3. Staff testimony
4. Witnesses (optional)
5. Committee questioning
6. Closing statements
7. Confidential deliberation

Timeline: Hearing held within **10 working days** of investigation conclusion.

5.6 Stage 6 – Decision and Notification

PSGC submits recommendation to **VP for Administrative & Financial Affairs**.

Decision must include:

- Findings
- Rationale
- Remedy or corrective action

Staff are notified within **5 working days** through formal letter.

6. Appeal Process

6.1 Right to Appeal

Staff may appeal:

- Investigation findings
- PSGC decision
- Administrative actions resulting from the grievance outcome

Appeal grounds:

- Procedural irregularity
- New evidence
- Disproportionate decision
- Misinterpretation of policy

Submission deadline: **10 working days**

6.2 Appeal Review Committee

Chaired by the **President or delegate**.

Members:

- Senior Administrator (not involved previously)
- HR Director
- Legal Affairs Director
- QA-IEA Director (observer/compliance)

Appeal Outcomes

- Uphold decision
- Modify decision
- Remand for new investigation
- Overturn decision

The President's decision is **final**.

7. Remedies Available

Depending on case, remedies may include:

- Correction of evaluation or workload
- Reinstatement of benefits
- Removal or amendment of records
- Mediation or conflict resolution
- Order against retaliation
- Workplace adjustment
- Official apology or clarification
- Training or corrective measures for supervisors

Remedies cannot contradict:

- UAE Labour Law
- CAA Standards

- FU Governance Authority

8. Documentation & QA Oversight

QA-IEA ensures:

- Documentation completeness
- Compliance with regulatory frameworks
- Annual audit of grievance patterns
- Recommendations for HR and governance improvement

9. Policy Review

This policy is reviewed every **three (3) years** or earlier based on:

- CAA changes
- UAE Labour Law amendments
- HEI Inspection Framework updates
- QA-IEA audit findings

Annex A. Full Professional Staff Grievance Forms

1. Professional Staff Grievance Submission Form

Code: FU-PROF-GRV-Form-2025-01**

Fujairah University – Professional Staff Grievance Submission Form

A. Staff Information

Field	Details
Staff Name	_____
Position/Grade	_____
Department/Unit	_____
Employee ID	_____
Supervisor	_____
Contact Details	_____

B. Type of Grievance *(Select all that apply)*

□ Workload / Duties
□ Performance Evaluation
□ Contractual Issue
□ Benefits or Leave Entitlement
□ Workplace Treatment / Hostile Environment
□ Harassment or Discrimination
□ Safety / Duty-of-Care Issue
□ Policy Violation by Supervisor
□ Procedural Error
□ Retaliation
□ Other: _____

C. Detailed Statement of Grievance

(Factual description; attach additional sheet if needed)

_____
_____
_____
_____

D. Evidence Attached

Evidence Type	Attached (Y/N)
Documents	
Emails / Correspondence	
Witness Statements	
Logs / System Records	
Performance Records	
Other	

E. Remedy or Resolution Requested

_____

_____

F. Declaration

I affirm the accuracy and honesty of the information provided.

Staff Signature	Date

G. Receiving Officer (HR)

Name	Signature	Date	Reference No.

2. Professional Staff Grievance Investigation Template

Code: FU-PROF-GRV-INV-Form-2025-02**

Fujairah University – Grievance Investigation Report (Professional Staff)

1. Case Summary

Field	Details
Case ID	_____
Staff Member	_____
Position	_____
Department/Unit	_____
Investigators (HR/Legal/Unit Head)	_____
Date Opened	_____
Date Closed	_____

2. Summary of Allegation

_____

_____

3. Evidence Reviewed

Evidence Type	Description	Verified (Y/N)	Notes
Documents			
Emails			
Attendance/Logs			
HR Records			
Safety/Incident Reports			
Witness Statements			
Other			

4. Staff Member's Response

_____
_____
_____
_____

5. Findings

Criterion	Yes	No	Notes
Policy violated?	☐	☐	
Due process previously followed?	☐	☐	
Misconduct or inappropriate treatment occurred?	☐	☐	
Evidence supports grievance?	☐	☐	
Mitigating factors present?	☐	☐	
Aggravating factors present?	☐	☐	

6. Conclusion

_____
_____
_____
_____

7. Recommendation to PSGC

Recommendation	Description
☐ Uphold Grievance	
☐ Partially Uphold	
☐ Deny Grievance	
☐ Further Investigation Required	
☐ Corrective Action for Supervisor	
☐ Policy Correction Needed	

8. Signatures

Role	Name	Signature	Date
Lead Investigator (HR)			
Legal Affairs			
Unit Head			

3. Professional Staff Grievance Hearing SOP

Code: FU-PROF-GRV-HRNG-SOP-2025-03**

Fujairah University – Grievance Hearing Procedures (Professional Staff)

A. Purpose

To provide a transparent, fair, and CAA/HEI-compliant hearing process for professional staff grievances.

B. Professional Staff Grievance Committee (PSGC)

Composition:

- Senior Administrator (Chair)
- HR Representative
- Legal Affairs Representative
- QA-IEA Representative (Non-voting)
- Staff Peer Representative (Neutral)
- Secretary (Minutes; non-voting)

C. Pre-Hearing Requirements

1. Written notice of hearing (minimum 5 working days).
2. Sharing of investigation file and evidence with staff.
3. Confirmation of attendance and optional staff representative.
4. Confidentiality agreements signed by all participants.
5. Hearing room or secure online platform prepared.

D. Hearing Agenda

1. Opening by Chair (procedural briefing)
2. Presentation of investigation findings
3. Staff member's statement
4. Witness statements (optional)
5. Committee questioning
6. Closing statements
7. Committee private deliberation
8. Recommendation submitted to VP Administrative & Financial Affairs

E. Decision Basis

Decisions must be based on:

- Evidence
- Consistency with policy
- Fairness and non-discrimination
- Procedural compliance
- Reasonableness of decision
- Documentation integrity

F. Outputs Required

- Hearing Minutes
- PSGC Decision Recommendation
- Supporting Evidence File
- Signed Attendance Sheet
- Confidentiality Forms

4. Professional Staff Appeal Submission Form

Code: FU-PROF-APL-Form-2025-04**

Fujairah University – Professional Staff Appeal Form

A. Staff Information

Field	Details
Name	_____
Position	_____
Department	_____
Decision Being Appealed	_____
Date Decision Received	_____

B. Grounds for Appeal

(Select all that apply)

□ Procedural Error

□ New Evidence

□ Misinterpretation of Facts

□ Unfair Treatment / Discrimination

□ Disproportionate Outcome

□ Other: _____

C. Appeal Statement

_____

_____

_____

_____

D. Evidence Submitted with Appeal

Evidence Type	Attached (Y/N)
New Documents	
New Emails	
Witness Statements	
Logs/Records	
Other	

E. Remedy Requested

_____

_____

_____

_____

F. Declaration

I declare that the information provided is true and complete.

Signature	Date
_____	_____

G. Receiving Officer (VP Admin Affairs Office)

Name	Signature	Date

5. Professional Staff Grievance Decision Notification Templates

Code: FU-PROF-GRV-NOT-Templates-2025-05**

Template 1 — Acknowledgment of Grievance

Subject: Acknowledgment of Professional Staff Grievance

Your grievance dated _____ has been received and assigned Case ID _____.

Template 2 — Hearing Notification

Subject: Grievance Hearing Notice

Your grievance hearing is scheduled for _____ at _____.

Template 3 — Decision Notification (Outcome)

Subject: Outcome of Professional Staff Grievance Review

Decision: □ Upheld □ Partially Upheld □ Denied

Summary: _____

Next Steps: _____

Template 4 — Appeal Acknowledgment

Subject: Acknowledgment of Appeal Submission

Your appeal has been received and will be reviewed by the Appeals Committee.

Template 5 — Final Appeal Decision

Subject: Final Decision – Professional Staff Grievance Appeal

After review, the University issues the following final decision: _____.

6. Professional Staff Grievance Tracking Register

Code: FU-PROF-GRV-REG-2025-06**

Grievance Tracking Register

Case ID	Staff Name	Department	Grievance Type	Status	Hearing Date	Outcome	Closure Date	Archive Ref	Notes

7. Professional Staff Grievance Access Log

Code: FU-PROF-GRV-ACCESS-2025-07**

Access Log – Professional Staff Grievance Records

Name	Position	Reason for Access	Authorized By	Date/Time	Signature

Q. Policy and Procedures Governing the Handling of Employee Legal Issues (6.B)

1. Purpose

This policy establishes a clear and consistent framework for **addressing, documenting, and resolving employee legal matters** at Fujairah University.
It ensures that all employee-related legal issues are handled fairly, confidentially, and in full compliance with **UAE Labour Law**, **FU employment contracts**, and **institutional policies**.

2. Scope

This policy applies to all:

- Academic, administrative, and support staff (full-time, part-time, or on consultancy contracts);
- Legal matters involving employment contracts, labour disputes, disciplinary investigations, and court or government proceedings in which FU is a party;
- Actions requiring coordination with external legal authorities or government entities (e.g., MOHRE, Immigration, Labour Court).

3. Policy Statements

1. **Compliance with Law:**
   All employee legal issues shall be managed in accordance with UAE Labour Law No. 33 of 2021, its executive regulations, and applicable federal and emirate-level legislation.
2. **Due Process and Fair Treatment:**
   All employees are entitled to impartial investigation, representation, and an opportunity to respond to allegations before any legal action or disciplinary decision is taken.
3. **Centralized Legal Oversight:**
   The **Office of Legal Affairs (OLA)** shall act as FU's authorized representative in all employee-related legal matters and coordinate with external law firms when required.
4. **Confidentiality and Data Protection:**
   All records, communications, and proceedings relating to employee legal issues shall be treated as strictly confidential and retained in accordance with FU's Data Protection Policy.
5. **Institutional Integrity and Non-Retaliation:**
   No employee shall be penalized for good-faith reporting of a legal concern or participation in an investigation.

4. Definitions

Term	Definition
Employee Legal Issue	Any matter involving potential or actual legal liability arising from an employee's actions or status (e.g., contractual dispute, grievance, disciplinary action, litigation).
Legal Advisor / Office of Legal Affairs (OLA)	The unit responsible for providing legal guidance and representing FU in external legal proceedings.
Grievance	A formal complaint submitted by an employee alleging violation of rights or policies.

Disciplinary Action	Sanction imposed on an employee following a proven violation of FU policy or law.

5. Responsibilities

Position / Office	Key Responsibilities
President / Vice-President for Administrative Affairs	Ensure institutional compliance with employment laws and authorize legal representation.
Office of Legal Affairs (OLA)	Handle legal proceedings, draft responses, and coordinate with external counsel.
Human Resources Department (DHRSA)	Maintain employment records, coordinate investigations, and implement disciplinary decisions.
Deans / Director, AcA	Report any legal concern immediately to HR and Legal Affairs.
QA-IEA	Monitor policy implementation and conduct annual compliance audits.

6. Procedures

6.1 Reporting a Legal Issue

1. Any employee or supervisor who becomes aware of a potential legal issue must report it confidentially to the **Director of HR** within 24 hours.
2. The HR Director logs the case in the **Employee Legal Issue Register (FU-HR-LIR-2025-01)** and notifies the Office of Legal Affairs.
3. If criminal or civil liability is suspected, the Legal Affairs Office consults the President on whether to refer the case to external authorities.

6.2 Preliminary Investigation

1. HR and Legal Affairs jointly conduct a preliminary fact-finding inquiry within five (5) working days.
2. The employee concerned is notified in writing of the allegation and has the right to submit a written response.
3. Findings are documented in a Preliminary Report submitted to the Vice-President for Administrative Affairs (VPAA-A).

6.3 Legal Assessment and Action

1. The Office of Legal Affairs reviews evidence and determines the appropriate course of action: conciliation, disciplinary hearing, civil claim, or defense.
2. If external representation is needed, the President approves engagement of a licensed law firm.
3. The employee is kept informed of all actions affecting their employment status.

6.4 Disciplinary and Administrative Measures

1. Where a legal issue results from policy violation, disciplinary actions may include warning, suspension, demotion, or termination.
2. All disciplinary decisions must follow FU's **Employee Disciplinary Procedures** and UAE Labour Law Articles 39–45.
3. Employees may appeal decisions through the **Employee Grievance Procedure (FU-HR-GRV-2025-01)**.

6.5 External Legal Proceedings

1. All court notices, summonses, or government inquiries must be immediately forwarded to the Office of Legal Affairs.

2. OLA represents FU or designates external counsel.
3. The employee involved must cooperate fully and maintain confidentiality.

6.6 Record Keeping

- HR and Legal Affairs shall maintain secure files for each case for a minimum of seven (7) years.
- Files include complaints, investigation records, legal advice, court decisions, and corrective actions.

7. Confidentiality and Data Protection

- All information related to legal issues is classified as **restricted**.
- Access is limited to authorized officials on a need-to-know basis.
- Disclosure to external parties requires written approval from the Office of Legal Affairs.

8. Monitoring and Quality Assurance

- The QA-IEA monitors policy implementation and conducts annual reviews of employee legal cases for compliance and risk assessment.
- Results are reported to the **QA-IE Council** and the **Board of Trustees (BOT)** as part of the Institutional Effectiveness Review under **OBEF Pillar 6**.
- Corrective Action Plans (CAPs) are issued when systemic gaps are identified.

9. Related Documents

- FU Employee Code of Conduct
- FU Policy on Conflict of Interest and Nepotism (FU-HR-GOV-POL-2025-01)
- FU Employee Disciplinary Policy
- FU Data Protection and Confidentiality Policy
- UAE Federal Decree-Law No. 33 of 2021 and Ministerial Resolution No. 47 of 2022
- ISO 21001:2018 Implementation Manual
- OBEF v10.21 Framework

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if required by changes in UAE labour legislation or institutional governance revisions.

Summary

This policy ensures that Fujairah University handles employee legal matters with **integrity, fairness, confidentiality, and legal compliance**. It provides a standardized system for reporting, investigation, representation, and resolution—strengthening FU's commitment to **ethical governance**, **employee welfare**, and **institutional accountability**.

VI. Students

A. Policy and Procedures Governing Undergraduate Admissions

1. Purpose

This policy establishes transparent, ethical, equitable, and CAA-compliant standards for admitting students to all undergraduate programs at Fujairah University (FU). It ensures consistency, fairness, and alignment with UAE MOHESR regulations, FU's mission, and OBEF governance frameworks.

2. Scope

This policy applies to all applicants seeking admission to undergraduate programs, all FU colleges, the Department of Student Recruitment and Registration (DSRR), academic departments, program coordinators, and other units involved in admissions processing.

3. Definitions

Term	Definition
Active Application	An application that is not cancelled, expired, or declined.
Admissions Decision	Admit, Conditional Admit, Waitlist, Reject.
Admission Fee	The fee is collected to process the admission application.
Application Level	Admission application category, whether undergraduate, or transfer.
Admissions Offer Letter	Official notification of acceptance.
Admissions Period	The official timeframe according to the FU Academic Calendar as declared for accepting applications.
Application Rejection Letters	Letters issued by the DSRR sent to the applicants notifying them of the rejection of their admission application.
Department of Student Recruitment and Registration (DSRR)	Department of Student Recruitment and Registration.
Registration Fee	The fee collected to process a student's application and registration throughout his/her study at the University.
Undergraduate Program	A CAA-accredited Bachelor's degree program offered by FU.
Waiting List	Temporary placement of qualified applicants when seats are unavailable.
International Student	A non-native Arabic-speaking applicant with an international school certificate.

4. Policy Statements

4.1 Non-Discrimination

FU admits students regardless of origin, gender, religion, disability, or color, consistent with federal laws.

4.2 Integrity of Documentation

All submitted documents become FU property and are not returned, forwarded, or duplicated.

4.3 Transparency and Fairness

FU ensures that admission criteria are published, consistently applied, and reviewed annually.

4.4 Compliance with CAA Standards

All admission decisions must follow CAA 2019 standards and MOE requirements.

4.5 English Language Requirements

IELTS 5.0, TOEFL ITP 500, or completion of FU Intensive English Program.

4.6 Placement Tests

Applicants must take English, Mathematics, and Science placement tests as required.

1. General Admission Requirements

Applicant's eligibility for admission to the undergraduate academic program shall have one of the following recognized General School Certificate (GSC) and shall meet the minimum overall GSC average prescribed for the academic program applied and a score in English and Arabic examinations or its equivalent set by the Commission for Academic Accreditation (CAA).

1. The UAE Secondary School Certificate attested by Ministry of Higher Education and Scientific Research (MOHESR) or Emirates Schools Establishment.
2. Applicants from GSC private schools, within UAE, are required to submit a certificate of equivalency for their High School Certificates from Ministry of Higher Education and Scientific Research (MOHESR).
3. Applicants from international schools outside UAE, are required to submit a certificate of equivalency for their High School Certificates from Ministry of Higher Education and Scientific Research (MOHESR).

Students who earned an Associate of Arts degree from FU, or an equivalent degree from an accredited institution, with a minimum CGPA of 2.0/4.0 shall be admitted into the third year of a Bachelor's degree provided that they have fulfilled the requirements for the regular admission.

An applicant must meet program-specific averages, and subject scores as defined in Table 1

Table 1: Admission Criteria per Program

College	Academic Degree Program	High School (HS) Subject Specific Grade / Score																			English Proficiency
		High School (HS)			Mathematics			Physics			Chemistry			Biology			Arabic			English	
		Eli	Adv	Ge	Eli	Adv	Ge	Eli	Adv	Ge	Eli	Adv	Ge	Eli	Adv	Ge	Eli	Adv	Ge		
Business Administration	Bachelor of Business Administration (Management / Accounting and Finance / Business Analytics / Supply Chain and Logistics Management)	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80%	-IELTS (5) -TOEFL IPT (500) -Foundation Course
Engineering and Technology	Bachelor of Computer Science (Artificial Intelligence & Machine Learning / Networking and Security / Data Science)	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80%	-IELTS (5) -TOEFL IPT (500) -Foundation Course
	Bachelor of Science in Electrical Engineering (Artificial Intelligence / Electronics and Communication / Power and Renewable Energy)	60%	60%	60%	70%	75%	80%	70%	75%	80%	70%	75%	80%	70%	75%	80%	NA	NA	NA	80%	
											Any one Subject to be Accepted in the Program										
	Bachelor of Science in IT in Cyber Security	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80%	
Arts and Humanities	Bachelor of Mass Communication in Public Relations	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Bachelor of Arts in Psychology	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Bachelor of Arts in Sociology and Social Work	60%	60%	60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Dentistry and Health Sciences	Bachelor of Dental Surgery	70%	80%	NA	75%	80%	NA	75%	80%	NA	75%	80%	NA	75%	80%	NA	NA	NA	NA	80%	-IELTS (5) -TOEFL IPT (500) -Foundation Course
								Any two Subjects to be Accepted in the Program													
	Bachelor of Pharmacy	70%	80%	NA	75%	80%	NA	75%	80%	NA	75%	80%	NA	75%	80%	NA	NA	NA	NA	80%	
								Any two Subjects to be Accepted in the Program													
	Bachelor of Science in Nursing	70%	80%	85%	70%	75%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	NA	NA	NA	80%	
								Any two Subjects to be Accepted in the Program													

Law	Bachelor of Laws	65%	65%	65%	60%	65%	70%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

5. **Conditional Admission**

1) Based on CAA standards, a student who meets the admission criteria but lacks the necessary documentation such as an English equivalent score on a standardized test approved by the CAA, may be admitted on a conditional basis for one (1) regular semester. Exceptionally and after CAA approval, another one full regular semester can be given to students who are conditionally admitted covering the remaining general education courses.

   The conditional acceptance must include:

a. English and Mathematics for programs under the College of Business Administration.
b. English, Math and any two subject: (Biology Chemistry, and Physics for the programs under College of Dentistry and Health Sciences.
c. English, Math and any one subject: (Biology, Chemistry, and Physics) for the programs under the Colleges of Engineering and Technology.

2) During the student's conditional admission status, the student may enroll in no more than (12) credit hours from the list of General Education core courses of the academic program to contribute toward an undergraduate degree.
3) The student may enroll in the Intensive English Language Program, for non-credit remedial courses to prepare the student for any form of English Test approved by the CAA.
4) However, if the student can submit an appropriate English Test score approved by the CAA during the semester, he/she shall be then fully admitted for the next semester and can enroll in the corresponding credit-bearing courses of the program he has been fully admitted for.
5) The Department of Student Recruitment and Registration (DSRR) shall notify the student, under conditional admission, to submit the necessary documents on or before the end of the conditional admission semester. Failure to supply the missing documents by the end of the first semester will result in the administrative dismissal of the student.
6) Students who meet academic requirements but lack English proficiency or have pending documents may be conditionally admitted for one regular semester, extendable only with CAA approval.

6. Application Requirements

   Prospective students are required to:

1) Apply and complete the Admission Form. The admission form can be downloaded from the University's website or directly from the DSRR. Application can be by mail, in person, or **online**.
2) The application must be accompanied by the admission fee, which is non-refundable.
3) Submit the following mentioned in the Admission Form:
   a. UAE Secondary School Certificate, or its equivalent, and grade transcript.
      - Certified copies are acceptable.
   b. Photocopy of valid passport
   c. Photocopy of a valid Identity Card (for UAE residents)
   d. Health certificate, issued by a university doctor.
   e. Certificate of good conduct, issued by an official body.
   f. Two passport-size photographs with the applicant's full name on the back of each.
   g. A written commitment signed by the applicant that he/she will observe university rules and regulations.
   h. A student who is not meeting the deadline will be required to wait until the next semester when new students are admitted.

7. **Equivalency of Documents**
   1) Newly admitted students are requested to have their documents certified before the end of the first semester of study, otherwise their registration will be cancelled.
   2) High-school certificates obtained in the UAE must be certificated by the UAE Ministry of Education (MOE).
   3) High-school certificates obtained abroad must be certificated by the Ministry of Education (MOE), and by either the Ministry of Foreign Affairs of the country of origin and the UAE embassy in that country, or by the embassy of the country which issued the certificate, and by the UAE Ministry of Foreign Affairs. In addition, equivalency letter of the high school certificate must be obtained from the Ministry of Education (MOE) in the UAE.

8. **Admission Decision and Notification**

   Decisions on admission will be made by the DSRR. All prospective students will be notified by mail/e-mail of their admission status within two weeks from the time they apply.

   The deadline for admission is one week before the end of semester registration.

9. **Placement Test Option**
   1) **The FU placement tests are developed to be comparable to the level of standards tests. Tests are conducted on campus and computer-based.**
   2) **If the student scores (>= 60 and < 70) in a placement test, the student shall register for a 15-week relevant course that's not part of the program requirements, and student must score B or higher in the course. If fails to get a B, the student must change to another major.**
   3) **Students who've scored below 60 in a placement test must choose another major.**

10. **Admission and Credit Transfer**

    Students who have completed collegiate work at recognized Higher Education Institutions (HEIs) and programs with an overall grade point average of 2.0 or higher may apply for admission to the Fujairah University (FU) and may also apply to transfer some of that approved credits to FU. In addition, potential transfer students must meet all of the requirements for regular admission stated above.

    Whether or not the courses were taken elsewhere are transferable is an administrative decision made by FU. Factors that enter into the decision include the requirements for the course, the degree of similarity between the course taken elsewhere and a course offered at FU, including the student learning outcomes of that course, the students' major, and the grade received. Under no conditions shall credit be given for courses in which a grade of less than "C" was earned. Under no circumstances shall credit be given for the research capstone course/thesis, experiential learning (practical / clinical training), training provided by non-collegiate institutions, professional certification, continuing and professional development, or for outreach or service educational programs of study undertaken on a non-credit basis. Courses for which transfer credit is given shall not transfer as grades but only as courses completed. Up to 50% of the CH required for a Fujairah University degree may be taken elsewhere.

    In order to have the course work assessed for potential transfer, the student must provide detailed course descriptions, course syllabi, and official transcripts to the DSRR at the time of application for admission. The DSRR shall inform the student, in writing, what course work has been accepted towards the requirements for the Fujairah University degree at the time of the positive notification of admission to FU. Students who have been given credits for a course taken elsewhere in substitution for FU course may not take that course at FU for credit.

11. **Inter-Program Transfer Credit**

For the inter-program transfer credit, the following conditions are applied:

1) For students who are still studying and wish to change their major from one program to another the following policies will apply:
   a. If their CGPA is 2.0 or above, all courses will be accredited for them with their grades and with no change in their ID numbers.
   b. If their CGPA is less than 2.0, the courses with C grades or above will be accredited for them with their grades and with no change in their ID numbers.
   c. If students had withdrawn from any program and have applied for re-admission into another program, they can be re-admitted as new students with new ID numbers and courses with C grades or above will be credited for them and Transfer credit (T) will appear on their transcript.

12. **Committee on Transfer Admission and Transfer Credits (CTA-TC)**

To observe quality assurance, the Committee on Transfer Admission and Transfer Credits (CTA-TC) shall be established to implement the provision of Standard 6.4.1 (CAA Standard, 2019), and as enunciated on FU's policies and procedures manual. In this regard, the CTA-TC shall:

1) Ensure that only students transferring from UAE institutions recorded in the National Register of Licensed HEIs, or other organizations in the UAE approved by the CAA, or recognized institutions of higher learning located outside the UAE, are eligible for transfer admission at FU.
2) Require all entering transfer students to present valid certification (High School English score, TOEFL, IELTS or other certification approved by the CAA) demonstrating the required language competency scores for full admission; prior to commencing their study in the program they transfer to at FU.
3) Ensure that students transferring from other institutions into a program in the same field of study are in good academic standing (for undergraduates, a minimum CGPA of 2.0 on a 4.0 scale, or equivalent), based on the teaching, learning and assessment system employed in the organization at which they initially enrolled, demonstrated by certified transcripts or other evidence.
4) Permit external or internal students who are not in good academic standing to transfer only to a program in a field distinctly different from the one from which the student is transferring.
5) Transfer undergraduate program credits only for courses relevant to the receiving degree that provide equivalent learning outcomes and in which the student earned a grade of C (2.0 on a 4.0 scale) or better.
6) Accept only transfer-students in good academic standing (a minimum CGPA of 3.0 on a 4.0 scale in graduate level course work, or equivalent) to graduate programs
7) Require the submission of official transcripts showing all post-secondary work attempted at all institutions attended.
8) Require that transfer students meet all of the admission requirements of U OF' s academic programs, and does not allow, under any circumstances, transfer students to be admitted under the provisions stipulated for conditional admission.
9) Treat work taken under an articulation agreement with another institution as transfer credit.
10) Limit the number of transfer credits which may be applied to a specific undergraduate degree program; the limit may not exceed 50% of the total number of credits which are required to complete a degree.
11) Does not grant credit twice for substantially the same course taken at two different institutions.
12) Does not allow credits for graduation projects and theses to be transferred.
13) Through the Head of the DSRR and upon the recommendation of the CTA-TC as reflected in DSRR Form 4, provide for timely written notification to the student, prior to admission, of the transferability of credit, how much credit is granted, and how the accepted credit will be applied to the degree program offered at FU.

13. **Orientation and Registration**

All new students must attend orientation, complete placement tests, and register for courses with the approval of the Deans / Program Coordinator as guided by the Academic Advisors for each program.

14. **Remedial Courses**

The remedial program that FU is providing is referred to Intensive English Level Program for students applying for programs delivered in English.

The Intensive English Level Program caters to students with 60% and above score in UAE Secondary School Certificate without minimum English Admission requirement.

1) **Students who do not have the necessary English Qualifications to permit direct entry into the University's academic programs are required to take the English Placement Test. Such students are assigned to the Intensive English Level Program according to their scores in the placement test as described below:**

Advanced English Academic Writing and Rhetoric 1 (Level 1: Beginner or Intensive English Level Program 1)
Advanced English Academic Writing and Rhetoric 2 (Level 2: Intermediate or Intensive English Level Program 2)

2) **While enrolled in the Intensive English Program, students may enroll up to 12 credit hours from the list of appropriate General Education courses, as described in Table 2, to contribute towards an undergraduate degree.**

Table 2: List of Prescribed General Education Courses

English	GE101	Advanced English Academic Writing and Rhetoric 1	3
	GE102	Advanced English Academic Writing and Rhetoric 2	3
	GE103	UAE Society	3
	GE104	Innovation, Entrepreneurship and Sustainability	3
	GE105	Introduction to Artificial Intelligence and Generative AI	3
	GE106	Introduction to Information Technology	3
	GE107	Algorithms and Problem Solving	3
Arabic	GE201	Advanced Arabic Academic Writing and Rhetoric 1	3
	GE202	Advanced Arabic Academic Writing and Rhetoric 2	3
	GE203	UAE Society	3
	GE204	Innovation, Entrepreneurship and Sustainability	3
	GE205	Introduction to Artificial Intelligence and Generative AI	3
	GE206	Introduction to Information Technology	3

3) **After completing the Intensive English Program, students are required to meet the admissions requirements regarding their English competence (i.e., an acceptable English proficiency displayed during the compulsory interview for a program offered by the College of Dentistry and Health Sciences)**

15. **Quality Assurance**

FU conducts annual reviews of admission criteria, maintains audit-readiness, and ensures compliance with institutional and national quality assurance standards.

Summary

This policy ensures that all undergraduate admissions processes at Fujairah University (FU) are:

- Aligned with UAE Ministry of Higher Education and Scientific Research (MOHESR) and CAA Standards to uphold academic integrity and regulatory compliance.
- Transparent, fair, ethical, and free from discrimination, ensuring equal opportunity for all applicants.
- Systematically implemented through DSRR oversight, with clear documentation, proper verification of credentials, and structured placement tests are applied where required.
- Regularly reviewed and audited by QA-IEA under OBEF Pillar 1 (Students) and Pillar 6 (Governance) to ensure institutional effectiveness, accuracy of public information, and continuous improvement in admissions operations.

B. Policy and Procedures Governing Graduate Admissions

1. **Purpose**

This Policy provides a complete governance structure for FU's graduate admissions, ensuring that all graduate degree applicants are evaluated based on transparent, consistent, and academically rigorous standards aligned with institutional goals, accreditation requirements, national regulations, and international best practices.

2. **Scope**

This policy applies to all applicants seeking admission to graduate programs, all FU colleges, the Department of Student Recruitment and Registration (DSRR), academic departments, program coordinators, and other units involved in admissions processing.

3. **Definitions**

Term	Definition
Academic Prerequisite	A knowledge area or course required prior to enrollment.
Active Application	An application that is not cancelled, expired, or declined.
Admissions Decision	Admit, Conditional Admit, Waitlist, Reject.
Admission Fee	The fee is collected to process the admission application.
Application Level	Admission application category, whether undergraduate, graduate, or transfer.
Admissions Offer Letter	Official notification of acceptance.
Admissions Period	The official timeframe according to the FU Academic Calendar as declared for accepting applications.
Application Rejection Letters	Letters issued by the DSRR sent to the applicants notifying them of the rejection of their admission application.
Conditional Admission	Temporary status granted under specific CAA-permitted circumstances.
Department of Student Recruitment and Registration (DSRR)	Department of Student Recruitment and Registration.
Equivalency	MOHESR certification validating non-UAE degrees.
Graduate Program	A CAA-accredited Master's degree or Doctoral degree program offered by FU.
Registration Fee	The fee collected to process a student's application and registration throughout his/her study at the University.
Transfer Credit	Graduate coursework credited from another accredited institution.
Waiting List	Temporary placement of qualified applicants when seats are unavailable.
International Student	A non-native Arabic-speaking applicant with an international school certificate.

4. **Policy Statements**

4.1 Non-Discrimination
FU admits students regardless of origin, gender, religion, disability, or color, consistent with federal laws.

4.2 Integrity of Documentation
All submitted documents become FU property and are not returned, forwarded, or duplicated.

4.3 Transparency and Fairness
FU ensures that admission criteria are published, consistently applied, and reviewed annually.

4.4 Compliance with CAA Standards
All admission decisions must follow CAA 2019 standards and MOE requirements.

4.5 English Language Requirements
IELTS 5.0, TOEFL ITP 500, or completion of FU Intensive English Program.

4.6 Placement Tests
Applicants must take English, Mathematics, and Science placement tests as required.

5. **Master's Degree Level Programs**

5.1. General Admission Requirements

1) Completion of a recognized baccalaureate degree in a discipline appropriate for the Master's degree.

- **A Higher Diploma is not equivalent to a baccalaureate degree and does not qualify an applicant for admission to Master's degree programs.**

2) A minimum cumulative grade point average of 3.00 on a 4.0 scale, or its established equivalent, in the applicant's baccalaureate degree program.

3) For programs taught in English, a minimum TOEFL score of 550 on the Paper-Based, 213 on the Computer-Based, or 79 on the Internet-Based test, or its equivalent in a standardized English language test, such as 6.0 IELTS or another standardized, internationally recognized test approved by the CAA.

The following categories of applicants are exempt from submitting an English language proficiency test score:

a. **Native speakers of English who have completed their undergraduate education in an English-medium institution in a country where English is the official language.**
b. **Applicants who completed their undergraduate degree in an English-medium institution and can provide verified evidence that they achieved a minimum TOEFL score of 500 (Paper-Based)—or its equivalent on another approved standardized test—at the time of admission to their undergraduate program.**

5.2. Conditional Admission Requirements

Conditional admission is valid for one semester only. Thesis or research-based courses cannot be taken while conditionally admitted.

A student may be conditionally admitted to a Master's program under two allowable categories:

Conditional Admission – English Language Deficiency

1) Minimum accepted for conditional admission: TOEFL 530 PBT (197 CBT / 71 iBT) or equivalent.
2) Required by end of first semester:
   TOEFL 550 PBT / 213 CBT / 79 iBT or IELTS 6.0.
   Maximum 6 credit hours in the first semester.
   Minimum GPA of 3.0 in the first 9 credit hours.

Failure to meet all requirements results in dismissal.

Conditional Admission – CGPA Deficiency

1) Applicable when Bachelor's CGPA is below 3.0 but English requirement is met.
2) Required by end of first semester:
   – Maximum 9 credit hours in the first semester.
   – Minimum GPA of 3.0 in the first 9 credit hours.
3) Failure to meet conditions results in dismissal.

5.3. Application Requirements

Prospective students are required to:

1) Apply and complete the Admission Form. The admission form can be downloaded from the University's website or directly from the DSRR. Application can be by mail, in person, or online.
2) The application must be accompanied by the admission fee, which is non-refundable.
3) Submit the following mentioned in the Admission Form:
   a. UAE Secondary School Certificate, or its equivalent, and grade transcript.
      - Certified copies are acceptable.
   b. Photocopy of valid passport
   c. Photocopy of a valid Identity Card (for UAE residents)
   d. Health certificate, issued by a university doctor.
   e. Certificate of good conduct, issued by an official body.
   f. Two passport-size photographs with the applicant's full name on the back of each
   g. A written commitment signed by the applicant that he/she will observe university rules and regulations.

   A student who is not meeting the deadline will be required to wait until the next semester when new students are admitted.

6. **Doctoral Level Programs**

6.1. General Admission Requirements for Doctoral Level Programs

1) Completion of a Master's degree in a discipline appropriate for the doctoral degree.
2) A minimum cumulative grade point average of 3.00 on a 4.0 scale, or its established equivalent, in the applicant's Master's degree program.
3) A minimum TOEFL score of 550 on the Paper-Based, 213 on the Computer-Based, or 79 on the Internet-Based test, or its equivalent in a standardized English language test.

The following categories of applicants are exempt from submitting an English language proficiency test score:

a. Native speakers of English who have completed their undergraduate education in an English-medium institution in a country where English is the official language.
b. Applicants who completed their undergraduate degree in an English-medium institution and can provide verified evidence that they achieved a minimum TOEFL score of 500 (Paper-Based)—or its equivalent on another approved standardized test—at the time of admission to their undergraduate program.

6.2. Conditional Admission Requirements

Conditional admission is valid for one semester only. Proposal, research-based courses or dissertation cannot be taken under conditional status. All required documents and equivalency attestations must be submitted before the end of the first semester.

A student may be conditionally admitted to a Doctoral program under two allowable categories:

1. Conditional Admission – English Language Deficiency
   1) Minimum accepted for conditional admission: TOEFL 530 PBT (197 CBT / 71 iBT) or equivalent.
   2) Required by end of first semester:
      a. TOEFL 550 PBT / 213 CBT / 79 iBT or IELTS 6.0.
      b. Maximum 6 credit hours in the first semester.
      c. Minimum GPA of 3.0 in the first 9 credit hours.
   3) Failure to meet all requirements results in dismissal.

2. Conditional Admission – Master's CGPA Deficiency
   1) Applicable when Mater's CGPA is below 3.0 but all other admission requirements are satisfied.
   2) Required by end of first semester:
      a. Enrollment in 6-9 credit hours.
      b. Minimum GPA of 3.0 in the first 9 credit hours.
   3) Failure to meet conditions results in dismissal.

6.3. Application Requirements

Prospective students are required to:

i. Apply and complete the Admission Form. The admission form can be downloaded from the University's website or directly from the DSRR. Application can be by mail, in person, or online.
ii. The application must be accompanied by the admission fee, which is non-refundable.
iii. Submit the following mentioned in the Admission Form:
   a. UAE Secondary School Certificate, or its equivalent, and grade transcript.
      - Certified copies are acceptable.
   b. Photocopy of valid passport
   c. Photocopy of a valid Identity Card (for UAE residents)
   d. Health certificate, issued by a university doctor.
   e. Certificate of good conduct, issued by an official body.
   f. Two passport-size photographs with the applicant's full name on the back of each
   g. A written commitment signed by the applicant that he/she will observe university rules and regulations.

A student who is not meeting the deadline will be required to wait until the next semester when new students are admitted.

7. **Generic Process and Procedures for Graduate Programs**

7.1. Equivalency of Documents

6) Newly admitted students are requested to have their documents certified before the end of the first semester of study, otherwise their registration will be cancelled.
7) Undergraduate and Graduate degree certificates obtained the UAE must be certified by the UAE Ministry of Higher Education and Scientific Research (MOHESR).

7.2. Admission Decision and Notification

- **Decisions on admission will be made by the DSRR. All prospective students will be notified by mail/e-mail of their admission status within two weeks from the time they apply.**
- **The deadline for admission is one week before the end of semester registration.**

7.3. Admission and Credit Transfer for Gradate Programs

Students who have completed collegiate work at recognized Higher Education Institutions (HEIs) and programs with an overall grade point average of 3.0 or higher may apply for admission to the Fujairah University (FU) and may also apply to transfer some of that approved credits to FU. In addition, potential transfer students must meet all the requirements for regular admission stated above.

Whether or not the courses were taken elsewhere are transferable is an administrative decision made by FU. Factors that apply to the decision include the requirements for the course, the degree of similarity between the course taken elsewhere and a course offered at FU, including the student learning outcomes of that course, the students' major, and the grade received. Under no conditions shall credit be given for courses in which a grade of less than "C" was earned. Under no circumstances shall credit be given for research undertaken, experiential learning (practical / clinical training), training provided by non-collegiate institutions, professional certification, continuing and professional development, or for outreach or service educational programs of study undertaken on a non-credit basis. Courses for which transfer credit is given shall not transfer as grades but only as courses completed. Up to 25% of the CH required for a Fujairah University graduate degree may be taken elsewhere

In order to have the course work assessed for potential transfer, the student must provide detailed course descriptions, course syllabi, and official transcripts to the DSRR at the time of application for admission. The DSRR shall inform the student, in writing, what course work has been accepted towards the requirements for the Fujairah University degree at the time of the positive notification of admission to FU. Students who have been given credits for a course taken elsewhere in substitution for FU course may not take that course at FU for credit.

7.4. Inter-Program Transfer Credit for Graduate Programs

For the inter-program transfer credit, the following conditions are applied:

1) **For students who are still studying and wish to change their major from one program to another the following policies will apply:**
   a. **If their CGPA is 3.0 or above, all courses will be accredited for them with their grades and with no change in their ID numbers.**

b. **If their CGPA is less than 3.0, the courses with C grades or above will be accredited for them with their grades and with no change in their ID numbers.**

2) **If students had withdrawn from any program and have applied for re-admission into another program, they can be re-admitted as new students with new ID numbers and courses with C grades or above will be credited for them and Transfer credit (T) will appear on their transcript.**

7.5. Committee on Transfer Admission and Transfer Credits (CTA-TC)

To observe quality assurance, the Committee on Transfer Admission and Transfer Credits (CTA-TC) shall be established to implement the provision of Standard 6.4.1 (CAA Standard, 2019), and as enunciated on FU's policies and procedures manual. In this regard, the CTA-TC shall:

1) Ensure that only students transferring from UAE institutions recorded in the National Register of Licensed HEIs, or other organizations in the UAE approved by the CAA or recognized institutions of higher learning located outside the UAE, are eligible for transfer admission at FU.
2) Require all entering transfer students to present valid certification (High School English score, TOEFL, IELTS or other certification approved by the CAA) demonstrating the required language competency scores for full admission; prior to commencing their study in the program they transfer to at FU.
3) Ensure that students transferring from other institutions into a program in the same field of study are in good academic standing (for under graduates, a minimum CGPA of 2.0 on a 4.0 scale, or equivalent), based on the teaching, learning and assessment system employed in the organization at which they initially enrolled, demonstrated by certified transcripts or other evidence.
4) Permit external or internal students who are not in good academic standing to transfer only to a program in a field distinctly different from the one from which the student is transferring.
5) Transfer undergraduate program credits only for courses relevant to the receiving degree that provide equivalent learning outcomes and in which the student earned a grade of C (2.0 on a 4.0 scale) or better.
6) Accept only transfer-students in good academic standing (a minimum CGPA of 3.0 on a 4.0 scale in graduate level course work, or equivalent) to graduate programs
7) Require the submission of official transcripts showing all post-secondary work attempted at all institutions attended.
8) Require that transfer students meet all of the admission requirements of U OF' s academic programs, and does not allow, under any circumstances, transfer students to be admitted under the provisions stipulated for conditional admission.
9) Treat work taken under an articulation agreement with another institution as transfer credit.
10) Limit transferred credits for graduate programs to a maximum of 25% of the total credits required for the program (or whichever equivalency measure is used in determining course or program requirements).
11) Transfer graduate program credits only for courses relevant to the degree that provide equivalent learning outcomes and in which the student earned a grade of B (3.0 on a 4.0 scale} or better.

12) Does not grant credit twice for substantially the same course taken at two different institutions.
13) Does not allow credits for graduation projects and theses to be transferred.
14) Through the Head of the DSRR and upon the recommendation of the CTA-TC as reflected in DSRR Form 4, provide for timely written notification to the student, prior to admission, of the transferability of credit, how much credit is granted, and how the accepted credit will be applied to the degree program offered at FU.

7.6. Orientation and Registration

All new students must attend orientation, complete placement tests, and register for courses with the approval of the Deans / Program Coordinator as guided by the Academic Advisors for each program.

7.7. Quality Assurance

FU conducts annual reviews of admission criteria, maintains audit-readiness, and ensures compliance with institutional and national quality assurance standards.

Summary

This policy ensures that all graduate admissions processes at Fujairah University (FU) are:

- **Aligned with UAE Ministry of Higher Education and Scientific Research (MOHESR) and CAA Standards to uphold academic integrity and regulatory compliance.**
- **Transparent, fair, ethical, and free from discrimination, ensuring equal opportunity for all applicants.**
- **Systematically implemented through DSRR oversight, with clear documentation, proper verification of credentials, and structured placement tests are applied where required.**
- **Regularly reviewed and audited by QA-IEA under OBEF Pillar 1 (Students) and Pillar 6 (Governance) to ensure institutional effectiveness, accuracy of public information, and continuous improvement in admissions operations.**

C. Policy Governing Student Records, Privacy Protection, and Release of Information (8.a.CI.SH.30)

1. Purpose

This policy establishes requirements for the creation, maintenance, protection, use, and authorized release of student education records to ensure **confidentiality**, **accuracy**, and **compliance** with regulatory expectations under **CAA Standards (Students section)** and **UAE legal frameworks** related to privacy, data protection, and cybersecurity.

2. Scope

Applies to all student records—physical and electronic—created or maintained by Fujairah University or third parties acting on its behalf. The policy covers:

- **Undergraduate, postgraduate, exchange, visiting, and continuing education students**
- **Alumni records retained after completion or withdrawal**
- **Records held in SIS, LMS, ERP, assessment systems, archival repositories**

3. Definition of Student Records

Student Records include, but are not limited to:

Category	Examples
Identity & Demographic Records	Admission documents, passport/Emirates ID, contact information
Academic Records	Transcripts, grades, course registrations, academic standing, awards
Behavior & Conduct Records	Disciplinary findings, grievances, appeals, risk/safety files
Financial & Sponsorship Records	Tuition billing, scholarships, sponsorship letters, refunds
Health & Accessibility Records	Disability accommodations, medical documentation (restricted access)
Advising & Support Records	Advising reports, early-alert flags, counseling referrals

4. Privacy and Confidentiality Protection

Fujairah University protects student information through:

4.1 Access Control

Access to student records is **restricted to authorized personnel** with a legitimate educational or administrative need, including:

- **Registrar Office staff**
- **Academic program chairs and advisors (required academic purpose)**
- **Student Affairs and counseling units (support-service purpose)**
- **QA-IEA (audits and accreditation evidence, using anonymized or aggregated data unless identifiable information is strictly required)**

4.2 Security Measures

- **Encrypted digital storage and secure servers**
- **Controlled physical access to paper records**

- **Audit trails for access and modification of records**
- **Secure document transmission protocols**

4.3 Student Rights

Students have the right to:

- **Access their own educational records upon request**
- **Request correction of inaccurate information**
- **File a privacy complaint if they believe their rights were violated**

5. Conditions for Release of Student Records

Records **cannot** be released without the student's **written consent**, except under the specific circumstances listed below.

5.1 Release with Student Consent

Requires signed or authenticated digital authorization for:

- **Transcript requests to employers, scholarship providers, or other universities**
- **Character/disciplinary clearance letters**
- **Verification of enrollment or graduation**

5.2 Release without Student Consent *(Permitted Exceptions)*

Information may be disclosed without consent when necessary to comply with:

Exception	Examples
Legal or Regulatory Requirement	UAE courts, police, or government agencies
CAA/MOHESR/Inspection Accreditation Audits	Evidence of student achievement, progression, OBEF indicators (aggregated or anonymized unless identifiable data is explicitly required)
Health and Safety Emergencies	Life/safety threats; crisis intervention coordination
Legitimate Educational Interest	Academic standing review; advising; risk intervention
Financial Obligations	Sponsors, scholarship bodies, or collections when legally justified

5.3 Directory Information

The University may designate certain information as "Directory Information" unless a student opts out.

Examples may include:

- **Name, program, year of study**
- **Honors, awards, participation in official activities**

Students must be notified of directory information rules and opt-out procedure.

6. Record Retention & Disposal

Requirement	Standard
Minimum retention	**7 years** after graduation/withdrawal

Sensitive cases (misconduct, legal matters)	**10 years** or longer if legally required
Secure disposal	Shredding of paper; cryptographic erasure of digital records

7. Data Breach Response

Any unauthorized disclosure, loss, or compromise of student records triggers:

- **Immediate containment actions**
- **Notification to the Registrar and Legal Affairs**
- **Incident report and corrective action plan**
- **Notification of impacted students when appropriate**
- **QA-IEA logging for compliance reporting**

8. Policy Enforcement

Violations of this policy may result in:

- **Staff disciplinary action**
- **Contract termination (if third-party vendor involved)**
- **Legal action under UAE regulations on confidentiality and privacy**

9. Policy Review

This policy will be reviewed **every three (3) years** or earlier due to:

- **Changes to UAE legal/data protection frameworks**
- **CAA Standards updates**
- **Internal audit findings or Inspection recommendations**

Annex A. Student Request to Access/Amend Records Form

Field	Details
Form Title	Student Request to Access/Amend Records Form
Form Code	FU-STU-REC-REQ-Form
Related Policy	Student Records, Privacy Protection & Release of Information Policy (FU-STU-REC-POL-2025-01)
Version	1.0
Effective Date	AY 2025–2026
Record Retention	Minimum 7 years
Confidentiality Level	Restricted – Student Educational Record
Custodian	Registrar & QA-IEA

SECTION A — STUDENT INFORMATION

Field	Input
Student Name	_____
Student ID	_____
Program/College	_____
FU Email	_____
Mobile	_____

SECTION B — REQUEST TYPE *(Select all that apply)*

Request	Check
Access to view records	☐
Request copies of records	☐
Correction/Amendment to record	☐
Challenge/Privacy complaint	☐

SECTION C — RECORD CATEGORY *(Select all that apply)*

Category	Check
Identity and demographic records	☐
Academic/Transcript/Grades	☐
Advising/Counseling/Support records	☐
Conduct/Disciplinary/Appeals	☐
Financial/Scholarship/Sponsorship	☐
Health or Accessibility Records *(restricted)*	☐
Other: _____	☐

SECTION D — REQUEST JUSTIFICATION & DETAILS

Describe the information sought or correction requested.

If requesting amendment, identify the inaccurate or disputed information.

SECTION E — REQUIRED DOCUMENTS

Document	Provided
Emirates ID/Passport copy	☐
Supporting documentation (if amendment requested)	☐
Authorization (if parent/sponsor/legal guardian)	☐

SECTION F — DECLARATION & SIGNATURE

I certify that the information provided is accurate and this request is made in good faith.

Student Signature	Date
_____	//2025

SECTION G — REGISTRAR USE ONLY

Action	Date/Staff Initial
Request logged	
Identity verified	
Records retrieved/provided	
Amendment correction completed/denied	
Case closed & notice sent	

Annex B. Student Consent for Release of Records Form

Field	Details
Form Title	Student Consent for Release of Records
Form Code	FU-STU-REC-REL-Form
Confidentiality	Restricted – Consent Authorization
Retention	Minimum 7 years

SECTION A — STUDENT INFORMATION

Same fields as Form A

SECTION B — AUTHORIZED RECIPIENT

Description	Input
Person/Organization Name	_____
Contact & Address/Email	_____
Purpose of Release	Employment ☐ Scholarship ☐ Transfer/Admissions ☐ Legal ☐ Sponsorship ☐ Other ☐

SECTION C — RECORDS AUTHORIZED FOR RELEASE

Category	Check
Enrollment/Verification	☐
Academic Transcript	☐

Conduct/Disciplinary Status	☐
Financial/Sponsorship Records	☐
Other: _____	☐

SECTION D — STUDENT CONSENT

I authorize Fujairah University to release the above records to the named party. I understand that:

I may revoke this authorization at any time in writing;

Copies may not be further released without my consent unless legally required.

Signature	Date
_____	//2025

Annex C. Data Breach or Unauthorized Disclosure Incident Report

Field	Details
Form Title	Data Breach / Unauthorized Disclosure Incident Report
Form Code	FU-STU-REC-SEC-Form
Related Policy	FU-STU-REC-POL-2025-01
Retention	10 years (high-risk security documentation)
Confidentiality	Strictly Restricted – Breach Evidence

SECTION A — INCIDENT IDENTIFICATION

Field	Input
Date/Time Detected	_____
Detected by (Name/Position)	_____
System/Location	SIS ☐ LMS ☐ Email ☐ Physical Records ☐ Other ☐

SECTION B — BREACH DESCRIPTION

Describe what happened, how it was discovered, data involved, and number of affected students.

SECTION C — PRELIMINARY CLASSIFICATION

Type	Check
Accidental disclosure	☐
Unauthorized access	☐
Data loss/theft	☐
Cybersecurity incident	☐
Other	☐

SECTION D — IMMEDIATE RESPONSE ACTIONS

Action Taken	Completed
Access disabled/credentials reset	☐
Containment/security control activated	☐
Registrar/Legal/QA-IEA notified	☐
Affected students informed (if required)	☐

SECTION E — FINAL INVESTIGATION REPORT (QA-IEA/Legal)

Annex D. Student Records Management Standard Operating Procedure (Registrar Office)

Field	Details
SOP Title	Student Records Management SOP
Code	FU-STU-REC-SOP
Version	1.0
Retention	SOP retained permanently
Custodian	Registrar

1. Purpose

Ensures consistent handling, storage, release, and disposal of student records.

2. Procedures (Summary)

Step	Required Action
1. **Create/Update Record**	Verify accuracy; apply identity and case numbering
2. **Secure Storage**	SIS, LMS, encrypted servers, locked file rooms
3. **Controlled Access**	Role-based access only; audit trail
4. **Student Access/Amendment Requests**	Process within 10 working days
5. **Release of Records**	Only with valid consent or permitted exceptions
6. **Data Breach Response**	Use FU-STU-REC-SEC-Form, notify legal/QA-IEA
7. **Record Retention Periods**	Standard 7 years; some 10+ years
8. **Secure Disposal**	Shredding / cryptographic erasure

D. Policy and Procedures Governing the Reporting of Students' Safety Concerns on Campus (8.B)

1. Purpose

This policy establishes Fujairah University's (FU) formal mechanism for **reporting, documenting, investigating, and resolving safety concerns raised by students**.

It ensures that the university provides a **safe, healthy, and inclusive environment** conducive to learning and compliant with **UAE federal health, safety, and security regulations**.

2. Scope

This policy applies to:

- All FU students — undergraduate, postgraduate, and continuing education.
- All campus locations, including classrooms, laboratories, residences, and outdoor areas.
- All faculty, staff, contractors, and visitors responsible for student welfare.
- All types of safety concerns, including: physical hazards, security risks, harassment or violence, health emergencies, and environmental threats.

3. Policy Statements

1. **Commitment to Safety**
   FU is committed to maintaining a campus free from health and safety hazards through active prevention, risk mitigation, and prompt reporting mechanisms.
2. **Accessibility and Confidentiality**
   Students may report safety concerns confidentially without fear of reprisal through multiple reporting channels — in person, online, or anonymously.
3. **Prompt Response**
   All reports must be acknowledged within **24 hours** and addressed according to the severity of risk.
4. **Shared Responsibility**
   Ensuring safety is a collective responsibility of students, faculty, staff, and administrators. The Department of Facilities Management (DFaM) and the Office of Campus Security (OCS) serve as the primary operational units for incident response.
5. **Compliance with Regulations**
   All safety reporting and investigation activities shall conform to **UAE Occupational Safety and Health standards** and MoE requirements for educational institutions.

4. Definitions

Term	Definition
Safety Concern	Any hazard or situation posing a potential risk to students' physical, psychological, or environmental well-being.
Reporter	The student or member of the community who submits a safety report.
Incident Report Form (FU-SAF-REP-Form-2025-01)	The official form used to document student safety concerns.
Designated Safety Officer (DSO)	The staff member in DSA or DFaM responsible for receiving and processing reports.

Campus Security Team	Personnel authorized to respond to and manage emergency situations.

5. Responsibilities

Role / Office	Key Responsibilities
President	Overall accountability for compliance with national safety regulations and policy implementation.
Vice President for Administrative and Financial Affairs (VPAF)	Oversees campus safety infrastructure, emergency preparedness, and resource allocation.
Department of Student Affairs (DSA)	Receives student safety reports, initiates incident documentation, and coordinates response with DFaM and OCS.
Department of Facilities Management (DFaM)	Conducts risk assessment, implements corrective actions, and monitors physical and environmental safety.
Office of Campus Security (OCS)	Responds to emergency incidents and ensures student protection during on-campus crises.
QA-IEA	Audits incident reports, evaluates policy effectiveness under OBEF Pillar 6, and recommends continuous improvement measures.
Students and Faculty	Report any safety concerns immediately using approved channels.

6. Procedures

6.1 Reporting Safety Concerns

1. Students may report concerns through any of the following methods:
    - Completing the **Student Safety Incident Report Form (FU-SAF-REP-Form-2025-01)** available on the FU portal.
    - Emailing **safety@fujuniv.ac.ae**.
    - Visiting the DSA or Security Office in person.
    - Calling the Campus Emergency Hotline (+971 9 222 XXXX).
2. Reports can be submitted anonymously, but confidential identification is encouraged for effective follow-up.

6.2 Initial Response and Acknowledgment

1. The Designated Safety Officer (DSO) acknowledges receipt of the report within 24 hours.
2. The DSO logs the incident in the **Safety Incident Register** maintained by DFaM.
3. Urgent matters (physical threat, fire, harassment, health emergency) trigger immediate intervention by the Campus Security Team.

6.3 Investigation and Resolution

1. The DFaM and OCS jointly conduct an incident investigation within **five (5) working days**.
2. Findings are documented in the **Safety Incident Follow-Up Form (FU-SAF-FLW-Form-2025-02)**.
3. Corrective or preventive actions (e.g., facility repairs, disciplinary measures, or counselling referrals) must be implemented within **ten (10) working days**.
4. The DSO provides a formal response to the reporter confirming resolution actions.

6.4 Escalation Procedure

1. If the concern involves severe risk (e.g., violence, harassment, criminal acts), the DSO immediately informs the VPAF and President.
2. Legal and health authorities will be engaged as required by UAE law.
3. The QA-IEA must be copied on all Level 3 (severe) incidents for audit and policy compliance.

6.5 Follow-Up and Monitoring

1. DFaM and DSA monitor corrective actions until closure.
2. QA-IEA reviews quarterly incident logs to evaluate systemic trends and improvement needs.
3. Annual safety performance is reported under **OBEF KPI 5.2 (Student Well-Being and Com**
4. **munity Safety)** and **KPI 6.1 (Governance and Compliance)**.

7. Non-Compliance

- Failure to report known safety issues or tampering with records constitutes a disciplinary offense under the FU Code of Conduct.
- Staff or students who ignore reported hazards may face disciplinary sanctions up to termination or expulsion.
- QA-IEA will issue a Corrective Action Plan (CAP) for units found non-compliant in audits.

8. Quality Assurance and Continuous Improvement

- QA-IEA and DSA conduct annual policy effectiveness reviews and recommend updates based on incident analytics and risk trends.
- Feedback from student surveys, campus safety audits, and staff training evaluations inform continuous improvement.

9. Related Documents

- FU Safeguarding and Well-Being Policy
- FU Emergency Response and Evacuation Plan
- FU Risk Management Policy
- FU Code of Conduct for Students and Employees
- UAE Federal Decree Law No. (14) of 2014 on Occupational Safety and Health
- CAA Standards 2019 (Standard 4.2)
- OBEF v10.21 (Pillars 5 and 6)
- ISO 21001:2018 Implementation Manual

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier in response to changes in national health and safety regulations or institutional risk assessments.

Summary

This policy institutionalizes a **transparent, student-centered, and accountable system** for reporting and addressing safety concerns on campus.

It enhances **student well-being**, ensures **regulatory compliance**, and supports **FU's commitment to a safe learning environment** aligned with **FU Pillar 5 (Community Engagement and Societal Impact)** and **Pillar 6 (Governance and Institutional Effectiveness)**.

Annex A. Student Safety Incident Report Form

Form Code: FU-SAF-REP-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Official Use Only

Section A – Reporter Details

Field	Information
Full Name	
Student ID / Employee ID	
Role / Category	☐ Student ☐ Faculty ☐ Staff ☐ Visitor ☐ Anonymous
College / Department / Office	
Contact Number	
Email Address	
Date of Report Submission	

Note: Anonymous reports will be accepted; however, inclusion of reporter details allows for more effective follow-up and feedback.

Section B – Incident Details

Field	Information
Date and Time of Incident	
Location / Area	
Type of Concern	☐ Health & Safety Hazard ☐ Harassment / Bullying ☐ Violence / Threat ☐ Facility or Equipment Damage ☐ Environmental Hazard ☐ Other
Individuals Involved (if known)	
Witnesses (if any)	
Immediate Action Taken (if any)	
Description of the Incident (Provide detailed narrative)	

Section C – Severity Assessment (to be completed by Designated Safety Officer)

Criteria	Yes / No	Remarks
Risk of Physical Harm		
Risk to Mental Health / Well-being		
Environmental or Fire Hazard		
Urgent Medical or Security Assistance Required		
Requires Immediate Escalation to VPAF or President		

Severity Levels:

- **Level 1:** Minor incident – monitored and closed within 3 days.
- **Level 2:** Moderate risk – requires DFaM/OCS corrective action within 10 days.

- **Level 3:** High / critical risk – immediate intervention and escalation to President.

Section D – Receiving Office Verification

Received By (Name)	
Position / Unit	☐ DSA ☐ DFaM ☐ OCS ☐ QA-IEA
Signature / Initials	
Date Received	
Case Reference No.	

Section E – Acknowledgment of Receipt (to Reporter, if applicable)

☐ Acknowledgment sent via email ☐ Telephone confirmation ☐ Not applicable (anonymous report)

Date of Acknowledgment	
Officer Initials	

Section F – QA-IEA Oversight Record

QA-IEA Reviewer	
Audit Reference No.	
Verification Date	
Comments / Findings	
Signature	

Confidentiality & Data Protection

- All safety incident reports are classified as **Confidential – Category A Records** under FU's Data Governance Policy.
- Managed per **UAE Federal Law No. 45 of 2021**, **OBEF Pillar 6 (Governance)**, and **ISO 21001:2018 (8.3 & 8.5)**.
- Retention period: **7 years** in the FU Safety Information System and QA-IEA archive.

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Safety Incident Follow-Up and Resolution Form

Form Code: FU-SAF-FLW-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Internal Tracking

Section A – Case Information

Field	Details
Case Reference No.	
Linked Incident Report No.	
Date of Original Report	
Incident Category	☐ Health & Safety ☐ Harassment ☐ Security ☐ Environmental ☐ Other
Severity Level	☐ Level 1 ☐ Level 2 ☐ Level 3
Receiving Department	☐ DSA ☐ DFaM ☐ OCS ☐ QA-IEA

Section B – Investigation and Findings

Field	Details
Investigation Lead	
Team Members	
Investigation Start Date	
Completion Date	
Findings Summary	

Attach supporting evidence:
☐ Photographs ☐ Maintenance logs ☐ Witness statements ☐ Medical report ☐ CCTV footage ☐ Other (specify)

Section C – Corrective and Preventive Actions

Action No.	Action Description	Responsible Department	Deadline	Status (Ongoing/Completed)	Verification Evidence
1					
2					

Section D – Communication and Feedback

Field	Details
Reporter Notified?	☐ Yes ☐ No ☐ Anonymous
Notification Date	
Mode of Communication	☐ Email ☐ Call ☐ Meeting ☐ Other
Reporter Feedback / Satisfaction	
Handled By	
Signature	
Date	

Section E – Closure and QA Verification

Field	Details
Incident Closed By (Head of DFaM / DSA)	
Closure Date	
Residual Risk Level	☐ None ☐ Low ☐ Moderate ☐ High
QA-IEA Reviewer Name	
Verification Date	
Remarks / Recommendations	
Signature	

Section F – Summary for Institutional Effectiveness Reporting

Field	Details
OBEF KPI Linkage	KPI 5.2 (Student Well-Being & Safety) KPI 6.1 (Governance & Compliance)
Audit Reference No.	
Follow-Up Scheduled for Next Review	☐ Monthly ☐ Quarterly ☐ Annual
Included in Annual IE Report?	☐ Yes ☐ No

Data Protection & Confidentiality

- Data from this form are classified as **Confidential – Safety Management Records**.
- All information retained under **UAE Federal Law No. 45 of 2021**, **CAA Standard 4.2**, and **ISO 21001:2018 Clause 8.3**.
- Files stored securely by **DSA/DFaM** and reviewed annually by **QA-IEA**.

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Facilities Management (DFaM)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These two forms operationalize FU's **student safety reporting framework** by ensuring:

- A unified, confidential, and auditable reporting process.
- Defined response and escalation timelines.
- Continuous QA-IEA oversight and evidence-based institutional improvement.
- Compliance with **CAA Standards 4.2**, **FU Pillars 5 & 6**, and **ISO 21001:2018**.

E. Policy and Procedures Governing Student Psychological Counselling (8.C)

1. Purpose

To ensure that all FU students have access to **qualified, confidential, and evidence-based psychological counselling services** that promote mental health, resilience, and academic success.
This policy establishes clear responsibilities, ethical standards, and procedures for managing counselling support consistent with professional codes of practice.

2. Scope

Applies to all FU students — undergraduate, postgraduate, and continuing education — who require psychological support for personal, academic, or social concerns.
It covers counselling sessions, referral protocols, data privacy, and crisis intervention within the university premises.

3. Policy Statements

1. FU is committed to maintaining a supportive environment that protects student well-being and mental health.
2. Psychological counselling is provided by qualified counsellors registered with recognized psychological or mental-health associations.
3. All sessions are strictly confidential, except in cases where students pose an imminent risk to themselves or others.
4. Counselling services shall be accessible to all students without discrimination based on gender, nationality, or religious belief.
5. FU shall periodically assess the effectiveness of counselling services through anonymous feedback and QA-IEA audits.

4. Definitions

Term	Definition
Psychological Counselling	A confidential process through which students discuss personal or academic challenges with a qualified counsellor.
Counsellor	A licensed psychologist or mental-health professional appointed by FU to deliver counselling services.
Crisis Intervention	Immediate support provided in cases of severe emotional distress, suicidal ideation, or psychological emergency.
Referral	Formal process of directing a student to specialized external services (e.g., psychiatric or medical care).

5. Responsibilities

Role / Office	Responsibilities
President	Ensures institutional support and resources for counselling services.
Vice President for Administrative and Financial Affairs (VPAF)	Allocates financial and physical resources for counselling facilities and staff.

Director, Department of Student Affairs (DSA)	Oversees counselling operations, policy implementation, and ethical compliance.
University Counsellor / Well-Being Officer	Provides counselling sessions, maintains records, and conducts awareness programs.
QA-IEA	Monitors service effectiveness and alignment with OBEF and CAA standards; prepares annual evaluation report.

6. Procedures

6.1 Accessing Counselling Services

1. Students may request an appointment via email (counselling@fujuniv.ac.ae), the FU portal, or walk-in.
2. DSA assigns a session within five (5) working days of request.
3. An intake form is completed to identify issues and urgency.

6.2 Counselling Session Protocol

1. Sessions are held in a private space ensuring confidentiality.
2. A maximum of six (6) sessions per semester per student is permitted unless extended by the counsellor.
3. Counsellors maintain secure records using coded identifiers.

6.3 Confidentiality and Record Keeping

1. All records are stored in locked files or encrypted databases.
2. Disclosure is permitted only with student consent or when required by law (e.g., harm to self or others).
3. Data retention: 7 years post graduation; records then securely destroyed.

6.4 Referral to External Agencies

1. Students needing specialized psychiatric or medical intervention shall be referred to licensed clinics or hospitals within Fujairah or UAE.
2. Written student consent must be obtained before external referral.

6.5 Crisis Intervention

1. In emergencies (e.g., self-harm, severe panic attack), the counsellor must immediately alert the DSA Director and Campus Security.
2. Emergency response follows FU's Critical Incident Protocol and Health and Safety Plan.
3. QA-IEA is notified within 24 hours for audit tracking.

6.6 Awareness and Prevention Programs

1. FU shall organize semesterly workshops on mental health, stress management, and emotional well-being.
2. Anonymous surveys and feedback forms shall be conducted to evaluate impact.

6.7 QA Monitoring and Reporting

- QA-IEA and DSA jointly evaluate KPIs linked to OBEF Pillar 5 (Student Well-Being and Community Impact).
- Metrics include service utilization, response time, student satisfaction, and follow-up compliance.
- Findings are included in the annual **Institutional Effectiveness Report (IER)**.

7. Non-Compliance

Failure to maintain confidentiality, respond to crisis cases, or record incidents constitutes professional misconduct subject to disciplinary action.
QA-IEA shall issue Corrective Action Plans (CAPs) for identified gaps.

8. Quality Assurance and Continuous Improvement

- Annual review of counselling effectiveness and case statistics.
- Integration of student feedback into service redesign.
- Ongoing training for counsellors in ethical practice and trauma-informed care.

9. Related Documents

- FU Student Code of Conduct
- FU Safeguarding and Well-Being Policy
- FU Health and Safety Policy
- FU Crisis Management Plan
- OBEF v10.21 – Pillar 5 and Pillar 6
- ISO 21001:2018 – Clauses 7.1.5 and 8.3

10. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier in response to changes in UAE MoE requirements, mental-health regulations, or institutional strategic plans.

Summary

This policy guarantees that Fujairah University provides ethical, confidential, and effective psychological counselling services, ensuring students' mental health and academic success within a safe learning environment. It reinforces FU's commitment to **FU Pillar 5 (Community Engagement and Societal Impact)** and **Pillar 6 (Governance and Institutional Effectiveness)**.

Annex A. Student Counselling Intake and Consent Form

Form Code: FU-SAF-CNS-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Counsellor Use Only

Section A – Student Information

Field	Information
Full Name	
Student ID	
Program / Year	
College / Department	
Contact Number	
Email Address	
Date of Birth	
Gender	☐ Male ☐ Female ☐ Other
Nationality	

Section B – Reason for Consultation

Reason for Consultation
☐ Academic stress ☐ Anxiety / depression ☐ Relationship / family issues ☐ Adjustment to university
☐ Sleep / health issues ☐ Career uncertainty ☐ Trauma / grief ☐ Other (specify) _____
Brief description of concern: _____

Section C – Emergency Contact (used only for life-threatening situations)

Name	
Relationship	
Contact Number	
Email Address	

Section D – Consent and Confidentiality Agreement

1. Sessions are confidential except where I or others are in imminent danger.
2. Counselling records are kept securely and used only for statistical and quality-improvement purposes.
3. I may discontinue sessions at any time but agree to notify the counsellor.
4. Anonymous data may be used for institutional effectiveness reporting (OBEF Pillar 5).

Student Signature		**Date**	
Counsellor Signature		**Date**	

Section E – For Counsellor Use Only

Date of Intake Session	
Risk Level Assessment	☐ Low ☐ Moderate ☐ High
Action Taken	☐ Scheduled counselling plan ☐ Immediate referral ☐ Crisis intervention
Case Reference No.	
Follow-Up Date	

Confidentiality & Data Protection

- Handled under UAE Federal Law No. 45 of 2021 and ISO 21001 (8.3, 8.5).
- Retention: 7 years after graduation in encrypted FU Counselling Database.

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Counselling Session Record and Follow-Up Form

Form Code: FU-SAF-CNS-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – Restricted Clinical Use

Section A – Case Information

Case Reference No.	
Student ID	
Counsellor Name	
Date of Session	
Session Number	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Extended

Section B – Session Focus and Progress Notes

Presenting Issues Reviewed	
Therapeutic Interventions Used	
Student Response / Progress	
Risk Reassessment (If Applicable)	☐ None ☐ Low ☐ Moderate ☐ High

Section C – Follow-Up Plan

Next Appointment Date	
Goals for Next Session	
Referrals (if any)	☐ Internal Academic Adviser ☐ External Clinic ☐ Medical Center ☐ Other
Student Consent for Referral Obtained	☐ Yes ☐ No
Expected Outcome	

Section D – Case Closure

Closure Date	
Reason for Closure	☐ Goals Achieved ☐ Discontinued by Student ☐ Referral Completed ☐ Other
Final Remarks / Summary	
Counsellor Signature	
QA-IEA Audit Verification Date	
Audit Reference No.	

Section E – Data Classification and Retention

- Category: Confidential Psychological Records.
- Storage: Encrypted DSA Server / Locked Cabinet (Audit Access by QA-IEA Only).
- Retention: 7 years post graduation then secure destruction (ISO 21001 Clause 8.3).

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
University Counsellor / DSA	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

Together these forms ensure:

- Structured intake and tracking of student mental-health support.
- Informed consent and confidentiality aligned with UAE regulations.
- QA-IEA oversight for service quality and compliance with OBEF Pillars 5 and 6.
- Integration into the **FU Student Affairs Well-Being and Safety Manual 2025**.

F. Policy and Procedures Governing Career Services (8.D)

1. Purpose

This policy ensures that Fujairah University provides **systematic, equitable, and outcome-driven career services** that enhance students' employability, career readiness, and professional success. It establishes standards for **career guidance, employer engagement, internships, graduate tracking, and career education programs** consistent with national and international best practices.

2. Scope

This policy applies to:

- All **FU students and alumni** seeking career support, internships, or employment assistance.
- All **academic programs and colleges** collaborating on employability initiatives.
- All **external partners**, including industry, government, and community organizations, engaged in student placement or professional training activities.

3. Policy Statements

1. FU shall provide **career education, guidance, and placement support** through a structured system led by the **Career Development and Employability Office (CDEO)**.
2. Career services shall be accessible to **all students** without bias regarding gender, nationality, or academic program.
3. Career services shall promote **employability aligned with UAE Vision 2031**, Fujairah Vision 2040, and OBEF Pillar 1 (Graduate Employability).
4. FU shall maintain **formal partnerships** with employers, industry, and professional bodies to facilitate internships, mentoring, and graduate recruitment.
5. The CDEO shall track **graduate destinations** annually to assess outcomes and inform academic program improvement.
6. All data collected through career services shall comply with **UAE data protection laws** and **ISO 21001:2018** requirements.

4. Definitions

Term	Definition
Career Services	A structured set of programs, advising, and resources to support students' employability and professional readiness.
Employability	A combination of skills, knowledge, and attributes enabling graduates to obtain and sustain meaningful employment.
Graduate Destination Survey (GDS)	The annual institutional survey tracking graduate employment, further study, or entrepreneurship outcomes.
Employer Engagement	Collaboration with organizations for internships, career fairs, training, and joint initiatives that enhance employability.
Career Counselling	Professional one-to-one or group guidance to help students identify career goals, interests, and development pathways.

5. Responsibilities

Role / Office	Responsibilities
President	Ensures institutional commitment to employability and industry partnership strategies.
Vice President for Academic Affairs (VPAA)	Integrates employability within curriculum and program learning outcomes.
Department of Student Affairs (DSA)	Oversees implementation of all career services and student employability initiatives.
Career Development and Employability Office (CDEO)	Delivers counselling, organizes career fairs, coordinates internships, and manages employer networks.
College Deans and Program Chairs	Liaise with CDEO to align academic outcomes with industry skill demands.
QA-IEA	Monitors and evaluates career services effectiveness, GDS outcomes, and OBEF KPI compliance.

6. Procedures

6.1 Career Counselling and Guidance

1. Students may request one-to-one or group counselling sessions via the FU Portal or directly through CDEO.
2. Counsellors provide assessments on skills, interests, and occupational goals using recognized career-planning tools.
3. Individual action plans are documented and reviewed each semester.

6.2 Internship and Placement Coordination

1. Internship placements are managed jointly by CDEO and respective academic programs.
2. Internship partners must be **accredited or licensed organizations** with clear job descriptions and learning objectives.
3. Student internship performance is evaluated jointly by the employer and faculty supervisor.
4. Completion reports are archived in the Student Information System (SIS).

6.3 Career Education and Skills Development

1. FU shall offer workshops and seminars on résumé writing, job interviews, digital portfolios, and entrepreneurship.
2. The CDEO shall conduct at least **two major career events annually** (e.g., Career Fair, Industry Day).
3. Employability modules and micro-credentials may be integrated into General Education or co-curricular programs.

6.4 Employer Engagement and Partnerships

1. The CDEO maintains an **Employer Partnership Register** including MoUs and internship agreements.
2. Employers are engaged through structured visits, focus groups, and advisory panels.
3. Feedback from employers informs continuous program improvement (OBEF KPI 1.3).

6.5 Graduate Destination and Employability Tracking

1. The GDS shall be conducted annually, at least **12 months post-graduation**.

2. Metrics include employment rate, field relevance, further study rate, and entrepreneurship rate.
3. QA-IEA validates data integrity and submits findings in the **Annual Institutional Effectiveness Report (IER)**.

6.6 Monitoring and Evaluation

1. QA-IEA conducts annual audits of career-service operations under **OBEF KPI 1.2 (Graduate Employability)**.
2. CDEO prepares a **Career Services Annual Report** summarizing achievements, challenges, and improvement actions.
3. Continuous improvement plans are developed in consultation with DSA, Deans, and QA-IEA.

7. Quality Assurance and Continuous Improvement

- Career service KPIs are integrated within FU's Strategic Plan and aligned with **OBEF Pillars 1, 5, and 6**.
- QA-IEA reviews service delivery effectiveness and student satisfaction surveys annually.
- Recommendations are submitted to the **QA-IE Council** for policy or operational updates.

8. Related Documents

- FU Graduate Destination Survey (GDS) Framework
- FU Internship Policy
- FU Data Governance Policy
- FU Strategic Plan (2025–2030)
- UAE CAA Standards 2019 – Standard 4.2
- OBEF v10.21 (Pillars 1 & 5)
- ISO 21001:2018 (Clauses 7.1.5 and 8.3)

9. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier based on changes in MoE, OBEF, or institutional priorities.

Summary

This policy institutionalizes FU's **Career Development and Employability Framework**, ensuring a structured, inclusive, and outcomes-based approach to preparing graduates for the workforce.
It reinforces FU's commitment to **student success, lifelong learning, and socio-economic contribution** in line with **UAE Vision 2031** and **OBEF Pillars 1, 5, and 6**.

Annex A. Career Counselling Request Form

Form Code: FU-CDEO-CCR-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Counsellor Use Only

Section A – Student Information

Field	Details
Full Name	
Student ID	
College / Program	
Year / Level	
Contact Email	
Mobile Number	

Section B – Type of Counselling Requested

☐ Career Planning ☐ Resume / Interview Skills ☐ Internship / Job Placement
☐ Postgraduate Study Advice ☐ Entrepreneurship Support ☐ Other: _____

Section C – Description of Request

Provide brief details of your concern or area of assistance required:

_____
_____
_____

Section D – Appointment Details

Preferred Date / Time	
Mode of Counselling	☐ In-Person ☐ Online ☐ Telephone
Assigned Career Counsellor	
Session Date	
Follow-Up Scheduled	☐ Yes ☐ No Date: _____

Section E – Student Consent

I understand that this counselling session is confidential and intended for educational and professional development purposes only.

Student Signature		**Date**	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Career Development & Employability Office (CDEO)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Internship Partner Registration Form

Form Code: FU-CDEO-IPR-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – External Use with Partner Organizations

Section A – Organization Details

Organization Name	
Sector / Industry	
Trade License / Registration No.	
Address / Location	
Website	
HR / Training Contact Person	
Email Address	
Telephone Number	

Section B – Internship Program Information

Proposed Internship Title / Function	
Duration (Weeks / Months	
Working Hours	
Allowance / Benefits (if any)	
Expected Start Date	
Preferred Discipline(s)	☐ Business ☐ IT ☐ Engineering ☐ Health Sciences ☐ Communication ☐ Law ☐ Other

Section C – Supervision and Evaluation

Supervisor Name	
Position / Department	
Email / Contact	
Evaluation Method	☐ Written Report ☐ Online Form ☐ Presentation ☐ Site Visit

Section D – Declaration

We agree to provide an educationally beneficial internship aligned with Fujairah University's academic outcomes, supervision standards, and CAA / OBEF requirements.

Organization Representative		**Signature**	
FU CDEO Representative		**Signature**	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Career Development & Employability Office (CDEO)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex C. Employer Feedback Form (Post-Internship / Graduate Employment)

Form Code: FU-CDEO-EFF-Form-2025-03
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Institutional Research

Section A – Employer Information

Organization Name	
Contact Person	
Position	
Email / Phone	
Type of Engagement	☐ Internship ☐ Graduate Employment ☐ Training Collaboration

Section B – Evaluation of FU Student / Graduate

Criteria	Excellent	Good	Satisfactory	Needs Improvement
1. Professional Conduct	☐	☐	☐	☐
2. Teamwork and Collaboration	☐	☐	☐	☐
3. Communication Skills	☐	☐	☐	☐
4. Technical / Subject Knowledge	☐	☐	☐	☐
5. Problem-Solving Skills	☐	☐	☐	☐
6. Initiative and Creativity	☐	☐	☐	☐
7. Adaptability / Time Management	☐	☐	☐	☐
8. Overall Performance	☐	☐	☐	☐

Section C – Comments and Recommendations

Please specify strengths, improvement areas, or suggestions for curriculum alignment:

_____

_____

Would your organization be interested in future collaboration with FU?

☐ Yes ☐ No ☐ Possibly (If yes, specify area: _____)

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Career Development & Employability Office (CDEO)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex D. Graduate Destination Survey (GDS) Form

Form Code: FU-CDEO-GDS-Form-2025-04
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Institutional Research

Section A – Graduate Information

Name	
Student ID	
Program / Major	
College	
Graduation Year / Semester	
Email Address	
Mobile Number	

Section B – Current Status (Choose One)

☐ Employed ☐ Self-Employed ☐ Pursuing Further Studies ☐ Unemployed (Seeking Work) ☐ Not Seeking Work

Section C – Employment Details (if applicable)

Organization Name	
Position Title	
Employment Type	☐ Full-Time ☐ Part-Time ☐ Temporary
Industry Sector	
Date of Employment Start	
Monthly Income Range (AED)	☐ <5000 ☐ 5000–9999 ☐ 10,000–14,999 ☐ ≥15,000
Job Related to Field of Study?	☐ Yes ☐ No

Section D – Further Studies (if applicable)

Institution Name	
Country	
Program / Major	
Level of Study	☐ Master's ☐ Doctorate ☐ Diploma / Other

Section E – Career Service Feedback

Statement	Strongly Agree	Agree	Neutral	Disagree
1. FU prepared me with employability skills relevant to the workplace.	☐	☐	☐	☐
2. Career guidance services were helpful during my study.	☐	☐	☐	☐

3. Internship experience was relevant to my career goals.	☐	☐	☐	☐
4. I would recommend FU graduates to employers.	☐	☐	☐	☐

Section F – Consent and Data Protection

I consent to FU using my responses for quality assurance and institutional research purposes, in accordance with UAE Data Privacy Law No. 45 of 2021 and ISO 21001:2018.

Graduate Signature		**Date**	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Career Development & Employability Office (CDEO)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These four forms ensure:

- **Transparency, documentation, and traceability** of all career support services.
- **Compliance** with CAA Standard 4.2, OBEF v10.21 (Pillars 1 & 5), and ISO 21001 (Clauses 7.1.5, 8.3 & 9.1).
- **Evidence-based reporting** for graduate employability KPIs and CHEDS submissions.

Direct QA-IEA oversight and integration into the **Institutional Effectiveness Framework**

G. Policy on Financial Control & Management of Student-Run Clubs and Societies8.a.CI-SM.4)

1. Purpose

To provide a transparent, accountable, and compliant framework for the financial operation of all officially recognized student clubs and societies at Fujairah University, ensuring sound internal controls, stewardship of funds, and alignment with UAE laws, FU bylaws, and student governance requirements.

2. Scope

This policy applies to all:

- **Registered student clubs and societies,**
- **Elected student officers responsible for finances,**
- **Staff advisors assigned by the Deanship of Student Affairs,**
- **Financial transactions, fundraising, sponsorships, payments, reimbursements, or transfers involving club funds.**

3. Policy Principles

All financial activity must be governed by the following principles:

Principle	Description
Accountability	Full documentation, reporting, and auditability of all financial transactions.
Transparency	Open reporting of budgets, income, and expenditures to members and Student Affairs.
Integrity	No personal use of funds, unauthorized spending, or conflict of interest.
Compliance	Adherence to FU financial policies, national laws, and audit requirements.
Authorization Control	Mandatory pre-approval workflow for expenditure and fundraising.

4. Authorized Sources of Club Funds

Student clubs may generate income only from approved sources:

Allowed Source	Conditions
Membership fees	Must be approved by Student Affairs and published to members.
Fundraising activities	Require risk and compliance approval.
Sponsorships/Donations	Permitted only with written approval from Student Affairs and Institutional Relations.
University financial allocation	Based on annual approved club budget.

5. Prohibited Uses of Funds

Funds may **not** be used for:

Personal purchases or benefits,
Political, religious, or ideologically partisan activity,
Activities violating UAE law or FU regulations,
Cash withdrawals or untraceable transactions.

Procedures

Procedure 1: Annual Budget Development and Approval

Step	Responsible	Description
1.1	Club Treasurer & President	Draft annual budget aligned with activity plan.
1.2	Faculty/Staff Advisor	Reviews and endorses for compliance.
1.3	Deanship of Student Affairs & Finance	Conducts financial control review.
1.4	Approval Authority	VP Administrative & Financial Affairs or delegate approves.

Procedure 2: Expenditure Request and Payment Authorization

All expenses must be pre-approved.

Requirement	Description
Expenditure Request Form	Submitted with purpose, cost estimate, and supporting quotations.
Approvals Required	Club Officers → Staff Advisor → Student Affairs → Finance
Documentation	Original invoices, receipts, attendance lists (if applicable).

Procedure 3: Fundraising and Sponsorship Authorization

Requires a **Fundraising/Sponsorship Activity Approval Form** and review on:

reputational risk,
legal compliance,
safety, and
commercial ethics.

No sponsorship may obligate the university without approval from **Institutional Relations Office**.

Procedure 4: Financial Recording and Reporting

Clubs must maintain:

Required Registers:

Ledger of income & expenditures,
Receipt and invoice register,
Bank/e-wallet/University account records,
Inventory register (if goods/assets are purchased).

Reporting frequency:

Quarterly to Student Affairs, with evidence,
Annual audit review by Finance and QA-IEA.

Procedure 5: Audit, Monitoring, and Sanctions

Monitoring Method	Authority
Random and scheduled audits	Finance + QA-IEA
Financial suspension or dissolution of club	VP Administrative & Financial Affairs, upon recommendation
Disciplinary referral	Student Discipline Committee

Sanctions may include:

- freezing of funds,
- restitution of misused funds,
- removal of officers,
- student disciplinary action,
- referral to UAE legal authorities in severe breaches.

Annex A. Form 1: Annual Budget Request & Allocation Form

Code: FU-STU-CLUBS-FIN-Form-01

Field	Details
Form Title	Annual Budget Request & Allocation Form
Form Code	FU-STU-CLUBS-FIN-Form-01
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Unit	Deanship of Student Affairs; Finance Department
Monitored by	QA-IEA & Finance Department
Reviewed by	Student Affairs Committee; Finance Committee; Legal Affairs
Approved by	President/Chancellor
Next Review Date	2028 or earlier as required
Document Custodian	Office of QA-IEA
Confidentiality Level	Internal – Restricted

A. Club Information

Field	Input
Club/Society Name	_____
Academic Year	_____
Faculty/Staff Advisor	_____
Club President	_____
Treasurer	_____
Contact Email	_____

B. Strategic Alignment

Describe alignment with student development, community engagement, and FU mission:

_____

_____

C. Proposed Activities & Estimated Budget

#	Planned Activity / Event	Description & Expected Outcome	Proposed Date	Estimated Cost (AED)
1				
2				
3				
Total Estimated Budget (AED)				_____

D. Previous Year Budget (if applicable)

Item	Amount (AED)

Previous Allocation	_____
Funds Used	_____
Surplus/Deficit	_____

E. Required Approval Signatures

Role	Name / Signature / Date
Student Treasurer	_____
Club President	_____
Faculty/Staff Advisor	_____
Head, Student Affairs	_____
Finance Department Representative	_____
Vice President Admin & Finance	_____
Final Approval (President/Chancellor)	_____

Annex B. Form 2: Expenditure & Reimbursement Request

Code: FU-STU-CLUBS-FIN-Form-02**

Field	Details
Form Title	Expenditure & Reimbursement Request
Form Code	FU-STU-CLUBS-FIN-Form-02
Version No.	1.0
Effective Date	Academic Year 2025–2026
Responsible Units	Head of Student Affairs; Finance Department
Approvals Required	Advisor → Student Affairs → Finance
Confidentiality Level	Internal – Restricted

A. Payment Category

☐ Vendor/Supplier Payment

☐ Reimbursement Request

☐ Advance Payment (Pre-approved only)

B. Request Details

Field	Input
Club/Society Name	_____
Request Date	_____
Purpose / Activity Title	_____
Amount Requested (AED)	_____

C. Itemized Expense List

#	Item/Service Description	Vendor/Supplier	Cost (AED)
1			

2			
3			
Total Requested (AED)			_____

D. Supporting Documents Attached

☐ Invoice/Quotation

☐ Receipt(s)

☐ Contracts/MoUs

☐ Attendance Sheet (if event related)

☐ Other: _____

E. Approval Signatures

Role	Name / Signature / Date
Student Treasurer	_____
Club President	_____
Faculty/Staff Advisor	_____
Director, Student Affairs	_____
Finance Office Representative	_____

Annex C. Form 3: Fundraising & Sponsorship Authorization

Code: FU-STU-CLUBS-FIN-Form-03**

Document Control Table

Field	Details
Form Title	Fundraising & Sponsorship Authorization
Form Code	FU-STU-CLUBS-FIN-Form-03
Version No.	1.0
Effective Date	Academic Year 2025–2026
Responsible Units	Student Affairs; Institutional Relations; Finance
Cross-Reference	University Sponsorship & External Funding Policy
Confidentiality Level	Internal – Restricted

A. Activity Details

Field	Input
Club/Society Name	_____
Proposed Activity	_____
Date(s)	_____
Expected Revenue/Sponsorship (AED)	_____

B. Fundraising / Sponsorship Type

☐ Product sale / Merchandise

☐ Ticketed event

☐ Online fundraising

☐ External sponsorship

☐ Donation drive

☐ Other: _____

C. Risk, Ethics & Compliance Review

Describe reputational, legal, or safety considerations:

_____

_____

D. Sponsorship Partner Information (if applicable)

Field	Input
Sponsor Organization	_____
Contact Person/Email	_____
Type of Sponsorship	Financial ☐ In-kind ☐ Both ☐
Value (AED)	_____

E. Approval Signatures

Role	Name / Signature / Date
Club President	_____
Treasurer	_____
Faculty/Staff Advisor	_____
Institutional Relations	_____
Director, Student Affairs	_____
Finance Department	_____
Final Approval (VP Admin & Finance/President)	_____

Annex D. Form 4: Quarterly Financial Report Template

Code: FU-STU-CLUBS-FIN-Form-04**

Document Control Table

Field	Details
Form Title	Quarterly Financial Report Template
Form Code	FU-STU-CLUBS-FIN-Form-04
Reporting Periods	Q1, Q2, Q3, Q4
Responsible Units	Student Treasurer; Student Affairs; Finance
Confidentiality Level	Internal – Restricted

A. Club Identification

Field	Input
Club/Society	_____
Quarter / AY	Q__ / 2025–2026
Treasurer Name	_____

Advisor	_____

B. Summary of Income

Source	Description	Amount (AED)
Membership Fees		
Event Income		
Sponsorships/Donations		
University Allocation		
Total Income		_____

C. Summary of Expenditures

Category	Description	Amount (AED)
Supplies/Materials		
Venue/Equipment		
Marketing/Media		
Travel/Transport		
Other		
Total Expenditures		_____

D. Financial Position

Item	Amount (AED)
Opening Balance	_____
Total Income	_____
Total Expenditure	_____
Closing Balance	_____

E. Treasurer Declaration

I confirm that this report accurately reflects all financial transactions for the reporting period:

Treasurer Signature: _____ **Date:** ___ / ___ / 20___

Advisor Signature: _____

Annex E. Form 5: Inventory & Asset Register

Code: FU-STU-CLUBS-FIN-Form-05**

Document Control Table

Field	Details
Form Title	Inventory & Asset Register
Form Code	FU-STU-CLUBS-FIN-Form-05
Version	1.0
Responsible Units	Student Treasurer; Student Affairs; Finance
Confidentiality Level	Internal – Restricted

Inventory Register Table

#	Item Description	Category	Purchase Date	Supplier	Asset Tag/Serial No.	Location Stored	Condition	Value (AED)
1								
2								
3								
Total Asset Value (AED)								_____

H. Policies And Procedures Governing Student Discipline, Grievance, And Appeal (8.a.CI.SM.29)

1. Purpose

This policy ensures that student discipline, grievances, and appeals are reviewed fairly, transparently, and without retaliation, consistent with **due process** obligations under CAA student protection and behaviour requirements (Standards 2019 - Dec 2019 v2.do…)

2. Scope

Applies to all students:

- **Undergraduate, postgraduate, visiting, exchange, continuing education**
- **Misconduct occurring on campus, online, clinical/practicum, internship, or any university-sanctioned setting**

3. Definitions

Term	Definition
Disciplinary Matter	Alleged violation of conduct or academic integrity regulations
Grievance	Student complaint alleging unfair treatment or procedural error
Appeal	Request for reconsideration of a disciplinary or administrative decision
Working Days	Official university business days excluding weekends/holidays

4. Guiding Principles

The University ensures:

✓ Impartial and evidence-based review

✓ Opportunity to be heard and present rebuttal evidence

✓ Timely processing and clear communication

✓ Secure and confidential recordkeeping

✓ No retaliation for filing a grievance or appeal

These expectations align with CAA requirements for student protection and institutional integrity.
Standards 2019 - Dec 2019 v2.do…

5. Jurisdiction and Authority

Body / Office	Jurisdiction
Academic Integrity Committee	Academic misconduct cases
Student Conduct Committee	Non-academic misconduct
Student Grievance Review Panel	Complaints unrelated to misconduct
Appeals Board	Final review of disciplinary or grievance decisions

6. Procedures

6.1 Disciplinary Procedure (Misconduct Cases)

Required Timeline (Maximum Duration: 30 Working Days)

Step	Action	Responsible	Timeframe
1	Filing of Incident Report	Faculty/Staff/Student Affairs	Day 0–2
2	Preliminary Review & Charge Letter	Student Affairs	Day 3–5

3	Evidence Disclosure to Student	Committee Secretary	≥ 3 days before hearing
4	Hearing (in-person/online hybrid allowed)	Conduct/Integrity Committee	Day 10–15
5	Written Decision Issued	Committee Chair	Day 16–20
6	Appeal Submission Window	Student	Within 5 working days
7	Appeal Resolution	Appeals Board	Day 26–30

If timelines cannot be met, written justification must be filed and retained.

6.1.1 Sanctions (Non-exhaustive)

- **Written warning; conduct probation**
- **Grade penalty, assignment/course failure**
- **Loss of privileges, removal from housing/activities**
- **Suspension or dismissal**

All sanctions must be **proportionate** and **documented**.

6.2 Student Grievance Procedure (Non-disciplinary Complaints)

Grievances may concern academic fairness, services, discrimination, harassment, or administrative process.

Step	Action	Responsible	Timeframe
1	Written grievance submitted	Student	Day 0–5 from incident
2	Intake and informal resolution attempt	Program Chair/Student Affairs	Day 6–10
3	Formal Review & Investigation	Grievance Panel	Day 11–20
4	Written Outcome Letter	Panel Chair	Day 21–25
5	Appeal (if filed)	Student	Within 5 working days
6	Final Decision	Appeals Board	Day 30

6.3 Appeals Procedure (Discipline or Grievance Decisions)

Permissible Grounds for Appeal

Appeals must be based on one or more of:

1) **Procedural error affecting fairness**
2) **New evidence not previously considered**
3) **Sanction disproportionate to violation**
4) **Clear evidence of bias or conflict of interest**

Appeal Outcomes

- **Decision upheld**
- **Sanction reduced or removed**
- **Case remanded for new hearing**
- **Case dismissed**

7. Recordkeeping & Data Reporting

To meet CAA documentation expectations for compliance and improved student protection:

Requirement	Minimum Standard
Record retention	**7 years** from case closure
Access rights	Registrar, Student Affairs, Legal Counsel, QA-IEA auditors
Data protection	Secure, encrypted, access-controlled systems
Reporting	Aggregated, anonymised QA-IEA and CAA/Inspection reporting

This supports the requirement for secure records and quality assurance evidence.

8. Continuous Quality Enhancement

QA-IEA will annually review:

- **Case duration compliance**
- **Patterns in misconduct/grievances**
- **Student satisfaction with process**
- **Corrective actions and training needs**

Supports compliance with **Inspection Framework Standard 3: Continuous Quality Enhancement**
HE-Inspection-Framework-2023

9. Policy Review Cycle

This policy shall be reviewed every **three years** or earlier if:

- **Required by changes to CAA Standards or UAE legislation**
- **Required due to Inspection findings or risk-level changes**

Annex A. Student Disciplinary Incident Form

Field	Details
Form Title	Student Disciplinary Incident Form
Form Code	FU-STU-DIS-Form
Related Policy	FU-STU-DGA-POL-2025-01 Student Discipline, Grievance & Appeal Policy
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible Unit(s)	Deanship of Student Affairs; Student Conduct Committee; Registrar
Monitored by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Record Retention	Minimum 7 years
Confidentiality Level	Restricted – Disciplinary Record
Custodian	QA-IEA & Registrar

SECTION A — CASE IDENTIFICATION

Field	Input
Case Number *(automated)*	FU-DGA--____-___
Type of Case	Academic Misconduct ☐ Behavioural Misconduct ☐ Other ☐
Date of Report	___ / ___ / 2025
College/Program	_____
Course Code/Area Involved (if applicable)	_____

SECTION B — STUDENT INFORMATION

Field	Input
Full Name	_____
Student ID	_____
FU Email	_____
Mobile	_____
Study Level	UG ☐ PG ☐ Foundation/Pathway ☐ Other ☐
Academic Standing	Good ☐ Warning ☐ Probation ☐ Suspension Return ☐

SECTION C — INCIDENT DETAILS

Description	Input
Incident Date/Time	_____
Location/Modality	On-Campus ☐ Online/LMS ☐ Clinical/Internship ☐ Off-Campus Event ☐
Incident Summary (factual narrative only)	_____

Policy Violations Alleged *(select all that apply)*	Code of Conduct ☐ Academic Integrity ☐ Safety/Threat ☐ Harassment/Discrimination ☐ IT/Systems Misuse ☐ Property Damage ☐ Other: _____
Individuals Involved / Witnesses	_____

SECTION D — EVIDENCE REGISTER

Evidence Type	Submitted	Notes/File Reference
Written statements	☐	
Turnitin/Similarity report	☐	
Screenshots/Photos/Recordings	☐	
LMS/Proctoring Logs	☐	
Physical evidence	☐	
Medical/Security report	☐	
Other: _____	☐	

SECTION E — PRELIMINARY CLASSIFICATION

Level	Criteria	Check
Level I (Minor)	Low impact, first occurrence, educational response appropriate	☐
Level II (Moderate)	Repeated concerns or significant academic impact	☐
Level III (Major)	Serious breach; safety threat; contract cheating; violence	☐

SECTION F — REQUIRED ACTION REQUESTED

☐ Committee Hearing Required

☐ Interim Protective Measures Requested

☐ Immediate Risk/Safety Intervention Initiated

☐ Informal Resolution Proposed

SECTION G — SIGNATURE ROUTING (Option C)

Role	Name/Signature/Date
Reporting Party (Faculty/Staff/Student)	_____
Program Chair	_____
Conduct/Academic Integrity Committee Chair	_____
Director, Student Affairs	_____
Registrar (Record Entry)	_____

Annex B. Student Grievance Submission Form

Field	Details
Form Title	Student Grievance Submission Form
Form Code	FU-STU-GRV-Form
Related Policy	FU-STU-DGA-POL-2025-01 Student Discipline, Grievance & Appeal Policy
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible Unit(s)	Deanship of Student Affairs; Registrar
Monitored by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Record Retention	Minimum 7 years
Confidentiality Level	Restricted – Student Case File
Custodian	QA-IEA & Registrar

SECTION A — CASE IDENTIFICATION

Field	Input
Case Number *(automated)*	FU-DGA--____-___
Date Submitted	___ / ___ / 2025
Type of Grievance	Academic ☐ Administrative ☐ Services/Facilities ☐ Harassment/Discrimination ☐ Other ☐

SECTION B — STUDENT INFORMATION

Field	Input
Full Name	_____
Student ID	_____
FU Email	_____
Mobile	_____
College / Program	_____
Study Level	UG ☐ PG ☐ Other ☐

SECTION C — INFORMAL RESOLUTION (Optional but Encouraged)

Students are encouraged to seek informal resolution **before** submitting a formal grievance.

Requirement	Input
Attempted informal resolution?	Yes ☐ No ☐

Person(s) consulted	_____
Date(s) of attempt(s)	_____
Summary of attempt and outcome	_____ _____

SECTION D — GRIEVANCE STATEMENT

Provide a clear, factual description of the grievance, including dates, individuals involved, and relevant policies/expectations. Attach supporting documents.

SECTION E — EXPECTED REMEDY

Describe the resolution sought by the student.

SECTION F — EVIDENCE CHECKLIST

Evidence Type	Submitted	Notes
Emails/Correspondence	☐	
Screenshots/Photos/Recordings	☐	
Medical/Counseling Reports	☐	
Academic Records/Grades	☐	
Witness Statements	☐	
Other: _____	☐	

SECTION G — DECLARATION & SIGNATURE ROUTING

I certify that this grievance is submitted in good faith and that all statements herein are true and accurate.

Role	Signature / Name / Date
Student	_____
Program Chair	_____
Conduct/Academic Integrity Committee Chair *(if related to misconduct)*	_____
Director, Student Affairs	_____
Registrar – Record Entry	_____

Annex C. Student Appeals Form

Field	Details
Form Title	Student Appeals Form
Form Code	FU-STU-APL-Form
Related Policy	FU-STU-DGA-POL-2025-01
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Record Retention	Minimum 7 years
Confidentiality Level	Restricted – Appeal Record

SECTION A — CASE IDENTIFICATION

Field	Input
Case Number	FU-DGA--____-___
Date Appeal Submitted	___ / ___ / 2025
Decision Appealed From (attach decision letter)	_____
Original Committee	Academic Integrity ☐ Conduct ☐ Grievance ☐

SECTION B — STUDENT INFORMATION

(same format as Form 2)

SECTION C — GROUNDS FOR APPEAL

(At least one must be selected)

Grounds	Check
Procedural error that affected the outcome	☐
New evidence not reasonably available earlier	☐
Sanction disproportionate to the violation	☐
Bias or conflict of interest demonstrated in decision-making	☐

SECTION D — APPEAL STATEMENT

Detailed justification for appeal (narrative).

SECTION E — REQUESTED APPEAL OUTCOME

SECTION F — SIGNATURE ROUTING

Same signature sequence (Option C).

Annex D. Student Misconduct & Grievance Hearing Procedures Manual

Field	Details
Manual Title	Student Misconduct & Grievance Hearing Procedures Manual
Code	FU-STU-HRNG-SOP
Related Policy	FU-STU-DGA-POL-2025-01
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Manual
Responsible Units	Head of Student Affairs; Academic Integrity / Conduct Committees
Monitored by	QA-IEA
Record Retention	Minimum 7 years
Confidentiality	Restricted – Disciplinary/Appeal Record
Custodian	Registrar & QA-IEA

1. Purpose

This Manual establishes the **hearing and adjudication procedures** for all student disciplinary, grievance, and appeal cases, ensuring adherence to:

- **CAA Standards 2019, Standard 6 Students (including 6.11 and 6.12)**
- **Framework for Compliance Inspection of Higher Education Institutions, including CI 1: Policies, CI 8(a): Student Manual, and secure records provisions**
- **Principles of due process, non-retaliation, fairness, and impartiality.**

2. Scope

Applies to all matters governed under:

Category	Examples
Disciplinary	Academic integrity, misconduct, harassment, property damage, safety threats
Grievance	Academic unfairness, service/administrative complaint, discrimination
Appeals	Review of discipline or grievance outcomes

Modality: **In-person, online, or hybrid**, as previously approved.

3. Hearing Authority and Committee Structure

Committee	Jurisdiction
Academic Integrity Committee	Academic misconduct
Student Conduct Committee	Non-academic misconduct
Student Grievance Panel	Non-disciplinary grievances
Appeals Board	Final appeal reviews

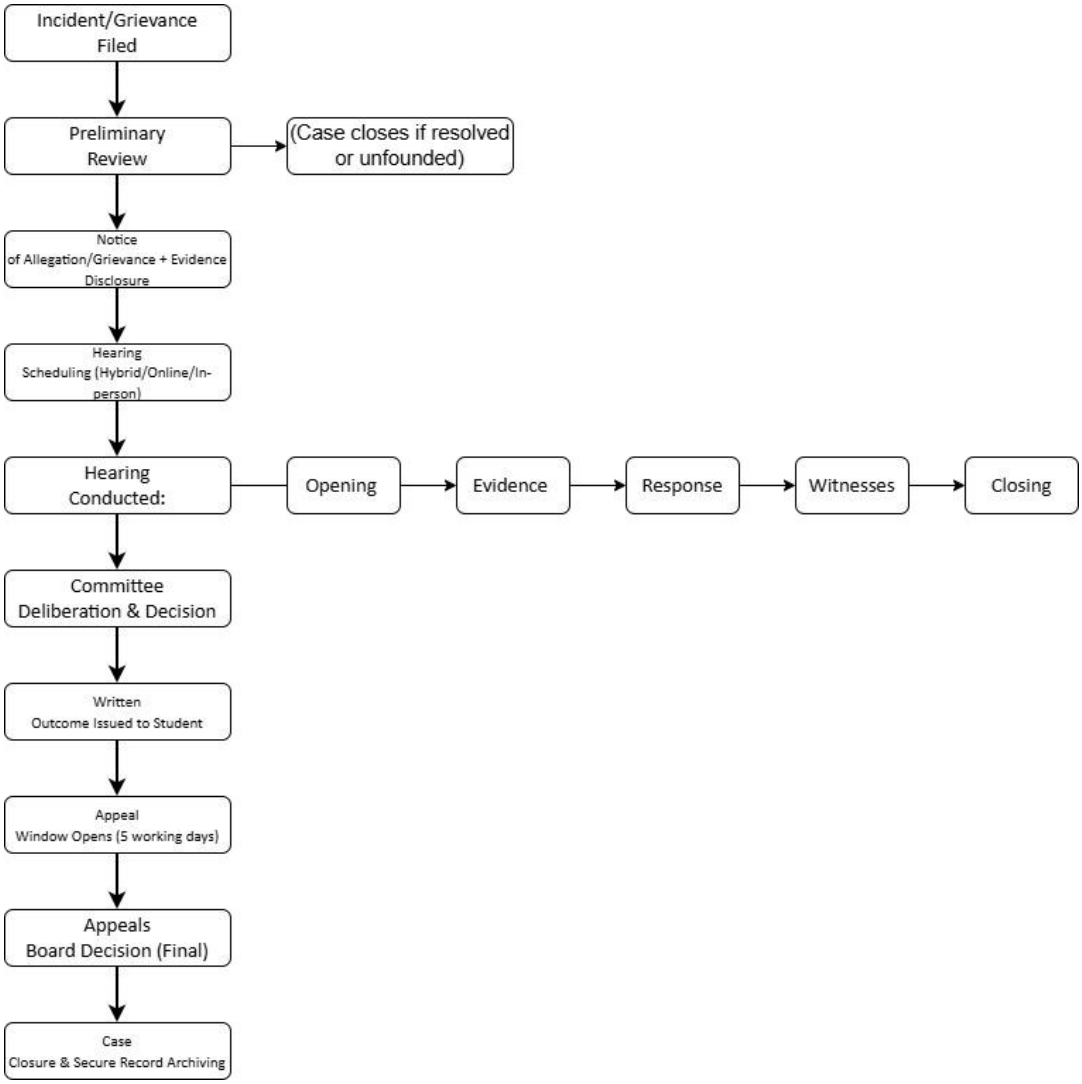
4. Standards of Proof

Level	Description
Preponderance of Evidence (default)	More likely than not (>50%)
Clear and Convincing Evidence	May apply for major Level III sanctions

5. Procedural Timelines (Maximum Duration: 30 Working Days)

Phase	Days
Intake & Preliminary Review	Days 1–5
Notice & Evidence Disclosure	≥ 3 days before hearing
Hearing Window	Days 10–15
Decision Issued	Days 16–20
Appeal Submitted	within 5 days
Appeal Decision	Days 26–30

6. ASCII FLOWCHART (System-friendly)



7. Graphical Flowchart

(*PowerPoint/PDF vector-ready; can be exported upon request*)

Included steps:

Case Intake → 2) Jurisdiction & Classification → 3) Notifications
Hearing Logistics → 5) Proceedings & Evidence → 6) Decision
Appeal Stage → 8) Archiving & QA Reporting

8. Hearing Procedures — Detailed

8.1 Pre-Hearing

Formal Notice sent with charges, rights, and policy references

Student may bring a **support person** (non-legal advocate)

8.2 Hearing Agenda

Phase	Description
1. Opening	Chair confirms quorum, neutrality, and expectations
2. Case Presentation	Committee summarizes allegations and evidence
3. Student Response	Student provides oral/written statement
4. Witness/Expert Testimony	If applicable
5. Questions	Committee questions both parties
6. Closing Statements	Both parties summarize positions
7. Deliberation	Private; evidence weighed
8. Decision Vote	Simple majority unless dismissal/suspension

8.3 Decision Letter Includes:

Findings (supported/not supported)

Sanctions (if applicable)

Appeal rights and deadline

Retention and confidentiality statement

9. Evidence Handling Rules

✓ Must be relevant, authentic, and securely stored

✓ LMS, proctoring, forensic IT logs allowed

✓ Chain-of-custody log required for physical/digital items

✓ Anonymous evidence considered only with corroboration

10. Appeals Procedure — Summary

Permissible grounds:

Ground	Example
Procedural error	Due process violation
New evidence	Not reasonably available earlier
Sanction disproportionality	Excessive severity
Bias or conflict of interest	Demonstrated/prejudicial

11. Recordkeeping & Reporting

Requirement	Standard
Retention duration	**Minimum 7 years**
Storage	Registrar secure repository
Access	Registrar, Student Affairs, Legal, QA-IEA auditors
Reporting	Aggregated/anonymized QA dashboards & CAA evidence

I. Policy and Procedures Governing Student Attendance in All Modes of Delivery (8.E)

1. Purpose

This policy defines the standards, responsibilities, and procedures for monitoring and recording student attendance across all learning modes—**face-to-face**, **online (synchronous/asynchronous)**, and **blended learning**—to ensure academic engagement, student retention, and institutional accountability aligned with accreditation and OBEF requirements.

2. Scope

This policy applies to:

- All students enrolled in **undergraduate and postgraduate** programs.
- All courses delivered **on-campus, online, or in blended formats**.
- All faculty, academic departments, and administrative staff responsible for attendance monitoring and reporting.

3. Policy Statements

1. **Attendance as a Requirement of Engagement**
   Attendance and active participation are essential components of student learning and shall be monitored regularly across all delivery modes.
2. **Minimum Attendance Requirement**
   - Students must attend at least **75%** of scheduled sessions per course to qualify for final assessment.
   - In online courses, "attendance" includes **verified login**, **participation in synchronous sessions**, and **submission of asynchronous learning activities**.
3. **Modes of Delivery and Attendance Equivalence**
   - **Face-to-Face (F2F):** Attendance recorded per class session using the FU attendance system or manual registers.
   - **Online Synchronous:** Attendance verified through LMS login records, chat participation, and activity logs.
   - **Online Asynchronous:** Attendance verified through timely submission of tasks, quizzes, and participation in discussion boards.
   - **Blended Learning:** Attendance calculated as a combination of both physical and online engagement components.
4. **Authorized Absences**
   Excused absences are granted for valid reasons supported by documentation (e.g., medical, bereavement, official representation).
   Requests must be submitted within **five (5) working days** of returning to class.
5. **Excessive Absences**
   Students exceeding the allowed absence limit without justification will receive a **"DN" (Did Not Attend)** mark and are not permitted to sit for final assessments.
6. **Attendance Data Integrity**
   All attendance records shall be maintained in the **Student Information System (SIS)** and subject to QA-IEA audit verification.

4. Definitions

Term	Definition
Attendance	Active presence in instructional sessions (physical or virtual) verified by institutional records.
Authorized Absence	Absence approved by the Dean or Program Chair with documented justification.
Blended Learning	Instruction combining physical and online learning components.
Synchronous Learning	Real-time interaction between faculty and students via classroom or digital platform.
Asynchronous Learning	Online learning activities completed independently by students through LMS engagement.

5. Responsibilities

Role / Office	Responsibilities
President	Ensures institutional enforcement of attendance standards.
Director of Academic Affairs	Oversees policy implementation and compliance at the program and college levels.
Deans / Program Chairs	Monitor and report attendance trends, ensure corrective measures for low attendance.
Faculty Members	Record attendance accurately per class and report students at risk of exceeding absence limits.
Registrar	Maintain attendance records and issue warnings or DN notifications.
QA-IEA	Audit attendance documentation, evaluate compliance with OBEF KPIs (2.4, 6.1), and recommend improvements.

6. Procedures

6.1 Attendance Recording

1. Faculty record attendance using the **FU LMS** or manual attendance sheets within **24 hours** of each session.
2. For **online synchronous** sessions, the LMS attendance log serves as official verification.
3. For **asynchronous** courses, completion of tasks within defined deadlines constitutes attendance.
4. Deans review attendance compliance weekly; Registrar generates cumulative reports.

6.2 Absence Notification and Excuse

1. Students anticipating absence must inform the faculty member and submit an **Absence Request Form (FU-ACA-ABS-Form-2025-01)** to the Dean or Program Chair.
2. Supporting documents (e.g., medical certificate, official letters) must be attached.
3. Approved absences are recorded as "excused" in the system.

6.3 Attendance Warning System

1. When a student's absences reach **15%**, an **early warning notice** is issued via the LMS.
2. At **25%**, a formal written warning is sent by the Registrar and copied to the Dean.
3. At **exceeding 25%**, the student is disqualified from final assessment and receives a **DN** grade.

6.4 Appeals Procedure

1. Students may appeal DN decisions to the **College Attendance Review Committee (CARC)** within **five (5) working days** of notification.
2. The Committee reviews documentary evidence and recommends approval or denial.
3. Decisions are final upon endorsement by the Dean and Registrar.

6.5 QA-IEA Monitoring and Reporting

1. The QA-IEA conducts **semesterly audits** on attendance data to ensure alignment with OBEF KPIs and CAA standards.
2. A **Compliance Report** summarizing trends, exceptions, and recommendations is submitted to the QA-IE Council and the President.
3. Persistent non-compliance triggers corrective actions and faculty performance review.

7. Quality Assurance and Continuous Improvement

- Attendance data inform program effectiveness and student engagement KPIs under **OBEF Pillar 2 (Learning and Teaching)** and **Pillar 6 (Institutional Effectiveness)**.
- QA-IEA and Academic Affairs jointly review policy implementation annually and recommend enhancements to digital attendance systems or procedures.

8. Related Documents

- FU Student Handbook
- FU Academic Progression Policy
- FU Blended Learning Implementation Guidelines
- FU Data Governance and LMS Policy
- OBEF v10.21 Pillar 2 and Pillar 6
- ISO 21001:2018 (Clauses 8.3, 8.5, 9.1)

9. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier upon changes to national higher education or OBEF frameworks.

Summary

This policy ensures that **attendance monitoring at FU**—whether in physical or virtual environments—supports academic integrity, student engagement, and regulatory compliance.
It reinforces institutional accountability and contributes directly to student success, retention, and achievement outcomes in line with **CAA Standards**, **OBEF v10.21**, and **ISO 21001:2018**.

Annex A. Student Absence Request and Approval Form

Form Code: FU-ACA-ABS-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Internal Academic Use Only

Section A – Student Information

Field	Details
Full Name	
Student ID	
Program / College	
Course Code / Title	
Instructor	
Contact Email / Phone	

Section B – Details of Absence

Item	Information
Date(s) of Absence	
Total Number of Sessions Missed	
Mode of Delivery	☐ Face-to-Face ☐ Online (Synchronous) ☐ Online (Asynchronous) ☐ Blended
Reason for Absence	☐ Medical ☐ Bereavement ☐ Official Representation ☐ Personal Emergency ☐ Other (Specify): _____
Supporting Document Attached	☐ Yes ☐ No
Brief Explanation	_____

Section C – Student Declaration

I certify that the information provided is true and complete and that supporting documents are authentic. I understand that false claims may result in disciplinary action.

Student Signature		Date	

Section D – Instructor Recommendation

☐ Approve ☐ Do Not Approve ☐ Requires Additional Information

Remarks: _____

Instructor Signature		Date	

Section E – Dean / Program Chair Decision

☐ Approved ☐ Not Approved

Reason (if not approved): _____

Dean / Chair Name	Signature	Date

Section F – Registrar Entry

| Entered in SIS by | | Date | | Verified by QA-IEA | |

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Office of the Director of Academic Affairs	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Attendance Warning and DN Notification Form

Form Code: FU-ACA-DN-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Registrar and Academic Use Only

Section A – Student Information

Field	Details
Full Name	
Student ID	
Program / College	
Course Code / Title	
Instructor	

Section B – Attendance Summary

Total Classes Scheduled		Total Classes Attended		Attendance Percentage	

Section C – Warning Type

☐ **Early Warning (15% Absence)** Date Issued: _____
☐ **Second Warning (25% Absence)** Date Issued: _____
☐ **DN Notification (Exceeded Limit > 25%)** Date Issued: _____
Remarks / Actions Taken: _____

Section D – Student Acknowledgment

I acknowledge receipt of this warning and understand the attendance requirements and consequences of further absences.

Student Signature **Date**

Section E – Instructor / Registrar Confirmation

| Issued by | | Position | | Signature | | Date | |

Section F – Dean / Program Chair Follow-Up

☐ Student counselled ☐ Referred to Advising ☐ No action required
Comments: _____

Dean / Chair Signature **Date**

Section G – QA-IEA Audit

Compliance Check Completed by	Date	Comments

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Office of the Registrar	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These two forms operationalize FU's Attendance Policy by:

- Providing a **standardized mechanism** for recording absences, verifying supporting documents, and applying due process.
- Ensuring **fair and transparent communication** with students through documented warnings and approvals.
- Enabling **auditable data** for QA-IEA and compliance with **CAA Standards (2.3 & 4.1)** and **OBEF v10.21 (Pillars 2 & 6)**.
- Supporting institutional goals for **student success, retention, and academic integrity**.

J. Policy and Procedures Governing Gender Segregation (8.F)

1. Purpose

The purpose of this policy is to define the principles, procedures, and responsibilities governing gender segregation on the Fujairah University campus to:

- Respect the UAE's Islamic, cultural, and social values;
- Ensure a safe, inclusive, and respectful learning and working environment;
- Comply with national higher education, health, and safety requirements; and
- Promote equality, professionalism, and dignity among all members of the FU community.

2. Scope

This policy applies to all:

- **Students**, **faculty**, **staff**, and **visitors** on campus;
- **Academic and non-academic facilities**, including classrooms, laboratories, libraries, student centers, offices, and recreational areas;
- **Events, training programs, and extracurricular activities** organized under FU's name, whether on or off campus.

3. Policy Statements

1. **Cultural and Ethical Alignment**
   FU upholds the values and social norms of the UAE, ensuring gender segregation is implemented in accordance with Islamic ethics and the cultural expectations of Emirati society.
2. **Equitable Access**
   Gender segregation shall not compromise equality of access, opportunity, or quality of education, services, or facilities. Both male and female students must receive equivalent teaching quality, academic support, and campus resources.
3. **Classroom and Facility Allocation**
   - For **undergraduate programs**, FU operates separate facilities, classrooms, or schedules for male and female cohorts where required.
   - For **graduate programs** and selected professional programs, mixed-gender learning may occur in compliance with MoE guidelines and with appropriate codes of conduct.
4. **Staff and Faculty Interaction**
   Faculty and staff of any gender may teach or interact with students across both genders, provided that professional conduct, decorum, and privacy are observed in all interactions.
5. **Campus Spaces and Services**
   - Restrooms, prayer rooms, and student lounges shall be gender-specific.
   - Shared facilities such as libraries and cafeterias shall ensure spatial arrangements that respect cultural norms while maintaining accessibility and equity.
6. **Events and Extracurricular Activities**
   - All events must consider culturally appropriate seating, entrances, and supervision arrangements.
   - Mixed-gender participation in research, projects, and academic conferences is permitted under institutional supervision and professional ethical codes.

7. **Digital and Online Learning Environments**
   Gender segregation shall be observed through professional digital conduct and online etiquette. Students are expected to uphold respect and confidentiality during virtual sessions.
8. **Compliance and Enforcement**
   Any breach of this policy constitutes a violation of FU's Code of Conduct and may result in disciplinary action as per the Student and Staff Disciplinary Procedures.

4. Definitions

Term	Definition
Gender Segregation	The arrangement of facilities, spaces, or activities ensuring separate access or participation by male and female students as culturally appropriate.
Mixed-Gender Environment	A setting where both male and female students or staff share space under controlled and professional academic conditions.
Professional Decorum	Standards of behavior that reflect respect, modesty, and cultural sensitivity in interactions between genders.

5. Responsibilities

Role / Office	Responsibilities
President / Chancellor	Ensures institutional compliance with UAE social and cultural regulations.
Vice President for Administrative and Financial Affairs	Ensures proper infrastructure supports gender-appropriate campus arrangements.
Director, Department of Facilities Management (DFaM)	Implements physical arrangements (signage, access, seating layouts, scheduling) ensuring compliance with segregation standards.
Director, Academic Affairs	Ensures class timetables and instructional design adhere to gender-segregation requirements.
Deans and Program Chairs	Monitor classroom assignments and supervise adherence to cultural decorum.
Student Affairs Department	Oversees segregated events, housing, and student engagement activities in compliance with institutional policy.
QA-IEA	Monitors implementation, evaluates compliance, and audits documentation as part of the institutional effectiveness cycle.

6. Procedures

6.1 Planning and Allocation

1. DFaM coordinates with Academic Affairs to allocate classroom and laboratory spaces based on student gender and enrollment capacity.
2. Facility layouts must ensure separate entrances, corridors, and signage for gender-specific areas when applicable.

6.2 Supervision and Conduct

1. All activities involving both genders must be supervised by a designated staff or faculty member.

2. Faculty and staff shall observe professional boundaries and maintain decorum at all times.

6.3 Event and Activity Approval

1. All student events require prior approval from the Department of Student Affairs (DSA) and QA-IEA for compliance verification.
2. Gender-mixed events must include supervision plans, seating arrangements, and privacy safeguards.

6.4 Monitoring and Review

1. DFaM and QA-IEA conduct annual facility inspections to verify compliance with gender-segregation requirements.
2. Any incident or complaint shall be reported immediately to the DSA, investigated, and addressed through formal disciplinary procedures.
3. QA-IEA submits compliance reports to the **QA-IE Council** as part of the annual **Institutional Effectiveness Review**.

7. Quality Assurance and Continuous Improvement

- FU ensures that gender segregation practices remain culturally appropriate, legally compliant, and aligned with inclusivity and equality principles under OBEF v10.21 Pillar 6.
- Annual student and staff satisfaction surveys include indicators on respect, safety, and cultural environment.
- Improvement actions are implemented through the **CQA-IE for Administrative Affairs** and tracked via QA-IEA audit mechanisms.

8. Related Documents

- FU Code of Conduct (Students and Staff)
- FU Campus Health, Safety, and Environment Policy
- FU Events Management and Approval Procedures
- UAE CAA Standards 2019 (Standard 5.4)
- UAE Federal Law No. 3 of 1987 (Articles 356–363)
- OBEF v10.21 Pillar 6 – Governance and Institutional Effectiveness
- ISO 21001:2018 (Clauses 7.1.4 and 8.5)

9. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if required by changes in national laws, CAA Standards, or institutional frameworks.

Summary

This policy ensures that Fujairah University maintains a campus environment that:

- **Respects UAE cultural and Islamic traditions**,
- **Upholds equality of access and opportunity** for both genders,
- **Ensures student safety and professionalism**, and
- **Complies with national higher education and governance frameworks** under **OBEF Pillar 6** and **CAA Standard 5.2**.

Annex A. Gender Segregation Compliance Checklist

Form Code: FU-DFaM-GSC-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Internal Audit and Compliance Use Only

Section A – Facility Identification

Field	Details
Building / Wing	
Room / Area Code	
Facility Type	☐ Classroom ☐ Lab ☐ Office ☐ Restroom ☐ Prayer Room ☐ Lounge ☐ Recreation
Occupant Group	☐ Male ☐ Female ☐ Shared (Controlled Access)
Date of Inspection	
Inspected by	
Designation	

Section B – Compliance Indicators

No.	Criterion	Compliant	Partially Compliant	Non-Compliant	Remarks / Corrective Action
1	Clear signage indicating gender designation present	☐	☐	☐	
2	Separate entrances for male and female sections (where required)	☐	☐	☐	
3	Physical barriers / dividers installed appropriately	☐	☐	☐	
4	Prayer rooms allocated separately and clearly labeled	☐	☐	☐	
5	Washrooms and changing facilities gender-specific	☐	☐	☐	
6	Shared areas (e.g., cafeteria, library) have defined zones and supervision	☐	☐	☐	
7	CCTV coverage and access control ensure privacy and safety	☐	☐	☐	
8	Event spaces configured for gender-appropriate seating	☐	☐	☐	
9	Staff offices arranged with privacy and cultural decorum	☐	☐	☐	

10	Emergency evacuation routes safe and unobstructed for all groups	☐	☐	☐	

Section C – Summary and Corrective Plan

Overall Rating: ☐ Compliant ☐ Partially Compliant ☐ Non-Compliant
Immediate Corrective Action Required: _____
Responsible Officer: _____
Target Completion Date: _____

Section D – Signatures

Prepared by (Inspector)		Signature		Date	
Verified by (Head of DFaM)		Signature		Date	
Reviewed by (QA-IEA Auditor)		Signature		Date	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Facilities Management (DFaM)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Gender-Appropriate Event Approval Request Form

Form Code: FU-DSA-GAE-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – Student Affairs and QA-IEA Use Only

Section A – Event Information

Field	Details
Event Title	
Purpose / Objective	
Organizing Unit / Club	
Date / Time	
Venue / Location	
Expected Participants	☐ Male ☐ Female ☐ Mixed
Number of Participants	

Section B – Supervision and Logistics

Item	Details
Event Supervisor (Name & Designation)	
Additional Staff Supervisors	
Security and Facilities Arrangements	
Proposed Seating Plan / Layout Attached	☐ Yes ☐ No
Audio-Visual Requirements	
Transportation (If Applicable)	
External Guest Speakers (If Any)	

Section C – Compliance Checklist

Criterion	Compliant	Not Applicable	Remarks
1. Venue configured with gender-specific seating or segregation barriers	☐	☐	
2. Separate entrances/exits for male and female participants	☐	☐	
3. Event supervised by authorized staff members of both genders	☐	☐	
4. Photography and media coverage approved by DSA	☐	☐	
5. Event content aligned with UAE cultural and ethical values	☐	☐	
6. QA-IEA and DFaM notified for monitoring (if mixed event)	☐	☐	

Section D – Approvals

Approving Authority	Name / Position	Signature	Date

Event Supervisor			
Head of Student Affairs			
Head of DFaM (venue suitability)			
QA-IEA Representative			
Final Approval by President / Designee			

Section E – Post-Event Review

Field	Details
Compliance Status	☐ Compliant ☐ Minor Issue ☐ Major Issue
Remarks / Recommendations	
QA-IEA Verification	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These two forms operationalize the Gender Segregation Policy by ensuring:

- **Compliance and documentation** of all campus areas and events according to UAE cultural and legal standards.
- **Transparency and traceability** of planning, approval, and monitoring processes under **OBEF Pillar 6**.
- **Integration with QA-IEA audits** to maintain campus safety, decorum, and institutional reputation.

K. Policy and Procedures Governing the Establishment, Conduct, and Supervision of Student Activities (8.G)

1. Purpose

This policy aims to ensure that all student activities at Fujairah University contribute to the holistic development of students, enrich university life, and foster community engagement in a manner consistent with institutional values, academic priorities, and national standards.

It establishes clear procedures for **approving, supervising, and evaluating student clubs, events, and co-curricular programs**.

2. Scope

This policy applies to:

- All **FU students**, **student organizations**, and **clubs** registered with the Department of Student Affairs (DSA);
- All **academic and co-curricular activities**, whether organized on-campus, off-campus, or virtually;
- All **staff, faculty, and external partners** involved in student event facilitation or sponsorship.

3. Policy Statements

1. **Institutional Alignment**
   All student activities must align with FU's **Vision, Mission, and Core Values**, promoting leadership, inclusivity, and civic responsibility.
2. **Cultural and Legal Compliance**
   Activities must conform to UAE **cultural, ethical, and legal norms**, including gender segregation requirements, national identity values, and respect for Islamic traditions.
3. **Educational and Developmental Value**
   Activities must contribute to students' academic, personal, and professional development, supporting OBEF Pillar 5 (Community Engagement & Societal Impact).
4. **Authorization and Supervision**
   - No student activity may be conducted without prior approval from the **Department of Student Affairs (DSA)**.
   - All activities must be supervised by an appointed faculty or staff advisor.
   - Activities involving external speakers, organizations, or sponsorships require clearance from the **Office of the President**.
5. **Safety and Risk Management**
   All student activities must include a **Risk Assessment Form** and comply with FU's **Health, Safety, and Environment (HSE)** policy.
6. **Financial Accountability**
   Student clubs and organizations must maintain transparent financial records under DSA supervision and are subject to periodic audit.
7. **Equal Access and Inclusivity**
   All students shall have equitable access to participate in student activities regardless of gender, nationality, or background, in accordance with UAE anti-discrimination laws and FU's inclusivity principles.

4. Definitions

Term	Definition
Student Activities	University-sanctioned events, programs, or initiatives designed to enhance learning, engagement, leadership, and community participation.
Student Club / Organization	A formally recognized student group operating under FU's DSA with approved objectives and governance.
Faculty Advisor	A designated staff or faculty member responsible for guiding and supervising a student organization.
Event Proposal	A structured request submitted by students or faculty for approval to conduct an activity or event.
Risk Assessment	A systematic process for identifying and mitigating potential hazards associated with an event or activity.

5. Responsibilities

Role / Office	Responsibilities
President	Ensures institutional compliance with national regulations governing student affairs.
Vice President for Academic Affairs (VPAA)	Integrates approved student activities into academic and co-curricular frameworks.
Department of Student Affairs (DSA)	Oversees planning, approval, supervision, and evaluation of all student activities.
Faculty Advisors	Supervise student clubs, ensure compliance, and provide mentorship.
Deans / Program Chairs	Encourage student engagement within their academic disciplines and ensure alignment with learning outcomes.
QA-IEA	Monitors institutional compliance and effectiveness of student activities under OBEF Pillar 5 and prepares periodic audit reports.

6. Procedures

6.1 Establishment of Student Clubs and Organizations

1. Students proposing a new club must submit a **Student Club Proposal Form (FU-SAF-SCF-Form-2025-01)** to DSA.
2. The proposal must include:
    - Club objectives and alignment with FU mission;
    - Proposed activities and target membership;
    - Nomination of a Faculty Advisor;
    - Draft constitution and governance structure.
3. DSA reviews and forwards the proposal to the **VPAA** and **President** for approval.
4. Once approved, the club is registered under DSA and issued an official recognition certificate.

6.2 Event Planning and Approval

1. All student events must be proposed at least **four (4) weeks** before the planned date using the **Event Approval Request Form (FU-SAF-EAR-Form-2025-02)**.
2. Proposals must include:
    - Event objectives and description;

- List of participants and audience type (Male/Female/Mixed);
- Venue details, logistics, and budget;
- Health and safety plan and risk assessment;
- Faculty or staff supervisor details.

3. DSA coordinates with relevant offices (Facilities, Security, QA-IEA) for approval.

6.3 Conduct and Supervision of Student Activities

1. Each activity must have a **designated Faculty Advisor** present throughout the event.
2. All participants must adhere to FU's **Student Code of Conduct** and **Gender Segregation Policy (FU-ADM-CAMP-POL-2025-04)**.
3. Events shall begin and conclude on schedule, and attendance records must be maintained by organizers.
4. Promotional materials must be pre-approved by DSA to ensure appropriateness.

6.4 Post-Activity Evaluation

1. Within **five (5) working days** after the event, the organizer must submit a **Post-Event Report (FU-SAF-PER-Form-2025-03)** to DSA summarizing:
   - Attendance;
   - Achievements vs. objectives;
   - Feedback and recommendations;
   - Photographs and documentation.
2. DSA compiles data for inclusion in the **Annual Student Activities Report** and submits it to QA-IEA.

6.5 Monitoring and Compliance

1. QA-IEA conducts annual audits of student activity records and assesses impact on **OBEF KPIs 5.1–5.3** (Community Engagement and Impact).
2. Findings are submitted to the **QA-IE Council** for institutional review and improvement planning.

7. Quality Assurance and Continuous Improvement

- FU integrates feedback from students, advisors, and QA audits into its **Student Engagement Enhancement Plan (SEEP)**.
- Improvement actions are tracked by DSA and QA-IEA and reported annually under OBEF Pillar 5 (Community Engagement and Societal Impact).

8. Related Documents

- FU Student Code of Conduct
- FU Gender Segregation Policy (FU-ADM-CAMP-POL-2025-04)
- FU Risk Management Policy
- FU Health and Safety Policy
- OBEF v10.21 Pillar 5 and 6
- ISO 21001:2018 (Clauses 7.1.4, 8.3, and 9.1)

9. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier upon revision of national regulations or institutional frameworks.

Summary

This policy ensures that FU's student activities:

- Reflect the university's mission, values, and regulatory obligations;
- Are implemented safely, ethically, and inclusively;
- Are documented, evaluated, and continuously improved; and
- Demonstrate measurable contribution to **student engagement**, **community impact**, and **institutional effectiveness** under **OBEF Pillar 5** and **CAA Standard 4.2**.

Annex A. Student Club Proposal and Registration Form

Form Code: FU-SAF-SCF-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025 – 2026
Confidential – For DSA and QA-IEA Internal Use Only

Section A – General Information

Field	Details
Proposed Club Name	
Proposed By (Student Leader)	
College / Department	
Contact Email / Phone	
Date of Submission	

Section B – Club Objectives and Rationale

1. Describe the main purpose and goals of the club:

   _____

   _____

2. Explain how this club aligns with FU's Mission and OBEF Pillar 5 (Community Engagement):

   _____

   _____

Section C – Membership and Leadership Structure

Position	Name	Student ID	Signature
President			
Vice President			
Secretary			
Treasurer			
Faculty Advisor (Nominated)			

Section D – Proposed Activities (First Academic Year)

Activity Title	Objective	Month / Date	Estimated Budget (AED)

Section E – Faculty Advisor Endorsement

"I have reviewed and agree to support the proposed club and its activities in accordance with FU policies."

Advisor Name	Signature	Date
President		

Section F – Approvals

Approving Authority	Name / Designation	Signature	Date

Head of Student Affairs			
Dean / Program Chair			
QA-IEA Representative			
President / Designee (Final Approval)			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Event Approval Request Form

Form Code: FU-SAF-EAR-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025 – 2026
Confidential – To be Filed with DSA and QA-IEA

Section A – Event Information

Field	Details
Event Title	
Purpose / Objective	
Organizing Club / Department	
Event Date & Time	
Venue	
Expected Participants	☐ Male ☐ Female ☐ Mixed
Estimated Budget (AED)	
Faculty / Staff Supervisor	

Section B – Event Description

Provide a brief summary of the event activities and intended learning or community impact:

_____

_____

Section C – Compliance Checklist

Criterion	Compliant	Not Applicable	Remarks
1. Event aligns with FU Mission and OBEF Pillar 5	☐	☐	
2. Venue approved by DFaM and Health & Safety	☐	☐	
3. Gender segregation / ethical protocol observed	☐	☐	
4. Risk Assessment Form attached	☐	☐	
5. Budget and funding source verified by DSA Finance	☐	☐	
6. External speaker / sponsor approval attached (if any)	☐	☐	

Section D – Approvals

Authority	Name / Designation	Signature	Date
Faculty Advisor			
Head of Student Affairs			
Head of Facilities (DFaM)			
QA-IEA Representative			
President / Designee (Final Approval)			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex C. Post-Event Evaluation Report Form

Form Code: FU-SAF-PER-Form-2025-03
Version: 1.0 **Effective:** Academic Year 2025 – 2026
Confidential – Filed with DSA and QA-IEA for Archival and Audit

Section A – Event Information

Field	Details
Event Title	
Organizing Club / Department	
Faculty Advisor	
Event Date / Venue	
No. of Participants (M/F)	
Event Type	☐ Academic ☐ Cultural ☐ Sports ☐ Community ☐ Other

Section B – Summary of Activities

Provide a concise summary of what occurred during the event:

_____
_____
_____
_____

Section C – Evaluation and Impact

Evaluation Criteria	Excellent	Good	Satisfactory	Needs Improvement
Alignment with Objectives	☐	☐	☐	☐
Student Engagement Level	☐	☐	☐	☐
Organizational Quality	☐	☐	☐	☐
Resource Management	☐	☐	☐	☐
Compliance with Policies	☐	☐	☐	☐
Overall Success Rating	☐	☐	☐	☐

Section D – Learning Outcomes and Feedback

1. What key skills or values did participants gain?

   _____

2. What challenges were encountered?

   _____

3. Recommendations for future events:

Section E – Supporting Documents

☐ Attendance List ☐ Photos ☐ Certificates ☐ Budget Summary ☐ Media Coverage

Section F – Sign-Off and Verification

Role	Name	Signature	Date
Student Leader			
Faculty Advisor			
Head of Student Affairs			
QA-IEA Verifier			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These three forms ensure that:

- All student clubs and events are **properly registered, supervised, and evaluated**;
- FU maintains **compliance with CAA Standard 4.2** and **OBEF Pillar 5 (Community Engagement)**;
- DSA and QA-IEA can **audit, assess, and improve** student life programming through measurable evidence of impact and participation.

L. Policy and Procedures Governing the Student Council (8.H)

1. Purpose

The purpose of this policy is to establish a formal framework for the **Student Council** that promotes responsible student leadership, democratic representation, and active participation in the academic and social life of Fujairah University.

It also ensures that the Student Council contributes meaningfully to student development, governance consultation, and institutional improvement aligned with the **Outcome-Based Evaluation Framework (OBEF)**.

2. Scope

This policy applies to:

- All **enrolled undergraduate and postgraduate students** of Fujairah University;
- The **Student Council**, including its officers, committees, and representatives;
- The **Department of Student Affairs (DSA)** and **QA-IEA** as administrative and oversight bodies.

3. Policy Statements

1. **Institutional Recognition**
   The Student Council (SC) is the officially recognized body representing the student community at FU. It operates under the direct supervision of the **Department of Student Affairs** and within the bounds of this policy.
2. **Democratic Representation**
   - The SC shall be elected through a transparent and inclusive democratic process.
   - Representation must reflect the diversity of colleges, genders, and nationalities at FU.
3. **Purpose and Role**
   The SC shall:
   - Serve as a channel for communication between students and university administration;
   - Represent student perspectives on institutional issues;
   - Organize and support student activities and community engagement;
   - Promote student welfare, leadership, and citizenship;
   - Uphold FU's mission, ethical values, and regulations.
4. **Governance and Accountability**
   The SC operates as a consultative body—not an executive authority—and all its actions must be approved by the Department of Student Affairs.
   It shall maintain proper documentation, financial transparency, and compliance with UAE regulations and FU internal policies.
5. **Advisory Oversight**
   The SC shall be mentored by a **Faculty Advisor** assigned by DSA to ensure compliance with ethical, academic, and governance standards.
6. **Inclusivity and Equal Opportunity**
   Membership and participation in SC elections are open to all eligible students regardless of gender, nationality, or background, consistent with FU's inclusivity and diversity principles.

4. Definitions

Term	Definition

Student Council (SC)	The officially recognized representative body of students elected to voice student interests and enhance student life.
Faculty Advisor	A faculty or staff member appointed by DSA to mentor and monitor the SC.
Executive Officers	Elected members who hold leadership positions (President, Vice President, Secretary, Treasurer).
Constituency Representative	Student Council member representing a specific college or program.

5. Responsibilities

Role / Office	Responsibilities
President	Endorses Student Council establishment and constitution.
Director for Academic Affairs	Supports integration of student perspectives in academic affairs.
Department of Student Affairs (DSA)	Supervises SC operations, elections, meetings, and event approvals.
Faculty Advisor	Guides the SC in policy compliance, leadership development, and event planning.
Student Council (SC)	Represents student interests, organizes approved events, and liaises with administration.
QA-IEA	Audits SC operations and ensures alignment with OBEF Pillar 5 and Standard 4.2 on Student Engagement.

6. Procedures

6.1 Establishment

1. The SC is established each academic year through an officially approved election process managed by DSA.
2. All colleges must have at least one elected representative on the Council.
3. The SC Constitution and Bylaws must be reviewed and approved annually by DSA.

6.2 Eligibility for Candidacy

1. Students must:
    - Be registered full-time in an FU degree program;
    - Maintain a minimum **CGPA of 2.5**;
    - Have no record of disciplinary violation; and
    - Exhibit leadership and good conduct.
2. Students under probation are ineligible to run for election.

6.3 Election Procedures

1. DSA shall publish an election timeline at least **four (4) weeks** before the election date.
2. Candidates must submit a **Student Council Candidacy Application Form (FU-SAF-SCC-Form-2025-01)** with endorsements from at least five students.
3. Campaigning shall adhere to FU ethical standards and may not include any discriminatory or political content.

4. Voting shall be conducted via an **anonymous electronic or paper ballot**.
5. Election results are certified by DSA and verified by QA-IEA for transparency.

6.4 Structure and Composition

Position	Description
President	Leads the SC and represents it in official meetings.
Vice President	Assists the President and oversees standing committees.
Secretary	Records minutes, manages correspondence, and maintains documentation.
Treasurer	Manages budget requests and reports financial transactions.
College Representatives	Represent their respective colleges or programs in council deliberations.

6.5 Meetings and Reporting

1. The SC must meet at least **once per month** during regular semesters.
2. Minutes of meetings must be submitted to DSA within five (5) working days after each meeting.
3. The SC shall submit a **Semester Activity Report (FU-SAF-SCR-Form-2025-02)** summarizing initiatives, challenges, and student concerns.
4. DSA consolidates these reports for submission to QA-IEA.

6.6 Conduct and Accountability

1. SC members are expected to maintain confidentiality, neutrality, and professionalism.
2. Misuse of position, violation of FU policies, or unethical conduct will result in disciplinary action and potential removal from the SC.
3. DSA and QA-IEA jointly review SC operations annually to assess effectiveness and compliance.

7. Quality Assurance and Continuous Improvement

- QA-IEA conducts periodic audits of Student Council elections, documentation, and feedback to ensure transparency.
- Student satisfaction surveys include indicators related to representation and engagement under **OBEF Pillar 5 (Community Engagement)**.
- Recommendations from QA-IEA reviews are implemented through the **CQA-IE for Administrative Affairs**.

8. Related Documents

- FU Student Handbook
- FU Code of Conduct for Students
- FU Policy on Student Activities (FU-SAF-STU-POL-2025-04)
- FU Data Privacy and Records Retention Policy
- OBEF v10.21 (Pillars 5 & 6)
- ISO 21001:2018 (Clauses 7.4 and 8.5)

9. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if changes occur in CAA, OBEF, or internal governance frameworks.

Summary

This policy ensures that the **FU Student Council** functions as an effective, ethical, and representative body promoting student engagement, leadership, and institutional participation.

It reinforces FU's commitment to **student empowerment**, **shared governance**, and **societal impact** in alignment with **CAA Standard 4.2** and **FU Pillar 5**.

Annex A. Student Council Candidacy Application Form

Form Code: FU-SAF-SCC-Form-2025-01
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Student Affairs Use Only

Section A – Candidate Information

Field	Details
Full Name	
Student ID	
College / Program	
Current Year / Level	
CGPA	
Contact Email	
Mobile Number	
Position Applied For	☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ College Representative

Section B – Eligibility Confirmation

Requirement	Yes	No
I am a full-time student enrolled at FU	☐	☐
My CGPA is at least 2.5	☐	☐
I have no record of disciplinary actions	☐	☐
I have completed at least one semester of study	☐	☐
I am willing to serve for one full academic year	☐	☐

Section C – Statement of Purpose

Please describe in 150–200 words why you are applying for this position and how you will contribute to the Student Council's objectives and FU's mission:

_____

_____

_____

_____

Section D – Endorsements by Peers

Five student signatures are required to endorse this candidacy.

Endorser Name	Student ID	Signature

Section E – Faculty Advisor Recommendation

"I confirm that the candidate demonstrates leadership potential, ethical conduct, and eligibility for Student Council service."

Advisor Name		Signature		Date	

Section F – Approvals

Office / Committee	Name / Designation	Signature	Date
Department of Student Affairs (DSA)			
QA-IEA Representative (Verification)			
President / Designee (Final Approval)			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Student Council Activity and Report Form

Form Code: FU-SAF-SCR-Form-2025-02
Version: 1.0 **Effective:** Academic Year 2025–2026
Confidential – To be Submitted to DSA and QA-IEA

Section A – Council Details

Field	Details
Academic Year	
Semester	☐ Fall ☐ Spring ☐ Summer
Council President	
Faculty Advisor	
Date Submitted	

Section B – Summary of Activities

Activity Title	Type	Date	Participants (M/F)	Remarks / Outcomes

Section C – Key Achievements and Challenges

1. Major accomplishments during this reporting period:
   _____
2. Challenges encountered and recommendations for improvement:
   _____

Section D – Student Feedback Summary

Summarize student input or concerns gathered by the Council (attach supporting documentation if available):

_____
_____
_____

Section E – Council Meeting Summary

Meeting Date	Agenda Highlights	Action Items / Decisions

Section F – Financial Summary (if applicable)

Source of Funds	Amount (AED)	Purpose / Use	Balance (AED)

Section G – Faculty Advisor Verification

"I confirm that the activities reported herein were conducted in accordance with FU policies and that the Student Council operated within approved guidelines."

Advisor Name		Signature		Date	

Section H – DSA Review

Reviewed by (Head of Student Affairs)		Signature		Date	

Compliance Level: ☐ Excellent ☐ Satisfactory ☐ Needs Improvement

Section I – QA-IEA Monitoring and Evaluation

QA-IEA Officer	Date	Remarks / Audit Notes

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These two forms operationalize the **FU Student Council Policy** by ensuring:

- **Transparent and fair election processes** with full documentation of candidate eligibility and endorsements;
- **Systematic tracking** of Council activities, decisions, and financial accountability;
- **Quality assurance integration** through regular QA-IEA auditing under **OBEF Pillars 5 (Community Engagement)** and **6 (Governance and Institutional Effectiveness)**; and
- **Evidence-based participation** in student leadership aligned with **CAA Standard 4.2**.

M. Policy and Procedures Governing Student Publications and Student-Operated Media (8.I)

1. Purpose

This policy establishes the institutional framework for **student-run publications and media platforms**, ensuring responsible journalistic practice, ethical content creation, and the protection of institutional reputation while fostering creativity, communication, and freedom of expression consistent with FU's mission.

2. Scope

This policy applies to:

- All student-operated print or digital publications, newsletters, and media outlets (including websites, social media, and podcasts);
- Faculty advisors and staff supporting student media;
- The Department of Student Affairs (DSA) and the Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA) overseeing compliance.

3. Policy Statements

1. **Institutional Recognition**
   All student publications and media outlets must be officially recognized by the **Department of Student Affairs (DSA)** and operate within FU's mission, values, and applicable laws.
2. **Freedom of Expression and Responsibility**
   FU supports the **free pursuit and dissemination of ideas**, provided they respect UAE cultural, religious, and legal norms and uphold the university's reputation.
3. **Advisory Oversight**
   Each student publication or media platform must have an assigned **Faculty or Staff Advisor** responsible for mentoring, ethical compliance, and ensuring content accuracy.
4. **Editorial Independence**
   Editorial teams may exercise creative and journalistic independence within approved boundaries but must submit final drafts for **ethical and factual review** to the **Office of Student Media and Publications** before release.
5. **Prohibited Content**
   Publications must not contain content that:
   - Violates UAE federal laws or CAA regulations;
   - Promotes discrimination, extremism, or political propaganda;
   - Defames individuals or the university;
   - Misuses personal data, photos, or confidential information.
6. **Institutional Branding and Identity**
   All student publications must use the **official FU logo and identity** in accordance with the FU Brand Guidelines and the approval of the **Department of Strategic Communication and Institutional Relations (DSC-IRL)**.
7. **Digital and Social Media Use**
   Student-operated online platforms and social media pages must be registered with the **DSA** and **monitored periodically** to ensure responsible communication, cybersecurity, and data protection in compliance with **Federal Law No. 45 of 2021 on Personal Data Protection**.

8. **Archiving and Quality Assurance**
   All publications (print or electronic) shall be archived by DSA and reviewed annually by QA-IEA for compliance, quality, and relevance.

4. Definitions

Term	Definition
Student Publication	A print or digital output (e.g., magazine, journal, newsletter) produced by students for internal or public circulation.
Student Media	Any online or broadcast medium operated by students, including social media channels, podcasts, and student-run news outlets.
Faculty Advisor	A university-appointed staff or faculty member responsible for ensuring ethical and academic compliance.
Editorial Board	A student committee responsible for the creative direction and publication content.

5. Responsibilities

Entity / Office	Responsibilities
President	Ensures compliance with UAE laws and endorses official publication recognition.
Vice President for Administrative Affairs	Oversees governance of university communications.
Department of Student Affairs (DSA)	Supervises all student publications and maintains central records.
Faculty Advisor	Guides editorial ethics, fact-checking, and compliance with institutional policies.
Editorial Board	Develops, edits, and submits content for approval following institutional standards.
Department of Strategic Communication and Institutional Relations (DSC-IR)	Reviews branding, identity, and public dissemination of student media.
QA-IEA	Monitors, evaluates, and audits compliance of publications under FU Pillar 5 and 6.

6. Procedures

6.1 Establishment of a Student Publication or Media Platform

1. A student group must submit a **Student Publication / Media Proposal Form (FU-SAF-SPM-Form-2025-01)** to DSA.
2. The proposal must include: purpose, target audience, publication frequency, and faculty advisor endorsement.
3. Upon approval, the group will be registered and assigned a unique publication code.

6.2 Editorial Review and Approval

1. The editorial team drafts content under the supervision of the Faculty Advisor.
2. A **Pre-Publication Review Form** must be completed to confirm compliance with ethical, cultural, and legal standards.

3. Final approval must be obtained from DSA and QA-IEA before publication or posting.

6.3 Publication and Distribution

1. DSA authorizes print runs or digital publication schedules.
2. Online media accounts (Instagram, YouTube, etc.) must be linked to FU's verified platforms.
3. All content must include FU branding and disclaimers (e.g., "The views expressed are those of the students and do not necessarily represent the official position of FU.").

6.4 Monitoring and Evaluation

1. QA-IEA conducts **annual audits** of student publications using the **FU Publication Evaluation Checklist (FU-QA-SPC-Form-2025-02)**.
2. Compliance is evaluated under OBEF performance indicators (Pillar 5: Student Engagement; Pillar 6: Governance and Sustainability).
3. Non-compliance results in corrective action or suspension of publication privileges.

6.5 Disciplinary Actions

Violations of this policy, including plagiarism, defamation, or misuse of institutional identity, may lead to disciplinary sanctions under the **Student Code of Conduct** and, if necessary, referral to UAE legal authorities.

7. Quality Assurance and Continuous Improvement

- The QA-IEA shall review student media outputs annually to assess impact, engagement, and compliance.
- Recommendations shall be submitted to the QA-IEC and DSA for corrective actions and continuous improvement.
- Student satisfaction and engagement metrics will be integrated into FU's institutional KPIs under OBEF Pillar 5.

8. Related Documents

- FU Student Code of Conduct
- FU Policy on Community Engagement and Student Activities
- UAE Federal Law No. 34 of 2021 on Cybercrimes
- ISO 21001:2018 – Organizational Management Systems
- FU Brand Identity Guidelines

9. Review Cycle

This policy shall be reviewed **every three (3) years** or earlier if required by updates to UAE media regulations, CAA Standards, or internal governance frameworks.

Summary

This policy ensures that student-run publications and media at FU operate within a **regulated, ethical, and educational framework**, fostering responsible communication, creativity, and social participation. It aligns with FU's mission to empower students as **ethical communicators and informed citizens**, supporting **FU Pillar 5 (Community Engagement and Societal Impact)** and **Pillar 6 (Governance and Institutional Effectiveness)**.

Annex A. Student Publication / Media Proposal Form

Form Code: FU-SAF-SPM-Form-2025-01 **Version:** 1.0 **Effective:** AY 2025 – 2026

Confidential – For DSA and QA-IEA Internal Use Only

Section A – General Information

Field	Details
Proposed Publication / Media Title	
Type	☐ Print ☐ Digital ☐ Social Media ☐ Podcast ☐ Other (specify): _____
Proposed by (Student Leader / Editor-in-Chief)	
College / Department	
Faculty Advisor	
Email / Phone	
Date of Submission	

Section B – Purpose and Objectives

Describe the educational or social objectives, expected outcomes, and alignment with FU's mission and OBEF Pillar 5:

_____

_____

_____

Section C – Editorial Structure and Membership

Position	Name	Student ID	Signature
Editor-in-Chief			
Managing Editor			
Design Lead / Photographer			
Writers / Contributors			

Section D – Publication Plan

Issue / Season	Theme / Focus	Target Date	Estimated Budget (AED)

Section E – Compliance Checklist

Criterion	Yes	No
Content aligns with FU Mission and Values	☐	☐
No political or religious bias	☐	☐
Faculty Advisor endorsed draft plan	☐	☐
FU branding and logo approved by DSC-IRL	☐	☐
Cyber and data-protection measures in place	☐	☐

Section F – Faculty Advisor Endorsement

"I certify that this proposal meets academic and ethical requirements and may proceed for administrative review."

Advisor Name		Signature		Date	

Section G – Approvals

Approving Authority	Name / Designation	Signature	Date
Head of Student Affairs (DSA)			
Head of Strategic Communication (DSC-IRL)			
QA-IEA Representative			
President / Designee			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Publication Evaluation Checklist

Form Code: FU-QA-SPC-Form-2025-02 **Version:** 1.0 **Effective:** AY 2025 – 2026
Confidential – For QA-IEA Audit and DSA Compliance Records

Section A – Publication Details

Field	Details
Publication / Media Title	
Issue No. / Date	
Faculty Advisor	
Editorial Team Representative	
Mode	☐ Print ☐ Digital ☐ Social Media ☐ Podcast
Reviewer (QA-IEA Officer)	

Section B – Evaluation Criteria

Evaluation Dimension	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Alignment with FU Mission and OBEF Pillar 5	☐	☐	☐	☐
2. Content Accuracy and Fact-Checking	☐	☐	☐	☐
3. Ethical and Legal Compliance	☐	☐	☐	☐
4. Inclusivity and Cultural Sensitivity	☐	☐	☐	☐
5. Visual and Design Quality	☐	☐	☐	☐
6. Use of FU Brand Identity	☐	☐	☐	☐
7. Engagement and Outreach Impact	☐	☐	☐	☐
8. Faculty Advisor Supervision Quality	☐	☐	☐	☐
9. Archiving and Documentation	☐	☐	☐	☐
10. Overall Compliance with Policy	☐	☐	☐	☐

Section C – Summary of Findings

Key Strengths _____
Areas for Improvement _____
Recommended Actions _____

Section D – Corrective / Enhancement Action Plan

Finding	Action Required	Responsible Unit	Target Date	Status

Section E – Verification and Sign-Off

Role	Name	Signature	Date
QA-IEA Officer			
Head of Student Affairs			
Faculty Advisor			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
QA-IEA	CQA-IE (Admin Affairs)	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

Together, these forms ensure that FU student publications and media are:

- **Properly established** through DSA registration and Faculty Advisor endorsement.
- **Audited and evaluated** by QA-IEA for compliance and educational value.
- **Aligned with OBEF performance indicators** and FU Pillars 5 and 6.

Traceable and documented for quality assurance and MoE inspection evidence

N. Statement of Students' Rights and Responsibilities (8.ACI-SM2)

1. Purpose

This Statement defines the rights, responsibilities, and behavioral expectations of all students enrolled at Fujairah University. It supports an academic and social environment grounded in integrity, safety, dignity, equity, and respect, enabling high-quality learning, research, and personal development consistent with FU's mission and core values.

2. Students' Rights

All students at FU are entitled to the rights articulated below, in alignment with UAE federal laws, CAA Standards (2019), the Outcome-Based Evaluation Framework (OBEF), and the FU By-Laws.

2.1 Academic Rights

Students have the right to:

- **Quality Teaching and Learning** aligned with clearly stated Course Learning Outcomes (CLOs) and program outcomes.
- **Fair and Transparent Assessment** using published criteria, rubrics, moderation, and grade-appeal processes.
- **Academic Freedom and Inquiry** expressed through evidence-based dialogue and ethical scholarship.
- **Access to Learning Resources** including libraries, laboratories, technology systems, and academic advising.
- **Feedback and Academic Appeals** within defined institutional procedures and timeframes.

2.2 Student Welfare and Support Rights

Students have the right to:

- **A Safe, Inclusive, and Respectful Campus** free from discrimination, harassment, bullying, or threats.
- **Confidentiality and Data Protection**, with personal and academic information handled according to privacy requirements.
- **Health and Disability Support**, including counseling, well-being services, and approved **reasonable accommodations.**

2.3 Participation and Representation Rights

Students have the right to:

- **Participate in Student Governance** through councils, committees, and recognized associations.
- **Be Consulted and Provide Feedback** in surveys, evaluations, and structured forums without fear of retaliation.
- **Student Associations and Activities** subject to University and UAE legal requirements.

2.4 Administrative and Consumer-Protection Rights

Students have the right to:

- **Accurate, Timely, and Transparent Information** on admission, tuition and fees, academic regulations, and graduation requirements.
- **Timely Student Services** for registration, certification, complaints, academic records, and other administrative processes.
- **Due Process in Disciplinary Matters**, including notification, impartial review, and access to appeal procedures.

3. Students' Responsibilities

To safeguard the academic reputation and community ethos of FU, students are responsible for the following:

3.1 Academic Responsibilities

Students are expected to:

- **Uphold Academic Integrity** and avoid cheating, plagiarism, fabrication, and unauthorized collaboration.
- **Attend, Participate, and Engage** in coursework and learning activities.
- **Respect Intellectual Property** and follow citation, copyright, and research ethics requirements.

3.2 Conduct and Community Responsibilities

Students are expected to:

- **Demonstrate Respect, Civility, and Cultural Sensitivity** in all campus and digital interactions.
- **Comply with FU Policies and UAE Laws.**
- **Use University Facilities Responsibly**, including digital systems and laboratories, and refrain from damaging property.

3.3 Health, Safety, and Well-Being Responsibilities

Students are expected to:

- **Maintain Safe Conduct** and avoid behavior that endangers oneself or others.
- **Report Risks or Violations** involving safety threats, misconduct, or welfare concerns.
- **Support Community Well-Being** and contribute to a positive learning environment.

3.4 Representation and Institutional Improvement Responsibilities

Students are expected to:

- **Provide Honest and Constructive Feedback** to improve academic and administrative quality.
- **Serve Responsibly in Governance Roles** when appointed or elected.
- **Promote FU's Reputation** in all physical and digital engagements.

4. Enforcement and Due Process

Alleged violations of the Student Code of Conduct or integrity policies shall be addressed through the **FU Student Disciplinary and Appeals Procedures**, ensuring:

- impartial and evidence-based review,
- respect for confidentiality, and
- clearly defined sanctions and appeal timelines.

5. Acknowledgment Requirement

All enrolled students must sign a **Student Code Acknowledgment Form** (digital or physical) confirming that they:

- have read and understood this Statement, and
- agree to comply with FU's academic, behavioral, and community standards.

Annex A. Form 1: Student Acknowledgment of Code of Conduct

Code: FU-STU-CODE-ACK-Form-2025-01

Document Control Table

Item	Description
Form Title	Student Acknowledgment of Code of Conduct
Document Code	FU-STU-CODE-ACK-Form-2025-01
Version	1.0
Effective Date	DD/MM/2025
Next Review	DD/MM/2028
Approval Authority	President / Board of Truste
Responsible Office	Office of Student Affairs (OSA) & QA-IEA
Related Documents	FU Student Rights & Responsibilities; Student Conduct & Discipline Policy; Student Handbook
Confidentiality Level	Internal – Student Record

Purpose

To formally document that the student has read, understood, and agrees to comply with the FU Statement of Students' Rights and Responsibilities and Code of Conduct.

Student Information

Field	Details
Student Name	_____
Student ID	_____
Program/Major	_____
College/Department	_____
Email	_____
Mobile Number	_____

Acknowledgment Statement

I, the undersigned, acknowledge that I have received, read, and understood the **Fujairah University Statement of Students' Rights and Responsibilities and Code of Conduct**. I accept my obligation to follow all academic integrity rules, behavioral expectations, and institutional policies and understand that violations may result in disciplinary action.

Student Declaration

☐ I have read and understood the Code of Conduct

☐ I agree to abide by all FU student policies

☐ I understand the consequences of violations

Student Signature: _____ **Date:** ___/ ___/ 20___

OSA Representative (Name & Signature): _____

Annex B. Form 2: Student Misconduct / Behavioral Incident Report

Code: FU-STU-BEH-INC-Form-2025-02

Document Control Table

Item	Description
Form Title	Student Misconduct / Behavioral Incident Report
Document Code	FU-STU-BEH-INC-Form-2025-02
Version	1.0
Effective Date	DD/MM/2025
Approval Authority	Office of Student Affairs (OSA)
Responsible Office	OSA & QA-IEA
Related Policies	Discipline & Appeals Policy; Code of Conduct; Student Welfare & Safety Policy
Confidentiality Level	Restricted – Case File Only

Incident Details

Field	Details
Report Number	_____
Date/Time of Incident	_____
Location	_____
Student(s) Involved (Name/ID)	_____
Witnesses (Name/Contact)	_____

Type of Misconduct (check all that apply)

☐ Academic dishonesty (cheating, plagiarism, etc.)

☐ Harassment, bullying, discrimination

☐ Physical or verbal threat/assault

☐ Property damage/vandalism

☐ Disruptive behavior/disorderly conduct

☐ Alcohol/drug violation

☐ Cyber misconduct (social media, cyberbullying)

☐ Other (describe): _____

Description of Incident

(Attach additional pages if necessary)

_____

_____

_____

Immediate Actions Taken

☐ Verbal warning

☐ Removal from location/class

☐ Security notified

☐ Medical/Police involved

☐ Other actions: _____

Reported by:

Name/Position: _____ Signature: _____ Date: //20___

Annex C. Form 3: Student Safety Threat / Risk Assessment Form

Code: FU-STU-SAF-RISK-Form-2025-03

Document Control Table

Item	Description
Form Title	Student Safety Threat / Risk Assessment Form
Document Code	FU-STU-SAF-RISK-Form-2025-03
Version	1.0
Effective Date	DD/MM/2025
Responsible Office	Office of Student Affairs & Campus Safety
Related Policies	Student Welfare & Safety Policy; Emergency Response Plan
Confidentiality Level	Strictly Confidential

Risk Information

Field	Details
Case Number	_____
Date/Time Reported	_____
Person Reporting	Name/Role/Contact
Student(s) of Concern	Name/ID/Program

Nature of Safety Concern

☐ Self-harm risk

☐ Threat to others

☐ Violent or aggressive behavior

☐ Severe emotional distress/mental health concern

☐ Weapons/illegal items concern

☐ Other: _____

Risk Level (initial assessment)

Level	Description
☐ Low	Minimal concern; monitoring recommended
☐ Moderate	Risk requiring intervention and support

☐ High	Immediate safety response required

Recommended Actions

☐ Emergency referral

☐ Security involvement

☐ Counseling referral

☐ Parental/guardian notification

☐ Medical intervention

☐ Follow-up monitoring plan

Annex D. Form 4: Student Governance Nomination & Eligibility Form

Code: FU-STU-GOV-NOM-Form-2025-01

Document Control Table

Item	Description
Form Title	Student Governance Nomination & Eligibility Form
Document Code	FU-STU-GOV-NOM-Form-2025-01
Version	1.0
Effective Date	DD/MM/2025
Responsible Office	Office of Student Affairs
Related Governance Documents	FU Student Governance Framework; Committee ToRs
Confidentiality Level	Internal – Student Governance Record

Nominee Information

Field	Details
Student Name	_____
Student ID	_____
Program & Year Level	_____
GPA (must meet eligibility requirement)	_____
Email	_____

Eligibility Criteria Confirmation

☐ Good academic standing (GPA meets requirement)

☐ No active disciplinary sanctions

☐ Ability to represent student interests professionally

☐ Commitment to attend committee meetings

Nomination Type

☐ Self-nomination

☐ Nominated by: _____ (Name/Position)

Statement of Intent (100–150 words)

Describe motivation and expected contribution.

_____

_____

Annex E. Form 5: Conflict of Interest & Confidentiality Declaration

Code: FU-STU-GOV-COI-Form-2025-02

Document Control Table

Item	Description
Form Title	Conflict of Interest & Confidentiality Declaration
Document Code	FU-STU-GOV-COI-Form-2025-02
Version	1.0
Effective Date	DD/MM/2025
Responsible Office	OSA & QA-IEA
Related Documents	Student Governance; Data Privacy & Confidentiality Policy
Confidentiality Level	Confidential

Declaration

I, _____ (Student Name), serving or selected to serve in a **Student Governance or Committee Role** at Fujairah University, hereby declare the following:

Conflict of Interest

☐ I have no actual, potential, or perceived conflict of interest.

☐ I declare the following conflict(s) of interest:

_____

Confidentiality Agreement

I agree to safeguard all confidential information, documents, deliberations, and data accessed in my role and not disclose them without authorization.

Student Signature: _____ **Date:** //20___

Committee Chair/OSA Representative Signature: _____

O. Policy on Student Roles, Responsibilities & Participation in Governance and Committees 98.CI.SM.3)

1. Purpose

This policy establishes the framework for **student representation, voice, responsibilities, and participation** in FU's **governance, quality assurance, and decision-making committees**, ensuring alignment with:

- **UAE Ministry of Education CAA Standards**
- **HEI Compliance Inspection Framework**
- **ISO 21001:2018 learner participation and stakeholder engagement requirements**
- **FU governance structures and quality assurance mechanisms**

2. Scope

This policy applies to all:

Undergraduate and graduate students

- **Full-time, part-time, international and exchange/visiting students**
- **Students elected or appointed to committees, councils, boards, working groups**
- **University-level, college-level, and program-level advisory structures**

3. Principles

Student governance at FU is guided by:

Principle	Description
Voice & Representation	Students must have meaningful participation in decisions that affect academic and student life.
Transparency	Committee processes and decisions involving students must be documented and communicated.
Equal Opportunity	Representation must reflect diversity, equity, and inclusion; no discrimination is tolerated.
Professionalism	Student members must uphold confidentiality, ethics, and institutional values.
Constructive Contribution	Participation must advance student experience, academic quality, and institutional effectiveness.

4. Student Governance Participation Structure

4.1 Eligible Committees with Student Representation

Students may serve on, but are not limited to:

University Body/Committee	Student Participation
Board of Trustees (BOT)	Student Observer (non-voting) when invited
QA-IEC (Quality Assurance & Institutional Effectiveness Council)	1 Student Member (non-voting)
Academic Affairs Committee	1–2 Student Members
Student Affairs Committee	Minimum 2 Student Members
Library & Learning Resources Committee	1 Student Member
EHS / Health & Safety Committee	1 Student Member

Program Advisory / Industry Boards	1 Student Representative per college/program

Note: Students do not participate in committees handling confidential employee matters, hiring, or disciplinary investigations.

5. Student Roles & Responsibilities

5.1 Core Responsibilities

Student committee members must:

✓ Attend scheduled meetings regularly

✓ Review materials and documents before meetings

✓ Provide feedback representing the broader student body

✓ Maintain confidentiality of restricted information

✓ Declare conflicts of interest when relevant

✓ Promote FU's mission, values, and policies

5.2 Rights

Students have the right to:

Express views without discrimination or retaliation

Access committee documents necessary for informed participation

Request clarification or agenda items through the Committee Chair

Record their dissenting opinion in the meeting minutes

6. Selection, Appointment & Term of Service

Process Step	Description
Nomination	Through Student Council, College nomination, or open call
Eligibility	Good academic standing; no active disciplinary sanction
Appointment	Confirmed by Deanship of Student Affairs & Committee Chair
Term Duration	One academic year (renewable once)
Training	Mandatory orientation on governance, ethics, confidentiality

7. Participation Processes (Standard Meeting Protocol)

Step	Action
1	Meeting Agenda shared at least 3 days prior
2	Students prepare input and consult peers if necessary
3	Student member contributes in discussion
4	Minutes circulate for review; students verify representation accuracy
5	Action items assigned (if applicable)

8. Confidentiality and Conflict of Interest

All student members must sign:

Student Governance Confidentiality Agreement

Conflict of Interest Declaration (annual or per case)

Disclosure of restricted information may result in:

Removal from committee

Disciplinary proceedings under FU Student Code of Conduct

9. Reporting & Communication

Committee outcomes must be shared through:

Student Council

LMS/Portal announcements

College/Program briefings

Annual Student Governance Report

10. Monitoring & Evaluation

Evaluation Mechanism	Frequency
Participation Attendance Tracking	Each meeting
Performance Review & Feedback	Annual
QA-IEA Governance Effectiveness Review	Annual
Stakeholder Satisfaction Survey	Annual

11. Related Forms & Templates

Code	Form / Template
FU-STU-GOV-NOM-Form-2025-01	Student Nomination & Eligibility Form
FU-STU-GOV-COI-Form-2025-02	Conflict of Interest & Confidentiality Declaration
FU-STU-GOV-MTG-Form-2025-03	Student Committee Participation Evaluation
FU-STU-GOV-ANRPT-2025-04	Annual Student Governance Participation Report Template

12. Review and Updating

This policy is reviewed every **three (3) years** or earlier upon:

Revisions to CAA Standards

Changes to governance structure

Internal audit/QA recommendations

Annex A. Standard Operating Procedures

PART 1 — SOP: Student Representation and Participation in Governance & Committees

SOP Code	FU-STU-GOV-SOP-2025-01
Related Policy	FU-STU-GOV-POL-2025-01
Effective Date	Academic Year 2025–2026
Process Owner	Deanship of Student Affairs
Process Oversight	QA-IEA

1. Purpose

To operationalize student membership in committees and ensure **transparent, ethical, and meaningful participation** in institutional decision-making.

2. Scope

Applies to **all students** engaged in:

- University-level councils
- College and program committees
- Advisory boards (industry/academic)
- Temporary working groups or taskforces

3. Procedure Workflow

Step	Action	Responsible	Evidence / Record
1	Publish nomination call / seat allocation	Deanship of Student Affairs	Announcement copy
2	Student submits Nomination Form	Student	FU-STU-GOV-NOM-Form
3	Eligibility & conduct clearance	Student Affairs + Registrar	Eligibility verification
4	Appointment & onboarding orientation	Committee Chair	Attendance record, confidentiality form
5	Participation in meetings	Student Member	Minutes, attendance
6	Reporting to wider student body	Student Member & Council	Report template
7	Annual performance evaluation	Committee Chair + QA-IEA	FU-STU-GOV-MTG-Form
8	Governance Effectiveness Review	QA-IEA	Governance KPIs

4. Required Documentation

Document	Code
Nomination & Eligibility Form	FU-STU-GOV-NOM-Form-2025-01
Conflict of Interest & Confidentiality Declaration	FU-STU-GOV-COI-Form-2025-02
Participation Evaluation Form	FU-STU-GOV-MTG-Form-2025-03
Annual Governance Participation Report Template	FU-STU-GOV-ANRPT-2025-04

5. Recordkeeping

Retention: **7 years**

Custodian: **QA-IEA** (master archive), **Student Affairs** (operational records)

Storage: **Secure digital repository + backup per ICT Data Retention Policy**

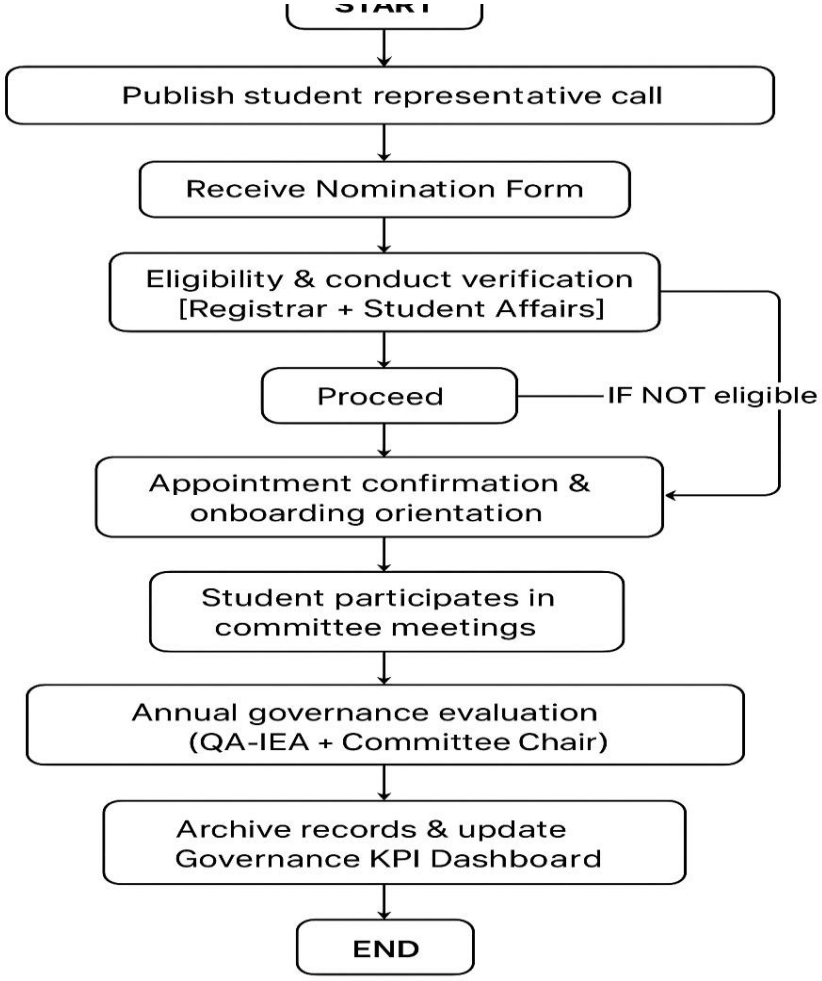
PART 2 — RACI Matrix

Student Participation in Governance RACI Chart

Governance Activity	Student Member	Committee Chair	Student Affairs	QA-IEA	President
Nomination call & seat allocation	I	A	R	C	I
Eligibility review	I	C	R	C	I
Appointment & onboarding	R	A	C	C	I
Meeting participation	R	A	I	C	I
Reporting to student body	R	C	A	C	I
Annual effectiveness evaluation	C	A	C	R	I

Legend: **R = Responsible | A = Accountable | C = Consulted | I = Informed**

PART 3 — BPMN Flowchart (Textual)



PART 4 — Website & Catalog Publication Text

Required under Website Compliance Indicator 11

Student Participation in Governance & Quality Assurance

Fujairah University ensures active student participation in its governance, decision-making, and quality assurance processes. Students serve as members on university and college committees including:

Quality Assurance & Institutional Effectiveness Council (QA-IEC)
Academic Affairs Committee
Student Affairs Committee
Library & Learning Resources Committee
EHS & Campus Safety Committee
Program Advisory Boards

Student representatives are selected through a transparent nomination and appointment process and are required to follow confidentiality, ethics, and conflict of interest policies.

For participation inquiries, contact:

student.affairs@fu.ac.ae

PART 5 — Training Module Outline (for student committee members)

Module	Content Summary
1. Introduction to FU Governance	Governance structure, BOT, leadership roles
2. Fundamentals of Student Representation	Duties, rights, expectations
3. Confidentiality & Conflict of Interest	COI declaration, disciplinary consequences
4. Effective Meeting Participation	Agenda reading, motions, documentation
5. Reporting Back to Student Body	Communication channels, summaries
6. Quality Assurance & OBEF Links	KPIs, accreditation, evidence requirements

Deliverables: slides, case studies, assessment quiz.

PART 6 — KPI Dashboard Framework (OBEF Pillar 6 Alignment)

Student Governance KPI Indicators

KPI	Formula	Frequency
Representation Coverage	(# committees with student members ÷ total committees)	Annual
Attendance Rate	(Attendance ÷ total meetings scheduled)	Per Semester
Governance Satisfaction Score	Survey mean score	Annual
Student Impact Recommendations Implemented	(# implemented ÷ total submitted)	Annual
Training Completion Rate	(# trained ÷ # appointed)	Annual

PART 7 — Evidence Matrix for Compliance & Accreditation

Requirement Source	Evidence Produced
CAA Standards 2019 – Governance	Committee minutes, student rosters
HEI Inspection Framework – Student Protection	COI forms, reporting logs
OBEF Pillar 6	KPI dashboard, QA-IEA effectiveness review

ISO 21001:2018	Stakeholder engagement validation

PART 8 — Risk & CAPA Register (Extract)

Risk	Mitigation	CAPA
Low student participation	Improve nomination campaigns	Orientation redesign
COI/Confidentiality breach	Mandatory training & NDA	Committee removal, retraining
Misrepresentation of student views	Reporting template, council oversight	Validation surveys

Annex B. Form 1: Student Nomination & Eligibility Form

Code: FU-STU-GOV-NOM-Form-2025-01

Fujairah University

Student Nomination & Eligibility Form

(For Appointment to Governance Committees / Advisory Boards)

Academic Year: 2025–2026	**Date Submitted: ___ / ___ / 2025**

1. Applicant Information

Field	Details
Student Full Name	
FU Student ID Number	
College / Department	
Academic Program / Major	
Current Year/Level of Study	
FU Email Address	
Mobile Number	

2. Committee Applying For

Committee Name / Board / Council	
Rationale for Interest (max. 200 words)	

3. Eligibility Verification Criteria

Requirement	Yes/No	Verified By
Minimum CGPA 2.50 (UG) / 3.00 (PG)		
No current disciplinary sanctions		
Good academic and conduct standing		
Not currently on academic probation		
Capacity to attend all scheduled meetings		

4. Required Attachments

☐ Resume / CV

☐ Statement of Interest

☐ Endorsement (Dean / Program Coordinator)

☐ Copy of Student ID

☐ Additional documents (if applicable)

5. Approvals

Role	Name/Signature	Date
Program Coordinator Recommendation		
Dean, College Approval		
Deanship of Student Affairs Final Endorsement		

Annex C. Form 2: Conflict of Interest & Confidentiality Declaration

Code: FU-STU-GOV-COI-Form-2025-02

Fujairah University

Conflict of Interest & Confidentiality Declaration Form

(For Student Members of Governance Committees)

Student Name	
Student ID	
College / Program	
Committee Assigned	

1. Conflict of Interest Declaration

I declare that:

☐ I have **no known conflict of interest** in serving on this committee; **OR**

☐ I disclose the following potential conflict(s) (family ties, financial interest, personal benefit, etc.):

_____

_____

2. Confidentiality Agreement

I affirm that I will:

Maintain the confidentiality of all committee documents and deliberations.

Not disclose restricted information discussed in meetings.

Use committee information **only** for official FU purposes.

Immediately inform the chair of any emerging conflict.

3. Acknowledgment

Statement	Initial
I understand that breach of confidentiality may result in removal and disciplinary action.	
I commit to professional conduct in accordance with FU Code of Conduct.	

4. Signatures

Role	Name/Signature	Date
Student Member		
Committee Chair / Secretary		
Student Affairs (record)		

Annex D. Form 3: Student Committee Participation Evaluation

Code: FU-STU-GOV-MTG-Form-2025-03

Fujairah University

Committee Participation Evaluation Form

(To be completed every semester)

Student Name	
Student ID	
Committee / Council	
College / Program	
Evaluation Period	Fall / Spring / Summer 2025

Performance Evaluation Rubric (1 = Poor, 5 = Excellent)

Criteria	1	2	3	4	5
Attendance and punctuality	☐	☐	☐	☐	☐
Preparation & review of agenda materials	☐	☐	☐	☐	☐
Contribution to discussions	☐	☐	☐	☐	☐
Representation of student body interests	☐	☐	☐	☐	☐
Confidentiality & professional conduct	☐	☐	☐	☐	☐
Compliance with FU Code of Conduct	☐	☐	☐	☐	☐

Summary of Notable Contributions / Recommendations

_____

_____

Final Evaluation Result

☐ Satisfactory participation

☐ Needs improvement

☐ Removal recommended

Signatures

Role	Name/Signature	Date
Committee Chair		
QA-IEA Reviewer (optional)		
Head of Student Affairs		

Annex E. Form 4: Annual Student Governance Participation Report

Code: FU-STU-GOV-ANRPT-2025-04

Fujairah University

Annual Student Governance Participation Report Template

(To be consolidated by QA-IEA and the Deanship of Student Affairs)

Academic Year	**2025–2026**

1. Summary of Representation Coverage

Committee / Council	# Seats Allocated	# Seats Filled	Attendance %
QA-IEC			
Academic Council			
Student Affairs Council			
Library & Learning Resources Committee			
EHS & Campus Safety Committee			
Program Advisory Boards			

2. Highlights of Student Contributions

Key motions proposed:

- _____

Policy or service improvements influenced:

- _____

3. Identified Issues / Risks

Issue / Risk	Impact	Recommended Action

4. KPI Dashboard Summary

KPI	Result
Representation Coverage	%
Participation Attendance Rate	%
Student Satisfaction Score	%
Recommendations Implemented	# / %

5. Endorsement

Role	Name/Signature	Date
QA-IEA Executive Director		
Head of Student Affairs		
President /Vice President		

P. Policy on Academic Counselling and Advising Services (8.a.CI-SM.11)

1. Purpose

To ensure systematic, equitable, and high-quality provision of academic counselling and advising that supports student progression, retention, learning success, and employability, consistent with learning outcomes and degree completion requirements.

2. Scope

This policy applies to:

- **All undergraduate and postgraduate students enrolled at FU**
- **Academic Advisors, Program Coordinators, Faculty Advisors**
- **Student Affairs and Academic Affairs support units**

3. Policy Statement

Fujairah University is committed to providing integrated, proactive, and student-centered academic counselling/advising services that:

- **Guide academic planning and course selection aligned with program learning outcomes and UAE QFEmirates levels.**
- **Monitor and support academic progress, retention, and timely graduation.**
- **Identify and refer at-risk students to early intervention support (tutoring, counselling, learning support).**
- **Engage students in shared responsibility for managing their academic pathways.**
- **Maintain confidentiality, integrity, and respect in all advising interactions.**

4. Academic Advising Delivery Structure

Advising Type	Delivered By	Key Focus
Academic Program Advising	Program Coordinator / Faculty Advisor	Curriculum planning, course sequencing, graduation requirements
General Academic Advising	Student Affairs Advising Unit	Registration help, policies, academic standing, appeals
Specialized Advising	Learning Support, Career Guidance, Well-being Units	At-risk support, transfer, internships, professional pathways

5. Student Rights in Academic Advising

All students have the right to:

Accurate academic information (curriculum, prerequisites, graduation requirements).

Respectful, impartial, and timely advising support.

Confidentiality of academic and personal information.

Access to advising appointments during announced advising periods.

Appeal academic decisions through formal University procedures.

6. Student Responsibilities

Students are expected to:

Attend advising meetings and request assistance proactively.

Understand program and university academic requirements.

Monitor their academic progress and degree audit.
Comply with registration and graduation timelines.
Provide accurate information to advisors.

7. Advising Procedures

Procedure A: New Student Orientation Advising

Step	Action
A1	Students receive orientation on curriculum, credits, and academic regulations.
A2	Advisors assigned; students register through guided advising sessions.
A3	Degree audit/opportunities for early support flagged for at-risk students.

Procedure B: Semester Registration Advising

Step	Action
B1	Advising schedule published by Academic Affairs.
B2	Students review degree progression and draft registration plan.
B3	Advisor review and approval completed in the advising system.

Procedure C: At-Risk / Academic Probation Advising

Step	Action
C1	Students identified via early alerts: GPA, attendance, repeated failures.
C2	Mandatory advising intervention plan prepared.
C3	Follow-up meetings scheduled to monitor improvement.

Procedure D: Graduation and Completion Advising

Step	Action
D1	Degree audit conducted prior to final year/semester.
D2	Advisor confirms remaining requirements and timelines.
D3	Student submits graduation application via Registrar's Office.

8. Delivery Modes

Advising is delivered through:

☑ Face-to-face advising meetings

☑ Virtual advising (Teams/Zoom/LMS)

☑ Drop-in sessions during peak periods

☑ Workshops, seminars, and advising campaigns

☑ Digital student advising portal and degree audit system

9. KPIs and Quality Monitoring

KPI	Indicator
Advising Satisfaction Rate	Target ≥ 85%
Student Retention Rate	Target ≥ OBEF benchmark
At-Risk Student Recovery	≥ 60% improve academic standing

Time to Degree Completion	Reduction in delayed graduation cases
Academic Appeals Reduction	Indicates improved guidance & transparency

Monitoring occurs **each semester** with reporting to QA-IEC.

10. Records and Documentation

Advisors must record:

- Meeting notes and action plans
- Course registration approvals
- At-risk referral documentation
- Graduation clearance endorsements

Records are retained securely per FU data-management policy.

11. Breach, Non-Compliance, and Escalation

Non-compliance may result in:

- Management review and corrective action
- Reassignment of advising responsibilities
- Disciplinary measures under HR/Faculty policies for persistent violations

Annex A. Academic Advising Standard Operating Procedure (SOP)

Field	Details
Policy Title	Academic Advising Standard Operating Procedure (SOP)
Policy No.	FU-STU-ACAD-ADV-SOP-2025-01
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible/Implementing Units	Academic Colleges/Program Chairs; Deanship of Student Affairs; Office of the Director of Academic Affairs; Registrar
Monitored and Evaluated by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Student Affairs Committee; Academic Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin. Affairs / Head of Student Affairs
Next Review Date	2028 or earlier based on changes to CAA/OBEF/HEI frameworks
Cross-References	CAA Standards 2019 (Std. 3.5 Academic Advising; Std. 11 Student Services); OBEF Pillar 2 Student Engagement & Support; FU Student Handbook; FU Academic Standing and Progression Policy
Document Custodian	Office of Quality Assurance & Institutional Effectiveness Affairs (QA-IEA)
Disclosure Statement	This SOP was developed with support from AI-assisted analytical drafting tools to enhance clarity, structure, and compliance alignment. All content was reviewed, contextualized, and validated in accordance with Fujairah University's governance and quality assurance standards.

1. Purpose

This SOP establishes a unified, consistent, and quality-assured process to provide academic advising services that support student retention, academic success, and timely graduation, aligned with program learning outcomes and national qualifications standards.

2. Scope

This SOP applies to:

- All undergraduate and postgraduate students;
- Academic Advisors/Program Coordinators, Faculty Advisors;
- Student Affairs academic advising and early-alert personnel;
- Registrar and other academic support units.

3. Legal and Regulatory Basis

This SOP is mandated under:

Regulatory/Quality Framework	Requirement
CAA Standards 2019	Standard 3.5 Academic Advising; Standard 11 Student Services
OBEF	Pillar 2 — Student Engagement & Support (Advising, Retention, Student Success)
ISO 21001:2018	Educational Organization Management System – Learner Support and Engagement
FU Academic Policies	Academic Standing, Student Progression, and Graduation Requirements

4. Institutional Academic Advising Policy Statement

Fujairah University ensures equitable, accessible, confidential, and academically sound advising to guide students in academic planning, degree progression, at-risk recovery, and transition to completion and employability. Advising supports evidence-based decision-making, enhances student satisfaction, and promotes institutional quality.

5. Definitions & Hybrid Advising Model

5.1 Definitions

Term	Definition
Academic Advising	A structured process enabling informed decision-making regarding degree progression and learning pathways.
Advisor	Faculty or staff officially assigned to advise and endorse registration.
At-Risk Student	A student whose academic performance endangers progression (GPA below standard, repeated failures, absence risk).
Degree Audit	Verified checklist of completed and outstanding graduation requirements.

5.2 Hybrid Advising Model

Advising Role	Responsible Unit
General Academic Advising (policies, academic standing, early alerts, referrals)	Head of Student Affairs
Program/Faculty Advising (curriculum, course sequencing, degree audit)	Academic Colleges / Program Chairs/Coordinators

6. Mandatory Advising Categories (A–H)

Advising is **required** for the following student groups:

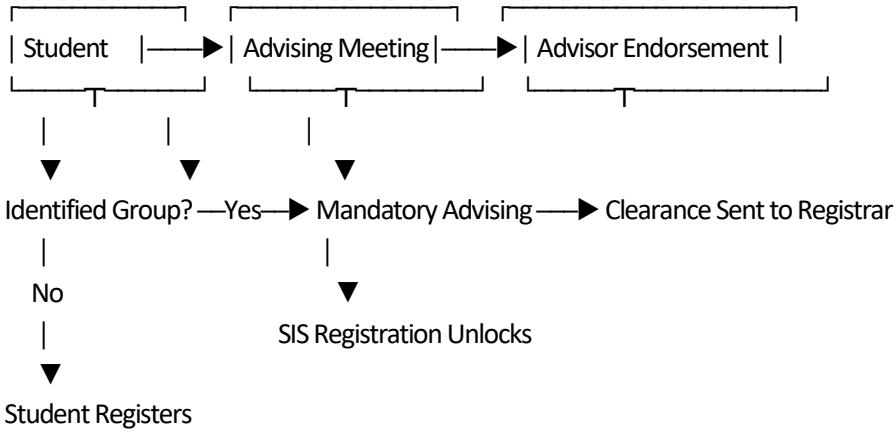
Code	Mandatory Group
A	New first-year students
B	First-semester transfer students
C	Academic probation / warning students
D	Students returning from dismissal/suspension
E	Students below GPA threshold (2.0 UG / 3.0 PG)
F	Final-year/graduating students
G	Sponsored/scholarship students
H	Students in clinical/internship programs

7. Registration Blocking Requirement

The Registrar shall **prevent course registration** until mandatory advising endorsement is completed and recorded for categories **A–H**. Academic Advisors must submit clearance for SIS activation.

8. Advising Workflow (ASCII Map + Narrative)

8.1 ASCII Workflow Diagram



9. SOP Procedures

9.1 Orientation/First-Year Advising (A)

Mandatory group advising + individual planning.

Introduction to curriculum, QFEmirates learning outcomes, course sequencing.

9.2 Transfer Advising (B)

Transcript review, course equivalency, accelerated degree mapping.

9.3 At-Risk/Probation Advising & Early Alert (C, E)

Early alert triggers:

Low GPA, repeated failures, absenteeism.

Intervention:

Learning plan, referrals to tutoring/wellbeing.

9.4 Returning After Suspension (D)

Reintegration plan and monitoring schedule.

9.5 Sponsored/Scholarship Students (G)

Compliance reporting, sponsor GPA and credit-load verification.

9.6 Internship/Clinical Students (H)

Clinical readiness, risk/safety briefing, assessment alignment.

9.7 Graduation/Degree Completion Advising (F)

Final degree audit, graduation timeline, exit requirements.

10. RACI Matrix

Task / Responsibility	Student	Advisor/Program	Student Affairs	Registrar	QA-IEA
Identify advising category (A–H)	I	A	R	C	C

Conduct advising session	A	R	C	I	C
Clearance authorization	I	R	C	A	C
Registration blocking/unblocking	I	C	C	A	I
KPI reporting	I	C	C	C	A

Legend: **R** = Responsible, **A** = Accountable, **C** = Consulted, **I** = Informed

11. KPIs & Quality Monitoring

KPI Indicator	Target/Measure
Advising satisfaction	≥ 85%
At-risk student recovery rate	≥ 60% improve academic standing
Reduction in delayed graduation	Annual improvement target set
Advising coverage (A–H completion rate)	100%
OBEF Pillar 2 institutional compliance	Fully Met

12. Records, Data Privacy & Retention

Requirement	Standard
Advising records stored in SIS/advising system	Mandatory
Confidentiality and FERPA/GDPR-aligned handling	Required
Minimum record retention period	5 years
Access limited to authorized users	Required

13. Annual Advising Calendar (Gantt Style)

Legend:

▉ Advising Window | ○ Follow-up/Monitoring | ◆ Degree Audit

Month	Activity
August–September	▉ Orientation & First-Year Advising (A), Transfer Advising (B)
October	○ Early Alerts (C, E)
November	▉ Registration Advising (all students)
January–February	▉ Reintegration Advising (D), Sponsored Student Checks (G)
March	○ Internship/Clinical Advising (H)
April–May	◆ Graduation/Degree Completion (F)
June	Annual KPI Review & QA-IEA Reporting

Annex B. Academic Advising Record & Action Plan

Field	Details
Form Title	Academic Advising Record & Action Plan
Form Code	FU-STU-ADV-Form-01
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Units	Academic Colleges/Program Chairs; Deanship of Student Affairs; Registrar
Monitored and Evaluated by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin Affairs / Head of Student Affairs
Cross-References	FU Academic Advising SOP; CAA Standards 2019 (3.5; 11); OBEF Pillar 2
Record Retention	Minimum 5 years
Confidentiality Level	Restricted – advising record; access authorized only
Document Custodian	Office of QA-IEA

A. Confidentiality Notice

This advising record contains protected academic and personal information and must be stored and transmitted in compliance with privacy and data-protection regulations. Unauthorized disclosure is prohibited.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
College / Program / Major	_____
Year / Level	_____
FU Email	_____
Mobile	_____
Current Academic Standing	Good ☐ Warning ☐ Probation ☐ Return from Suspension ☐
GPA (Current)	_____
Courses of Concern (if any)	_____

C. Advising Category (Select all applicable)

Mandatory Group	Check
A – New First-Year Student	☐
B – First-Semester Transfer Student	☐

C – Academic Probation/Warning Student	☐
D – Returning from Dismissal/Suspension	☐
E – GPA below threshold (2.0 UG / 3.0 PG)	☐
F – Final-Year / Degree Completion	☐
G – Sponsored/Scholarship Student	☐
H – Internship/Clinical Student	☐

D. Summary of Advising Discussion

(Goals, concerns, degree planning, course sequencing, graduation requirements, employment pathways.)

_____

_____

_____

E. Action Plan & Requirements

(Student responsibilities, academic support, required documentation, deadlines.)

Action/Requirement	Assigned To	Due Date	Completed
1			☐
2			☐
3			☐

F. Referrals (if applicable)

Support Office / Service	Reason	Issued Date
Tutoring & Learning Support		
Counseling / Wellbeing		
Disability/Accommodation Services		
Career & Employability Services		
Other: _____		

G. Signatures (Routing Option C)

Role	Name / Signature / Date
Student	_____
Advisor / Program Coordinator	_____
Program Chair	_____
Director, Student Affairs (or Delegate)	_____
Registrar – Registration Clearance	Approved ☐ Not Approved ☐ Signature: _____

H. SIS Registration Clearance

☐ Clearance recorded and access enabled

☐ Clearance pending (student must complete requirements)

I. Record Control

✓ Upload to Student Advising System / SIS

✓ Store securely for **minimum 5 years**

✓ Access: Advisor, Program Chair, Student Affairs, Registrar, QA-IEA (audit)

Annex C. Early Alert / At-Risk Referral Form

Field	Details
Form Title	Early Alert / At-Risk Referral Form
Form Code	FU-STU-ADV-Form-02
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Units	Academic Colleges/Program Chairs; Deanship of Student Affairs; Registrar
Monitored and Evaluated by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin Affairs / Head of Student Affairs
Cross-References	FU Academic Advising SOP; FU Academic Standing Policy; CAA Standards 3.5 & 11; OBEF Pillar 2
Record Retention	Minimum 5 years
Confidentiality Level	Restricted – protected student record
Document Custodian	Office of QA-IEA

A. Confidentiality Notice

This record contains protected student information. Unauthorized use, distribution, or disclosure is prohibited.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
College / Program / Major	_____
FU Email	_____
Mobile	_____
Current Academic Standing	Good ☐ Warning ☐ Probation ☐ Return from Suspension ☐
GPA (Current / Cumulative)	_____ / _____

C. Reason for Early Alert (Select all that apply)

At-Risk Indicator Category	Check
Excessive absences / attendance concerns	☐
Low academic performance (midterm/exam/assignment)	☐
Failed prerequisite / repeated course failure	☐
GPA decline trend	☐
Behavioral or wellbeing concerns affecting academics	☐

Lack of engagement / no LMS activity	☐
Internship/clinical performance concerns	☐
Scholarship/sponsor compliance risk	☐
Other (specify): _____	☐

D. Academic Risk Scoring Rubric (Complete)

Risk Factor	Criteria	Score
Attendance / Absence	< 80% attendance in any enrolled course	0–3
Course Performance	One or more grades below passing threshold	0–3
GPA Status	GPA < 2.0 UG / < 3.0 PG, or sharp decline	0–3
Course Repetition	Course repeated more than once	0–2
Engagement Data	Low LMS activity or missing assessments	0–2
Advisor/Faculty Concern	Documented academic concern	0–2
Total Score (0–15)	Sum	**___ / 15**

E. Risk Classification:

Total Score	Risk Level
0–4	Low Academic Risk
5–9	Moderate Academic Risk
10–15	High / Critical Academic Risk

F. Summary of Concern

_____

_____

_____

G. Required Academic Intervention & Support Plan

Intervention / Referral	Assigned Office	Due Date
Tutoring / Learning Support	☐	
Counseling / Wellbeing Support	☐	
Faculty Office Hours / Remedial Sessions	☐	
Disability/Academic Accommodation Services	☐	
Career/Internship Coaching	☐	
Other: _____	☐	

H. Meeting & Follow-up Schedule

Follow-Up Interval	Date Scheduled
Initial advising meeting	___ / ___ / 202_
Follow-up 1	___ / ___ / 202_
Follow-up 2 (if needed)	___ / ___ / 202_

I. Signatures (Routing Option C)

Role	Name / Signature / Date
Student	_____
Advisor / Program Coordinator	_____
Program Chair	_____
Director, Student Affairs (or Delegate)	_____
Registrar – Clearance / Registration Control	Approved ☐ Not Approved ☐ Signature: _____

J. SIS Record & Data Control

✓ Update student status flag in SIS

✓ Attach form to Advising Record

✓ Maintain secure storage (min. 5 years)

✓ Accessible only to: Advisor, Chair, Student Affairs, Registrar, QA-IEA (audit)

Annex D. Course Registration Planning & Approval Form

Field	Details
Form Title	Course Registration Planning & Approval Form
Form Code	FU-STU-ADV-Form-03
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Units	Academic Colleges/Program Chairs; Deanship of Student Affairs; Registrar
Monitored and Evaluated by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President=
Noted by	Vice President for Adm. Affairs / Head of Student Affairs
Cross-References	FU Academic Advising SOP; FU Academic Standing Policy; CAA Standards 3.5 & 11; OBEF Pillar 2
Record Retention	Minimum 5 years
Confidentiality Level	Restricted – protected advising/academic progression record
Document Custodian	Office of QA-IEA

A. Confidentiality Notice

This document contains academic and personally identifiable information. Unauthorized access, disclosure, or misuse is strictly prohibited.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
College / Program / Major	_____
FU Email	_____
Mobile	_____
Academic Standing	Good ☐ Warning ☐ Probation ☐ Return from Suspension ☐
Cumulative GPA	_____

C. Advising Category (Select applicable)

Mandatory Group	Check
A – New First-Year	☐
B – Transfer Student	☐
C – Probation / Warning	☐
D – Return from Suspension	☐
E – GPA below threshold	☐
F – Final-Year/Graduation	☐
G – Sponsored/Scholarship	☐
H – Internship/Clinical Pathway	☐

D. Planned Course Registration

#	Course Code	Course Title	Credit Hours	Prereq Met?	Advisor Notes
1				Yes ☐ No ☐	
2				Yes ☐ No ☐	
3				Yes ☐ No ☐	
4				Yes ☐ No ☐	

Total Credits Requested: _____

E. Academic Risk and Credit Load Restriction (If Applicable)

Advisor/Program Chair may exercise course/credit limitations:

Restriction Type	Applied?
Reduced credit load limit (≤ ____ credits)	☐
Mandatory tutoring / learning support	☐
Limit on repeated course(s)	☐
Required core/prerequisite before elective	☐
Internship/clinical block pending clearance	☐
Other restriction: _____	☐

F. Conditions for Registration Clearance

(Complete if any conditions must be met before clearance)

_____

_____

G. Signatures — Routing (Option C)

Role	Name / Signature / Date
Student	_____
Advisor / Program Coordinator	_____
Program Chair	_____
Director, Student Affairs (or Delegate)	_____
Registrar – SIS Registration Clearance	Approved ☐ Denied ☐ Signature: _____

H. SIS Registration Control

✓ Clearance must be recorded in SIS before registration unlock

✓ Registrar may override only by written authorization of VPAA

I. Record Control

Maintain electronic and/or physical advising record.

Retention minimum: **5 years** for CAA/QA-IEA audit.

Access limited to authorized academic personnel.

Annex E. Graduation / Degree Completion Audit Form

(With QFEmirates-Outcome Aligned Checklist)

Field	Details
Form Title	Graduation / Degree Completion Audit Form
Form Code	FU-STU-ADV-Form-04
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Units	Academic Colleges/Program Chairs; Registrar; Deanship of Student Affairs
Monitored and Evaluated by	QA-IEA
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin Affairs / Registrar
Cross-References	FU Academic Advising SOP; FU Graduation Policy; CAA Standards 2019; OBEF KPIs (Pillars 2, 4, 6)
Record Retention	Permanent (minimum 7 years recommended)
Confidentiality Level	Restricted – Academic Record
Document Custodian	Office of QA-IEA

A. Confidentiality Notice

This form contains verified graduation eligibility data and must be stored in compliance with student data privacy and record-retention protocols.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
College / Program / Major / Concentration	_____
FU Email	_____
Mobile	_____
Expected Graduation Term	Fall ☐ Spring ☐ Summer ☐ / AY: _____
Enrollment Type	Full-time ☐ Part-time ☐
Cumulative GPA	_____

C. Credit-Based Program Requirements

Requirement	Required Credits	Earned	In Progress	Complete?
Total Program Credits				☐ Yes ☐ No
General Education Credits				☐ Yes ☐ No
Core Credits				☐ Yes ☐ No
Major/Concentration Credits				☐ Yes ☐ No
Elective Credits (if applicable)				☐ Yes ☐ No

D. Capstone / Clinical / Thesis / Internship Requirements (If Applicable)

Requirement Type	Status	Evidence Verified (Y/N)
Capstone/Project	Completed ☐ Ongoing ☐ Not Required ☐	Y ☐ N ☐
Internship/Clinical Practice	Completed ☐ Ongoing ☐ Not Required ☐	Y ☐ N ☐
Thesis/Dissertation	Completed ☐ Ongoing ☐ Not Required ☐	Y ☐ N ☐

F. QFEmirates-Aligned Outcome Completion Checklist

QFE Learning Outcome Domain	Achieved?	Evidence Source Verified
Knowledge – theoretical & applied understanding	☐	Transcript ☐ Capstone ☐ Other: _____
Skills – technical, analytical, problem-solving	☐	Internship ☐ Project ☐ Course Assessments ☐
Responsibility 1	☐	Practice evaluation ☐ Supervisor report ☐
Responsibility 2	☐	Fieldwork/Casework ☐ Simulation ☐
Responsibility 3	☐	Reflection portfolio ☐ Advisor evaluation ☐

G. Registrar Verification Checklist

Degree Audit Item	Verified
All academic requirements met	☐
All financial obligations settled	☐
Library/Lab/Clinical clearance	☐
No pending disciplinary sanctions	☐
Graduation application submitted	☐
Diploma Name Confirmed	☐
National ID/Passport Verified	☐

H. Required Signatures (Routing Option C)

Role	Name / Signature / Date
Student	_____
Advisor / Program Coordinator	_____
Program Chair	_____
Director, Student Affairs (or Delegate)	_____
Registrar – Final Graduation Clearance	Approved ☐ Denied ☐ Signature: _____

I. Record Control

✓ Permanent digital archiving in SIS/degree audit system

✓ Eligible for CAA/OBEF and institutional audit at any time

✓ Access restricted to Registrar, Academic Affairs, QA-IEA

Annex F. Advising Agreement & Confidentiality Statement

Field	Details
Form Title	Advising Agreement & Confidentiality Statement
Form Code	FU-STU-ADV-Form-05
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible/Implementing Units	Academic Colleges/Program Chairs; Deanship of Student Affairs
Monitored and Evaluated by	Office of QA-IEA
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Adm. Affairs / Head of Student Affairs
Cross-References	FU Academic Advising SOP; Student Records & Data Protection Policy; CAA Standards 3.5 & 11; OBEF Pillar 2
Record Retention	Minimum 5 years

Confidentiality Level	Restricted – Student Advising Record
Document Custodian	Office of QA-IEA

A. Confidentiality and Advising Purpose

Academic advising at Fujairah University aims to promote student success, degree progression, and academic achievement through accurate, respectful, and confidential guidance. This agreement clarifies the rights and responsibilities of both the student and the academic advisor.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
College / Program / Major	_____
FU Email	_____
Mobile	_____
Academic Standing	Good ☐ Warning ☐ Probation ☐ Return from Suspension ☐

C. Student Advising Rights

As an FU student, you are entitled to:

☑ Respectful, supportive, and confidential academic advising

☑ Accurate information on degree and program requirements

☑ Guidance on course sequencing and academic progress

☑ Referral to support services as needed

☑ Ability to request another advisor if conflict of interest exists

D. Student Advising Responsibilities

You agree to:

☑ Provide truthful academic information

☑ Attend scheduled advising appointments

☑ Act upon the advising recommendations and requirements given

☑ Monitor your academic progress and degree audit

☑ Comply with FU academic policies and deadlines

E. Confidentiality Statement

All advising conversations, records, and documentation are confidential and may be accessed only by authorized personnel involved in the student's academic success and registration processes, including the Advisor/Program Coordinator, Program Chair, Student Affairs, Registrar, and QA-IEA for audit purposes.

Disclosure may occur only when required by:

UAE Federal law,

Immediate safety and risk protocols, or

Student authorization.

F. Data Use for Quality Assurance (QA) & Accreditation

(Approved: "Yes" from user)

I acknowledge that **anonymized and aggregated advising data** may be used for:

- Quality Assurance and Institutional Effectiveness reporting
- OBEF KPI analysis and continuous improvement
- CAA accreditation evidence and audits
- Research on student progression and retention

My identity will **not** be disclosed in any reporting or analysis.

☑ I understand and agree.

G. Signature & Routing (Option C)

Role	Name / Signature / Date
Student	_____
Advisor / Program Coordinator	_____
Program Chair	_____
Director, Student Affairs (or Delegate)	_____
Registrar *(if advising impacts registration clearance)*	_____

H. Record Control

✓ Upload to Advising Record / SIS

✓ Retain securely for **minimum 5 years**

✓ Access limited to authorized personnel

Q. Policies And Procedures Governing Student Behaviour And Academic Integrity 98.a.CI-28)

1. Policy Purpose

This policy provides a comprehensive governance framework for student behaviour and academic integrity at Fujairah University, ensuring a safe, ethical, respectful, and academically honest environment in alignment with institutional values, UAE federal laws, and CAA Standards 2019, Standard 6.11.

2. Policy Scope

This policy applies to all:

Students (full-time, part-time, online, internship, clinical, visiting, and exchange)

FU learning and research settings (on-campus, online, clinical, field, external sites)

Activities associated with FU representation including digital and social media conduct.

3. Statement of Students' Rights and Responsibilities (CAA 6.11.1)

Fujairah University recognizes that students are entitled to the following fundamental rights:

3.1 Student Rights

Students have the right to:

8. **A safe, respectful, and inclusive learning environment.**
9. **Fair and transparent academic evaluation.**
10. **Due process and impartial review of conduct or academic integrity allegations.**
11. **Confidentiality of disciplinary processes and student records.**
12. **Freedom of academic expression within scholarly and ethical bounds.**
13. **Access to published institutional policies and complaint/appeal mechanisms.**

3.2 Student Responsibilities

Students are responsible for:

1. **Upholding FU's academic integrity and behavioural standards.**
2. **Respecting peers, faculty, staff, and institutional property.**
3. **Complying with local UAE laws and university regulations.**
4. **Avoiding academic misconduct including plagiarism, cheating, forgery, collusion, and data falsification.**
5. **Ethical use of electronic platforms and social media.**

4. Student Behaviour Policy (CAA 6.11.2)

4.1 Expected Conduct

Students must demonstrate:

- **Respect, dignity, and professionalism;**
- **Non-discrimination and cultural sensitivity;**
- **Safe and lawful behaviour across university spaces (physical and virtual).**

4.2 Prohibited Behaviour

Examples include but are not limited to:

- **Harassment, bullying, threats, or physical violence.**
- **Unauthorized entry or misuse of facilities.**
- **Cyber misconduct (defamation, academic disruption, online harassment).**
- **Possession or distribution of illegal/controlled substances.**
- **Damage to university or personal property.**

5. Academic Integrity Statement (CAA 6.11.3)

Academic integrity is a core value of FU. Academic dishonesty includes, but is not limited to:

Academic Offense	Example Violations
Plagiarism	Copying text, ideas, images, data, AI-generated content without attribution
Cheating	Copying during exams, using unauthorized devices/materials
Collusion	Unauthorized collaboration, obtaining work to submit as one's own
Fabrication/Falsification	Inventing data, altering grades, forging records
Contract Cheating	Purchasing assignments, using third parties to complete work
AI Misuse	Using AI tools to generate uncredited academic work where prohibited

6. Disciplinary Authority & Investigative Framework (CAA 6.11.4)

6.1 Judicial / Disciplinary Jurisdiction

Authority	Jurisdiction
Academic Integrity Committee	Academic offenses (cheating, plagiarism, falsification)
Student Conduct Committee	Behavioural/misconduct cases
Deanship of Student Affairs	Interim actions, emergency safety measures
Registrar	Holds/flags on records and transcript notation
Appeals Board	Final appeal decision

6.2 Procedure Summary

Incident Report → Preliminary Review → Notice to Student → Hearing/Committee Review → Decision → Sanction → Right to Appeal → Record Filing & Retention

7. Sanctions for Violations

Sanctions may include one or more of the following, based on severity:

Level	Possible Actions
Level I	Written warning, mandatory workshop, resubmission
Level II	Assignment/exam zero, course failure, disciplinary probation
Level III	Suspension, dismissal, transcript notation, loss of privileges
Severe	Referral to UAE legal authorities (if applicable)

8. Record Management & Secure Retention (CAA 6.11.5)

8.1 Required Records

The University maintains secure documentation of:

- **Incident reports**
- **Investigative findings and evidence**
- **Hearing/committee minutes**
- **Decisions and sanctions**
- **Appeals and final resolutions**

8.2 Storage & Access

Requirement	Compliance

Minimum retention period	**7 years**
Access restrictions	Student Affairs, Registrar, Legal Counsel, QA-IEA
System security	Encrypted storage, controlled access, audit logging
Use of anonymized data	QA/IE and CAA/OBEF reporting permitted

9. Procedures Summary (Stepwise Protocol)

Stage	Procedure
1. Case Reporting	Submitted via FU Misconduct/Academic Integrity Form
2. Preliminary Review	Screening by Student Affairs/Academic Affairs
3. Notification to Student	Written notice of alleged violation and hearing schedule
4. Committee Review/Hearing	Evidence presented, student response recorded
5. Decision & Sanction	Consistent penalty applied with justification
6. Appeal Process	Appeal submitted within defined deadline
7. Record Filing	Final, secure entry into disciplinary records system

10. Transparency, Education & Prevention

FU implements continuous preventative education through:

Orientation and academic integrity training

Mandatory integrity statements in course syllabi

Turnitin and academic conduct monitoring

Digital literacy and ethical AI-use guidance

11. Policy Review Cycle

This policy is reviewed **every three years** or earlier if directed by:

- **CAA regulatory change,**
- **OBEF evaluation requirements, or**
- **University governance directives.**

Annex A. Student Code of Conduct Acknowledgment Form

Field	Details
Form Title	Student Code of Conduct Acknowledgment Form
Form Code	FU-STU-CODE-ACK-Form
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible Units	Head of Student Affairs; Office of Academic Affairs
Monitored by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Student Affairs Committee; Academic Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Academic Affairs / Deanship of Student Affairs
Record Retention	Minimum 7 years
Confidentiality Level	Restricted—Student Conduct Record
Document Custodian	Office of QA-IEA

A. Confidentiality and Legal Notice

By signing this form, the student acknowledges that violations of student conduct and academic integrity may result in sanctions under **FU Student Behaviour and Academic Integrity Policy**, and where applicable, **UAE Federal Law**.

B. Student Information

Field	Input
Student Name	_____
Student ID	_____
Program / College	_____
FU Email	_____
Mobile	_____

C. Statement of Acknowledgment

I hereby confirm that I have received, read, understood, and agree to comply with the following institutional governance documents:

1) **FU Statement of Students' Rights and Responsibilities**
2) **Policies and Procedures Governing Student Behaviour and Academic Integrity**
3) **Academic Integrity and Misconduct Regulations, including:**

- **plagiarism**
- **cheating**
- **collusion**
- **falsification**

- **contract cheating**
- **unauthorized generative AI usage**

4) **Acceptable Use of Information and Communication Systems**
5) **Student Grievance and Appeals Policy**

I affirm that I understand the consequences of violating the above regulations, including academic sanctions, disciplinary actions, suspension, dismissal, and legal reporting if required.

I further acknowledge that FU may use **anonymized student conduct and academic integrity data** for **QA-IEA accreditation, OBEF reporting, and institutional research**.

D. Signatures — Routing (Option C enforced)

Role	Signature / Name / Date
Student	_____
Faculty/Instructor (if part of mandatory orientation)	_____
Program Chair	_____
Academic Integrity / Student Conduct Committee Chair	_____
Director, Student Affairs	_____
Registrar (Record Entry)	_____

E. Record Filing & Storage

✓ Uploaded to SIS/Student Conduct File

✓ Retained for minimum 7 years

✓ Confidential—Access restricted to authorized offices only

Annex B. Academic Integrity Violation Report Form

Field	Details
Form Title	Academic Integrity Violation Report Form
Form Code	FU-ACAD-INT-Form
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible Units	Academic Colleges/Programs; Academic Integrity Committee; Student Affairs
Monitored by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin. Affairs
Record Retention	Minimum 7 years
Confidentiality Level	Restricted—Protected Academic Integrity Record

Document Custodian	Office of QA-IEA

A. Confidentiality Notice

All information provided in this form will be handled confidentially and used solely for investigation, adjudication, and official reporting on academic integrity compliance.

B. Student & Course Information

Field	Input
Student Name	_____
Student ID	_____
Program / College	_____
Course Code / Title	_____
Instructor	_____
Academic Term	Fall ☐ Spring ☐ Summer ☐ AY: _____

C. Nature of Alleged Academic Integrity Violation

(Select all that apply – AI misuse is included under these categories)

Category	Description	Check
Plagiarism	Using work/ideas/data without proper attribution (including AI-generated)	☐
Cheating	Unauthorized materials/assistance during exams or assessments	☐
Collusion	Unauthorized collaboration or work completed by another party (including AI-as-a-service)	☐
Contract Cheating	Outsourced assignment production or impersonation	☐
Fabrication/Falsification	Manipulated or invented data/results/sources	☐
Unauthorized Reuse	Submission of prior work without permission	☐
Other (specify)	_____	☐

D. Incident Summary Narrative

Provide a factual description of incident, timeline, and relevant student/instructor communications.

_____

_____

_____

E. Evidence Submission Checklist

Evidence Type	Provided	Notes
Assignment/Assessment in question	☐	
Originality/Similarity Report (Turnitin or other)	☐	
Exam/Assessment instructions	☐	
Annotated evidence file	☐	

LMS Activity / Access Logs	☐	
Witness/Proctor Statements	☐	
Other supporting documents	☐	

F. Preliminary Classification (Instructor/Reporter Use)

Level	Description	Check
Level I (Minor)	First offense, low impact on assessment/course	☐
Level II (Moderate)	Repeated concerns or significant academic impact	☐
Level III (Major)	Serious breach: contract cheating, falsification, exam misconduct	☐

G. Signatures — Routing (Option C)

Role	Signature / Name / Date
Reporting Instructor/Faculty	_____
Program Chair	_____
Academic Integrity Committee Chair	_____
Director, Student Affairs	_____
Registrar – Record Entry	_____

H. Record Filing & Storage Requirements

✓ Upload to Academic Integrity Record System/SIS

✓ Retain securely for **minimum 7 years**

✓ Access limited to authorized academic/disciplinary offices and QA-IEA (audit)

Annex C. Student Misconduct Hearing Procedures Manual

(Aligned with CAA Standards 6.11 and Compliance Inspection Framework)

Field	Details
Policy Title	Student Misconduct Hearing Procedures Manual
Policy Code	FU-STU-HRNG-SOP
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible Units	Deanship of Student Affairs; Academic Integrity Committee; Student Conduct Committee; Registrar
Monitored by	Office of Quality Assurance & Institutional Effectiveness (QA-IEA)
Reviewed by	Student Affairs Committee; Academic Affairs Committee; QA-IEC; Legal Affairs
Approved by	President
Noted by	Vice President for Admin Affairs
Record Retention	Minimum 7 years
Confidentiality Level	Restricted—Protected Disciplinary Record
Document Custodian	Office of QA-IEA

1. Purpose

To establish a consistent, fair, transparent, and auditable procedure for adjudicating student disciplinary and academic integrity violations at Fujairah University (FU), ensuring compliance with **CAA Standards 6.11** and the **Compliance Inspection Framework for Higher Education Institutions.**

2. Scope

This SOP applies to all student misconduct cases including:

- Academic integrity violations
- Student conduct and behavioural violations
- Violations occurring on campus, online, off-campus training, internships, clinical education, or university-sponsored activities

3. Hearing Authority & Governance

Body / Office	Jurisdiction
Academic Integrity Committee	Academic misconduct cases
Student Conduct Committee	Behaviour/misconduct cases
Appeals Board	Final appeals and sanctions review
Deanship of Student Affairs	Interim measures, emergency suspensions

4. Hearing Modality (As confirmed: Option B)

Hearings may be conducted:

✓ In person

✓ Online (video conferencing with identity verification)

✓ Hybrid (combined attendance mode)

All formats require:

authenticated identity verification

secure digital recording and document handling

confidentiality and data protection compliance

5. Procedural Principles

All hearings must ensure:

☑ Due process

☑ Neutrality and absence of conflict of interest

☑ Right to written notice

☑ Right to review evidence

☑ Right to respond and present evidence/witnesses

☑ Right to advisor/support person (non-legal advocacy)

☑ Right to appeal

6. Misconduct Hearing Procedure (Stepwise)

Summary Flowchart

Case Report → Preliminary Review → Notice to Student → Evidence Disclosure →
Hearing Scheduled → Hearing Conducted → Decision Issued → Sanction →
Appeal (if submitted) → Record Archiving & Reporting

Detailed Procedure

Step	Requirement
1. Case Submission	Incident submitted using FU-ACAD-INT-Form or Misconduct Report Form
2. Preliminary Review	Determines severity, jurisdiction, and hearing requirement
3. Written Notice	Student receives charges, policies violated, evidence summary, and hearing date
4. Evidence Exchange	All evidence disclosed to student **minimum 3 working days** prior to hearing
5. Hearing Scheduling	Held within **10 working days** unless extended for justified reasons
6. Hearing Proceedings	Opening statements → Evidence → Witness testimony → Student response
7. Deliberation & Vote	Committee deliberates privately and renders a decision
8. Written Decision	Issued within **5 working days**, including sanction and appeal rights
9. Appeal Procedure	Submitted within **7 working days** to the Appeals Board

10. Final Record Filing	Registrar ensures record entry and retention

7. Evidence Rules

Accepted evidence may include:

- Originality/Similarity reports
- Assessment materials
- LMS access logs
- Messaging/email records
- Proctoring logs
- Witness statements
- Device logs or forensic IT records (if required)

Chain of custody must be documented.

8. Decision and Sanction Standards

Level	Example Sanctions
Level I – Minor	Warning, resubmission, reduced grade
Level II – Moderate	Zero on assessment, course failure, probation
Level III – Major	Suspension, dismissal, transcript notation, referral to legal authorities

9. Appeals

Appeals must be based on one of the following criteria:

Ground for Appeal
Procedural error
New or overlooked evidence
Disproportionate sanction
Demonstrated bias or conflict of interest

Outcome may **uphold, reduce, overturn, or escalate** the sanction.

10. Records, Archiving & Reporting Compliance

✓ Minimum retention: **7 years**

✓ Storage: secure disciplinary records system/SIS

✓ Access: Registrar, Student Affairs, Program Chair, QA-IEA (audit)

✓ Aggregated, anonymized reporting allowed for QA, OBEF, and CAA inspection

Annex D. Artificial Intelligence (AI) Use Academic Integrity Addendum

(Applies University-Wide to All Academic Activities)

Field	Details
Policy Title	FU Artificial Intelligence (AI) Use Academic Integrity Addendum
Policy Code	FU-AI-ETHICS-ADD
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New Addendum
Responsible Units	Office of Academic Affairs; Deanship of Student Affairs; Academic Colleges/Programs
Monitored by	QA-IEA; Academic Integrity Committee
Reviewed by	Academic Affairs Committee; Student Affairs Committee; QA-IEC; Legal Affairs
Approved by	President/Chancellor
Noted by	Vice President for Admn. Affairs
Cross-References	FU Student Behaviour & Academic Integrity Policy; FU Acceptable IT Use Policy; CAA Standard 6.11; UAE Cybersecurity & Intellectual Property Legislation
Record Retention	Minimum 7 years if attached to a misconduct case
Confidentiality Level	Public Policy (signed copies: restricted student record)
Document Custodian	Office of QA-IEA

1. Purpose

This Addendum clarifies student obligations and institutional expectations regarding the ethical and responsible use of Artificial Intelligence (AI) tools in academic work at Fujairah University, ensuring compliance with:

CAA Standards 2019 Standard 6.11 (Academic Integrity & Student Behaviour)

Framework for the Compliance Inspection of Higher Education Institutions

Outcome-Based Evaluation Framework (OBEF) Pillar 2 and Pillar 4

UAE federal laws on data protection, intellectual property, and cybercrime

2. Scope

This Addendum applies to all learners (UG/PG/doctorate, exchange, visiting, continuing education) and all academic settings, including but not limited to:

Coursework and assignments

Examinations and quizzes

Capstones, theses, dissertations

Research projects and publications

Fieldwork, labs, studios, clinics, and internships

Communication submitted as academic work (presentations, proposals, reports)

3. Definition of AI Tools

AI tools include (but are not limited to):

- **Text, image, video, and code generators**
- **Machine learning content enhancers**
- **Translation and paraphrase tools**
- **Predictive modeling and data generation tools**
- **AI tutoring/chat systems**
- **AI-based research summarizers**

4. Permitted and Prohibited Use

4.1 Permitted Use (Only When Explicitly Allowed by Instructor)

AI may be used for:

- **Brainstorming, concept exploration**
- **Grammar improvement or language support**
- **Non-substantive polishing for clarity**
- **Accessibility and assistive learning accommodations**

Only if permitted in the course and **properly acknowledged.**

4.2 Prohibited Use (Always a Violation)

AI use constitutes academic misconduct when it results in:

Prohibited Behavior
Submitting AI-generated text, images, data, or analysis as original work
AI-assisted paraphrasing to mask plagiarism
Generating citations, data, interview transcripts, or research results that do not exist
Using AI during closed-book or restricted assessments
Using AI to impersonate a student identity or author work on their behalf
Outsourcing academic work through AI-enabled contract cheating platforms

5. Required Student Disclosures

Whenever AI is permitted, students must disclose:

What tool(s) were used

For which part(s) of the work

Level of assistance (generation, editing, summarization, etc.)

Failure to disclose constitutes **misrepresentation and academic misconduct**.

6. Sanctions for Violations

Violations are subject to the **FU Student Behaviour & Academic Integrity Policy** and may include:

Level	Sanctions (examples)
Level I – Minor	Warning, revision, academic integrity training
Level II – Moderate	Assignment/course failure, probation
Level III – Major	Suspension, dismissal, transcript notation, legal referral if applicable

7. Student Acknowledgment Statement

I understand that:

1) **I am responsible for ensuring any use of AI in academic work is ethical, transparent, and permitted by FU and my instructor.**
2) **Undisclosed or prohibited use of AI is a violation of academic integrity and subject to disciplinary action.**
3) **AI tools may not be cited as authors or credited as human collaborators.**
4) **FU may evaluate my work using AI-detection, forensic linguistic analysis, authorship verification, and similarity tools.**
5) **Institutional anonymized AI misconduct data may be used for QA-IEA reporting, OBEF, and accreditation audits.**

Required Signatures — Routing (Option C)

Role	Signature / Name / Date
Student	_____
Faculty/Instructor (if applicable)	_____
Program Chair	_____
Academic Integrity / Student Conduct Committee Chair	_____
Director, Student Affairs	_____
Registrar – Record Entry (if triggered by a violation)	_____

R. Policy and Procedures Governing Student Grievances, Complaints, and Appeals (8.J)

1. Purpose

To provide a structured, impartial, and accessible mechanism through which **students can express grievances, lodge complaints, and appeal decisions** related to academic or non-academic matters.

The policy ensures that all student concerns are handled **confidentially, equitably, and without fear of retaliation**, in accordance with institutional and national quality assurance standards.

2. Scope

This policy applies to:

- All registered FU students (undergraduate and postgraduate);
- All academic and administrative departments handling student-related issues;
- Grievances concerning academic evaluation, faculty conduct, services, facilities, or other university-related decisions.

3. Definitions

Term	Definition
Grievance	A formal complaint raised by a student about an action or decision that is perceived to be unfair or inconsistent with FU policies.
Academic Appeal	A student request to review or reconsider an academic decision (e.g., grade, progression, or disciplinary action).
Non-Academic Complaint	A concern related to services, administrative processes, or behavior of university personnel.
Appeals Committee	A standing institutional body responsible for impartial review and final recommendations.

4. Policy Statements

1. **Right to Fair Treatment**
   Students have the right to express concerns and expect fair, respectful, and timely consideration of their grievances without prejudice or fear of reprisal.
2. **Accessibility and Confidentiality**
   The grievance process shall be accessible to all students and conducted confidentially to protect all parties involved.
3. **Transparency and Documentation**
   All grievances and appeals must be formally documented using the **FU Student Grievance and Appeal Form (FU-SAF-SGA-Form-2025-01)** and tracked by DSA and QA-IEA.
4. **Resolution at the Lowest Level**
   Whenever possible, grievances should be resolved informally between the student and the concerned faculty or staff before formal escalation.
5. **Impartiality and Non-Retaliation**
   No student shall suffer retaliation for lodging a complaint or appeal in good faith.
6. **Timeliness**
   Grievances must be submitted within **10 working days** of the incident or decision. Appeals following a resolution must be lodged within **five (5) working days** of notification.

7. **Finality**
   The decision of the **University Appeals Committee**, endorsed by the President, is final and binding.

5. Responsibilities

Office / Committee	Key Responsibilities
Student Complainant	Submits grievance/appeal with supporting evidence.
Department of Student Affairs (DSA)	Serves as the initial receiving and investigating body; facilitates resolution or referral.
College Dean / Department Head	Conducts initial mediation and recommends actions.
University Appeals Committee	Conducts impartial review of escalated cases.
QA-IEA	Monitors process compliance, timelines, and systemic issues; reports trends to QA-IEC.
President	Approves final decisions for record.

6. Procedures

6.1 Informal Resolution

1. The student first discusses the concern directly with the faculty or staff involved.
2. If unresolved, the issue is referred to the relevant **Department Head or Dean**.
3. If the issue persists, the student may proceed to formal grievance submission.

6.2 Formal Grievance Submission

1. The student completes the **Student Grievance and Appeal Form (FU-SAF-SGA-Form-2025-01)** and submits it to **DSA**.
2. DSA logs the complaint in the **Grievance Tracking Register** and acknowledges receipt within **three (3) working days**.
3. DSA conducts a preliminary investigation, interviewing involved parties.
4. Findings and recommendations are documented within **ten (10) working days**.

6.3 Appeals Process

1. If dissatisfied, the student may submit a formal appeal to the **University Appeals Committee** through DSA.
2. The Appeals Committee (including a QA-IEA representative) reviews all evidence within **seven (7) working days**.
3. A decision is issued in writing, and a copy is submitted to DSA and QA-IEA for filing and monitoring.
4. The **President / Chancellor** endorses the final resolution.

6.4 Record Keeping and Confidentiality

- DSA maintains a **secure archive** of all grievance and appeal records for **five (5) years**.
- QA-IEA conducts annual audits of records to ensure compliance and process efficiency.

7. Quality Assurance and Continuous Improvement

- QA-IEA analyzes grievance data annually to identify systemic trends, recurrent issues, and areas for improvement.

- Recommendations are reported to the **QA-IE Council** and integrated into FU's **OBEF Pillar 6 performance indicators** on Governance and Institutional Effectiveness.

8. Related Documents

- FU Student Handbook
- FU Code of Conduct for Students
- FU Policy on Academic Integrity and Misconduct
- FU Policy on Student Rights and Responsibilities
- FU QA Manual and OBEF v10.21 Guidelines

9. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier upon any update to the MoE-CAA Standards, OBEF, or FU governance framework.

Summary

This policy guarantees that **student concerns are addressed transparently, ethically, and in compliance with UAE higher education quality standards**.

It promotes a **culture of dialogue, accountability, and institutional responsiveness**, ensuring continuous enhancement of student experience and institutional credibility.

Annex A. Student Grievance and Appeal Form

Form Code: FU-SAF-SGA-Form-2025-01 **Version:** 1.0 **Effective:** AY 2025 – 2026
Confidential – For Student Affairs and QA-IEA Internal Use Only

Section A – Student Information

Field	Details
Full Name	
Student ID	
College / Program	
Contact Number / Email	
Type of Concern	☐ Academic ☐ Non-Academic ☐ Other (Specify): _____
Date of Incident	
Date Submitted	

Section B – Description of Complaint / Grievance

Provide a detailed account of the issue, including facts, dates, and persons involved.

_____
_____
_____

Supporting Documents Attached: ☐ Yes ☐ No

Section C – Steps Taken to Resolve Informally

Indicate any informal discussions or actions taken prior to formal submission:

_____
_____

Date of Attempt / Meeting	Name of Person Approached	Outcome / Remarks

Section D – Desired Resolution

State clearly the outcome or remedy you seek:

_____
_____
_____

Section E – Student Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that false statements may result in disciplinary action.

Student Signature		Date	

Section F – DSA Action and Preliminary Investigation

Action Taken	Date Completed	Officer in Charge	Remarks

Acknowledgement of Receipt			
Investigation Conducted			
Resolution / Referral			

Section G – College Dean / Department Head Endorsement

☐ Resolved informally ☐ Requires Formal Appeal ☐ No Grounds for Appeal

Comments: _____

Name	Signature	Date

Section H – Appeal Committee Decision

Date of Hearing	Decision / Findings	Recommendation to President

Final Outcome: ☐ Approved ☐ Denied ☐ Requires Further Review

Date of Notification to Student: _____

Section I – QA-IEA Monitoring and Closure

QA-IEA Officer	Date of Review	Compliance Verified	Remarks
		☐ Yes ☐ No	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Grievance Tracking Register Template

Form Code: FU-SAF-GTR-Form-2025-02 **Version:** 1.0 **Effective:** AY 2025 – 2026

Confidential – Maintained by DSA and QA-IEA

Section A – Register of Cases

Case No.	Date Received	Student Name / ID	Type (Academic/Non-Academic)	Summary of Complaint	Status (Open/Closed)	Resolution Date	Responsible Office	Remarks

Section B – Annual Summary and Analysis

(to be completed by QA-IEA each academic year)

Metric	2025	2026	2027	2028
Total Cases Filed				
% Resolved Within 10 Days				
% Appealed Cases				
% Resolved in Favor of Student				
% Resolved in Favor of Institution				
Common Issue Categories				
Systemic Recommendations				

Section C – QA-IEA Audit Summary

Audit Date	QA-IEA Auditor	Compliance Findings	Recommendations	Status of Action

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Student Affairs (DSA)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These forms collectively ensure that:

- Student complaints are **formally documented**, tracked, and resolved under transparent procedures;
- QA-IEA can **monitor compliance, analyze trends**, and implement continuous improvements;
- FU demonstrates adherence to **CAA Standard 4.2** and **FU Pillar 6 (KPI 6.1 – Institutional Governance and Effectiveness)**.

S. Policy and Procedures Governing the Location and Management of Physical Sites Supporting Academic Program Delivery (8.K)

1. Purpose

To ensure that the **location, establishment, and operation of FU's physical academic sites**—including specialized laboratories, training clinics, simulation centers, and other facilities—are consistent with **academic program needs, health and safety regulations, and accreditation requirements**, and that these sites effectively support **teaching, learning, and research outcomes**.

2. Scope

This policy applies to:

- All **FU academic programs and courses** requiring physical learning or practical components;
- All **laboratories, clinics, studios, and training centers** established within FU's main campus or at approved external partner sites;
- The **Departments of Facilities Management (DFaM)**, **Academic Affairs**, and **QA-IEA** in relation to site management and compliance monitoring.

3. Definitions

Term	Definition
Physical Site	Any designated facility, on-campus or off-campus, providing specialized learning environments for program delivery (e.g., labs, clinics, studios).
Satellite Site	A secondary location formally approved for FU course delivery outside the main campus.
Facilities Compliance Audit (FCA)	The periodic QA-IEA-supervised evaluation to ensure that physical sites meet regulatory, safety, and pedagogical standards.

4. Policy Statements

1. **Institutional Approval and Oversight**
   All physical sites supporting program delivery must be **approved by the FU President** upon endorsement from the **Director of Academic Affairs** and **QA-IEA**, ensuring full compliance with CAA and OBEF frameworks.
2. **Location Standards**
   - Sites must be **strategically located** to ensure accessibility, safety, and relevance to program objectives.
   - Off-campus facilities must be within a reasonable distance from the main campus and comply with municipal zoning and accessibility regulations.
3. **Design and Resource Requirements**
   - Each site shall meet **space, equipment, environmental, and safety requirements** appropriate to its function.
   - Laboratories and clinics must follow **discipline-specific accreditation standards** (e.g., health sciences, engineering, IT).
4. **Health, Safety, and Environment (HSE) Compliance**
   - All sites must comply with FU's **Health, Safety, and Environmental Policy**.
   - The **DFaM** is responsible for routine inspections, maintenance logs, and risk assessments.

5. **Academic Integration**
    - The **Director of Academic Affairs** ensures that every facility aligns with the **curriculum delivery plan**, **learning outcomes**, and **CLO-PLO mapping**.
    - Facilities are assigned to courses through the **Timetabling and Resource Allocation Process** each semester.
6. **Monitoring and Evaluation**
    - QA-IEA shall conduct an **annual Facilities Compliance Audit (FCA)** assessing adequacy, utilization, accessibility, and safety.
    - Corrective Action Plans (CAPs) are required for deficiencies identified.
7. **Maintenance and Sustainability**
    - Routine and preventive maintenance schedules shall be implemented by DFaM.
    - Equipment upgrades, repairs, and disposal shall follow the **FU Asset Management and Sustainability Policy**.
8. **Record Keeping and Documentation**
    - The **Facilities Register (FU-DFaM-FR-Form-2025-01)** shall document the purpose, approval, specifications, and maintenance records of each site.
    - QA-IEA retains audit reports and CAPs as evidence for internal and external accreditation reviews.

5. Responsibilities

Unit / Role	Key Responsibilities
President	Final authority for approval and resource allocation for new sites.
Vice President for Administrative Affairs	Oversight of infrastructure planning and policy compliance.
Director of Academic Affairs	Verifies alignment between academic program requirements and facility capacity.
Department of Facilities Management (DFaM)	Leads facility establishment, maintenance, safety compliance, and documentation.
Health, Safety and Environment (HSE) Officer	Ensures HSE regulations, safety drills, and emergency readiness.
Office of QA-IEA	Monitors compliance with accreditation standards and evaluates OBEF Pillar 6 KPIs.

6. Procedures

6.1 Establishment and Approval of New Physical Sites

1. Academic departments identify the need for a specialized facility through program review or accreditation requirements.
2. A **Site Proposal Form (FU-DFaM-SPF-Form-2025-01)** is submitted with justification, location details, and risk analysis.
3. The DFaM evaluates feasibility (infrastructure, cost, safety).
4. QA-IEA reviews compliance with CAA, OBEF, and ISO standards.
5. The proposal is endorsed by the **QA-IE Council** and approved by the **President**.

6.2 Operation and Maintenance

1. DFaM maintains a **Preventive Maintenance Schedule (PMS)** for all academic facilities.
2. Maintenance records are updated quarterly in the Facilities Register.
3. Academic units report any deficiencies to DFaM through the **Facilities Service Request Form (FU-DFaM-FSR-Form-2025-02)**.
4. QA-IEA verifies resolution during its annual audit.

6.3 Disposal or Relocation of Facilities

1. When facilities become obsolete or redundant, DFaM, in consultation with Academic Affairs and QA-IEA, prepares a **Decommissioning Report**.
2. Disposal or relocation must be approved by the President.
3. Records are retained for at least **five (5) years** for audit reference.

6.4 Monitoring and Audit

1. QA-IEA conducts the **Facilities Compliance Audit (FCA)** annually using the FU-QA-FCA-Form-2025-03.
2. Findings and Corrective Action Plans (CAPs) are reviewed by the QA-IE Council.
3. Results feed into FU's institutional KPI reporting for OBEF Pillar 6.

7. Related Documents

- FU Health, Safety and Environmental Policy
- FU Asset Management and Sustainability Policy
- FU Facilities Compliance Audit Form (FU-QA-FCA-Form-2025-03)
- FU Site Proposal Form (FU-DFaM-SPF-Form-2025-01)
- FU Preventive Maintenance Schedule (FU-DFaM-PMS-Form-2025-02)
- UAE Fire and Life Safety Code of Practice

8. Review Cycle

This policy shall be reviewed **every three (3) years** or earlier upon any revision of national regulatory frameworks or internal strategic infrastructure plans.

Summary

This policy ensures that all FU laboratories, clinics, and other physical learning environments are:

- **Strategically located**, compliant with UAE building and safety standards;
- **Properly maintained and documented** through DFaM oversight;
- **Aligned with academic program needs** and learning outcomes;
- **Regularly audited** by QA-IEA under **FU Pillar 6** and KPI **6.2** to uphold institutional effectiveness and sustainability.

Annex A. Site Proposal Form

Form Code: FU-DFaM-SPF-Form-2025-01 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For DFaM / Academic Affairs / QA-IEA Internal Use Only

Section A – General Information

Field	Details
Proposed Site Name / Type	☐ Laboratory ☐ Clinic ☐ Studio ☐ Training Center ☐ Other (Specify): _____
College / Department	
Program(s) Supported	
Site Address / Location Coordinates	
Proposal Prepared By	
Designated Faculty or Manager	
Date of Submission	

Section B – Purpose and Justification

1. Rationale for establishing the site (including course requirements and learning outcomes):
   _____
2. Expected student capacity and frequency of use (per semester):
   _____
3. Alignment with CAA Standard 6.2 and OBEF Pillar 6 requirements:
   _____

Section C – Infrastructure and Resource Details

Resource Type	Specification / Description	Quantity	Compliance (Y/N)
Space Area (m²)			
Equipment List			
Utilities / ICT Support			
Accessibility (Ramps, Lifts)			
HSE Certifications / Fire Safety			

Section D – Risk and Feasibility Assessment

Criterion	Risk Level (L/M/H)	Mitigation Action
Safety and Health		
Accessibility and Transport		
Environmental Impact		
Cost and Budget		
Regulatory Compliance		

Section E – Endorsements

Reviewer	Name / Designation	Signature	Date
Head of College / Department			
Director of Academic Affairs			
Head of Facilities (DFaM)			
QA-IEA Representative			
President / Chancellor (Approval)			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Facilities Management (DFaM)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Facilities Service Request Form

Form Code: FU-DFaM-FSR-Form-2025-02 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Maintenance and Operational Use

Section A – Requester Information

Field	Details
Request No.	
Name of Requester	
College / Department	
Contact Email / Phone	
Date Submitted	

Section B – Facility Details

Facility Name / Code	Type (Lab/Clinic/Studio)	Building / Room No.	Urgency
			☐ High ☐ Medium ☐ Low

Section C – Nature of Request

☐ Routine Maintenance ☐ Emergency Repair ☐ Equipment Replacement ☐ Upgrading ☐ Other (Specify): _____
Describe Issue or Service Needed:
_____
_____
_____

Section D – Action and Follow-Up

Action Taken / Recommendation	Date Completed	Technician / Contractor	Verified by (DFaM Supervisor)

Section E – Academic Verification

Faculty User / Lab Coordinator	Signature	Date	Comments

Section F – QA-IEA Audit (If Applicable)

Audit Date	QA-IEA Reviewer	Compliance	Remarks
		☐ Yes ☐ No	

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
DFaM	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex C. Facilities Compliance Audit Form

Form Code: FU-QA-FCA-Form-2025-03 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – QA-IEA and Facilities Audit Record

Section A – Facility Identification

Facility Name	College / Program	Location / Building	Facility Type (Lab/Clinic/Studio)

Section B – Evaluation Criteria

Evaluation Aspect	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)	Remarks
1. Facility Adequacy and Accessibility	☐	☐	☐	☐	
2. Equipment Availability and Functionality	☐	☐	☐	☐	
3. Health and Safety Compliance	☐	☐	☐	☐	
4. Hygiene and Environment Standards	☐	☐	☐	☐	
5. ICT and Digital Infrastructure	☐	☐	☐	☐	
6. Accessibility for Students with Determination	☐	☐	☐	☐	
7. Utilization Rate and Scheduling Efficiency	☐	☐	☐	☐	
8. Maintenance and Record Logs	☐	☐	☐	☐	

9. Signage and Emergency Readiness	☐	☐	☐	☐	
10. Alignment with Program Learning Outcomes	☐	☐	☐	☐	

Section C – Findings and Corrective Action Plan

Finding / Non-Compliance	Recommended Action	Responsible Unit	Target Date	Completion Status

Section D – Verification and Sign-Off

Role	Name	Signature	Date
QA-IEA Auditor			
DFaM Head			
Director of Academic Affairs			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
QA-IEA	CQA-IE (Admin Affairs)	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These three forms ensure that every FU physical learning environment:

- Is **formally proposed, evaluated, and approved** before establishment (SPF-2025-01);
- Receives **systematic maintenance and service tracking** (FSR-2025-02);
- Undergoes **annual compliance auditing and QA verification** (FCA-2025-03).

Together, they provide complete evidence of FU's adherence to **CAA Standard 6.2**, **HE Inspection Standard 3**, and **FU Pillar and Goal 6** on institutional effectiveness and sustainability.

T. Policy and Procedures Governing Safeguarding, Including the Prevention of Radicalisation, Extremism, and Terrorism (A.2)

1. Purpose

This policy establishes Fujairah University's institutional commitment to **safeguard students, staff, and visitors** from risks associated with **radicalisation, extremism, and terrorism**, while fostering a safe, inclusive, and tolerant academic environment aligned with **UAE national security and moral education priorities**.

It ensures compliance with the **CAA's governance and student welfare standards**, **UAE Federal Laws**, and **OBEF Pillar 5 (Community Engagement and Societal Impact)**.

2. Scope

This policy applies to:

- All **students**, **faculty**, **staff**, and **visitors** on campus or participating in FU-sponsored activities;
- All digital, physical, and social environments associated with FU (e.g., LMS platforms, student clubs, community outreach);
- All communications, events, or collaborations that could influence student beliefs or behaviors related to national identity, tolerance, and security.

3. Policy Statements

1. **Commitment to Safeguarding**
   FU upholds a **zero-tolerance policy** toward any form of radicalisation, extremism, or terrorism and ensures mechanisms to identify, prevent, and respond to related risks.
2. **Compliance with National Frameworks**
   All institutional safeguarding practices align with the **UAE Constitution**, **Federal Law No. 7 of 2014**, and **MoE directives** concerning university security, student welfare, and ethical education.
3. **Promotion of Tolerance and Inclusion**
   FU promotes the UAE's values of **tolerance, coexistence, and respect for diversity** across curricula, student activities, and institutional culture.
4. **Shared Responsibility**
   Safeguarding is a shared responsibility among leadership, faculty, staff, and students. The **Department of Student Affairs (DSA)** leads operational implementation, supported by QA-IEA oversight.
5. **Confidentiality and Due Process**
   All reports or investigations under this policy will be handled confidentially and in line with **UAE data protection and labour regulations**.

4. Definitions

Term	Definition
Safeguarding	Protecting individuals from harm, abuse, exploitation, or radicalisation within the academic environment.
Radicalisation	The process by which a person comes to adopt extreme political, social, or religious ideals opposing UAE law or values.
Extremism	Vocal or active opposition to the UAE's foundational values, including tolerance, human rights, and respect for others.
Terrorism	Criminal acts intended to create fear or disrupt national security as defined by UAE Federal Law No. 7 of 2014.

Designated Safeguarding Officer (DSO)	Appointed officer responsible for coordinating safeguarding actions and liaising with government security authorities.

5. Responsibilities

Role / Office	Responsibilities
President	Overall accountability for safeguarding and compliance with national security obligations.
Vice-President for Administrative Affairs (VPAF)	Oversees risk management and ensures resourcing for training and awareness programs.
Head, Department of Student Affairs (DSA)	Implements safeguarding measures, awareness campaigns, and immediate response to referrals.
Designated Safeguarding Officer (DSO)	Serves as point of contact for internal and external reporting of safeguarding concerns.
Faculty and Staff	Identify and report any concerns or behaviours indicating risk of radicalisation or extremism.
QA-IEA	Audits safeguarding implementation, ensures policy alignment with OBEF Pillar 5 and 6 KPIs.
Students	Uphold FU's values of respect and tolerance and report any safeguarding concerns promptly.

6. Procedures

6.1 Prevention and Awareness

1. FU shall conduct **annual awareness campaigns** on safeguarding, tolerance, and national security values.
2. Induction and orientation programs will include **training on digital citizenship**, responsible use of social media, and UAE anti-terrorism laws.
3. Faculty shall integrate **ethics, tolerance, and civic responsibility** into general education and co-curricular activities.
4. The **DSA** shall collaborate with the **Ministry of Interior (MoI)** and **National Program for Tolerance** on prevention activities.

6.2 Identification and Referral

1. Any faculty, staff, or student who identifies concerning behaviour must immediately report to the **Designated Safeguarding Officer (DSO)** using the **Safeguarding Concern Form (FU-SAF-FORM-2025-01)**.
2. The DSO conducts an initial review and, where necessary, escalates the case to the **Safeguarding Committee** chaired by the VPAA or VPAF.
3. The Committee may refer the case to **external authorities** (e.g., MoI, police) if it presents a threat to safety or violates UAE law.

6.3 Response and Intervention

1. The DSO shall ensure **confidential investigation** while providing support and counselling to the involved individual.
2. Where appropriate, FU offers **rehabilitation or counselling** through the **Student Wellness Office**.
3. Disciplinary actions will follow FU's **Code of Conduct** and **UAE criminal laws** if a threat or offence is substantiated.
4. The President must be notified of all confirmed incidents and their resolutions.

6.4 Training and Capacity Building

1. All employees must undergo **mandatory safeguarding and counter-extremism training** annually.

2. Records of attendance and certifications are maintained by HR and verified by QA-IEA.
3. DSA organizes specialized training for faculty advisors, student mentors, and security personnel.

6.5 Monitoring and Reporting

1. QA-IEA audits safeguarding performance through the **OBEF KPI 5.3 (Community Safety and Student Wellbeing)** and **KPI 6.1 (Governance and Compliance)**.
2. Semesterly safeguarding reports are presented to the **QA-IE Council**.
3. A summary of preventive activities is included in the **Institutional Effectiveness Re**
4. **port (IER)** and **BOT updates**.

7. Confidentiality and Data Management

- All safeguarding documentation is **confidential and securely stored** in the DSA's restricted-access drive.
- Reports are retained for **five (5) years** for audit and legal reference.
- Information sharing with external authorities requires approval from the President or VPAA.

8. Non-Compliance

- Failure to adhere to this policy constitutes a **serious disciplinary offence**.
- Employees or students who intentionally conceal safeguarding concerns or engage in extremist advocacy may face **suspension, dismissal, or legal prosecution** under UAE law.
- The QA-IEA shall issue a **Corrective Action Plan (CAP)** for any college or department found non-compliant during audits.

9. Quality Assurance and Continuous Improvement

- The QA-IEA and DSA jointly review this policy's effectiveness annually.
- Lessons learned from incidents or audits are incorporated into FU's **Risk Management Framework**.
- Outcomes are benchmarked against **UAE national higher-education safety standards** and **international safeguarding good practice**.

10. Related Documents

- FU Student Code of Conduct
- FU Staff Code of Ethics
- FU Policy on Risk Management
- FU Policy on Student Wellbeing and Support
- UAE Federal Law No. 7 of 2014 on Combating Terrorism
- UAE Cybercrime Law No. 34 of 2021
- CAA Standards 2019 (Standard 4.2)
- OBEF v10.21 Pillars 5 and 6
- ISO 21001:2018 Implementation Manual

11. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier when new national regulations or risk factors emerge.

Summary

This policy ensures that **Fujairah University** provides a **safe, inclusive, and vigilant academic environment** that prevents radicalisation and extremism, promotes tolerance, and protects the welfare of all community members.

It operationalises UAE's national directives on educational safeguarding and integrates prevention into FU's **governance, quality assurance, and student support ecosystem**.

VII. Health, Safety and Environment

A. Policy on Health Services and Student Wellbeing (13.A)

1. Purpose

This policy establishes the framework governing the provision, management, monitoring, and continuous improvement of health services at Fujairah University (FU), ensuring:

- Safe, high-quality on-campus health services for students, faculty, staff, and visitors
- Compliance with UAE Ministry of Health & Prevention (MOHAP) standards
- Support for student wellbeing, emergency response, and preventive health measures
- Alignment with CAA Standards, HEI Inspection Framework, and OBEF institutional effectiveness indicators

2. Scope

This policy applies to:

- All students (undergraduate, graduate, diploma)
- All faculty, staff, and visitors requiring health care services
- University Health Services Unit (UHSU)
- Nursing/first-aid personnel stationed on campus
- Emergency response and health-related risk mitigation

3. Definitions

Term	Definition
Health Services	Medical care provided by the University, including first-aid, primary assessment, referral, preventive care, and emergency response.
UHSU	University Health Services Unit responsible for delivering campus health care and health-related reporting.
Emergency Medical Response	Immediate intervention for injuries, accidents, or sudden illnesses on campus.
Health Incident Report	A formal document describing health-related incidents on university premises.
Wellbeing Services	Preventive programs, health education, mental health support, and wellness campaigns.

4. Policy Statements

4.1 Provision of Health Services

FU shall maintain a licensed health services unit staffed by qualified professionals to provide:

- First aid and basic medical assessment
- Short-term care for non-emergency conditions
- Immediate emergency response
- Referral to external clinics/hospitals as necessary
- Health education and wellbeing programs

4.2 Compliance with UAE Health Regulations

FU ensures that all health services:

- Comply with UAE Ministry of Health regulations
- Meet CAA Standards for student support services
- Follow HEI Inspection criteria on health, safety, and wellbeing
- Maintain privacy in accordance with UAE Data Protection and confidentiality laws

4.3 Accessibility and Equity

FU guarantees:

- Equal access to health services for all students regardless of gender, nationality, disability, or study mode
- Special accommodation for students with chronic conditions or disabilities
- Gender-appropriate spaces and culturally sensitive services

4.4 Emergency Response

UHSU must:

- Activate emergency protocols immediately
- Coordinate with facility security and local emergency services
- Document all incidents using the FU Health Incident Report Form
- Maintain emergency kits, AEDs, and first-aid supplies

4.5 Health Education and Prevention

FU provides regular:

- Health awareness campaigns
- Vaccination drives (when mandated)
- Health screenings
- Wellbeing and stress management programs

4.6 Confidentiality & Records

All medical records shall be:

- Confidential
- Stored securely according to UAE digital health standards
- Accessible only to authorized medical personnel
- Retained for a minimum of **7 years**

4.7 Institutional Effectiveness & Reporting

UHSU shall submit:

- Quarterly Health & Wellbeing Report
- Emergency Response Report
- Annual review for QA-IEC under OBEF Pillar 6

QA-IEA evaluates:

- Service effectiveness
- Compliance with standards
- Risks and corrective actions

5. Procedures

5.1 Accessing Health Services

Step	Action	Responsible
1	Student/staff visits UHSU or calls emergency hotline	Student/Staff
2	Health assessment conducted	UHSU Nurse / Physician
3	Determine treatment or referral	UHSU
4	Administer first-aid or emergency procedures	UHSU
5	Log visit in the Health Services Register	UHSU

5.2 Emergency Medical Response Procedure

Step	Action	Responsible
1	Activate campus emergency line	Any Witness
2	UHSU responds immediately	UHSU
3	Provide stabilization and first aid	UHSU
4	Call ambulance if required	UHSU
5	Notify DFaM & Security	UHSU
6	Complete Health Incident Report Form	UHSU
7	Submit report to QA-IEA	UHSU

5.3 Referral Procedure

Step	Action	Responsible
1	Conduct assessment	UHSU
2	Determine need for external referral	Physician / Nurse
3	Provide referral letter	UHSU
4	Document referral details	UHSU
5	Follow-up for major incidents	UHSU + QA-IEA

5.4 Health Education & Preventive Care Procedure

Step	Action	Responsible
1	Draft annual health education plan	UHSU
2	Coordinate with SCIR for communication	UHSU + SCIR
3	Implement campaigns	UHSU
4	Evaluate participation and outcomes	DFaM +QA-IEA
5	Archive evidence	QA-IEA

5.5 Medical Record Management

Step	Action	Responsible
1	Create digital/paper file	UHSU
2	Update record at each visit	UHSU
3	Store securely	UHSU + IT
4	Restrict access to authorized medical staff only	UHSU
5	Retain for 7 years	QA-IEA
6	Dispose securely after retention	UHSU + DFaM

5.6 Monitoring & Quality Assurance

Mechanism	Frequency	Responsible
1. Health Services Audit	Annual	QA-IEA
2. Emergency Drill	Biannual	DFaM + UHSU
3. Risk Assessment	Quarterly	DFaM + UHSU
4. Resource Inspection	Monthly	UHSU
5. Compliance Check with MOH	Annual	UHSU

6. Responsibilities

Unit	Responsibilities
UHSU	Deliver health services, maintain records, provide emergency response
DSA	Oversight and coordination of student support
QA-IEA	Audit, evaluation, reporting
DFaM	Emergency and facility support
IT	Security and safety of digital health records
SCIR	Health campaign communications
President/VP-AFA	Oversight and resource approval

7. Non-Compliance

May result in:

- Legal liability
- Accreditation impact
- Health and safety risks
- Disciplinary action under HR policies

8. Review and Continuous Improvement

Policy reviewed every **three years**, or earlier upon:

- New MOH regulations
- Changes to CAA Standards
- Health emergencies
- QA-IEA recommendations

Annex A. FU Health Services SOP

FU-HS-SOP-2025-01

Standard Operating Procedure: Health Services Operations, Emergency Response, and Preventive Care

1. Purpose

Operationalizes the FU Health Services Policy by defining procedures for:

- Clinical services
- Emergency response
- Referral
- Health education
- Recordkeeping
- Compliance and risk monitoring

2. Scope

Applies to UHSU, DSa, DFaM, QA-IEA, SCIR, IT, faculty, staff, and students.

3. Responsibilities

Unit	Responsibility
UHSU	Deliver care, manage records, emergency response
DSA	Student support and wellbeing oversight
DFaM	Safety, security, emergency logistics
QA-IEA	Monitoring, audits, compliance
IT	Secure digital health record systems
SCIR	Health communication
President/VP-AFA	Oversight and resource allocation

4. Procedures

4.1 Accessing Health Services

Step	Action	Responsible
1	Student/staff approaches clinic or calls hotline	Student/Staff
2	Conduct medical triage	UHSU Nurse
3	Provide first aid or treatment	UHSU
4	Decide: treat, monitor, or refer	UHSU
5	Record in Health Services Log	UHSU

4.2 Emergency Response

Step	Action	Responsible
1	Emergency call received	Anyone
2	UHSU immediate dispatch	UHSU
3	Stabilize patient, administer first aid	UHSU
4	Activate ambulance (999) if needed	UHSU
5	Notify DFaM & Security	UHSU

6	File Health Incident Report	UHSU
7	Submit to QA-IEA	UHSU

4.3 Referral Procedure

Step	Action	Responsible
1	Assessment	UHSU
2	Referral decision	Physician/Nurse
3	Prepare referral letter	UHSU
4	Document referral	UHSU
5	Follow-up (major cases)	UHSU + QA-IEA

4.4 Health Education & Prevention

Step	Action	Responsible
1	Draft Annual Health Plan	UHSU
2	Coordination for publicity	SCIR
3	Implement campaigns	UHSU
4	Evaluate participation	QA-IEA
5	Archive evidence	QA-IEA

4.5 Medical Record Management

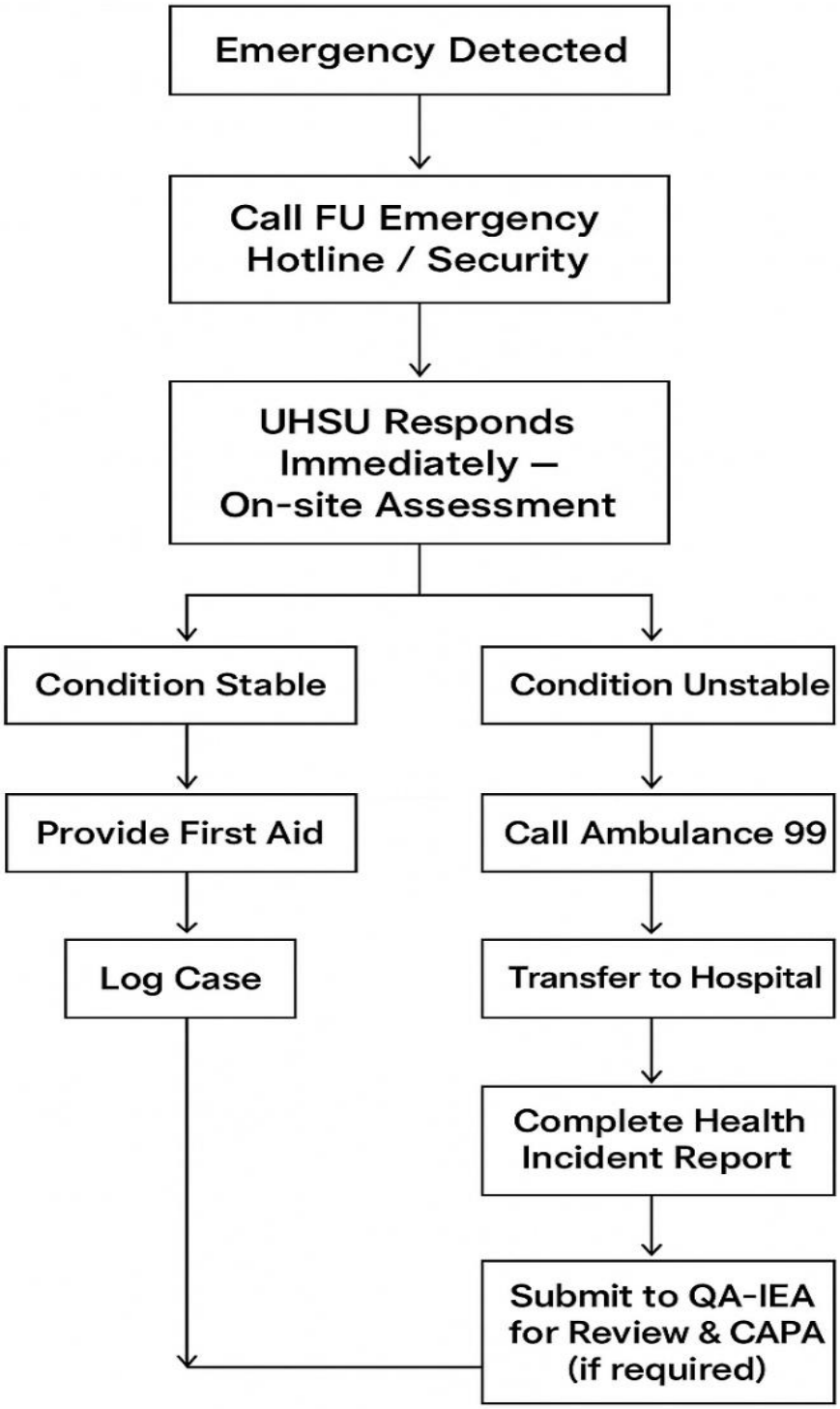
Step	Action	Responsible
1	Create/update file	UHSU
2	Store digitally/paper	UHSU + IT
3	Limit access	UHSU
4	Retain 7 years	QA-IEA
5	Secure destruction	DFaM

4.6 Monitoring & QA

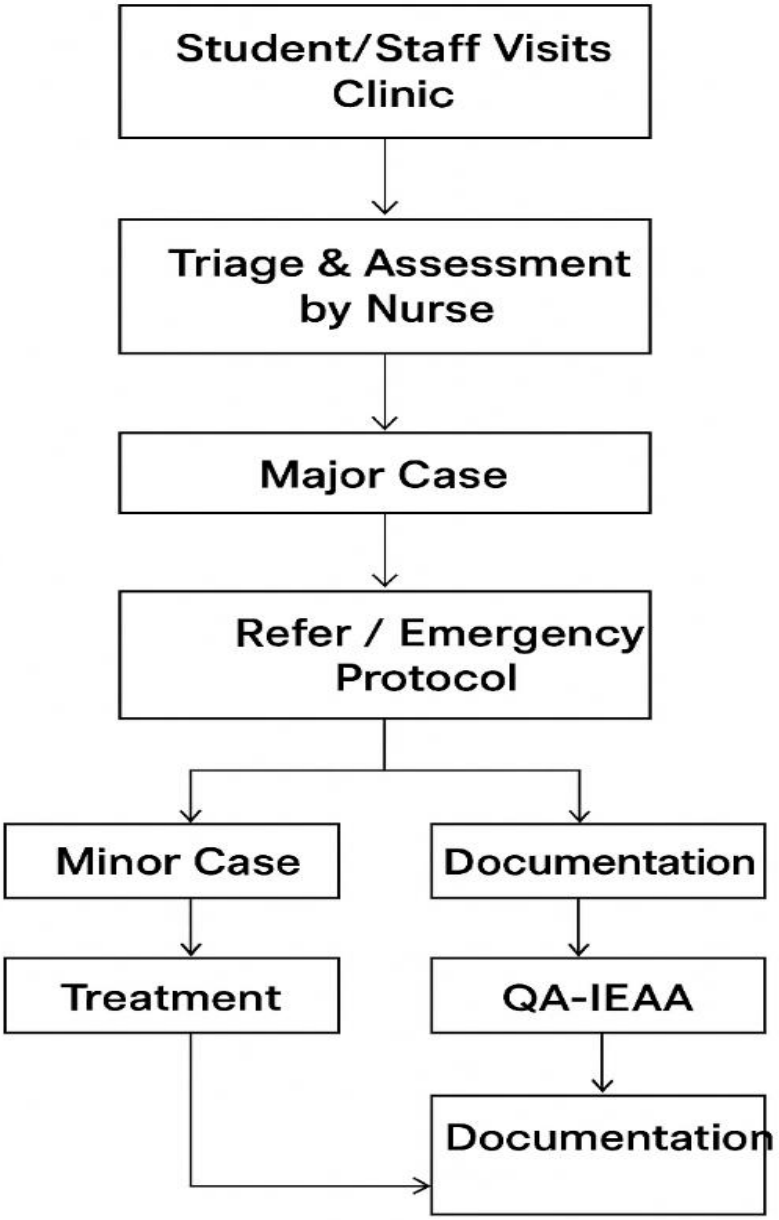
1. Mechanism	Frequency	Responsible
2. Internal Health Audit	Annual	QA-IEA
3. Emergency Drills	Biannual	DFaM + UHSU
4. Health Resource Inspection	Monthly	UHSU
5. Compliance Check (MOHAP)	Annual	UHSU
6. Risk Assessment Review	Quarterly	QA-IEA

Annex B. Health Services Flowcharts

A. Emergency Response Flowchart



B. Routine Clinic Visit Flowchart



Annex C. Health Incident Report Form

FU-HS-HIR-Form-2025-01

FU Health Incident Report Form (Confidential)

Section 1: Basic Information

Field	Entry
1. Date of Incident	
2. Time	
3. Location	
4. Reported By	
5. Contact Number	

Section 2: Person Involved

Field	Entry
Name	
Role (Student/Staff/Visitor)	
ID Number	
Program/Department	

Section 3: Nature of Incident

☐ Injury

☐ Illness

☐ Accident

☐ Mental health episode

☐ Other: _____

Description (What happened?):

_____

_____

Section 4: Immediate Action Taken

Action	Yes/No	Details
1. First aid provided		
2. Security notified		
3. Ambulance called		
4. Hospital transfer		

Section 5: Follow-Up Required

☐ Yes

☐ No

If yes, describe:

_____

Section 6: Signatures

- **Prepared by (UHSU): _____**
- **Reviewed by QA-IEA: _____**

Annex D. Annual Health & Wellbeing Dashboard Template

Aligned with OBEF Pillar 6 KPIs & HEI Framework

KPI Category	Indicator	Annual Target	Actual	Status	Evidence
1. Emergency Response	Average response time	< 3 minutes			HIR Forms
2. Clinic Utilization	Clinic visits	≥ 1,000/year			Clinic Log
3. Preventive Programs	Health campaigns delivered	≥ 10/year			CE Evidence
4. Wellbeing	Participation rate	≥ 40%			Attendance
5. Critical Incidents	# of severe cases	0			Incident Reports
6. Compliance	MOHAP compliance score	100%			Audit

Annex E. Health Services Risk Register Template

Risk ID	Risk Description	Likelihood	Impact	Rating	Mitigation Actions	Responsible	Status
HS-01	Inadequate emergency response	Medium	High	Severe	Increase drills, upgrade equipment	UHSU/DFaM	Ongoing
HS-02	Medical record breach	Low	High	Medium	Improve cybersecurity, limit access	IT/UHSU	Open
HS-03	Insufficient staffing	Medium	Medium	Medium	Recruit part-time nurse	HR/UHSU	Pending
HS-04	Outdated medical equipment	High	Medium	High	Replace by Q4	DFaM	In Progress
HS-05	Non-compliance with MOH standards	Low	High	High	Conduct audit	QA-IEA	Annual

B. Environmental, Health & Safety (EHS) Policy(13.B)

1. Purpose

This policy establishes Fujairah University's commitment to protecting:

- the environment,
- the health and safety of students, employees, contractors, and visitors,
- university assets and physical facilities.

It ensures full compliance with the **MoE's EHS Management System General Framework**, UAE federal and emirate-level EHS regulations, and international best practices in safety, emergency preparedness, environment protection, and sustainability.

2. Scope

This policy applies to:

- All FU administrative and academic units
- All staff, faculty, students, visitors, contractors, vendors, and partners
- All FU-owned or leased facilities including classrooms, laboratories, clinics, workshops, studios, offices, hostels, and outdoor grounds
- All university activities including teaching, research, events, construction, maintenance, and community/service operations

3. Definitions

Term	Definition
EHS	Environmental, Health, and Safety management system governing policies, risks, hazards, controls, and emergency response.
HSU	Health & Safety Unit responsible for oversight, inspections, compliance, and reporting.
Risk	Any potential hazard that may cause harm to individuals, facilities, or the environment.
Near Miss	An event that did not result in injury or damage but had the potential to do so.
Incident	Any accident, injury, environmental spill, operational hazard, fire, or emergency.
Sustainability	Resource conservation and environmentally responsible practices aligned with UAE sustainability directives.

4. Policy Statements

Aligned with MoE EHS Management System Principles:

4.1 Institutional Commitment to EHS Excellence

FU commits to:

- Preventing injury, illness, and environmental harm
- Providing safe and healthy learning and work environments
- Meeting and exceeding UAE and MoE EHS standards
- Ensuring all employees understand and execute their EHS responsibilities

4.2 Compliance with UAE & MoE Regulations

FU adheres to:

- MoE EHS General Framework
- UAE Fire & Life Safety Code
- UAE Federal labor and OHS laws
- Local municipality regulations
- CAA Standards on safety and risk mitigation

4.3 EHS Risk Management

FU shall:

- Conduct periodic risk assessments
- Identify, analyze, and control hazards
- Maintain hazard logs and risk registers
- Manage chemicals, laboratories, electrical systems, and workshops as per EHS specifications

4.4 Emergency Preparedness

FU ensures:

- Emergency response plans for fire, medical emergencies, chemical spills, natural hazards, violence, and evacuation
- Biannual evacuation drills
- Functional fire safety systems (alarms, detectors, extinguishers)
- Accessible emergency exits and signage

4.5 Environmental Sustainability

FU supports green initiatives including:

- Waste segregation and recycling
- Energy-efficient campus operations
- Safe disposal of hazardous waste
- Reduction of carbon footprint in alignment with UAE sustainability goals

4.6 Training & Awareness

The university provides:

- Mandatory EHS training for staff, faculty, contractors, and students
- Laboratory and workshop safety orientation
- Fire safety and first-aid training

4.7 Reporting & Investigation

All incidents must be:

- Reported within one working day
- Investigated by HSU
- Documented in EHS Incident Report Forms
- Analysed for corrective & preventive actions (CAPA)

4.8 Contractor & Vendor Safety

Contractors must:

- Comply with FU's EHS standards

- Attend safety briefings
- Provide method statements and risk assessments
- Use PPE and safe operating procedures

4.9 Continuous Improvement

FU uses:

- Annual EHS audits
- KPI monitoring under OBEF Pillar 6
- Non-compliance corrective actions
- Benchmarking with UAE HEI best practices

5. Procedures

5.1 EHS Risk Assessment Procedure

Step	Action	Responsible
1	Identify hazards (chemical, electrical, fire, environmental)	HSU / DFaM
2	Conduct risk assessment using MoE risk matrix	HSU
3	Document hazards and controls	HSU
4	Assign corrective actions	Unit Head
5	Verify closure	QA-IEA & HSU

5.2 Incident Reporting Procedure

Step	Action	Responsible
1	Report incident immediately	Staff/Student
2	Fill EHS Incident Report	Reporter
3	Conduct investigation	HSU
4	Implement corrective actions	Concerned Unit
5	Archive evidence	QA-IEA

5.3 Emergency Response & Evacuation Procedure

Step	Action	Responsible
1	Activate alarm	Anyone
2	Evacuate following signage	All occupants
3	Muster at assembly area	Evacuees
4	Roll call by wardens	Fire Wardens
5	Emergency services notified	Security
6	Incident documentation	HSU

5.4 Environmental Protection Procedure

Step	Action	Responsible
1	Segregate waste	All Units
2	Collect hazardous chemicals	Lab Supervisors
3	Coordinate licensed disposal	DFaM
4	Inspect environmental compliance	HSU

5	Report environmental KPIs	QA-IEA

5.5 EHS Training Procedure

Step	Action	Responsible
1	Identify training needs	HR + HSU
2	Develop training schedule	HSU
3	Deliver awareness programs	HSU
4	Conduct competency tests	HSU
5	Maintain training records	HR

6. Roles & Responsibilities

Unit	Responsibilities
HSU	Lead EHS compliance, inspections, training, reporting
DFaM	Facilities safety, maintenance, waste management
Security	Emergency coordination, evacuation
QA-IEA	Audits, KPI reporting, institutional effectiveness
Deans/Directors	Enforcement of EHS in their units
Lab/Workshop Supervisors	Chemical & equipment safety
All Staff & Students	Follow EHS guidelines and report hazards

7. Non-Compliance

May result in:

- Warnings
- Suspension of labs/facilities
- Disciplinary action
- Termination of contractor access
- Legal consequences (as per UAE OHS law)

8. Policy Review

Every **three years**, or earlier due to:

- Changes in MoE EHS Framework
- UAE legal updates
- Major incidents
- QA-IEA recommendations

Annex A. EHS Incident Report Form

FU-EHS-IRF-2025-01

FU Environmental, Health & Safety Incident Report (Confidential)

SECTION 1: BASIC INFORMATION

Field	Details
Incident Number	FU-EHS-IRF-_____
Date of Incident	
Time	
Exact Location	
Reported By	
Role (Student/Staff/Visitor/Contractor)	
Contact Number	

SECTION 2: PERSON(S) INVOLVED

Field	Details
Name	
University ID	
Department/College	
Role	Student ☐ Staff ☐ Visitor ☐ Contractor ☐
Injury?	Yes ☐ No ☐

SECTION 3: TYPE OF INCIDENT *(Tick all that apply)*

☐ Injury

☐ Illness

☐ Fire / Smoke

☐ Chemical Spill / Hazardous Substance

☐ Equipment Failure

☐ Environmental Spill

☐ Electrical Fault

☐ Structural Failure

☐ Near Miss

☐ Security Threat

☐ Other: _____

SECTION 4: INCIDENT DESCRIPTION

Describe what happened, how it happened, witnesses, and sequence of events:

_____

_____

_____

SECTION 5: IMMEDIATE ACTION TAKEN

Action	Yes/No	Details
1. First Aid Provided		
2. Area Secured		
3. Evacuation Initiated		
4. Security Notified		
5. Emergency Services Called		
6. Equipment Shut Down		
7. Spill Contained		

SECTION 6: FOLLOW-UP ACTIONS REQUIRED

☐ Medical follow-up

☐ Repair/Maintenance

☐ Environmental cleanup

☐ Investigative review

☐ Preventive correction

☐ Training required

SECTION 7: SIGNATURES

- **Prepared by (HSU):** _____
- **Reviewed by DFaM:** _____
- **Reviewed by QA-IEA:** _____
- **Date:** ___ / ___ / 2025

Annex B. EHS Risk Register Template

FU-EHS-RR-2025-01

Risk ID	Hazard Description	Location	Likelihood (1–5)	Severity (1–5)	Risk Rating	Controls in Place	Required Actions	Responsible Unit	Status
HS-01	Chemical spill risk	Lab 203	3	4	High	PPE, fume hood	Chemical spill kit	Lab Supervisor	Open
HS-02	Electrical hazard	IT Room	2	5	High	Lockout/Tagout	Panel maintenance	DFaM	In Progress
…	…	…	…	…	…	…	…	…	…

Risk ratings follow MoE's **Risk Matrix** (Low, Medium, High, Extreme).

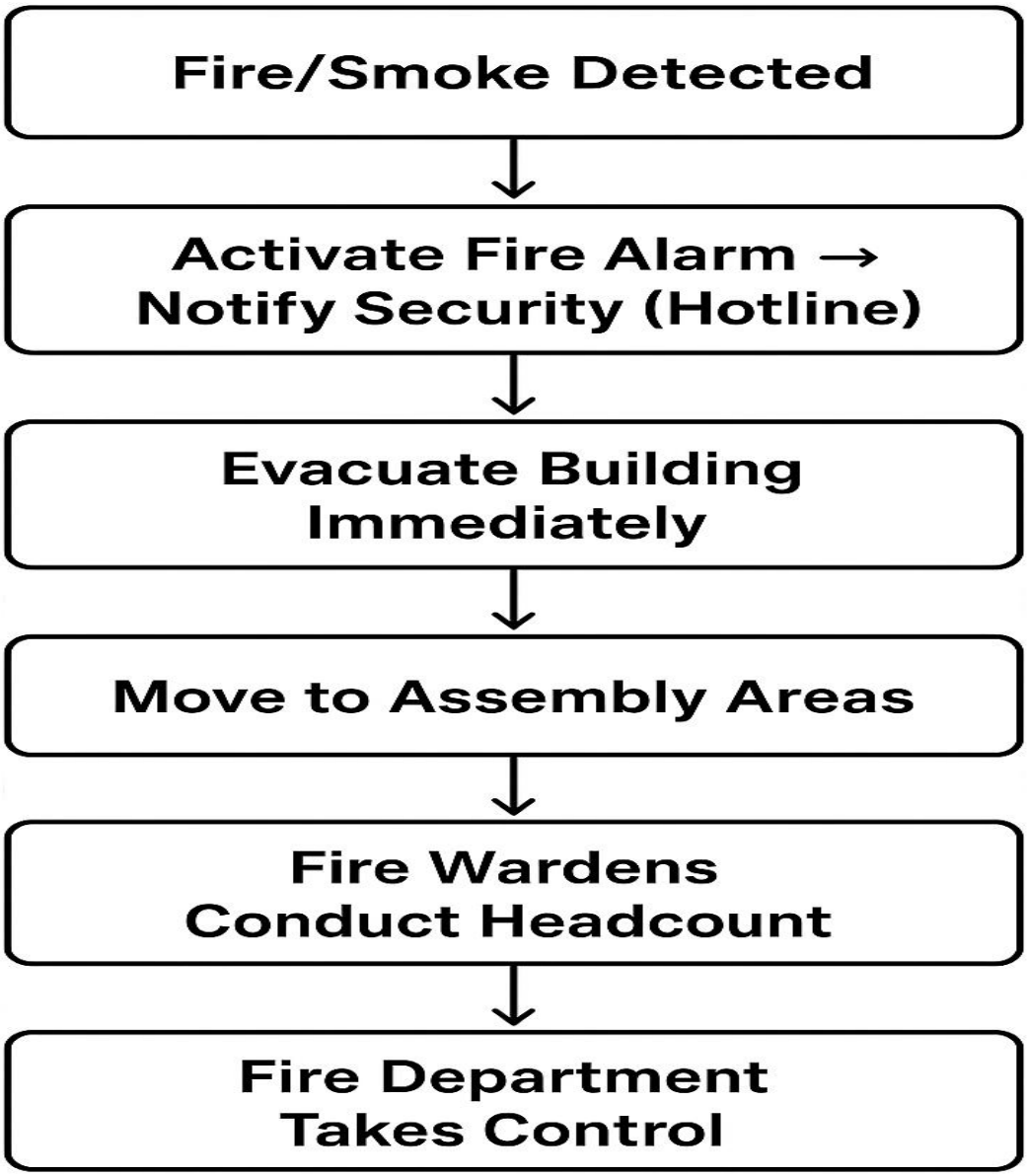
Annex C. EHS Audit Checklist

FU-EHS-AC-2025-01

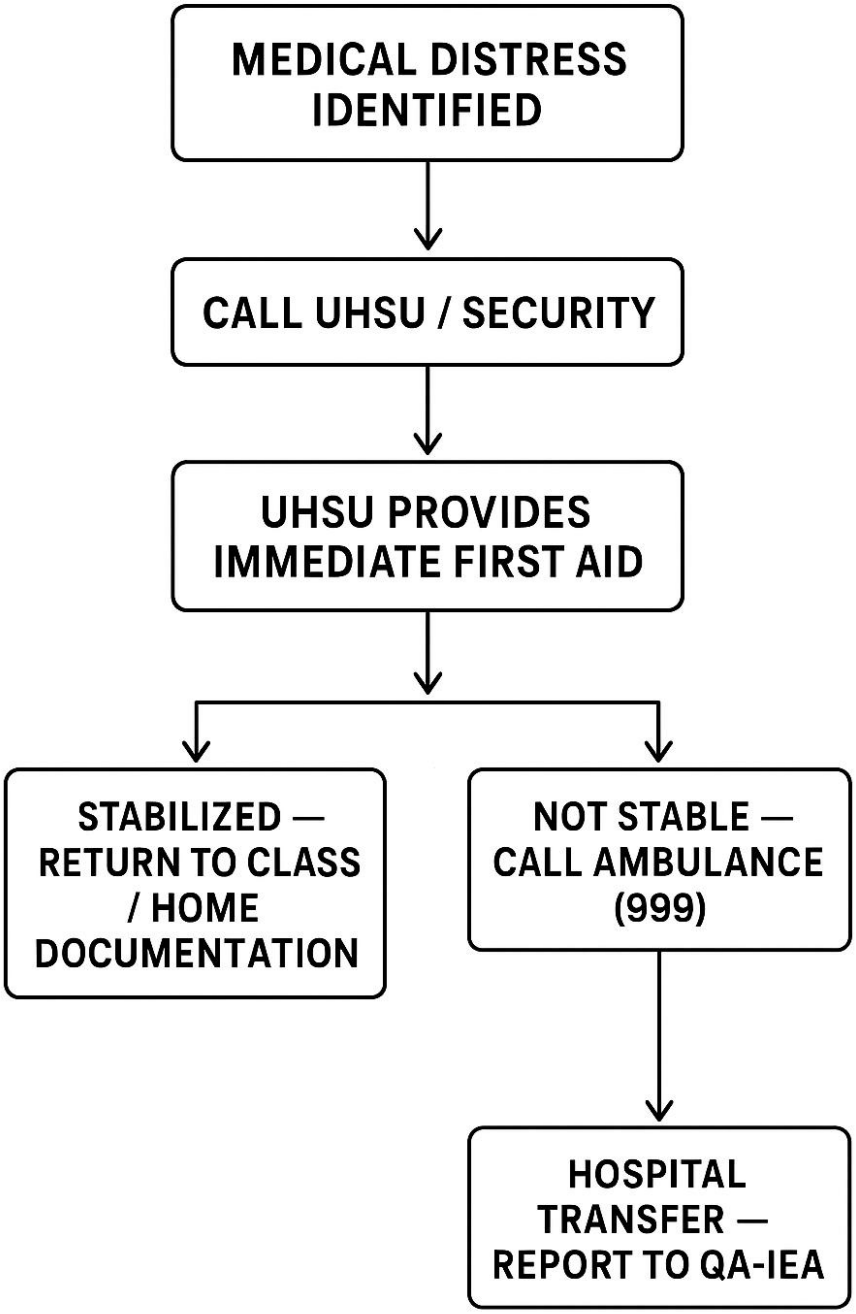
Audit Area	Criteria	Compliant	Partially	Non-Compliant	Evidence / Notes
Fire Safety	Extinguishers serviced quarterly	☐	☐	☐	
Fire Safety	Evacuation routes unobstructed	☐	☐	☐	
Labs	Chemical inventory updated monthly	☐	☐	☐	
Labs	SDS available for all chemicals	☐	☐	☐	
Electrical	No exposed wiring	☐	☐	☐	
Environmental	Waste segregation bins labeled	☐	☐	☐	
Occupational Health	First-aid kits stocked	☐	☐	☐	
Emergency Preparedness	Drills conducted biannually	☐	☐	☐	
Contractor Safety	PPE compliance observed	☐	☐	☐	
Security	CCTV functional	☐	☐	☐	

Annex D. Full Emergency Response Flowcharts

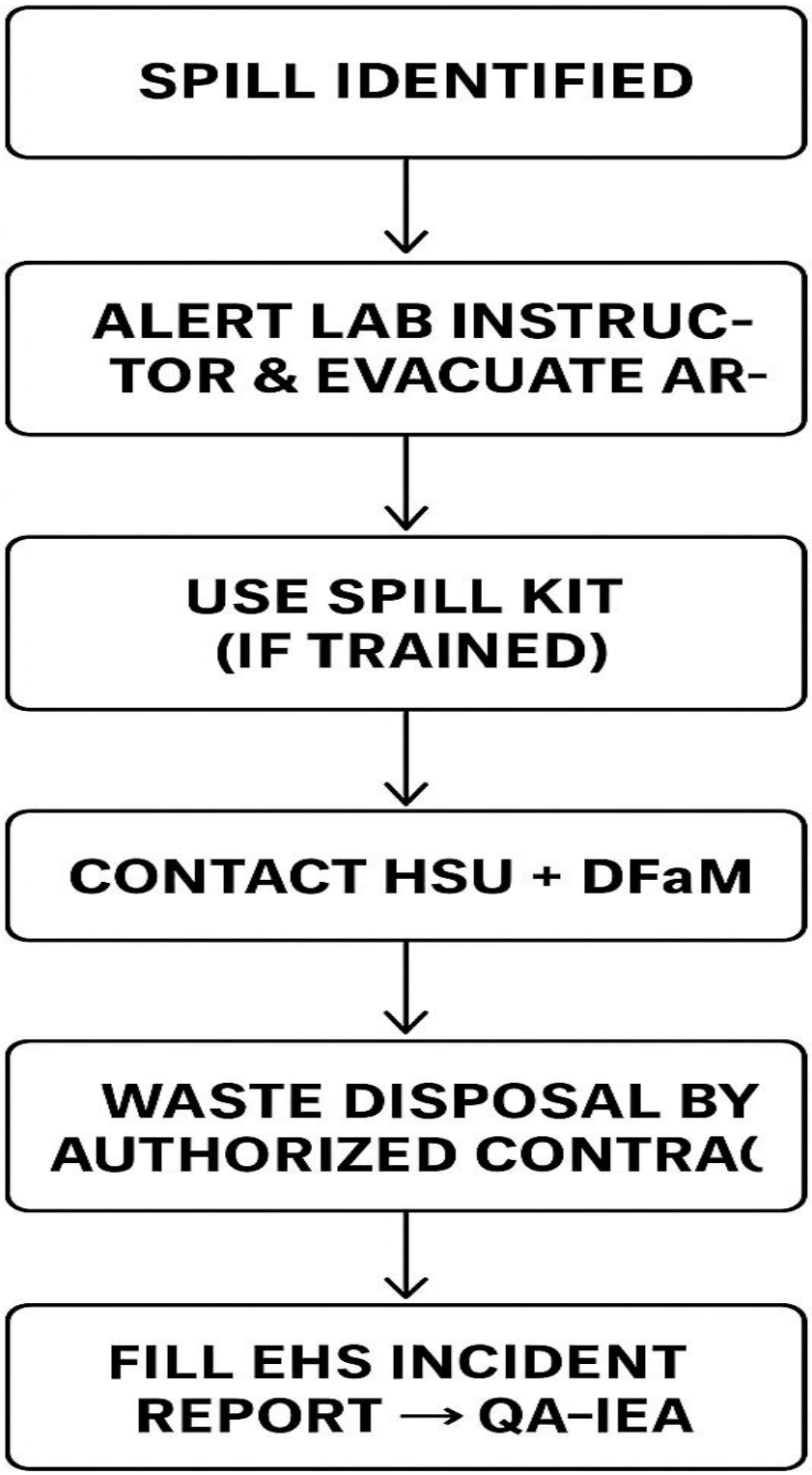
A. FIRE EMERGENCY FLOWCHART



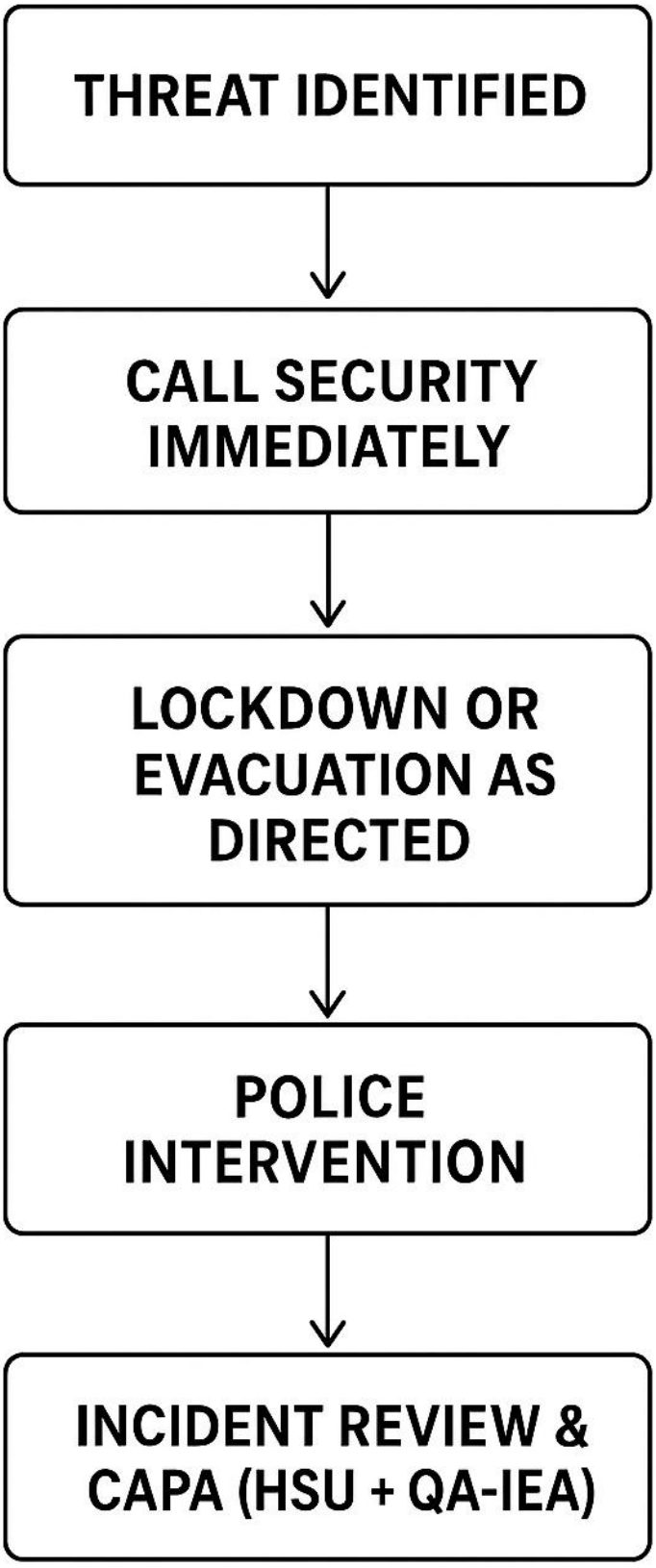
B. MEDICAL EMERGENCY



C. CHEMICAL SPILL RESPONSE FLOWCHART



D. VIOLENT THREAT / SECURITY INCIDENT



Annex E. Annual EHS KPI Dashboard

KPI Category	KPI	Target	Actual	Status	Evidence
1. Incident Management	Recordable injury rate	0			Incident Forms
2. Emergency Preparedness	Evacuation drill compliance	100%			Drill Reports
3. Fire Safety	Extinguisher service completion	100%			Vendor Certificates
4. Environmental	Recycling percentage	≥ 35%			Waste Logs
5. Electrical Safety	Preventive maintenance completion	100%			DFaM Reports
6. Chemical Safety	SDS completeness	100%			Lab Audit
7. Training	EHS training completion	≥ 90%			HR LMS

Annex F. Safety & Compliance Log Templates

A. Chemical Inventory & SDS Log

Chemical	Quantity	Storage Location	SDS Available	Last Updated	Approved By

B. Fire Safety Equipment Log

Item	Location	Last Service	Next Service	Status	Notes

C. First Aid Kit Inspection Log

Location	Inspection Date	Stock Level	Replenished By	Notes

Annex G. Hazardous Materials Control Forms

Hazardous Waste Manifest

Chemical Disposal Request Form

Lab Safety Violation Report

(All structured to UAE regulations and MoE safety framework.)

Annex H. Contractor EHS Compliance Form

Requirement	Contractor Response	Verified By
1. PPE Compliance		

2. Method Statement Submitted		
3. Risk Assessment Submitted		
4. Staff Trained in Safety		
5. Emergency Contacts Provided		

Annex I. Safety Observation / Near-Miss Report Form

Observation Date	Location	Description	Recommended Action	Submitted By	Unit Responsible

C. Policy on Male and Female Student Accommodation (13.C)

1. **Purpose**

This policy establishes the standards governing FU's male and female student accommodations to ensure:

- A **healthy, safe, secure, and supportive living environment**
- **Gender-segregated housing arrangements** appropriate to UAE cultural norms
- **Accessibility and inclusive provisions** for *People of Determination (POD)*
- Adequate **health services**, **laundry**, **catering**, and **support facilities**
- Compliance with UAE laws and accreditation requirements

2. **Scope**

Applies to:

- All FU-operated student accommodations (male and female)
- All residents (students), staff, visitors, and outsourced service providers
- All accommodation operations: housing, security, maintenance, catering, laundry, and health services

3. **Definitions**

Term	Definition
Accommodation Services Unit (ASU)	Unit overseeing residential services, safety, welfare, and operations.
People of Determination (POD)	Students with disabilities or special needs as defined by UAE Federal Law.
Residential Support Officer (RSO)	Staff assigned to monitor daily operations and ensure compliance.
Accommodation Contract	Signed agreement outlining student responsibilities and housing rules.
Health Services	On-site or referral-based medical care provided to residents.

4. **Policy Statements**

Safe, Healthy, and Secure Living Environment

FU ensures:

- Gender-segregated housing for males and females
- Adequate lighting, ventilation, hygiene, and housekeeping
- Continuous security presence
- Emergency exits compliant with UAE Fire & Life Safety Code
- Smoke detectors, alarms, extinguishers, and CCTV
- Safe drinking water, pest control, clean sanitation facilities

Accessibility for People of Determination

FU provides:

- Wheelchair-accessible rooms, washrooms, ramps, and lifts
- Emergency evacuation provisions for POD
- Staff trained in POD support
- Priority room allocation for medical needs

Health Services

Accommodation residents must have access to:

- On-campus health clinic
- First-aid trained Residence Staff
- Emergency medical support (24/7)
- Referral to external hospitals when needed
- Health education and wellbeing programs

Laundry & Catering Services

FU ensures:

- Safe, hygienic laundry facilities (in-house or contracted)
- Regular inspection of machines and cleaning agents
- Licensed catering providers
- Separate kitchens and dining areas for males/females
- Compliance with UAE food safety laws
- Menu options for dietary needs (allergies, religious requirements)

Security & Access Control

Accommodation facilities must:

- Maintain 24/7 monitored access
- Use ID-card controlled entry
- Enforce gender segregation
- Enforce visitor rules (visiting hours, sign-in procedures)
- Maintain incident logs

Environment, Health & Safety (EHS) Compliance

In line with MoE EHS Framework, FU ensures:

- Regular EHS inspections
- Documentation of hazards and corrective actions
- Fire drills each semester
- Chemical-free cleaning agents where possible
- Sustainable waste management

Student Conduct and Responsibilities

Residents must:

- Follow accommodation rules
- Maintain cleanliness
- Respect quiet hours
- Cooperate with safety protocols
- Report hazards immediately

5. **Accommodation Assignment Procedure**

Step	Action	Responsible
1	Submit accommodation application	Student
2	Review eligibility & POD needs	ASU
3	Assign room (gender-segregated)	ASU
4	Sign Accommodation Contract	Student + ASU
5	Orientation on safety & rules	ASU + HSU

6. **Health Services Procedure**

Step	Action	Responsible
1	Student reports illness/injury	Resident
2	Initial assessment by RSO	RSO
3	Refer to UHSU (Clinic)	ASU
4	Emergency ambulance if required	UHSU / Security
5	Incident report filed	ASU + HSU
6	QA-IEA review for compliance	QA-IEA

7. **Laundry & Catering Procedure**

Step	Action	Responsible
1	Inspect laundry/catering equipment	DFaM
2	Monitor hygiene and food safety	ASU + Catering Vendor
3	Conduct weekly cleaning audits	RSO
4	Report violations	RSO + QA-IEA
5	Apply corrective actions	Vendor / DfaM

8. **Safety & Security Procedure**

Step	Action	Responsible
1	Control entry/exit	Security
2	Maintain visitor logs	ASU
3	Conduct daily facility walkthrough	RSO
4	Report hazards	RSO
5	Corrective action	DfaM
6	File EHS report	HSU + QA-IEA

9. **POD Support Procedure**

Step	Action	Responsible
1	Identify special needs	Student + ASU
2	Assess accommodation requirements	POD Support Unit
3	Provide POD-friendly room	ASU
4	Train staff on POD support	HR + POD Unit
5	Implement evacuation assistance plan	HSU

10. **Responsibilities**

Unit	Responsibilities
ASU	Accommodation allocation, wellbeing, daily operations
DfaM	Maintenance, safety equipment, EHS compliance
UHSU (Clinic)	Health services, referrals, emergency care
Security	Access control, surveillance, incident response
QA-IEA	Monitoring, audits, compliance reporting
POD Support Unit	Accessibility services

11. Non-Compliance

Consequences may include:

- Disciplinary action
- Suspension or termination of accommodation rights
- Legal action if safety violations or property damage occur

12. Policy Review

To be reviewed every **three years** or earlier due to:

- UAE EHS regulation changes
- CAA Standard revisions
- Safety audit findings
- QA-IEA recommendations

D. Policy and Procedures Governing the Location and Management of Physical Sites Supporting Academic Program Delivery (9.A)

1. Purpose

To ensure that the **location, establishment, and operation of FU's physical academic sites**—including specialized laboratories, training clinics, simulation centers, and other facilities—are consistent with **academic program needs, health and safety regulations, and accreditation requirements**, and that these sites effectively support **teaching, learning, and research outcomes**.

2. Scope

This policy applies to:

- All **FU academic programs and courses** requiring physical learning or practical components;
- All **laboratories, clinics, studios, and training centers** established within FU's main campus or at approved external partner sites;
- The **Departments of Facilities Management (DfaM)**, **Academic Affairs**, and **QA-IEA** in relation to site management and compliance monitoring.

3. Definitions

Term	Definition
Physical Site	Any designated facility, on-campus or off-campus, providing specialized learning environments for program delivery (e.g., labs, clinics, studios).
Satellite Site	A secondary location formally approved for FU course delivery outside the main campus.
Facilities Compliance Audit (FCA)	The periodic QA-IEA-supervised evaluation to ensure that physical sites meet regulatory, safety, and pedagogical standards.

4. Policy Statements

a) Institutional Approval and Oversight

All physical sites supporting program delivery must be approved by the FU President upon endorsement from the Director of Academic Affairs and QA-IEA, ensuring full compliance with CAA and OBEF frameworks.

b) Location Standards

- Sites must be **strategically located** to ensure accessibility, safety, and relevance to program objectives.
- Off-campus facilities must be within a reasonable distance from the main campus and comply with municipal zoning and accessibility regulations.

c) Design and Resource Requirements

- Each site shall meet **space, equipment, environmental, and safety requirements** appropriate to its function.
- Laboratories and clinics must follow **discipline-specific accreditation standards** (e.g., health sciences, engineering, IT).

d) Health, Safety, and Environment (HSE) Compliance

- All sites must comply with FU's **Health, Safety, and Environmental Policy**.

- The **DfaM** is responsible for routine inspections, maintenance logs, and risk assessments.

e) **Academic Integration**

- The **Director of Academic Affairs** ensures that every facility aligns with the **curriculum delivery plan**, **learning outcomes**, and **CLO-PLO mapping**.
- Facilities are assigned to courses through the **Timetabling and Resource Allocation Process** each semester.

f) **Monitoring and Evaluation**

- QA-IEA shall conduct an **annual Facilities Compliance Audit (FCA)** assessing adequacy, utilization, accessibility, and safety.
- Corrective Action Plans (CAPs) are required for deficiencies identified.

g) **Maintenance and Sustainability**

- Routine and preventive maintenance schedules shall be implemented by DfaM.
- Equipment upgrades, repairs, and disposal shall follow the **FU Asset Management and Sustainability Policy**.

h) **Record Keeping and Documentation**

- The **Facilities Register (FU-DfaM-FR-Form-2025-01)** shall document the purpose, approval, specifications, and maintenance records of each site.
- QA-IEA retains audit reports and CAPs as evidence for internal and external accreditation reviews.

5. Responsibilities

Unit / Role	Key Responsibilities
President	Final authority for approval and resource allocation for new sites.
Vice President for Administrative Affairs	Oversight of infrastructure planning and policy compliance.
Director of Academic Affairs	Verifies alignment between academic program requirements and facility capacity.
Department of Facilities Management (DfaM)	Leads facility establishment, maintenance, safety compliance, and documentation.
Health, Safety and Environment (HSE) Officer	Ensures HSE regulations, safety drills, and emergency readiness.
Office of QA-IEA	Monitors compliance with accreditation standards and evaluates OBEF Pillar 6 KPIs.

6. Procedures

6.1 Establishment and Approval of New Physical Sites

1. Academic departments identify the need for a specialized facility through program review or accreditation requirements.
2. A **Site Proposal Form (FU-DfaM-SPF-Form-2025-01)** is submitted with justification, location details, and risk analysis.
3. The DfaM evaluates feasibility (infrastructure, cost, safety).
4. QA-IEA reviews compliance with CAA, OBEF, and ISO standards.
5. The proposal is endorsed by the **QA-IE Council** and approved by the **President**.

6.2 Operation and Maintenance

1. DfaM maintains a **Preventive Maintenance Schedule (PMS)** for all academic facilities.
2. Maintenance records are updated quarterly in the Facilities Register.
3. Academic units report any deficiencies to DfaM through the **Facilities Service Request Form (FU-DfaM-FSR-Form-2025-02)**.
4. QA-IEA verifies resolution during its annual audit.

6.3 Disposal or Relocation of Facilities

1. When facilities become obsolete or redundant, DfaM, in consultation with Academic Affairs and QA-IEA, prepares a **Decommissioning Report**.
2. Disposal or relocation must be approved by the President.
3. Records are retained for at least **five (5) years** for audit reference.

7. Monitoring and Audit

1. QA-IEA conducts the **Facilities Compliance Audit (FCA)** annually using the FU-QA-FCA-Form-2025-03.
2. Findings and Corrective Action Plans (CAPs) are reviewed by the QA-IE Council.
3. Results feed into FU's institutional KPI reporting for OBEF Pillar 6.

8. Related Documents

- FU Health, Safety and Environmental Policy
- FU Asset Management and Sustainability Policy
- FU Facilities Compliance Audit Form (FU-QA-FCA-Form-2025-03)
- FU Site Proposal Form (FU-DfaM-SPF-Form-2025-01)
- FU Preventive Maintenance Schedule (FU-DfaM-PMS-Form-2025-02)
- UAE Fire and Life Safety Code of Practice

9. Review Cycle

This policy shall be reviewed **every three (3) years** or earlier upon any revision of national regulatory frameworks or internal strategic infrastructure plans.

Summary

This policy ensures that all FU laboratories, clinics, and other physical learning environments are:

- **Strategically located**, compliant with UAE building and safety standards;
- **Properly maintained and documented** through DfaM oversight;
- **Aligned with academic program needs** and learning outcomes;
- **Regularly audited** by QA-IEA under **OBEF Pillar 6** and **CAA Standard 6.2** to uphold institutional effectiveness and sustainability.

Annex A. Site Proposal Form

Form Code: FU-DFaM-SPF-Form-2025-01 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For DFaM / Academic Affairs / QA-IEA Internal Use Only

Section A – General Information

Field	Details
Proposed Site Name / Type	☐ Laboratory ☐ Clinic ☐ Studio ☐ Training Center ☐ Other (Specify): _____
College / Department	
Program(s) Supported	
Site Address / Location Coordinates	
Proposal Prepared By	
Designated Faculty or Manager	
Date of Submission	

Section B – Purpose and Justification

1. Rationale for establishing the site (including course requirements and learning outcomes):
   _____
2. Expected student capacity and frequency of use (per semester):
   _____
3. Alignment with CAA Standard 6.2 and OBEF Pillar 6 requirements:
   _____

Section C – Infrastructure and Resource Details

Resource Type	Specification / Description	Quantity	Compliance (Y/N)
Space Area (m^2)			
Equipment List			
Utilities / ICT Support			
Accessibility (Ramps, Lifts)			
HSE Certifications / Fire Safety			

Section D – Risk and Feasibility Assessment

Criterion	Risk Level (L/M/H)	Mitigation Action
Safety and Health		
Accessibility and Transport		
Environmental Impact		
Cost and Budget		
Regulatory Compliance		

Section E – Endorsements

Reviewer	Name / Designation	Signature	Date
Head of College / Department			
Director of Academic Affairs			

Head of Facilities (DFaM)			
QA-IEA Representative			
President / Chancellor (Approval)			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Department of Facilities Management (DFaM)	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Facilities Service Request Form

Form Code: FU-DFaM-FSR-Form-2025-02 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Maintenance and Operational Use

Section A – Requester Information

Field	Details
Request No.	
Name of Requester	
College / Department	
Contact Email / Phone	
Date Submitted	

Section B – Facility Details

Facility Name / Code	Type (Lab/Clinic/Studio)	Building / Room No.	Urgency ☐ High ☐ Medium ☐ Low

Section C – Nature of Request

☐ Routine Maintenance ☐ Emergency Repair ☐ Equipment Replacement ☐ Upgrading ☐ Other (Specify): _____

Describe Issue or Service Needed:

_____

_____

_____

Section D – Action and Follow-Up

Action Taken / Recommendation	Date Completed	Technician / Contractor	Verified by (DFaM Supervisor)

Section E – Academic Verification

Faculty User / Lab Coordinator	Signature	Date	Comments

Section F – QA-IEA Audit (If Applicable)

Audit Date	QA-IEA Reviewer	Compliance ☐ Yes ☐ No	Remarks

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
DFaM	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex C. Facilities Compliance Audit Form

Form Code: FU-QA-FCA-Form-2025-03 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – QA-IEA and Facilities Audit Record

Section A – Facility Identification

Facility Name	College / Program	Location / Building	Facility Type (Lab/Clinic/Studio)

Section B – Evaluation Criteria

Evaluation Aspect	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)	Remarks
1. Facility Adequacy and Accessibility	☐	☐	☐	☐	
2. Equipment Availability and Functionality	☐	☐	☐	☐	
3. Health and Safety Compliance	☐	☐	☐	☐	
4. Hygiene and Environment Standards	☐	☐	☐	☐	
5. ICT and Digital Infrastructure	☐	☐	☐	☐	
6. Accessibility for Students with Determination	☐	☐	☐	☐	
7. Utilization Rate and Scheduling Efficiency	☐	☐	☐	☐	
8. Maintenance and Record Logs	☐	☐	☐	☐	
9. Signage and Emergency Readiness	☐	☐	☐	☐	
10. Alignment with Program Learning Outcomes	☐	☐	☐	☐	

Section C – Findings and Corrective Action Plan

Finding / Non-Compliance	Recommended Action	Responsible Unit	Target Date	Completion Status

Section D – Verification and Sign-Off

Role	Name	Signature	Date
QA-IEA Auditor			
DFaM Head			
Director of Academic Affairs			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
QA-IEA	CQA-IE (Admin Affairs)	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These three forms ensure that every FU physical learning environment:

- Is **formally proposed, evaluated, and approved** before establishment (SPF-2025-01);
- Receives **systematic maintenance and service tracking** (FSR-2025-02);
- Undergoes **annual compliance auditing and QA verification** (FCA-2025-03).

Together, they provide complete evidence of FU's adherence to **CAA Standard 6.2**, **HE Inspection Standard 3**, and **FU Pillar 6** on institutional effectiveness and sustainability.

E. Policy and Procedures Governing the Physical Security of the Examination Centre/Office (9.B)

1. Purpose

This policy aims to ensure that the **physical environment and processes** of FU's Examination Centre and related offices maintain **confidentiality, integrity, and controlled access** to all examination materials and records, thus protecting academic integrity and institutional credibility.

2. Scope

This policy applies to:

- All examination rooms, storage facilities, and administrative offices under the **FU Examination Centre**;
- All **faculty, staff, and invigilators** handling examination materials;
- All **physical and digital records** pertaining to examination operations.

3. Definitions

Term	Definition
Examination Centre	The designated facility for the administration, storage, and processing of all institutional examinations.
Secure Storage Area	Locked and monitored physical location where exam materials (papers, answer scripts, USBs, or digital keys) are stored.
Authorized Personnel	Individuals formally designated by the Director of Academic Affairs or Examination Officer to handle, transport, or access examination materials.
Incident Report	A formal document filed when security, confidentiality, or safety breaches occur.

4. Policy Statements

1. **Institutional Accountability**
   FU shall ensure that the Examination Centre operates under the highest standards of physical and procedural security, maintaining integrity across all examination-related processes.
2. **Controlled Access**
   - Only **authorized personnel** shall have access to examination materials or secure areas.
   - Entry to the Examination Centre shall be monitored through **access control systems (locks, biometrics, or key cards)**.
   - Unauthorized access constitutes a disciplinary offense under the **FU Code of Conduct**.
3. **Confidential Storage of Examination Materials**
   - Printed examination papers, answer booklets, and marking keys must be stored in **lockable fireproof cabinets** or **restricted-access safes** within the Examination Office.
   - All digital copies must be kept on **encrypted drives** with password-protected access.
4. **Transport and Handling**
   - Physical transfer of exam papers between printers, faculty, and examination rooms must be done **in sealed envelopes** by two authorized personnel.
   - Electronic materials must be transferred via **secure institutional servers or encrypted storage devices** only.
5. **Surveillance and Monitoring**

- The Examination Centre and storage areas must be equipped with **24/7 CCTV monitoring** connected to the university's security system.
- Footage shall be retained for **a minimum of 90 days** post-examination.

6. **Incident and Breach Management**
   - Any suspected breach, tampering, or unauthorized access must be reported immediately through an **Examination Incident Report Form (FU-ACA-EIR-Form-2025-01)**.
   - The QA-IEA will conduct an independent audit and recommend corrective and preventive actions (CAPA).

7. **Archiving and Disposal**
   - Hard-copy answer scripts are retained for **one (1) year** post-result ratification; electronic records are archived for **five (5) years**.
   - Disposal is executed through shredding (for physical copies) or secure deletion (for digital files) under dual authorization (Examination Officer + QA-IEA Representative).

8. **Periodic Review and Audit**
   - The QA-IEA, together with Facilities Management and IT, conducts **semi-annual security audits** of examination facilities.
   - Audit findings are documented in the **Exam Security Compliance Report (FU-QA-ESC-Form-2025-02)**.

5. Responsibilities

Role / Unit	Responsibilities
President	Ensures institutional resources and policies support secure examination operations.
Director of Academic Affairs	Oversees implementation, monitoring, and enforcement of security procedures.
Examination Officer	Manages day-to-day operations, maintains key custody, and ensures secure storage and transport.
Department of Facilities Management (DFaM)	Ensures physical infrastructure and surveillance systems are functional and compliant.
IT Department	Maintains cybersecurity and encryption of digital examination files.
QA-IEA	Conducts audits, verifies compliance with OBEF and CAA standards, and reports findings to QA-IE Council.

6. Procedures

6.1 Physical Access Control

1. Access to the Examination Centre and storage rooms is **restricted** using biometric or keyed access cards.
2. A **Visitor Logbook** must record all entries, exits, and purpose of visits.
3. Key custody shall be maintained by the **Examination Officer**, with duplicates logged and sealed under QA-IEA supervision.

6.2 Receipt, Printing, and Storage of Examination Papers

1. Examination questions are submitted electronically by faculty through the secure **Exam Management System (EMS)**.
2. Printing is conducted in a **restricted-access print room** under dual staff supervision.
3. Papers are immediately sealed, signed, and stored in the **Exam Vault** until release to invigilators.

6.3 Examination Day Security

1. The Examination Officer issues papers to invigilators **not earlier than 30 minutes before** exam start.
2. Attendance is verified at entry points; bags and unauthorized materials are prohibited.
3. The room is monitored continuously by **invigilators and CCTV**.

6.4 Post-Examination Storage and Handover

1. Collected scripts are sealed in envelopes signed by invigilators and the Examination Officer.
2. Scripts are stored in the **Secure Archive Room** pending grading and moderation.
3. QA-IEA verifies chain-of-custody through the **Exam Script Receipt and Return Form (FU-ACA-SRR-Form-2025-03)**.

6.5 Breach Management and Reporting

1. Any breach is immediately documented on the **Examination Incident Report Form (FU-ACA-EIR-Form-2025-01)**.
2. The Director of Academic Affairs and QA-IEA investigate within **five (5) working days**.
3. Corrective measures are logged in a **Security CAPA Register**.

6.6 Disposal of Examination Materials

1. After the retention period, QA-IEA and the Examination Officer jointly authorize disposal.
2. Physical copies are shredded in the presence of both units.
3. Digital copies are securely wiped by IT and verified through deletion certificates.

7. Quality Assurance and Monitoring

- QA-IEA shall include examination security in the **Annual Academic Audit Framework**.
- Audit findings shall be presented to the **QA-IE Council** and used for continual improvement under **OBEF Pillar 6 (Institutional Effectiveness)**.
- Any breach shall trigger a risk management review under the **FU Risk Management Policy**.

8. Related Documents

- FU Policy on Assessment and Grading (FU-ACA-ASM-POL-2025-02)
- FU Risk Management Policy
- FU Health, Safety, and Security Policy
- Examination Incident Report Form (FU-ACA-EIR-Form-2025-01)
- Exam Script Receipt & Return Form (FU-ACA-SRR-Form-2025-03)
- QA-IEA Exam Security Compliance Report (FU-QA-ESC-Form-2025-02)

9. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if regulatory, operational, or accreditation changes necessitate an update.

Summary

This policy guarantees that FU's Examination Centre and related facilities operate under **secure, controlled, and auditable conditions**, ensuring the **confidentiality of assessments**, **prevention of academic misconduct**, and **institutional compliance** with national and international quality standards.

Annex A. Examination Incident Report Form

Form Code: FU-ACA-EIR-Form-2025-01 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Examination Centre and QA-IEA Internal Use Only

Section A – Incident Information

Field	Details
Incident No.	
Date of Incident	
Time	
Exam Title / Code	
Program / College	
Location (Room / Building)	
Invigilator(s) Name	
Student(s) Involved (if applicable)	
Type of Incident	☐ Breach of Security ☐ Misconduct ☐ Technical Failure ☐ Other _____

Section B – Description of Incident

Provide a factual summary of what occurred, including sequence of events, persons involved, and impact.

_____

_____

Supporting Documents Attached: ☐ Yes ☐ No

Section C – Immediate Action Taken

Action	By Whom	Time	Outcome

Section D – Investigation & Corrective Action Plan (CAPA)

Finding	Root Cause	Corrective Action	Responsible Unit	Target Date

Section E – Verification and Closure

Reviewer	Designation	Signature	Date
Exam Officer			
Director of Academic Affairs			
QA-IEA Auditor			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Examination Centre	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Exam Script Receipt & Return Form

Form Code: FU-ACA-SRR-Form-2025-03 **Version:** 1.0 **Effective:** Academic Year 2025–2026

Section A – Exam Details

Field	Details
Course Code / Title	
Exam Date	
Program / College	
Number of Students	
Invigilator(s)	
Exam Officer	

Section B – Receipt of Exam Papers

Item Received	Qty	Condition	Received By	Date / Time
Exam Papers (sealed)				
Answer Booklets (blank)				
Attendance Sheets				

Invigilator Signature: _____ Exam Officer Signature: _____

Section C – Return of Scripts (Post-Exam)

Item Returned	Qty	Condition	Returned By	Received By	Date / Time
Used Answer Scripts (sealed)					
Unused Booklets					
Attendance Sheets					

Verification by QA-IEA Representative (☐ Yes ☐ No)

Comments: _____

Section D – Final Archiving

Archive Location	Date Stored	By Whom	Retention Expiry	Disposal Approval

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
Examination Centre	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex C. Exam Security Compliance Report

Form Code: FU-QA-ESC-Form-2025-02 **Version:** 1.0 **Effective:** Academic Year 2025–2026

Section A – Audit Information

Audit No.	Date	Auditor(s)	Area / Facility Audited	College / Program

Section B – Security Evaluation Checklist

Criterion	Compliant (✓)	Non-Compliant (X)	Evidence / Remarks
1. Access control systems (locks, CCTV, biometrics)			
2. Authorized personnel register maintained			
3. Secure storage for exam papers (fireproof safe)			
4. Visitor logbook maintained			
5. 24/7 surveillance footage available			
6. Exam materials chain-of-custody verified			
7. Incident response and CAPA records maintained			
8. Physical environment clean and safe			
9. IT and digital storage secured and encrypted			
10. Disposal process controlled and logged			

Section C – Summary of Findings

Finding / Issue	Severity (L/M/H)	Recommendation	Responsible Unit	Target Date

Section D – Audit Closure

Auditor Name	Signature	Date	QA-IEA Exec. Director Approval	Signature	Date

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
QA-IEA	CQA-IE (Academic Affairs)	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These three forms collectively guarantee that FU's **Examination Centre** operates under verifiable controls ensuring:

- **Secure handling and custody** of all assessment materials;
- **Transparent documentation** of incidents and CAPAs;
- **Regular auditing** by QA-IEA under FU Pillar 6 KPI 6.1.

F. Policy and Procedures Governing Hardware and Software Maintenance (9.F)

1. Purpose

This policy establishes the framework for the **systematic maintenance, replacement, upgrading, and renewal of all hardware and software** used across Fujairah University.

It ensures the availability, security, and functionality of digital infrastructure supporting academic, administrative, and research operations in compliance with **UAE higher education standards** and **international IT service management practices (ISO/IEC 20000 and ISO 27001).**

2. Scope

This policy applies to:

- All **IT hardware and software assets** owned or managed by FU;
- All **academic, administrative, and research units** using these systems;
- **Third-party service providers** engaged in IT maintenance or technical support.

Covered systems include, but are not limited to:

- Servers, desktop computers, laptops, printers, and network devices;
- Licensed software and digital applications;
- Learning Management Systems (LMS), databases, and enterprise resource systems;
- Cloud-based platforms and cybersecurity solutions.

3. Definitions

Term	Definition
Hardware Maintenance	Scheduled or corrective servicing of physical equipment (computers, servers, routers, etc.) to ensure operational reliability.
Software Maintenance	Updating, patching, or upgrading applications and operating systems to maintain performance and security.
Lifecycle Replacement	Systematic replacement of outdated IT assets at the end of their defined service life.
License Renewal	The process of renewing or extending authorized software usage rights before expiration.

4. Policy Statements

1. **Maintenance Framework**
   FU shall implement a **Preventive Maintenance Schedule (PMS)** and a **Corrective Maintenance Framework (CMF)** to ensure all IT systems are functional, secure, and aligned with operational requirements.
2. **Hardware Replacement**
   - All computing devices shall follow a **replacement cycle of 3–5 years**, depending on their function and usage intensity.
   - Replacement decisions are based on **performance audits, warranty expiration, and cost-benefit analysis** conducted annually by the DDITS.
3. **Hardware Servicing and Repair**
   - Preventive servicing (cleaning, reconfiguration, component inspection) shall be performed **biannually**.

- Corrective servicing requests shall be logged using the **IT Maintenance Request Form (FU-IT-MRF-Form-2025-01)**, and turnaround time (TAT) tracked through the FU IT Service Desk system.

4. **Software Upgradation**
   - All institutional software must be updated **at least quarterly** or as required by the vendor's security release schedule.
   - System upgrades that may affect user operations must be pre-tested in a sandbox environment before deployment.
5. **License Renewal and Compliance**
   - All software applications must have **valid, current licenses**; expired licenses are prohibited from use.
   - The DDITS maintains a **License Register** tracking expiry dates, renewal status, and vendor contacts.
   - Renewal requests must be initiated **30 days before expiration** using the **Software License Renewal Form (FU-IT-SLR-Form-2025-02)**.
   - Unlicensed or pirated software use is strictly prohibited and constitutes a disciplinary offense.
6. **System Security and Data Integrity**
   - Hardware and software updates must comply with FU's **Information Security Policy** and **Data Protection Framework**.
   - Antivirus, endpoint protection, and firewall systems must be kept up-to-date.
   - All maintenance activities must be logged and auditable.
7. **Procurement and Disposal**
   - New hardware and software procurement follows FU's approved **Procurement Policy**.
   - End-of-life (EoL) devices are to be securely wiped, decommissioned, and disposed of under environmental compliance.
8. **Monitoring and Review**
   - QA-IEA shall conduct **annual IT effectiveness audits** under **OBEF Pillar 6 KPIs**, including uptime, performance, and user satisfaction metrics.
   - Findings are included in the **Annual Institutional Effectiveness Report (IR Form 1)** and presented to the **QA-IE Council**.

5. Procedures

5.1 Preventive and Corrective Maintenance

1. DDITS prepares and publishes a **Preventive Maintenance Schedule (PMS)** each semester.
2. Units submit maintenance requests using the **FU-IT-MRF-Form-2025-01**.
3. All completed maintenance activities are logged in the **IT Asset Register**.
4. Urgent failures are prioritized through the **IT Service Desk Ticketing System**, with defined response times (Critical: 24 hrs, High: 48 hrs, Medium: 72 hrs).

5.2 Hardware Replacement

1. DDITS compiles an **Annual IT Equipment Audit Report** listing assets due for replacement.
2. Approval is sought from the **Vice President for Administrative Affairs** and the **Procurement Department**.
3. Replaced equipment is transferred to DFaM for secure disposal.

5.3 Software Upgrades and Patches

1. DDITS maintains a **Software Update Calendar** aligned with vendor releases.
2. Updates are tested in a sandbox prior to deployment.
3. Successful updates are documented in the **Software Maintenance Log**.

5.4 License Renewal Process

1. The DDITS monitors expiry dates through the License Register.
2. Renewal requests are submitted via **FU-IT-SLR-Form-2025-02**.
3. Procurement verifies vendor credentials and compliance.
4. Renewed licenses are uploaded to the centralized repository with approval record.

5.5 Documentation and Record Keeping

- Maintenance records, license files, vendor contracts, and update logs must be retained for **a minimum of five (5) years** for internal and external audit purposes.

6. Responsibilities

Role / Unit	Key Responsibilities
President	Oversight and resource allocation for ICT infrastructure.
Vice President for Administrative Affairs	Strategic approval of IT maintenance and replacement cycles.
Director, DDITS	Lead execution of maintenance, upgrades, and license management.
IT Support Staff	Perform servicing, logging, and user support under defined SLAs.
Procurement Department	Facilitate vendor contracts and license renewals.
QA-IEA	Evaluate policy compliance and audit IT system effectiveness annually.

7. Related Documents

- FU Information Security and Data Protection Policy
- FU ICT Acceptable Use Policy
- FU Procurement and Asset Disposal Policy
- FU Risk Management Policy
- FU-IT-MRF-Form-2025-01 (Maintenance Request Form)
- FU-IT-SLR-Form-2025-02 (Software License Renewal Form)

8. Review Cycle

This policy shall be reviewed **every three (3) years**, or earlier if significant changes in technology, licensing regulations, or CAA/OBEF frameworks occur.

Summary

This policy ensures that **Fujairah University's IT infrastructure** remains:

- Secure, updated, and fully licensed;
- Managed under clear preventive and corrective maintenance cycles;
- Auditable for compliance with **CAA Standard 6.2**, **HE Inspection Standard 3**, and **FU Pillar 6**; and Supportive of sustainable, efficient, and future-ready institutional operations.

Annex A. IT Maintenance Request Form

Form Code: FU-IT-MRF-Form-2025-01 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Internal Use (DDITS / QA-IEA)

Section A – Request Information

Field	Details
Request No.	
Date of Request	
Requester Name	
College / Department / Unit	
Designation	
Contact Number / Email	
Type of Request	☐ Preventive ☐ Corrective ☐ Urgent ☐ Other (Specify): _____

Section B – Equipment Details

Equipment Type	Model / Serial No.	Asset Tag	Location	Issue Description
☐ Computer / Laptop				
☐ Printer / Scanner				
☐ Server / Switch / Router				
☐ Other Device				

Section C – Description of Problem

Please describe the nature of the problem or maintenance request in detail:

_____

_____

_____

Section D – IT Action Record

Action Taken	Replaced Parts / Components	Completion Date	Technician Name	Remarks

Section E – Verification

Verified By	Designation	Signature	Date
Requester			
IT Support Technician			
DDITS Head / Supervisor			

Section F – QA-IEA Monitoring

QA-IEA Auditor	Date of Review	Compliance Verified ☐ Yes ☐ No	Comments

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
DDITS	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Software License Renewal Form

Form Code: FU-IT-SLR-Form-2025-02 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For IT, Procurement, and QA-IEA Internal Use Only

Section A – Software Information

Field	Details
License ID / Reference No.	
Software Name	
Version	
Vendor / Supplier	
Department / Unit	
Number of Users	
Current License Expiry Date	
Requested Renewal Duration	☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ Other: _____

Section B – License Renewal Justification

Provide justification for renewal (e.g., operational need, system dependency, accreditation requirement, or teaching use):

_____
_____
_____

Section C – Cost and Funding Details

Cost (AED)	Budget Code	Funding Source	Approved By
		☐ IT Budget ☐ Department Budget ☐ Project Grant	

Section D – Renewal Approval Workflow

Step	Responsible Office	Action	Signature / Stamp	Date
1	Requesting Department	Initiate renewal request		
2	DDITS	Verify need and vendor compliance		
3	Procurement Office	Issue Purchase Order / Contract		
4	Finance Department	Process Payment		
5	QA-IEA	Verify license compliance and archive documentation		

Section E – Post-Renewal Verification

Renewal Date	New Expiry Date	Activation Key / Proof	Verified by (DDITS)	Remarks

Section F – QA-IEA Audit Record

Audit Date	QA-IEA Reviewer	Compliance Verified ☐ Yes ☐ No	Comments

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
DDITS	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These forms institutionalize a **standardized, auditable process** for managing FU's IT infrastructure, ensuring:

- **Accountable maintenance and service tracking** (FU-IT-MRF-Form-2025-01);
- **Legal compliance and budgetary control** for all **licensed software renewals** (FU-IT-SLR-Form-2025-02);
- Alignment with **FU Pillar 6 KPI 6.1 – Institutional Effectiveness and Sustainability**, **ISO 21001:2018 Infrastructure Requirements**, and **CAA Standards 6.2.**

G. Policy and Procedures Governing the Use of Technology Resources (9.G)

1. Purpose

This policy establishes the principles, responsibilities, and procedures governing the **appropriate, ethical, and secure use of Fujairah University's technology resources**, including hardware, software, networks, systems, and digital communication tools.

It aims to:

- Safeguard institutional data and IT infrastructure;
- Promote responsible digital behavior;
- Ensure compliance with **UAE cybersecurity and intellectual property laws**; and
- Support the delivery of teaching, research, and administrative functions through sustainable technology use.

2. Scope

This policy applies to:

- All **faculty, staff, students, and external partners** with access to FU's IT systems;
- All **devices, software, and digital platforms** (including LMS, SIS, email, and online collaboration tools);
- All **physical and virtual networks**, whether accessed on campus or remotely.

3. Definitions

Term	Definition
Technology Resources	Any computing, networking, or communication equipment and software provided by FU for academic or administrative use.
Acceptable Use	Responsible and ethical behavior consistent with FU's mission, legal standards, and cybersecurity protocols.
Unauthorized Access	Any attempt to access systems, data, or networks without appropriate authorization or credentials.
Cybersecurity Breach	Any incident that results in the unauthorized access, disclosure, modification, or destruction of institutional data.

4. Policy Statements

1. **Access and Authorization**
    - Technology resources are the property of FU and must be used strictly for university-related academic, research, or administrative purposes.
    - Users must have valid credentials issued by DDITS and must not share passwords or credentials with others.
2. **Acceptable Use of Technology Resources**
    - Users must adhere to professional and ethical standards when using university technology systems.
    - Personal use of university resources should be limited and must not interfere with institutional operations.
    - Prohibited activities include:
        - Accessing or distributing offensive, illegal, or copyrighted materials without permission;
        - Using FU systems for political, commercial, or personal gain;

        - Engaging in hacking, phishing, or unauthorized software installation.
3. **Data Security and Confidentiality**
    - Users must protect institutional data from unauthorized disclosure or misuse.
    - All confidential or student-related data must comply with **UAE Federal Data Protection Law No. 45 of 2021**.
    - DDITS must ensure periodic data backups and secure access controls.
4. **Software and Licensing Compliance**
    - Only licensed and approved software may be installed on FU-owned devices.
    - Unauthorized copying, sharing, or modification of software is strictly prohibited.
    - DDITS maintains the **Software License Register** and ensures renewal prior to expiry.
5. **Internet and Email Usage**
    - FU email and internet facilities are for professional and academic use only.
    - Sending chain letters, spam, or offensive content violates university policy and UAE Cybercrime Law No. 34 of 2021.
    - Emails and online activities may be monitored by DDITS for compliance and security purposes.
6. **Network Security and System Protection**
    - Users must not attempt to disable firewalls, antivirus, or network monitoring systems.
    - All devices connected to the network must have updated antivirus protection and meet FU's IT configuration standards.
7. **Remote and Cloud Access**
    - Remote access must occur only through **secured VPN or university-approved portals**.
    - Cloud services (e.g., Google Workspace, Microsoft 365) must be used under institutional accounts.
8. **Hardware and Device Use**
    - Hardware issued by the university must be used responsibly, maintained in good condition, and returned upon contract termination or graduation.
    - Users are responsible for any loss or damage due to negligence.
9. **Monitoring and Compliance**
    - DDITS reserves the right to monitor system usage, conduct digital audits, and block access to unauthorized sites.
    - Violations of this policy may result in disciplinary actions, suspension of IT privileges, or legal action in accordance with UAE laws.

5. Procedures

1. **User Access Provisioning**
    - Access credentials are issued by DDITS upon verification of employment or enrollment.
    - Departing staff or students must have their accounts disabled within 48 hours of exit.
2. **Incident Reporting**
    - Any misuse, security breach, or suspected violation must be reported immediately to DDITS via the **IT Security Incident Form (FU-IT-SIF-Form-2025-03)**.
    - The DDITS investigates incidents, documents findings, and reports to QA-IEA and the President.
3. **Periodic Review and Audit**
    - QA-IEA and DDITS conduct annual reviews of IT systems and user compliance as part of the **OBEF Institutional Effectiveness Report (IR Form 1)**.

6. Responsibilities

Role / Unit	Key Responsibilities
President	Provides executive oversight for digital governance and security compliance.
Vice President for Administrative Affairs	Ensures policy implementation and resource allocation.
DDITS	Manages user access, system security, and maintenance.
QA-IEA	Monitors institutional compliance, audits IT effectiveness, and documents outcomes.
All Users (Faculty, Staff, Students)	Abide by acceptable use guidelines and report security incidents.

7. Related Documents

- FU Information Security Policy
- FU Hardware and Software Maintenance Policy
- FU Data Protection and Privacy Policy
- FU Cybersecurity Incident Management SOP
- UAE Federal Law No. 34 of 2021 on Cybercrimes
- UAE Federal Law No. 45 of 2021 on Data Protection

8. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier upon technological, regulatory, or institutional changes.

Summary

This policy ensures that the **use of FU's technology resources** is:

- **Secure, ethical, and compliant** with UAE laws;
- **Aligned with academic and administrative goals**;
- **Monitored and auditable** for institutional accountability under **FU Pillar 6 KPIs**; and
- **Consistent with ISO 21001 and ISO 27001 best practices** for educational technology management.

Annex A. Technology Resource Usage and Access Management Workflow (SOP)

SOP Code: FU-ADM-IT-SOP-2025-02

Field	Details
SOP Title	FU Technology Resource Usage and Access Management Workflow
SOP No.	FU-ADM-IT-SOP-2025-02
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Department of Digital Innovation and IT Support (DDITS)
Monitored and Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) for Administrative Affairs
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IE Council)
Noted by	President
Next Review Date	2028 or earlier upon revision of CAA Standards, OBEF, or ISO 21001
Cross-References	FU-ADM-IT-POL-2025-02 (Policy on Technology Resource Use); CAA Standards 2019 (Std. 6.2); HE Inspection Framework 2023 (Std. 3); OBEF v10.21 (Pillar 6); ISO 21001:2018 (Clauses 7.1.3, 8.2).
Document Custodian	DDITS, coordinated with QA-IEA. Only the latest version is active; older versions archived for audit.
Disclosure Statement	This document was developed using AI-assisted drafting tools and validated through FU's QA-IEA review process to ensure consistency with UAE higher education and IT governance frameworks.

1. Purpose

This SOP translates the policy on the **Use of Technology Resources** into a systematic operational process ensuring:

- Controlled issuance and management of user access;
- Secure, ethical, and auditable technology use; and
- Institutional compliance with **CAA**, **HE Inspection Framework**, and **OBEF** standards.

2. Scope

This SOP applies to all **FU faculty, staff, students, contractors, and visitors** who access university IT systems, networks, or resources, either on-campus or remotely.

3. Workflow Overview

The process includes **seven key operational stages**, summarized below:

Stage	Process Name	Responsible Unit	Key Output / Record
1	User Account Provisioning	DDITS	Access Request Form (FU-IT-ARF-Form-2025-01)

2	Acceptable Use Declaration	DDITS / QA-IEA	Technology Resource User Agreement (FU-IT-UA-Form-2025-02)
3	Access Control and Permissions	DDITS	Account Activation Record
4	System Monitoring and Security Logging	DDITS	Network Usage Log / Incident Report
5	Violation Detection and Incident Management	DDITS / QA-IEA	IT Security Incident Form (FU-IT-SIF-Form-2025-03)
6	Corrective Action and User Notification	QA-IEA / HR	Disciplinary Action Record
7	Annual Audit and Review	QA-IEA / DDITS	IT Effectiveness Audit Report

4. Step-by-Step Procedures

4.1 User Account Provisioning

1. **Initiation**
    - Department Head or Program Chair submits a request to DDITS using the *Access Request Form (FU-IT-ARF-Form-2025-01)*.
2. **Verification**
    - DDITS verifies employment or enrollment through HR or Registrar.
3. **Account Creation**
    - DDITS creates credentials (email, LMS, SIS, ERP, network).
    - The user signs the *Technology Resource User Agreement* before activation.
4. **Record-Keeping**
    - Account details recorded in the *User Access Registry* maintained by DDITS.

4.2 Acceptable Use Declaration

1. All users must sign the **FU-IT-UA-Form-2025-02**, confirming understanding of acceptable use, cybersecurity responsibilities, and institutional monitoring rights.
2. A digital copy is retained in the user's personnel or student file.

4.3 Access Control and Permissions

1. Access levels are granted based on role:
    - **Tier 1:** Students (basic access – LMS, Wi-Fi, email)
    - **Tier 2:** Faculty and staff (ERP, databases, LRC resources)
    - **Tier 3:** Administrators (restricted system management rights)
2. Any modification to access privileges requires documented authorization from the relevant Department Head.

4.4 System Monitoring and Security Logging

1. DDITS continuously monitors:
    - Logins, failed attempts, and unusual data transfers.
    - Firewall and antivirus alerts.
2. Security logs are archived monthly for one year.
3. Unauthorized or suspicious activities are automatically flagged and reported to QA-IEA.

4.5 Violation Detection and Incident Management

1. Any user witnessing or suspecting a violation must complete the *IT Security Incident Form (FU-IT-SIF-Form-2025-03)*.
2. DDITS investigates within **48 hours** and documents the incident.
3. If data breach or policy violation is confirmed, QA-IEA initiates a *Corrective Action Report (CAR)*.

4.6 Corrective Action and User Notification

1. QA-IEA coordinates with HR or the Registrar to apply disciplinary procedures aligned with FU's **Code of Conduct**.
2. Offenders receive written notice of findings and corrective actions.
3. Follow-up reports are reviewed by the **QA-IE Council**.

4.7 Annual Audit and Review

1. QA-IEA, with DDITS, performs an annual institutional **IT Effectiveness Audit** under **OBEF Pillar 6 KPIs**.
2. Results are documented in the **Institutional Effectiveness Annual Report (IR Form 1)** and submitted to the **President**.

5. Records and Retention

Record Type	Minimum Retention Period	Custodian
Access Request Forms	5 Years	DDITS
User Agreements	5 Years	QA-IEA / HR / Registrar
Security Logs	1 Year	DDITS
Incident Reports and Corrective Actions	5 Years	QA-IEA
Annual Audit Reports	5 Years	QA-IEA

6. Roles and Responsibilities

Unit / Position	Key Responsibilities
President	Provide executive oversight for digital compliance.
Vice President for Administrative Affairs	Ensure policy execution and risk mitigation.
DDITS	Manage user access, system integrity, and monitoring.
QA-IEA	Audit, evaluate, and report institutional IT effectiveness.
All Users	Comply with usage rules and immediately report violations.

7. Review Cycle

This SOP shall be reviewed every **three (3) years**, or earlier if technology or regulatory requirements evolve.

Implementation Summary

This SOP operationalizes FU's **Technology Resource Usage Policy** through a structured, auditable process that ensures:

- Accountability in access management;
- Ethical and secure use of university IT systems;
- Continuous monitoring and compliance under **FU Pillar 6**; and
- Institutional readiness for **CAA and HE Inspection Framework audits**.

H. Policy and Procedures Governing Hardware and Software Support (9.H)

1. Purpose

This policy establishes the framework for **hardware and software support services** across Fujairah University to ensure the reliability, security, and availability of all technology systems used in academic, research, and administrative functions.

It ensures that all support activities are **timely, documented, and compliant** with FU's digital governance, cybersecurity, and quality assurance standards.

2. Scope

This policy applies to:

- All **faculty, staff, and students** utilizing FU's computing resources;
- All **hardware and software assets** owned or leased by FU;
- All **IT support staff and external vendors** providing maintenance, installation, or technical assistance.

It covers support related to:

- Installation, configuration, and repair of IT equipment;
- Troubleshooting and problem resolution;
- Software installation, updates, and license activation;
- User assistance and training in system use.

3. Definitions

Term	Definition
Hardware Support	Technical service for setup, troubleshooting, maintenance, or replacement of computing devices (e.g., PCs, servers, routers).
Software Support	Assistance with installation, updates, configuration, licensing, and user access for applications and operating systems.
Helpdesk Ticket	A formal logged request for IT support through FU's IT Service Desk system.
Service-Level Agreement (SLA)	Defined response and resolution times for support requests based on urgency and priority.

4. Policy Statements

1. **IT Service Commitment**
    - DDITS shall maintain a **centralized IT Service Desk** to receive, track, and resolve all hardware and software support requests.
    - Support will be provided according to documented **Service-Level Agreements (SLAs)** to ensure accountability.
2. **Hardware Support**
    - All university-owned IT hardware shall be inventoried, tagged, and supported under the **FU IT Asset Register**.
    - Preventive maintenance is scheduled **biannually**, while corrective maintenance is carried out as needed.
    - Hardware replacement follows FU's **Hardware and Software Maintenance Policy (FU-ADM-IT-POL-2025-01)**.
3. **Software Support**
    - DDITS shall provide installation, configuration, and version updates for all authorized software.

- Only licensed and approved applications may be installed on FU devices.
- Software license renewals are handled in coordination with the Procurement and Finance Departments.

4. **User Responsibilities**
   - Users must not attempt unauthorized installation or modification of software.
   - Any malfunction or suspected security issue must be reported immediately using the **IT Support Request Form (FU-IT-SRF-Form-2025-01)**.
   - Users must back up important files according to FU's Data Protection Policy.
5. **Support Channels and Priorities**
   - Requests must be logged via the IT Service Desk or official email.
   - DDITS prioritizes issues according to criticality:
     - **Priority 1:** Network or system outage – Response within 2 hours
     - **Priority 2:** Major system error or hardware failure – Response within 24 hours
     - **Priority 3:** User-level support or software assistance – Response within 48 hours
6. **External Vendor Support**
   - Third-party vendors may provide support under approved contracts or warranty agreements.
   - DDITS oversees vendor compliance and ensures proper service documentation.
7. **Data Security and Confidentiality**
   - IT support personnel must maintain confidentiality of institutional data accessed during service activities.
   - All data storage devices (e.g., hard drives, USBs) must be handled according to FU's Information Security Policy.
8. **Quality Assurance and Audit**
   - QA-IEA will conduct **annual audits** of IT support operations under **OBEF Pillar 6** to measure performance, efficiency, and compliance.
   - Feedback and user satisfaction surveys shall be integrated into improvement plans.

5. Procedures

5.1 Requesting Support

1. The user completes and submits the **IT Support Request Form (FU-IT-SRF-Form-2025-01)** or logs a ticket online.
2. DDITS acknowledges the request within the defined SLA timeframe.
3. If an urgent matter arises, users may contact the IT Helpdesk directly by phone for escalation.

5.2 Support Execution

1. DDITS assesses the issue and assigns a technician.
2. The technician documents diagnostic actions and resolution steps in the **IT Service Log**.
3. Upon resolution, the requester confirms satisfaction and signs the **Service Completion Acknowledgment** section of the support form.

5.3 Escalation

1. Issues not resolved within SLA limits are escalated to the **Head of DDITS**.
2. Persistent system issues requiring replacement or vendor engagement are reported to the **Vice President for Administrative Affairs** and QA-IEA.

5.4 Post-Service Reporting

1. DDITS compiles monthly and annual IT Support Reports showing volume, response time, and resolution rates.
2. QA-IEA reviews these reports for institutional effectiveness analysis and continuous improvement.

6. Roles and Responsibilities

Role / Unit	Responsibilities
President / Chancellor	Provides strategic oversight for ICT support resources.
Vice President for Administrative Affairs	Approves IT budgets and vendor contracts.
Director, DDITS	Leads support operations, manages SLAs, and ensures timely service.
IT Support Staff	Respond to user requests, maintain hardware/software integrity, and log all actions.
QA-IEA	Audits support operations and integrates results into the annual effectiveness report.
End-Users	Use technology responsibly and report problems promptly.

7. Related Documents

- FU Hardware and Software Maintenance Policy (FU-ADM-IT-POL-2025-01)
- FU Technology Resource Use Policy (FU-ADM-IT-POL-2025-02)
- FU Information Security and Data Protection Policy
- FU Procurement Policy
- OBEF v10.21 Framework

8. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if there are technological or regulatory changes affecting its provisions.

Summary

This policy ensures that **hardware and software support at Fujairah University** is:

- Timely, reliable, and aligned with user needs;
- Governed by clear accountability through defined roles, SLAs, and documentation;
- Secure and compliant with UAE IT governance and higher education standards; and
- Integrated into FU's continuous improvement system under **OBEF Pillar 6 KPI 6.1 (Institutional Effectiveness and Sustainability)**.

Annex A. IT Support Request Form

Form Code: *FU-IT-SRF-Form-2025-01*
Version: *1.0*

Fujairah University (FU)
Department of Digital Innovation and IT Support (DDITS)
IT Support Request Form (Hardware / Software / Network / Access)
Confidential – For Internal Use Only

Section A – Requester Information

Field	Entry
Full Name	
Employee / Student ID	
College / Department	
Position / Program	
Email Address	
Contact Number	
Date of Request	

Section B – Type of Support Requested

(Select all that apply)

Category	Tick (✓)	Details (if applicable)
Hardware Issue (PC, laptop, printer, device)	☐	
Software Installation / Update / Licensing	☐	
Network / Wi-Fi Access	☐	
Email / LMS / SIS / ERP Access Problem	☐	
Account Password Reset	☐	
Security Concern (virus, unauthorized access)	☐	
Peripheral Issue (scanner, projector, webcam)	☐	
Other (specify)	☐	

Section C – Description of Issue

Description of the Problem (include error messages, frequency, location, device used)

Section D – Urgency Level

(For prioritization according to FU IT SLA)

Priority Level	Tick (✓)	Definition
Priority 1 – Critical	☐	System/network outage; exam disruption; affects entire unit

Priority 2 – High	☐	Major functionality loss; no workaround
Priority 3 – Medium	☐	Issue affects individual user but university operations continue
Priority 4 – Low	☐	Routine request (installations, updates, inquiries)

Section E – Initial Assessment (DDITS Use Only)

Field	Entry
Received by (DDITS Officer)	
Date & Time Received	
Issue Category Assigned	
Assigned Technician	
Remarks	

Section F – Resolution Details (DDITS Use Only)

Field	Entry
Diagnostic Steps Taken	
Actions Implemented	
Parts Replaced / Software Installed (if any)	
Issue Resolved (Yes/No)	
Date & Time Completed	
Technician Name & Signature	

Section G – Requester Confirmation

Field	Entry
Requester Signature	
Date	

Section H – QA-IEA Quality Assurance Verification

Field	Entry
QA-IEA Verifier	
Compliance Check Completed (Yes/No)	
Remarks	
Signature & Date	

Document Control Table

Field	Details
Form Title	IT Support Request Form
Form Code	FU-IT-SRF-Form-2025-01
Version No.	1.0
Effective Date	Academic Year 2025–2026
Supersedes	New Form
Responsible / Implementing Unit	Department of Digital Innovation and IT Support (DDITS)
Monitored & Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) – Admin Affairs
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IE Council)

Noted by	President / Chancellor
Next Review Date	2028 or earlier upon revision of CAA/OBEF/HEI frameworks
Document Custodian	DDITS – With QA-IEA archival control
Disclosure Statement	This form was developed with AI-assisted drafting tools and validated through FU's governance review processes.

I. Policy and Procedures Governing the Storage and Backup of Student, Faculty, and Staff Digital Records (9.I)

1. Purpose

The purpose of this policy is to establish a systematic, secure, and institution-wide approach to:

- The **storage, protection, backup, and recovery** of all digital records related to students, faculty, staff, and institutional operations.
- Ensuring **confidentiality, integrity, and availability (CIA)** of digital information.
- Maintaining compliance with **Commission for Academic Accreditation (CAA)**, **OBEF**, **HE Inspection Framework**, and **UAE federal regulations** on data protection and electronic records.

2. Scope

This policy applies to:

- **All academic and administrative units**, including:
  Registrar, HR, Finance, Academic Colleges, QA-IEA, Research, Student Affairs, LRC, DDITS.
- **All digital records** created, received, processed, or stored by FU, including:
  - Student academic records
  - Faculty and staff employment records
  - Assessment and grading data
  - Research data
  - Administrative documents
  - Financial and HR files
  - User access logs
- **All platforms and systems**, including:
  - SIS, LMS, ERP, HR systems
  - Email servers
  - Cloud backup environments
  - On-premise servers
  - Laptops and devices issued by FU

3. Definitions

Term	Definition
Digital Records	Any electronic file that documents academic, administrative, research, or HR activity.
Backup	Creation of duplicate data stored separately for protection and recovery.
Disaster Recovery (DR)	A documented process to restore systems or data after a major incident.
Storage System	Server, cloud, or digital repository where data is saved and managed.
Data Retention	The prescribed period data must be kept according to institutional policy and UAE law.

4. Policy Statements

4.1 Secure Storage of Digital Records

1. All digital records must be stored in **authorized FU systems**, not on personal devices.
2. FU will maintain:

- **Primary on-site servers**
- **Secure cloud backup systems** (UAE-hosted where required)
- **Redundant storage** for business continuity

3. Sensitive data (grades, HR files, research data) must be encrypted at:
   - **Rest** (stored data)
   - **Transit** (data being transmitted)

4.2 Backup Requirements

DDITS shall implement a structured backup regime:

Data Category	Backup Frequency	Storage Type
Student academic data	Daily	Encrypted cloud + on-site
HR & employee files	Daily	Encrypted cloud
Finance & procurement	Daily incremental; weekly full	Tiered secure storage
LMS & SIS	Real-time replication	On-site + off-site
Administrative documents	Weekly	Cloud repository
High-risk systems	Real-time replication	Dual-site backup

4.3 Data Retention

Retention periods follow UAE regulations, CAA requirements, and FU policy:

- **Student transcripts and academic records:** *Permanent*
- **Assessment records:** *Minimum 3 years*
- **HR employee records:** *Minimum 5 years after separation*
- **Financial records:** *Minimum 7 years*
- **Research data:** *Minimum 5 years or per funder requirement*

4.4 Access Control

1. Only authorized personnel may access digital records based on **role-based security levels**.
2. All access attempts are logged and subject to QA-IEA audit.
3. Students may only access their own academic data.

4.5 Data Restoration

1. DDITS shall maintain a **Disaster Recovery Plan (DRP)** aligned with OBEF Pillar 6.
2. Data restoration tests must be performed **quarterly**.
3. Restoration logs must be retained for **5 years**.

4.6 Institutional Oversight

1. QA-IEA monitors digital record integrity as part of annual **Institutional Effectiveness Review**.
2. DDITS submits a **Digital Systems Integrity Report** annually to QA-IE Council and President.

5. Procedures

5.1 Data Storage Procedures

1. All departments must store digital records using FU-managed platforms.
2. Files must follow **standardized folder hierarchies** approved by DDITS.
3. Sensitive information must not be stored on:

- USB drives
- Personal laptops
- Private cloud accounts

4. DDITS ensures 24/7 security monitoring of servers and cloud systems.

5.2 Backup Procedures

1. DDITS automatically executes system backups according to the defined frequency.
2. Backups must be encrypted and stored across **multiple geographically separated zones**.
3. Backup logs shall be kept for **12 months**.
4. Any failed backup triggers an alert for immediate re-execution.

5.3 Data Restoration Procedures

1. Authorized personnel submit a **Data Restoration Request Form (FU-IT-DRR-Form-2025-01)**.
2. DDITS validates identity and purpose before restoring:
   - Partial data
   - Entire user accounts
   - Entire systems
3. Restoration time will follow urgency and disaster recovery levels.

5.4 Incident Handling

1. Suspected breaches or tampering must be reported using the **IT Security Incident Form (FU-IT-SIF-Form-2025-03)**.
2. DDITS investigates within **48 hours** and updates QA-IEA.
3. Necessary corrective actions are recorded in the **Corrective Action Plan (CAP)**.

5.5 Records and Archiving

1. Archived digital records must be:
   - Encrypted
   - Indexed
   - Time-stamped
   - Stored securely
2. Disposal of expired digital records follows:
   - Secure overwrite
   - Cryptographic wipe
   - DDITS Verification
3. QA-IEA must document disposal as part of annual effectiveness review.

6. Roles and Responsibilities

Unit / Role	Responsibilities
President	Strategic oversight of institutional digital governance.
VP for Administrative Affairs	Ensures adequate IT resources and infrastructure.
DDITS	Primary custodian of all digital storage and backup systems.
Registrar	Ensures preservation of all student academic records.
HR Department	Ensures secure storage of all employee files.
QA-IEA	Conducts annual audits; monitors compliance with OBEF Pillar 6.

All FU Employees	Comply with data storage and cybersecurity requirements.

7. Review Cycle

This policy will be reviewed **every three (3) years**, or earlier if required by updates to CAA Standards, OBEF, HEI Framework, or UAE regulations.

Annex A. Data Restoration Request Form (FU-IT-DRR-Form-2025-01)

Fujairah University (FU)
Department of Digital Innovation and IT Support (DDITS)
Data Restoration Request Form
Form Code: FU-IT-DRR-Form-2025-01
Version: 1.0
Confidential – For Internal Use Only

Section A – Requester Information

Field	Entry
Full Name	
Employee / Student ID	
College / Department	
Position / Program	
Email Address	
Contact Number	
Date of Request	

Section B – Type of Data Restoration Requested

Type of Restoration	Tick (✓)	Details / Notes
Single File Restoration	☐	Specify name, date, and system:
Folder Restoration	☐	
User Account Data Recovery	☐	
Email Restoration	☐	
SIS/LMS/ERP Record Recovery	☐	
Database Recovery	☐	
Full System Restoration	☐	
Other (specify):	☐	

Section C – System / Platform Affected

System	Tick (✓)	Details
SIS	☐	
LMS	☐	
ERP	☐	
Email Server	☐	
On-Premise File Server	☐	
Cloud Storage Backup	☐	
Research Data Server	☐	
Other:	☐	

Section D – Justification for Restoration

(Provide reason and impact on academic or administrative processes)

Description	

Section E – Requested Date Range for Recovery

Field	Entry
Approximate Date of Data Loss	
Requested Restore Point Date / Time	
Additional Notes	

Section F – Authorization Workflow

Role	Name	Signature	Date
Requester			
Department Head / Dean			
Data Owner (Registrar / HR / Finance / Other)			
DDITS Officer (Validation)			
QA-IEA Verifier			

Section G – For DDITS Use Only

Field	Entry
Restoration Ticket Number	
Backup Source Used (Primary / Secondary / Cloud)	
Nature of Restore (Full / Partial)	
Restoration Completion Date & Time	
Technician Name	
Verification of Successful Restore (Yes/No)	
Comments / Issues Encountered	

Section H – Requester Confirmation of Restoration

Field	Entry
Requester Confirmation (✓)	☐ Successful ☐ Not Successful
Comments	
Requester Signature	
Date	

J. Policy and Procedures Governing the Provision of ICT Infrastructure, Hardware/Software Requirements, and Internet Performance Standards (9.J)

1. Purpose

This policy ensures Fujairah University (FU) provides **adequate, secure, reliable, and pedagogically appropriate ICT infrastructure** that enables high-quality development, delivery, assessment, and evaluation of courses across all modes of instruction.

The aims are to:

- Ensure **minimum hardware, software, network, and internet performance standards** for all teaching, learning, research, and assessment functions.
- Guarantee **continuous accessibility** and **digital readiness** of the institution in compliance with national and international standards.
- Provide a structured framework for ICT planning, upgrades, acquisitions, and sustainability.

2. Scope

This policy applies to:

- All **academic programs**, courses, laboratories, and instructional facilities
- All **faculty, staff, and students** using ICT infrastructure
- All **on-campus, online, and blended learning environments**
- All **university-owned hardware, software, devices, digital platforms, and network systems**
- All outsourced ICT platforms, cloud systems, and licensed software

3. Definitions

Term	Definition
ICT Infrastructure	All hardware, software, networks, cloud systems, LMS, SIS, assessment systems, and technical resources used by FU.
Minimum Requirements	Institutional baseline standards necessary for developing and delivering courses.
Bandwidth	Internet speed capacity available for university operations and online learning.
Redundancy	Backup systems ensuring continuous ICT services in case of failure.
Mission-Critical Systems	LMS, SIS, ERP, cloud storage, email, and e-assessment systems essential to operations.

4. Policy Statements

4.1 ICT Infrastructure Provision

FU shall provide an ICT environment that includes:

1. **Modern computing hardware** for faculty, staff, laboratories, and student access.
2. **Licensed, updated, and secure software** required for academic delivery and assessment.
3. **High-speed internet connectivity** across all buildings and learning spaces.
4. **Redundant servers and cloud storage** ensuring business continuity.
5. **Secure LMS, SIS, ERP, and assessment platforms** with >99% uptime.
6. **Cybersecurity protection** (firewalls, antivirus, encryption, MFA).
7. **Accessible technology** for students with disabilities (WCAG 2.1 AA compliance).

4.2 Minimum Hardware Requirements

4.2.1 For Faculty and Academic Staff

- CPU: Intel i5 / Ryzen 5 or higher
- RAM: Minimum 16 GB
- Storage: 256–512 GB SSD
- Camera: HD 1080p
- Connectivity: Dual-band Wi-Fi 6

4.2.2 For Computer Laboratories

- CPU: Intel i7 / Ryzen 7
- RAM: Minimum 16–32 GB
- Graphics (specialized labs): NVIDIA GTX/RTX
- Monitors: 22" HD or larger

4.2.3 For Students (BYOD Recommendation)

- CPU: Intel i3 / Ryzen 3 or higher
- RAM: 8 GB or higher
- Storage: 128 GB SSD or higher

4.3 Minimum Software Requirements

4.3.1 Teaching and Learning

- LMS (Moodle/Blackboard/Canvas equivalent)
- E-proctoring tools
- Video conferencing platforms (MS Teams, Zoom)
- Instructional design tools (Office 365 suite)
- Assessment analytics software

4.3.2 Administrative

- ERP system
- SIS
- HR systems
- Financial software

4.3.3 Security

- Endpoint protection
- Multi-factor authentication
- Encrypted storage

4.4 Minimum Internet Speed and Network Standards

FU must maintain the following minimum network performance:

Facility	Minimum Bandwidth Requirement
Classrooms	200 Mbps per access point
Computer Labs	1 Gbps wired + Wi-Fi 6
Faculty Offices	200–500 Mbps
Student Areas	100–200 Mbps
Server Rooms	10 Gbps backbone
Online Examination Halls	Minimum 1 Gbps line with redundancy

Additional requirements:

- **Wi-Fi 6 or higher** across all buildings

- **Backup internet line** with automatic failover
- **Daily network monitoring** and logging
- **99% minimum uptime** for LMS, SIS, and critical systems

4.5 ICT Support Requirements

- On-site IT technicians during business hours
- Dedicated support during examinations and registration
- Annual technology audit by **QA-IEA**
- Regular software updates, patches, and cybersecurity scanning

5. Procedures

5.1 ICT Infrastructure Planning and Procurement

1. DDITS conducts annual needs assessments with colleges and units.
2. Procurement aligns with:
    - CAA Standards
    - OBEF institutional KPIs
    - FU strategic plan
3. All ICT acquisitions must be approved by:
    - DDITS
    - VP for Administrative Affairs
    - Procurement Committee

5.2 Installation, Configuration, and Maintenance

1. DDITS installs and configures all hardware and software.
2. Preventive maintenance is performed **biannually**.
3. Security updates are deployed **continuously**.
4. Outdated or unsupported equipment is replaced per IT lifecycle plan.

5.3 Monitoring and Performance Evaluation

1. DDITS monitors:
    - System uptime
    - Bandwidth usage
    - Device performance
    - Cybersecurity alerts
2. QA-IEA evaluates ICT infrastructure performance each year under **OBEF Pillar 6**.
3. Reports are submitted to:
    - QA-IE Council
    - President / Chancellor

5.4 Handling ICT Failures and Emergencies

1. Critical failures are escalated through the **Emergency ICT Response Protocol**.
2. DDITS activates redundancy and disaster recovery systems.
3. Incident records are logged using the **IT Security Incident Form**.

5.5 ICT Infrastructure Compliance and Auditing

1. QA-IEA conducts annual compliance audits.
2. Audit findings feed into:
    - CAPs (Corrective Action Plans)
    - IT development plans
    - Budget proposals

6. Roles and Responsibilities

Role / Unit	Responsibility
President	Ensures strategic commitment to ICT excellence
VP for Administrative Affairs	Oversees ICT resources, budgeting, and approvals
DDITS	Implements, maintains, and secures all ICT infrastructure
QA-IEA	Monitors quality, evaluates ICT effectiveness
Academic Units	Identify ICT needs for teaching and assessment
All Users	Use ICT resources responsibly and report issues promptly

7. Review Cycle

This policy shall be reviewed **every three (3) years**, or earlier depending on changes in:

- CAA Standards
- OBEF framework updates
- HE Inspection Framework
- UAE cybersecurity and ICT regulations

Annex A. ICT Infrastructure Provision and Performance Monitoring SOP

SOP Code: *FU-ADM-IT-SOP-2025-05*
(Aligned with Policy: *FU-ADM-IT-POL-2025-05*)

Field	Details
SOP Title	ICT Infrastructure Provision and Performance Monitoring SOP
SOP No.	FU-ADM-IT-SOP-2025-05
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Department of Digital Innovation and IT Support (DDITS)
Monitored & Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	CQA-IE (Administrative Affairs)
Approved by	QA-IE Council
Noted by	President / Chancellor
Next Review Date	2028 or earlier upon revision of CAA / OBEF / HEI standards
Cross-References	FU-ADM-IT-POL-2025-05; CAA Standards 2019 (4.1, 5.1, 6.2); HEI Framework 2023 (Standards 2 & 3); OBEF v10.21 (Pillar 6); ISO 21001:2018 Clauses 7.1.3, 8.1, 9.1
Document Custodian	DDITS with QA-IEA archiving
Disclosure Statement	This document was developed with support from AI-assisted drafting and analytical tools to enhance clarity, structure, and benchmarking against UAE higher education and global frameworks. All content has been reviewed, contextualized, validated, and approved in accordance with FU's governance and quality assurance standards

1. Purpose

This Standard Operating Procedure operationalizes the policy on ICT infrastructure provision by defining:

- The **workflow** for assessing, procuring, installing, maintaining, and improving ICT infrastructure.
- The **minimum institutional standards** for hardware, software, network, and internet performance.
- The **monitoring and audit mechanisms** ensuring compliance with CAA, HEI, OBEF, and ISO 21001 requirements.
- The institutional process for ensuring the ICT environment effectively supports FU's teaching, learning, assessment, research, and administrative operations.

2. Scope

This SOP applies to:

- All academic and administrative units at FU
- All ICT infrastructure, including:
    - Servers, computers, networks, firewalls, Wi-Fi systems
    - LMS, SIS, ERP, digital assessment systems
    - Licensed software and cloud solutions

- Online examination systems
- All ICT support staff
- All faculty, staff, and students as system users

3. Definitions

Term	Definition
ICT Infrastructure	All digital systems used in instruction, assessment, and administration (hardware, software, networks, and cloud).
Minimum ICT Requirements	Mandatory specifications needed to support course development, delivery, and evaluation.
Performance Monitoring	Routine evaluation of system uptime, bandwidth, utilization, and device health.
Mission-Critical Systems	LMS, SIS, ERP, email, servers, examination systems.
Redundancy	Backup systems ensuring uninterrupted service.

4. Process Overview (High-Level Workflow)

Annual ICT Cycle

1. **Needs Assessment** (DDITS + Colleges + Units)
2. **Gap Analysis & Planning**
3. **Procurement & Budget Approval**
4. **Installation & Configuration**
5. **Performance Monitoring**
6. **Preventive Maintenance**
7. **Corrective Action & Service Restoration**
8. **Annual Review under OBEF Pillar 6**
9. **Continuous Improvement**

5. Detailed Procedures

5.1 ICT Needs Assessment & Planning

Step-by-Step Workflow

Step	Responsibility	Description
1	DDITS	Issue annual ICT needs assessment template to all units.
2	Colleges/Units	Submit ICT requirements (hardware, software, network needs).
3	DDITS	Conduct site inspections and system performance checks.
4	DDITS	Compare actual performance to minimum ICT standards.
5	DDITS	Draft ICT Infrastructure Development Report (IIDR).
6	QA-IEA	Validate alignment with OBEF v10.21 Pillar 6 KPIs.
7	VP-Admin	Review and endorse needs assessment summary.
8	President	Approve final annual ICT plan.

5.2 Minimum ICT Specifications Validation

DDITS shall ensure the following **minimum standards** are met before each semester:

Hardware Minimums

Category	Minimum Requirement
Faculty Laptops	i5/Ryzen 5, 16 GB RAM, 256–512 GB SSD
Lab PCs	i7/Ryzen 7, 16–32 GB RAM, dedicated GPU (if needed)
Student BYOD	i3/Ryzen 3, 8 GB RAM
Classroom A/V	HD projector/screen, digital podium, audio system

Software Minimums

Area	Requirement
Teaching	LMS, Office 365, video-conferencing tools
Assessment	Secure e-proctoring; analytics tools
Administration	ERP, SIS, HRIS
Security	Antivirus, MFA, encrypted storage

Network Minimums

Space	Bandwidth Requirement
Instructional Areas	≥ 200 Mbps per access point
Labs	1 Gbps wired + Wi-Fi 6
Online exam halls	1 Gbps line + redundancy
Campus backbone	10 Gbps

5.3 ICT Procurement Workflow

Step	Responsible Unit	Output
1. Prepare purchase request	DDITS	Technical Specification Sheet
2. Budget alignment	VP–Admin	Budget Certification
3. Procurement Committee approval	Procurement	Tender / RFQ
4. Supplier selection	Procurement + DDITS	Vendor Award
5. Delivery & inspection	DDITS	Inspection Report
6. System acceptance	User Units	Acceptance Certificate
7. Asset tagging	DDITS	Asset Tag Register

5.4 ICT Installation & Configuration

DDITS shall:

1. Configure devices per FU security standards.
2. Install only **licensed and approved** software.
3. Assign user access and permissions.
4. Register devices in the **FU IT Asset Register**.
5. Conduct testing with faculty/staff before deployment.

5.5 Performance Monitoring

Daily Monitoring	• **Server uptime (>99%)** • **Network bandwidth utilization** • **Security alerts** • **LMS/SIS/ERP access logs**
Weekly Monitoring	• **Patch updates** • **Storage capacity**

	• **Error logs**
Monthly Monitoring	• **Uptime Analytics Report** • **Internet speed tests** • **Load tests for assessment systems**
Quarterly Monitoring	• **Disaster Recovery Test** • **Backup restoration test** • **Compliance check with minimum ICT standards**

5.6 Preventive Maintenance

Performed **biannually**, including:

- Hardware inspection
- Cleaning & component checks
- Software updates
- Network optimization
- Classroom technology testing

5.7 Corrective Maintenance & Incident Response

Triggered via:

- IT Support Request Form (FU-IT-SRF-Form-2025-01)
- IT Security Incident Form (FU-IT-SIF-Form-2025-03)

Response Times (SLA):

Priority	Issue Type	Response Time
P1	Network/system outage	2 hours
P2	Major lab/class disruption	24 hours
P3	Device malfunction	48 hours
P4	Low-impact requests	72 hours

5.8 Annual OBEF Pillar 6 ICT Review

Conducted by **DDITS + QA-IEA**, covering:

- ICT adequacy
- Infrastructure quality
- User satisfaction
- Risk and cybersecurity indicators
- Compliance with Standards (CAA, HEI, ISO)

Output: **Annual ICT Effectiveness Report** submitted to
→ QA-IE Council → President.

6. RACI Matrix (Responsibility Matrix)

Activity	President	VP-Admin	DDITS	Units	QA-IEA
ICT Needs Assessment	A	C	R	R	C
Procurement	C	A	R	C	I
Installation & Configuration	I	C	R	I	I
Performance Monitoring	I	C	R	I	C
Preventive Maintenance	I	C	R	I	I

Disaster Recovery	C	C	R	I	C
Annual Audit	I	I	C	I	R

R = Responsible, A = Accountable, C = Consulted, I = Informed

7. Records and Retention

Record Type	Retention Period	Custodian
ICT Needs Assessment Reports	5 years	DDITS
Procurement Documents	7 years	Procurement
Performance Monitoring Logs	1 year	DDITS
Preventive Maintenance Logs	3 years	DDITS
Annual ICT Effectiveness Report	5 years	QA-IEA
Incident Reports	5 years	DDITS / QA-IEA

8. Review Cycle

This SOP is reviewed every **three (3) years**, or earlier in case of:

- Updates to CAA Standards
- Revisions to OBEF framework
- HEI Framework updates
- ICT or cybersecurity regulatory changes

K. Policy and Procedures Governing Provisions for Access To ICT Support Services For All Stakeholders Regardless Of Geographical Location (9.K)

1. Purpose

This policy ensures that **all FU students, faculty, staff, alumni, and authorized external stakeholders** receive timely, effective, and equitable **ICT support**, regardless of:

- Physical location
- Mode of study or work (face-to-face, online, hybrid, remote)
- Time zone differences

It institutionalizes digital support mechanisms that guarantee continuity of teaching, learning, assessment, research, and administrative operations.

2. Scope

This policy applies to:

- All FU students (undergraduate, graduate, exchange, online learners)
- All FU faculty and staff working onsite or remotely
- Visiting lecturers, external examiners, and accreditation teams
- Any stakeholder using FU technology or platforms (LMS, SIS, ERP, email, library systems)

3. Definitions

Term	Definition
ICT Support Services	Services provided to assist with access, operation, troubleshooting, and security of FU technology systems.
Remote Support	ICT services delivered virtually using online tools, remote desktop applications, email, or helpdesk systems.
Stakeholders	Students, faculty, staff, administrators, partners, and external users of FU systems.
Service Window	Official hours and modes in which ICT assistance is available.

4. Policy Statements

4.1 Equal Access to ICT Support

1. FU ensures **equitable access** to ICT support regardless of geographical location.
2. Remote users must receive **equal-level support** as those physically on campus.
3. All helpdesk channels must be accessible from any region with internet access.

4.2 Multi-Channel Support Availability

DDITS shall provide support via:

- **24/7 ticketing system** (IT Service Desk Platform)
- **Email support**
- **Remote desktop assistance**
- **Telephone hotline** (extended hours during exams/registration)
- **Video-conference assistance** (MS Teams/Zoom)
- **Knowledge base/FAQ repository** available online

4.3 Minimum Response Time (SLA Standards)

Priority Level	Description	Response Time

P1	Mission-critical system failure (SIS, LMS, ERP outage)	≤ 2 hours (global)
P2	Teaching/assessment disruption	≤ 4 hours
P3	User-level problems	≤ 24 hours
P4	General inquiries or routine support	≤ 48 hours

Remote and international stakeholders must receive equivalent SLA-based responses.

4.4 Accessibility and Inclusivity

1. ICT support services must comply with **accessibility standards** (WCAG 2.1 AA).
2. Remote users with disabilities must be provided assistive support where needed.
3. ICT support resources must be available in English and Arabic.

4.5 Data Protection and Security

All remote support must follow:

- UAE Data Protection Law
- FU Information Security Policies
- Secure authentication and encrypted communications
- Confidential handling of user data

5. Procedures

5.1 Accessing ICT Support (Stakeholders)

Step-by-Step Workflow

1. User identifies a technical issue or assistance requirement.
2. User submits request using **any support channel**:
    - Helpdesk Ticketing System
    - Email: *it.support@fu.ac.ae*
    - Phone hotline
    - Remote support portal
3. System generates a **ticket number** and acknowledgment.
4. Issue is categorized based on priority level.
5. Assigned technician contacts the user (email, call, or video link).

5.2 ICT Request Handling (DDITS)

Step-by-Step Workflow

Step	Responsible	Description
1	Helpdesk Officer	Verify identity and account of requester
2	DDITS	Categorize issue and assign priority level
3	DDITS	Provide remote resolution (Zoom, MS Teams, Remote Desktop)
4	DDITS	Log actions in the ticketing system
5	Technician	Follow-up to confirm issue resolved
6	User	Sign digital Service Completion Acknowledgment
7	DDITS	Close ticket and archive logs

5.3 Support for Stakeholders in Different Countries/Time Zones

DDITS shall:

1. Provide **extended service window hours** during peak periods.
2. Use email and ticket-based systems for asynchronous support.
3. Utilize remote assistance tools (AnyDesk, Teams remote control).
4. Prioritize exam-related and teaching-related issues from overseas users.

5.4 Emergency Support

If a remote user experiences:

- Examination system failure
- LMS access disruption
- Authentication/system lockouts
- SIS grade submission issues

DDITS activates the **Emergency ICT Response Protocol**, providing:

- Immediate call-back
- Remote troubleshooting
- System-level override (if authorized)

5.5 Monitoring and Reporting

1. Ticket logs must be reviewed **monthly**.
2. QA-IEA conducts an **annual audit** of ICT support accessibility, including off-campus users.
3. KPIs must assess:
    - Response time compliance
    - User satisfaction
    - Ticket closure rate
    - Recurrent problem analysis

6. Roles and Responsibilities

Role / Unit	Responsibilities
President	Ensures institutional commitment to global ICT access.
VP for Administrative Affairs	Oversees ICT resource allocation.
DDITS Director	Manages all ICT support operations and global coverage.
Helpdesk/Technicians	Provide timely, SLA-based support to local and remote users.
QA-IEA	Monitors ICT support effectiveness under OBEF Pillar 6.
Users	Submit accurate information and comply with IT policies.

7. Records and Retention

Record Type	Retention Period	Custodian
ICT Support Tickets	3 years	DDITS
Emergency Support Logs	5 years	DDITS
Monthly ICT Support Reports	3 years	DDITS
QA-IEA ICT Accessibility Audit Reports	5 years	QA-IEA
Corrective Action Plans	5 years	QA-IEA

8. Review Cycle

This policy will be reviewed:

- Every **three (3) years**
- Or earlier if dictated by CAA, OBEF, HEI updates
- Or upon major changes in FU digital strategy or ICT regulations

Annex A. Remote ICT Support Provision and Global Service Delivery SOP

Field	Details
SOP Title	Remote ICT Support Provision and Global Service Delivery SOP
SOP No.	FU-ADM-IT-SOP-2025-06
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Department of Digital Innovation and IT Support (DDITS)
Monitored & Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	CQA-IE (Administrative Affairs)
Approved by	QA-IE Council
Noted by	President / Chancellor
Next Review Date	2028 or earlier depending on CAA, OBEF, HEI updates
Cross-References	FU-ADM-IT-POL-2025-06; FU-ADM-IT-POL-2025-05; CAA Standards 2019 (4.1, 5.1, 6.2); HEI Framework 2023 (Stds. 2 & 3); OBEF v10.21 (Pillar 6); ISO 21001:2018 (7.1.3, 7.4, 8.2)
Document Custodian	DDITS with QA-IEA archival oversight
Disclosure Statement	This document was developed with support from AI-assisted drafting and analytical tools to enhance clarity, structure, and benchmarking against UAE higher education and global frameworks. All content has been reviewed, contextualized, validated, and approved in accordance with FU's governance and quality assurance standards.

1. Purpose

This SOP operationalizes FU's policy ensuring **equitable and effective ICT support** for all institutional stakeholders regardless of geographical location, time zone, or mode of engagement (face-to-face, online, remote, or hybrid). The SOP provides:

- Clear workflow steps
- Defined responsibilities
- Service-level expectations
- Quality assurance mechanisms
- Documentation and reporting protocols

It ensures compliance with CAA, HEI Framework, OBEF v10.21, and international ICT governance requirements.

2. Scope

This SOP applies to:

- All FU students (including online, study-abroad, and exchange students)
- All faculty and staff working on-campus or remotely
- External stakeholders (visiting faculty, accreditation teams, examiners)
- All ICT systems including LMS, SIS, ERP, email, remote-access systems, and support platforms
- All ICT support staff and technicians

3. Definitions

Term	Definition
Remote ICT Support	ICT assistance delivered online via chat, ticketing, email, voice, or video conferencing, including remote desktop control.
Global Service Delivery	ICT support offered to stakeholders irrespective of physical location or time zone.
Helpdesk Ticket	A logged request for ICT assistance submitted through the IT Service Desk System.
Service Window	The official time period when ICT support is available.
SLA (Service-Level Agreement)	Maximum expected response and resolution times for different categories of ICT issues.

4. High-Level Workflow (Process Map)

1. **User submits ICT support request** (ticket/email/phone/video-chat)
2. **DDITS receives and logs request**
3. **Request prioritized by SLA category**
4. **Technician assigned**
5. **Remote support provided** (email, chat, remote desktop, video call)
6. **Issue resolved or escalated**
7. **User confirmation of resolution**
8. **Ticket closed**
9. **Monthly monitoring by DDITS**
10. **Annual QA-IEA audit under OBEF v10.21**

5. Procedures

5.1 Procedure for Submitting ICT Support Requests

Step-by-Step Workflow

Step	Responsible	Description
1	User	Identifies issue and selects preferred support channel.
2	User	Submits request via: ticketing system / email / hotline / online form.
3	System	Issues automatic ticket number and acknowledgment.
4	DDITS	Reviews request and verifies user identity.

Approved Submission Channels:

- IT Ticketing System (24/7)
- Email: it.support@fu.ac.ae
- Phone Hotline
- Remote ICT Support Portal
- Live Support (MS Teams/Zoom when required)

5.2 Classification and Prioritization of Requests

DDITS assigns priority based on the defined **Service-Level Agreement (SLA)**:

Priority	Description	Response Time	Resolution Time
P1	Critical system failure (LMS, SIS, ERP, exams)	≤ 2 hours	≤ 24 hours
P2	Teaching/assessment disruption	≤ 4 hours	≤ 48 hours

P3	Standard user issues	≤ 24 hours	≤ 3 working days
P4	Routine/low-priority requests	≤ 48 hours	≤ 5 working days

5.3 Remote Support Provision

DDITS must provide support through:

- **Remote desktop control** (AnyDesk/MS Teams Remote Access)
- **Video conferencing** for complex walkthroughs
- **Screen-sharing** sessions
- **Email-based troubleshooting**
- **Live chat support** (during extended hours)

Service Window

- Standard: **8:00 AM – 4:00 PM UAE Time (GMT+4)**
- Extended: **During registration, midterms, finals, and thesis defenses**
- Emergency: **P1 issues supported 24/7**

5.4 Identity Verification Protocol

Before remote access is granted:

1. User must confirm:
    - Full name
    - FU ID number
    - Registered FU email
2. DDITS must confirm user listing in:
    - HR system (staff)
    - SIS (students)
3. Remote sessions must begin with a **verbal or email authorization**.

5.5 Issue Resolution Protocol

Standard Workflow

1. Technician communicates with user.
2. Diagnostic steps performed.
3. Issue resolved through:
    - Remote access
    - Reconfiguration
    - Password reset
    - System reinstatement
    - Permission adjustment
4. Technician logs steps taken.
5. User confirms resolution.
6. Ticket closed.

5.6 Escalation Procedure

Level	Escalation To	Trigger
Level 1	Senior Technician	Issue unresolved after 24 hours
Level 2	IT Director (DDITS)	System-wide issue or recurring failure
Level 3	VP for Admin Affairs	Vendor support or infrastructure change required

Level 4	President	Severe outage impacting university operations

5.7 Support for Users in Different Countries/Time Zones

DDITS must:

- Provide asynchronous support through ticketing and email
- Offer scheduled remote support sessions in the user's time zone
- Provide extended-hours support during:
    - Online midterms
    - Online finals
    - Thesis defenses
    - E-proctored examinations

5.8 Emergency Support Protocol

Activated for:

- Examination disruptions
- LMS downtime
- SIS grade submission issues
- Authentication lockouts
- Data access failures

DDITS shall:

1. Initiate **Immediate Response Protocol**
2. Notify IT Director
3. Inform QA-IEA for compliance logging
4. Provide workaround or alternative access
5. Document incident using *IT Security Incident Form (FU-IT-SIF-Form-2025-03)*

6. RACI MATRIX

Activity	President	VP Admin	DDITS Director	IT Technicians	QA-IEA	Users
Request Submission	I	I	I	I	I	R
Identity Verification	I	I	C	R	I	C
Issue Resolution	I	I	C	R	I	C
Escalation	I	C	R	C	I	I
Emergency Support	I	C	R	R	C	I
Monthly Reporting	I	I	R	C	C	I
Annual Audit	I	I	C	I	R	I
R = Responsible, A = Accountable, C = Consulted, I = Informed						

7. Documentation and Records

Record Type	Retention	Custodian
ICT Support Tickets	3 years	DDITS
Remote Session Logs	3 years	DDITS
Emergency Incident Reports	5 years	DDITS / QA-IEA

Monthly ICT Support Report	3 years	DDITS
Annual ICT Accessibility Audit	5 years	QA-IEA
Corrective Action Plans	5 years	QA-IEA

8. Monitoring, Evaluation, and Reporting

DDITS must generate:

- **Monthly Service Delivery Report**
- **Quarterly SLA Compliance Summary**
- **Annual ICT Accessibility Report** (submitted to QA-IE Council)

QA-IEA must:

- Conduct annual audits under **OBEF v10.21 Pillar 6 KPIs**
- Validate SLA performance
- Assess user-satisfaction surveys
- Recommend corrective actions

9. Review Cycle

This SOP is reviewed **every three (3) years**, or earlier when:

- CAA Standards are updated
- OBEF v10.21 revisions are issued
- HEI Framework regulations evolve

ICT security and digital delivery regulations in the UAE change Next Review Date	**2028 or earlier based on updates in LMS, CAA Standards, OBEF Framework, or HEI requirements**
Cross-References	FU-ADM-IT-POL-2025-05; CAA Standards 2019 (4.1, 4.2, 5.1, 6.2); HEI Framework 2023; OBEF v10.21 Pillar 6; ISO 21001:2018
Document Custodian	DDITS with QA-IEA archival oversight
Disclosure Statement	This document was developed with support from AI-assisted drafting and analytical tools to enhance clarity, structure, and benchmarking against UAE higher education and global frameworks. All content has been reviewed, contextualized, validated, and approved in accordance with FU's governance and quality assurance standards.

L. Policy And Procedures Governing The Use Of LMS and IT Services To Support Course Delivery (9.L)

1. Purpose

This policy governs the use of the **Learning Management System (LMS)** and **IT services** to ensure:

- High-quality digital support for teaching, learning, and assessment
- Consistent, reliable, and pedagogically sound use of LMS tools
- Secure and equitable access for all stakeholders regardless of geographical location
- Compliance with national and international standards for digital learning and ICT provision

The policy ensures that all courses—face-to-face, blended, online—are effectively supported through FU's digital infrastructure.

2. Scope

This policy applies to:

- All undergraduate and graduate programs
- All faculty (full-time, adjunct, visiting)
- All students (on-campus, online, exchange, study-abroad)
- All courses delivered using LMS tools
- All IT services that support course development, delivery, and assessment (LMS, SIS, email, cloud storage, e-proctoring, classroom technologies)

3. Definitions

Term	Definition
LMS (Learning Management System)	The central platform used for course materials, activities, assessments, and communication.
IT Services	All digital support systems including LMS, SIS, ERP, email, lab computers, virtual classrooms, and helpdesk services.
Course Delivery	All instructional and assessment activities facilitated using LMS or IT tools.
Digital Course Shell	A structured LMS page containing all required course elements.

4. Policy Statements

4.1 Mandatory Use of LMS in All Courses

1. All courses must have an LMS course shell that includes at minimum:
    - Course syllabus
    - Course Learning Outcomes (CLOs)
    - Weekly learning materials
    - Recorded lectures (if applicable)
    - Assessment tasks and rubrics
    - Gradebook entries
    - Communication tools (announcements, forum)
2. Faculty must use the LMS to support:
    - Content delivery
    - Assignment submission
    - Online quizzes/tests
    - Attendance tracking (where applicable)

- Communication with students

4.2 IT Services Required to Support Course Delivery

The following IT services must be consistently available:

- LMS
- Student Information System (SIS)
- Email and MS Teams/Zoom
- Virtual learning tools (simulations, e-labs)
- Digital library access
- E-proctoring system for online assessment
- Helpdesk support for faculty and students

4.3 Minimum LMS Course Quality Requirements

Every LMS course shell must include:

Required Element	Description
Course Information	Syllabus, CLOs, contact information
Weekly Plan	Weekly topics, activities, materials
Assessment Section	Instructions, rubrics, deadlines
Gradebook	Up-to-date grades in alignment with assessment plan
Communication	Announcement board updated weekly
Resources	Lecture notes, slides, video content
Accessibility	Materials in accessible formats (WCAG 2.1)

4.4 LMS Data Security

- All LMS activities must be logged and securely stored.
- Access is authenticated via FU credentials (MFA where applicable).
- Student data protection must follow UAE data privacy regulations.

4.5 User Training

- DDITS provides mandatory LMS training for faculty.
- Students must complete LMS orientation during induction week.

5. Procedures

5.1 Course Shell Setup

Steps for Faculty

1. Log into LMS at least **one week before semester start**.
2. Review the automatically created course shell.
3. Upload:
    - Syllabus
    - Weekly modules
    - Assessment details
    - Rubrics
4. Activate course shell for student access.
5. Ensure gradebook is aligned with assessment plan.

DDITS Responsibilities

- Create all course shells automatically through SIS integration.
- Provide technical support for populating shells.

5.2 Delivery of Learning Content via LMS

Faculty must:

- Upload weekly content at least **48 hours** before the class session.
- Maintain active communication through announcements.
- Use LMS for assignment submission and feedback.
- Use LMS quiz tool for online assessments.

5.3 IT Support for Course Delivery

DDITS must ensure:

1. **System Uptime**
    - LMS uptime ≥ 99% per semester
    - SIS/Email uptime ≥ 99%
2. **Helpdesk Support**
    - Standard hours: 8 AM–4 PM
    - Extended hours: Registration & exam weeks
    - Emergency support during e-proctored exams
3. **Remote Support**
    - Available for users outside the UAE
    - Remote desktop, chat, and video troubleshooting

5.4 LMS Assessment Procedures

Faculty must:

- Use LMS Gradebook for all assessments
- Ensure rubrics are uploaded for transparency
- Publish student grades within 7–10 days
- Use e-proctoring tools for online exams
- Archive course LMS data for a minimum of **3 years**

5.5 Monitoring LMS and IT Service Performance

DDITS must:

- Conduct weekly LMS performance checks
- Log user issues and ticket resolution times
- Conduct monthly system audits
- Submit semester reports to QA-IEA

QA-IEA must:

- Review LMS usage metrics
- Confirm alignment with OBEF v10.21 Pillar 6 KPIs
- Include findings in the Annual Institutional Effectiveness Report

6. Roles and Responsibilities

Role	Responsibilities

President	Oversight of digital learning infrastructure
Director for Academic Affairs	Ensures academic integration of LMS
DDITS	Maintain LMS, support IT needs, monitor usage
QA-IEA	Audit LMS quality and IT effectiveness
Deans/Chairs	Ensure faculty compliance in their programs
Faculty	Maintain course shells, deliver materials, update gradebook
Students	Engage with LMS, submit assessments, attend sessions

7. Records and Retention

Record	Retention Period	Custodian
LMS Course Shells	3 years	DDITS
LMS Logs	1 year	DDITS
Training Records	5 years	QA-IEA / HR
LMS Performance Reports	5 years	QA-IEA
Support Tickets	3 years	DDITS

8. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if:

- LMS platform upgrades occur
- CAA or OBEF standards change
- Digital learning regulations evolve
- QA-IEA recommends revision based on audits

Annex A. LMS and IT Services Operational Workflow SOP

Field	Details
SOP Title	LMS and IT Services Operational Workflow SOP
SOP No.	FU-ACA-IT-SOP-2025-07
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Units	• Academic Colleges • Department of Digital Innovation & IT Support (DDITS)
Monitored & Evaluated by	Office of Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	Committee on Quality Assurance and Institutional Effectiveness (CQA-IE) – Academic Affairs
Approved by	Quality Assurance and Institutional Effectiveness Council (QA-IE Council)
Noted by	President / Chancellor
Next Review Date	2028 or earlier following changes in LMS platform, CAA Standards, or OBEF Framework
Cross-References	FU-ACA-IT-POL-2025-07; FU-ADM-IT-POL-2025-05; CAA Standards (4.1, 4.2, 5.1, 6.2); HEI Framework 2023; OBEF v10.21 (Pillar 6); ISO 21001:2018
Document Custodian	DDITS with QA-IEA archival control
Disclosure Statement	Developed using AI-assisted drafting and reviewed by FU QA-IEA governance. Only the latest approved version is valid.

1. Purpose

This SOP operationalizes FU's policy on LMS and IT service usage in course delivery by establishing:

- Standardized workflows for LMS course creation, content delivery, communication, and assessment
- Clear responsibilities for faculty, DDITS, academic leaders, and QA-IEA
- Required IT support processes to ensure continuity of teaching, learning, and assessment
- Compliance with UAE regulatory and technological benchmarks
- Systematic monitoring, evaluation, and improvement mechanisms

2. Scope

This SOP applies to:

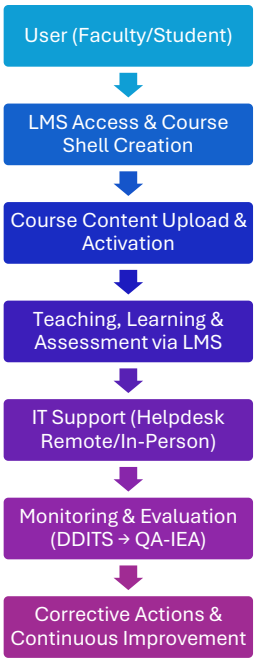
- All undergraduate and graduate academic programs
- All modes of learning (F2F, blended, online, hybrid, remote)
- All faculty and instructional staff (full-time, adjunct, visiting)
- All FU students and academic support staff
- LMS, SIS, email systems, digital classrooms, proctoring software, and related IT infrastructure

3. Definitions

Term	Definition
LMS	FU's Learning Management System used for course administration, teaching, learning, and assessment.

Course Shell	A digital course page automatically generated in the LMS for each CRN, containing required course components.
Digital Course Delivery	Teaching activities conducted through LMS tools, online conferencing, recorded content, or digital resources.
IT Services	All digital platforms (LMS, SIS, ERP, email), hardware, software, and technical support used to deliver courses.
SLA	Service-Level Agreement specifying expected response/resolution times for IT support.

4. High-Level Process Map



5. Procedures

5.1 LMS Course Shell Creation and Activation

5.1.1 Responsibilities

- **DDITS**: Auto-generate LMS shells via SIS integration.
- **Faculty**: Set up and publish course shell.
- **Chairs/Deans**: Verify shell readiness.

5.1.2 Workflow

Step	Responsible	Description
1	DDITS	Create course shells for each CRN 2–3 weeks before semester.
2	Faculty	Access LMS and review shell structure.
3	Faculty	Upload syllabus, CLOs, assessment map, weekly plan.
4	Faculty	Upload learning materials (notes, slides, videos).
5	Faculty	Activate shell one week before classes start.

6	Chair/Dean	Validate readiness using LMS Course Readiness Checklist.

5.2 Teaching and Learning via LMS

5.2.1 Required LMS Components

Each course shell must include:

- Course syllabus
- Updated weekly modules
- CLO-aligned instructional materials
- Interactive activities (forum, quizzes, assignments)
- Communication section (announcements)
- Gradebook configured with assessment weights
- Accessibility-compliant learning materials (WCAG 2.1 AA)

5.2.2 Workflow for Weekly Delivery

Step	Responsible	Description
1	Faculty	Upload weekly content 48 hours before class.
2	Faculty	Deliver synchronous/asynchronous sessions as scheduled.
3	Faculty	Use LMS tools (forums, quizzes) for active learning.
4	Students	Participate in LMS activities and access content.
5	Faculty	Update announcements weekly.

5.3 Assessment via LMS

5.3.1 Assessment Preparation

Faculty must:

- Upload assessment instructions
- Provide rubrics
- Use anti-plagiarism tools
- Use LMS quiz builder for MCQs/online tests
- Enter all grades into LMS gradebook

5.3.2 Assessment Conduct

For online exams:

- Use e-proctoring tools where required
- Provide contingency arrangements for remote students
- Log all technical disruptions via FU-IT-SIF-Form-2025-03

5.3.3 Assessment Completion

- Grades must be posted within **7–10 days**
- Feedback must be constructive and timely
- Assessment data must be archived for **3 years**

5.4 IT Support for Course Delivery

Channels of Support

- LMS Helpdesk (ticketing system)
- Email support
- Hotline (extended during exams)

- Remote desktop assistance
- MS Teams/Zoom live support

SLA Standards

Priority	Description	Response Time
P1	LMS outage, exam disruptions	≤ 2 hours
P2	Teaching disruption	≤ 4 hours
P3	User-level problems	≤ 24 hours
P4	General inquiries	≤ 48 hours

5.5 Monitoring and Evaluation

DDITS Responsibilities

- Conduct weekly system performance checks
- Review support logs monthly
- Ensure LMS uptime ≥ 99%
- Submit semester performance report to QA-IEA

QA-IEA Responsibilities

- Evaluate LMS effectiveness using OBEF Pillar 6 KPIs
- Confirm compliance during Externals
- Recommend CAPs for LMS or IT process improvements
- Include LMS evaluation in Annual Institutional Effectiveness Report

6. RACI Matrix

Activity	DDITS	Faculty	Chair/Dean	QA-IEA	VP Academic	Students
Course Shell Generation	R	I	I	I	I	I
Course Setup	C	R	A	I	I	I
Weekly Content Upload	C	R	A	I	I	I
Assessment Administration	C	R	A	I	I	I
IT Support	R	I	I	I	I	I
LMS Performance Monitoring	R	I	I	C	I	I
CAP Implementation	C	R	A	R	I	I
R = Responsible, A = Accountable, C = Consulted, I = Informed						

7. Records and Retention

Record Type	Retention	Custodian
LMS Course Shells	3 years	DDITS
Gradebook Records	3 years	DDITS / Academic Colleges
Support Tickets	3 years	DDITS
LMS Performance Reports	5 years	QA-IEA
Course Readiness Checklists	3 years	Academic Colleges
CAPs (Corrective Action Plans)	5 years	QA-IEA

8. Review Cycle

This SOP will be reviewed:

- Every **three (3) years**
- Or earlier upon:
    - LMS platform upgrades
    - Changes in CAA Standards or OBEF
    - Modifications in HEI Framework
    - QA-IEA audit recommendations

Annex B. LMS Course Readiness Checklist

Section A – Course Information

Field	Entry
Course Title	
Course Code / CRN	
Credit Hours	
Program / College	
Instructor Name	
Semester / Academic Year	
Date of Review	

Section B – LMS Course Shell Mandatory Components

Item	Description	Status (✓)	Comments
1. Course Information Section			
1.1	Approved FU Course Syllabus uploaded (PDF)	☐ Yes ☐ No	
1.2	Course Learning Outcomes (CLOs) clearly listed	☐ Yes ☐ No	
1.3	Instructor contact details & office hours posted	☐ Yes ☐ No	
1.4	Course calendar / weekly plan uploaded	☐ Yes ☐ No	

2. Weekly Learning Modules		
2.1	Weekly folders created (Week 1–15)	☐ Yes ☐ No
2.2	Lecture slides/materials uploaded for each week	☐ Yes ☐ No
2.3	Recorded lectures (if applicable) uploaded	☐ Yes ☐ No
2.4	Multimedia/interactive content included (where applicable)	☐ Yes ☐ No
3. Assessment Components		
3.1	Assessment map aligns with syllabus & CLOs	☐ Yes ☐ No
3.2	Assignment instructions uploaded	☐ Yes ☐ No
3.3	Rubrics uploaded for all major assessments	☐ Yes ☐ No
3.4	Online quiz/exam settings configured	☐ Yes ☐ No
3.5	E-proctoring tool embedded (where required)	☐ Yes ☐ No
3.6	Gradebook set up and weights configured	☐ Yes ☐ No
4. Student Engagement & Communication		

4.1	Announcements page set up	☐ Yes ☐ No
4.2	First-week announcement posted	☐ Yes ☐ No
4.3	Discussion forum created (if applicable)	☐ Yes ☐ No
4.4	Attendance tracking method enabled (if applicable)	☐ Yes ☐ No
5. Accessibility & Compliance		
5.1	All files uploaded in accessible formats (WCAG 2.1 AA)	☐ Yes ☐ No
5.2	Video content includes closed captions	☐ Yes ☐ No
5.3	Images include alt-text	☐ Yes ☐ No
5.4	Copyright compliance observed	☐ Yes ☐ No
5.5	Plagiarism detection enabled for submissions	☐ Yes ☐ No
6. Technical Verification (DDITS)		
6.1	Course shell synced with SIS	☐ Yes ☐ No
6.2	All tools functioning (Quizzes, Assignments, Forums)	☐ Yes ☐ No
6.3	Student enrollment list matches SIS	☐ Yes ☐ No
6.4	Backup procedures active	☐ Yes ☐ No

Section C – Overall Readiness Score

Category	Total Items	Completed (✓)	Score (%)
Course Information	4		
Weekly Modules	4		
Assessment Components	6		
Engagement & Communication	4		
Accessibility & Compliance	5		
Technical Verification	4		
Overall Readiness	**27**		

Readiness Threshold:

✓ ≥ 90% = Fully Ready

✓ 70–89% = Conditionally Ready (requires action)

✕ < 70% = Not Ready (course cannot be opened to students)

Section D – Required Corrective Actions (if applicable)

Issue Identified	Corrective Action	Responsible Person	Deadline	Status
				☐ Completed ☐ Pending

Section E – Approvals

Role	Name	Signature	Date
Instructor			
Program Chair			
College Dean			
DDITS LMS Specialist			
QA-IEA Reviewer			

Section F – Document Control

Field	Details
Form Title	LMS Course Readiness Checklist

Form Code	FU-ACA-IT-CRC-Form-2025-01
Version	1.0
Responsible Unit	Academic Colleges; DDITS
Custodian	QA-IEA
Retention Period	3 years (per course cycle)
Use	Mandatory every semester for all CRNs

M. Policy And Procedures For Protecting The Integrity And Confidentiality Of Administrative Networks And Instructional Systems (9.M)

1. Purpose

This policy establishes mandatory controls to protect the:

- **Integrity**,
- **Confidentiality**, and
- **Availability**

of Fujairah University's administrative networks (ERP, SIS, HRIS, Finance Systems, CHEDS/OBEF reporting systems) and instructional systems (LMS, e-proctoring, digital classrooms, assessment platforms).

The policy ensures:

- Protection against cyber threats
- Compliance with UAE digital security regulations
- Continuity of teaching, learning, and administrative operations
- Secure handling of sensitive student, faculty, and institutional data

2. Scope

This policy applies to:

- All FU employees, faculty, adjuncts, and visiting professionals
- All registered students, exchange/visiting students, and alumni accessing systems
- All administrative and instructional IT systems including:
    - SIS, ERP, HRIS, Finance Systems
    - LMS, e-proctoring tools, digital classrooms
    - IT networks, servers, Wi-Fi, VPN
    - Email, cloud platforms, and storage systems

3. Definitions

Term	Definition
Administrative Networks	IT systems supporting institutional operations (SIS, ERP, HRIS, Finance).
Instructional Systems	Digital platforms supporting teaching and learning (LMS, lab software, e-learning tools).
Integrity	Assurance that systems and data are accurate, authentic, and unaltered.
Confidentiality	Ensuring access to data is restricted to authorized users.
VPN	Virtual Private Network for secure remote access.
MFA	Multi-Factor Authentication.

4. Policy Statements

4.1 Data Integrity Protection

FU shall ensure:

1. Protection against unauthorized data alteration or loss.
2. Verification of all system changes through audit logs.
3. Use of access controls, encryption, and system monitoring.

4.2 Confidentiality of Administrative and Academic Data

1. Only authorized personnel may access confidential data.
2. All access must require MFA authentication.
3. Role-based access control (RBAC) must be used across all systems.

4.3 Network and System Security

DDITS must:

- Maintain firewalls, intrusion detection systems (IDS), and endpoint protection
- Ensure secure Wi-Fi networks (WPA3 encryption)
- Monitor for suspicious activity 24/7
- Prohibit external storage devices unless encrypted and approved

4.4 Secure Use of Instructional Systems

1. LMS access must be authenticated via university credentials.
2. Proctoring platforms must operate under secure encryption.
3. Assessment data must be stored securely for required retention periods.

4.5 Remote Access Security

All remote use of university systems must require:

- VPN
- MFA
- Approved remote-access software

4.6 Incident Reporting

Users must report:

- Breaches
- Unauthorized access
- Data loss
- System malfunction

Using the **IT Security Incident Form (FU-IT-SIF-Form-2025-03)** within **24 hours**.

5. Procedures

5.1 User Authentication Procedures

Step	Action	Responsible
1	User logs into system through MFA-enabled credentials	User
2	System validates identity	Admin System
3	Role-based access granted	DDITS
4	Unauthorized attempts logged & flagged	DDITS

5.2 System Access Procedures

Administrative Systems

Access only granted after:

- HR verification
- Contract validation

- Supervisor approval
- DDITS authorization

Instructional Systems

Access granted upon:

- Enrollment (students)
- Course assignment (faculty)
- SIS–LMS auto-synchronization

5.3 Data Handling Procedures

1. Sensitive data may not be stored on personal devices.
2. All downloads must be stored only on FU-approved secure cloud or servers.
3. Sharing of passwords is prohibited.
4. Faculty must store assessment data in encrypted LMS repositories.

5.4 Network Security Procedures

Security Measure	Procedure
Firewall Management	Daily monitoring; monthly updates
Endpoint Protection	Mandatory antivirus and endpoint security
Wi-Fi Access	FT-Learning for students; FT-Staff for employees
Monitoring	Automated alerts for suspicious events
Backup	All systems backed up daily; full backup weekly

5.5 Remote Access Procedures

- Only approved VPN + MFA
- No use of public networks for SIS, LMS, ERP
- Remote access logs reviewed weekly by DDITS

5.6 Incident Management Procedures

Step	Description	Responsible
1	Report via FU-IT-SIF-Form-2025-03	User
2	Triage and classify severity	DDITS
3	Contain the incident	DDITS
4	Notify VP Admin & QA-IEA	DDITS
5	Conduct forensic analysis	DDITS
6	Prepare incident report & CAP	QA-IEA + DDITS
7	Restore system integrity	DDITS

6. Roles and Responsibilities

Role	Responsibilities
President	Ensures compliance with national digital safety standards
VP Admin & Finance	Governance oversight for cybersecurity
Head DDITS	Leads technical controls and monitoring
Technicians	Daily system monitoring & response
Faculty	Safeguard instructional content & student data
Administrative Staff	Safeguard operational and financial data
Students	Follow cybersecurity protocols

7. Records and Retention

Record	Retention Period	Custodian
Network Activity Logs	1 year	DDITS
LMS Audit Logs	1 year	DDITS
IT Incident Reports	5 years	DDITS / QA-IEA
Access Authorization Logs	3 years	DDITS
System Backups	30 days (rolling)	DDITS

8. Review Cycle

This policy is reviewed:

- Every **three (3) years**
- Or earlier if national cybersecurity regulations change
- Or upon major changes in LMS, SIS, or administrative networks

Annex A. FU Network & Instructional Systems Security SOP

Field	Details
SOP Title	Network & Instructional Systems Security SOP
SOP No.	FU-ADM-IT-SOP-2025-08
Version No.	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Supersedes	New SOP
Responsible / Implementing Unit	Department of Digital Innovation & IT Support (DDITS)
Monitored & Evaluated by	Office of Quality Assurance & Institutional Effectiveness Affairs (QA-IEA)
Reviewed by	CQA-IE – Administrative Affairs
Approved by	QA-IE Council
Noted by	President / Chancellor
Next Review Date	2028 or earlier based on UAE cybersecurity regulations
Cross-References	UAE Cybersecurity Law; ISO 27001; ISO 21001; CAA Standards 2019; HEI Framework 2023; OBEF v10.21
Document Custodian	DDITS (with QA-IEA archiving)

1. Purpose

This SOP establishes the operational procedures to protect:

- **Integrity** of FU's administrative and instructional IT systems
- **Confidentiality** of sensitive student, faculty, and institutional data
- **Availability** of mission-critical digital platforms

It ensures compliance with UAE cybersecurity law, CAA requirements, OBEF v10.21, and international standards (ISO 27001 & ISO 21001).

2. Scope

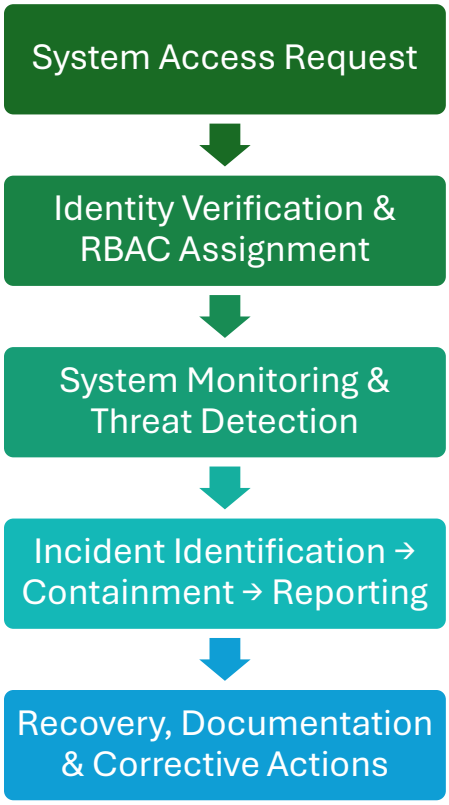
This SOP applies to:

- All FU administrative systems (SIS, ERP, HRIS, Finance)
- All instructional systems (LMS, e-proctoring, digital classrooms)
- All networks (wired, wireless, VPN)
- All users (students, faculty, staff, external assessors, consultants)

3. Definitions

Term	Definition
Administrative Networks	SIS, ERP, HRIS, Finance, CHEDS/OBEF reporting systems
Instructional Systems	LMS, e-proctoring, digital classrooms, lab systems
IDS/IPS	Intrusion Detection/Prevention Systems
RBAC	Role-Based Access Control
MFA	Multi-Factor Authentication

4. Process Flow Diagram



5. Procedures

5.1 Access Control Procedures

Step	Responsible	Description
1	HR / Registrar	Submit user registration to DDITS
2	DDITS	Validate identity & assign RBAC permissions
3	User	Log in via MFA-enabled authentication
4	DDITS	Review access logs weekly

Access is removed:

- Immediately upon contract termination
- After semester completion for visiting faculty
- After 12 months of inactivity (students)

5.2 Network Security Procedures

Daily Tasks (DDITS)

- Firewall monitoring
- Antivirus signature updates
- Log review on SIEM (Security Information and Event Management)

Weekly Tasks

- Review anomaly alerts
- Wi-Fi access validation

- Inspection of administrative network segments

Monthly Tasks

- Patch management for servers
- Penetration test sampling
- Access privilege audit

5.3 Instructional Systems Protection

LMS (Learning Management System)

- Backed up daily
- Access controlled via SIS sync
- All assessment data encrypted
- Audit logs retained for 12 months

E-Proctoring Tools

- Encrypted exam video streams
- Identity confirmation required
- Exam access restricted by IP or secure browser

5.4 Remote Access Protection

Remote access must include:

- University-issued VPN
- MFA
- Secure remote-desktop tool approved by DDITS
- Prohibition of public Wi-Fi without encrypted tunneling

5.5 Incident Reporting & Response

Step	Action	Responsible
1	Identify suspicious activity	Any user
2	Report using FU-IT-SIF-Form-2025-03	User
3	Triage incident severity	DDITS
4	Contain incident	DDITS
5	Notify QA-IEA & VP Admin	DDITS
6	Conduct forensic investigation	DDITS
7	Restore system & verify integrity	DDITS
8	Complete Incident Report + CAP	DDITS & QA-IEA

5.6 Data Protection & Backup

- Full server backup weekly
- Incremental backup daily
- Backup retention: 30 days
- Storage must be encrypted
- Backup restoration tested monthly

6. RACI Matrix

Activity	DDITS	VP Admin	QA-IEA	Deans/Chairs	HR/Registrar	Users
Access Provisioning	R	A	C	I	C	I
Network Monitoring	R	A	C	I	I	I
Instructional System Protection	R	A	C	A	I	I
Incident Management	R	A	C	I	I	R
Backup Operations	R	A	I	I	I	I
Audit & Compliance	C	I	R	C	C	I

7. Records & Retention

Record	Retention	Custodian
Access Logs	1 year	DDITS
LMS Audit Logs	1 year	DDITS
Network Incident Reports	5 years	DDITS/QA-IEA
Backup Records	30 days	DDITS
CAPs	5 years	QA-IEA

8. Review Cycle

This SOP will be reviewed every:

- **3 years**, or earlier
- Upon major system upgrade
- Upon changes to UAE cybersecurity regulations
- Following a major incident

Annex B. IT Security Audit Checklist (QA-IEA)

Section A – Administrative Information

Field	Entry
Audit Period	
Unit Audited	
Auditor(s)	
Date of Audit	

Section B – Audit Criteria & Scoring Guide

- **Compliant (3 points)**
- **Partially Compliant (2 points)**
- **Non-Compliant (1 point)**
- **Not Applicable (0 points)**

Section C – Audit Dimensions

1. Access Control

Item	Criteria	Score	Comments
1.1	RBAC implemented for all systems		
1.2	MFA enabled for admin systems		
1.3	Access revoked timely		
1.4	Login logs reviewed regularly		

2. Network Security

Item	Criteria	Score	Comments
2.1	Firewalls configured & updated		
2.2	IDS/IPS active		
2.3	Secure Wi-Fi (WPA3) enforced		
2.4	VPN logs reviewed		

3. Instructional Systems (LMS, e-learning)

Item	Criteria	Score	Comments
3.1	LMS access controlled		
3.2	LMS backup verified		
3.3	Assessment data secure		
3.4	E-proctoring integrity measures active		

4. Data Security

Item	Criteria	Score	Comments
4.1	Data encrypted in storage		
4.2	Data encrypted in transit		
4.3	No unauthorized storage		
4.4	Backup integrity validated monthly		

5. Incident Management

Item	Criteria	Score	Comments
5.1	Incident reporting system active		
5.2	Response time within SLA		
5.3	Forensic process followed		
5.4	CAP implemented		

6. Governance & Compliance

Item	Criteria	Score	Comments
6.1	Policies updated and enforced		
6.2	Evidence retained as per policy		
6.3	Staff trained in cybersecurity		
6.4	Risks documented in risk register		

Section D – Overall Score

Category	Max Points	Score
Access Control	12	
Network Security	12	
Instructional Systems	12	
Data Security	12	
Incident Management	12	
Governance & Compliance	12	
Total	**72**	

Interpretation:

- **65–72** – Fully Compliant
- **50–64** – Partially Compliant
- **< 50** – Requires Immediate Corrective Action

Annex C. Cybersecurity Awareness Training Module Outline

FU Cybersecurity Awareness Training Program
Program Code: FU-IT-CYB-TRAIN-2025
Audience: Students, Faculty, Staff
Duration: 4 hours (modular)

Module 1 – Fundamentals of Cybersecurity
Learning Outcomes

- Explain key cybersecurity terms and risks
- Understand UAE Cybersecurity Law

Topics

- Malware, phishing, ransomware
- Password hygiene
- MFA

Assessment

- 10-item quiz

Module 2 – Protecting Administrative Systems
Learning Outcomes

- Identify threats to ERP, SIS, HRIS
- Apply safe login & access behavior

Topics

- RBAC
- Credential management
- Secure remote access

Module 3 – Protecting Instructional Systems
Learning Outcomes

- Understand LMS security
- Manage secure assessment practices

Topics

- Secure uploading/downloading
- Plagiarism detection
- Secure exam proctoring

Module 4 – Secure Internet & Email Practices
Learning Outcomes

- Recognize phishing/social engineering
- Apply email filtering strategies

Topics

- URL verification
- Email red flags
- Safe browsing

Module 5 – Incident Reporting & Response

Learning Outcomes

- Execute correct reporting procedures
- Fill out FU-IT-SIF-Form-2025-03

Topics

- FU's incident response chain
- When to report
- Digital forensics basics

Module 6 – Data Privacy & Confidentiality

Learning Outcomes

- Protect confidential student and staff data
- Understand UAE data regulations

Topics

- Data classification
- Encryption
- Cloud storage rules

Training Completion Requirements

- Attend all modules
- Pass all quizzes (≥ 70%)
- Sign Technology Resource User Agreement (FU-IT-UA-Form-2025-02)

VIII. Learning Resource Center

A. Policy and Procedures Governing the Use and Management of the Learning Resource Centre (LRC) 9.D

1. Purpose

This policy ensures that the Learning Resource Centre (LRC) operates as a dynamic academic support hub providing equitable access to high-quality learning materials, digital technologies, and scholarly databases. It establishes procedures for the ethical use, procurement, maintenance, and access of LRC

2. Scope

This policy applies to all FU students, faculty, and administrative staff utilizing or managing LRC resources, both **on-campus and remotely**, and includes:

- Printed and electronic collections
- Technology systems and learning platforms
- Reprographic, scanning, and printing services
- Digital library services and interlibrary partnerships

3. Definitions

Term	Definition
Learning Resource Centre (LRC), AKA the Center for Library and Learning Resources (CLLR)	The university's library and digital knowledge hub offering physical and electronic learning materials.
Bibliographic Format	Standardized metadata representation (e.g., MARC 21, Dublin Core) used in the FU Online Catalogue.
Weeding	The systematic removal of outdated, damaged, or low-use materials from the LRC collection.
Remote Access	The ability to access FU LRC databases and systems off-campus through secure login credentials.

4. Policy Statements

1. **Access and Usage**
    - The LRC shall be open to all registered FU students, faculty, and staff with valid identification.
    - Borrowing privileges are defined by user category (student, faculty, staff).
    - Users must adhere to institutional policies on conduct, ethics, and ICT usage.
2. **Use of Technology Systems and Resources**
    - LRC computers, printers, and digital repositories are for academic use only.
    - Users must log in using university credentials; sharing access is prohibited.
    - Internet and system activity may be monitored to ensure compliance with UAE cyber laws and institutional policy.
3. **Compliance with Image Reproduction and Copyright Laws**
    - All photocopying, scanning, and downloading must comply with **UAE Federal Law No. 7 of 2002 on Copyrights and Related Rights**.
    - Users may reproduce only limited portions of copyrighted materials for educational purposes.

- The LRC shall display copyright guidelines visibly near reprographic equipment.

4. **Faculty Involvement in Resource Acquisition**
   - Faculty play a consultative role in identifying instructional and research materials for acquisition.
   - Departmental representatives submit acquisition requests using the **Resource Acquisition Request Form (FU-LRC-RAR-Form-2025-01)** each semester.
   - All requests are evaluated for relevance, duplication, cost, and accreditation alignment.
5. **Procurement and Weeding of Resources**
   - Procurement follows institutional purchasing protocols under the Department of Procurement.
   - Weeding is conducted annually based on usage statistics, physical condition, and academic relevance.
   - Withdrawn materials are either donated, archived, or responsibly disposed of with approval from the Director of Academic Affairs and QA-IEA.
6. **Collection Development and Bibliographic Catalogue**
   - The LRC maintains a **comprehensive bibliographic catalogue** (MARC 21 / Koha system).
   - All resources are catalogued under internationally recognized metadata standards to ensure interoperability and discoverability.
   - Periodic metadata audits ensure catalogue accuracy and compliance with ISO 21001 data management practices.
7. **On-Campus and Remote Access Arrangements**
   - The LRC provides authenticated remote access to databases via the **FU Digital Library Portal (https://library.fujairahuniversity.ac.ae)**.
   - Remote access is controlled by institutional credentials and multi-factor authentication.
   - VPN access is granted to faculty and research staff for external connectivity to licensed e-resources.
8. **Security and Data Protection**
   - All user data and access logs are stored in compliance with **UAE Data Protection Law (Federal Decree Law No. 45 of 2021)**.
   - The IT Department ensures encryption and regular backup of LRC digital infrastructure.
9. **Training and Orientation**
   - Orientation on LRC services and copyright awareness is conducted each semester for all new students and faculty.
   - The LRC conducts annual workshops on digital research tools (e.g., Scopus, ProQuest, Turnitin).

5. Procedures

5.1 Resource Acquisition and Procurement

1. Academic departments identify new resources annually during curriculum review.
2. Requests are submitted through **FU-LRC-RAR-Form-2025-01** with full bibliographic details.
3. The LRC Librarian evaluates cost, duplication, and availability.
4. QA-IEA ensures alignment with program accreditation requirements.
5. Approved items are purchased through the procurement system and catalogued.

5.2 Weeding and Disposal

1. The LRC Librarian generates a list of low-use or outdated materials annually.

2. Faculty representatives review the list for academic relevance.
3. A **Weeding Approval Form (FU-LRC-WAF-Form-2025-02)** is submitted to QA-IEA.
4. Approved materials are removed and recorded in the **Weeding Register**.

5.3 Technology and Digital Systems Use

1. Users must sign the **LRC Acceptable Use Policy (AUP)** prior to using technology systems.
2. System access is controlled by individual authentication credentials.
3. All downloads from licensed databases are for academic purposes only.

5.4 Copyright Compliance

1. The LRC enforces a **10% or one-chapter rule** for reproduction under fair use.
2. Copyright notices are placed on photocopiers, printers, and scanners.
3. Breaches of copyright law result in disciplinary action under FU's Academic Integrity Policy.

5.5 Access Management

1. On-campus access is via FU ID or digital QR code.
2. Remote access requires a university email account and authentication token.
3. Access logs are retained for audit purposes.

6. Responsibilities

Role / Unit	Key Responsibilities
Director of Academic Affairs	Strategic oversight of LRC operations and compliance.
Head Librarian / LRC Manager	Day-to-day administration, collection management, and copyright enforcement.
Faculty Representatives	Participate in acquisition, review, and resource evaluation.
IT Department	Maintain systems security and access management for digital resources.
QA-IEA	Conduct annual audits of LRC operations under FU Pillar 6.

7. Monitoring and Evaluation

- The QA-IEA, in collaboration with the Director of Academic Affairs and the LRC Manager, conducts **annual evaluations** of:
  - Resource adequacy
  - User satisfaction (through LRC Survey)
  - Accessibility and copyright compliance
- Results are reported in the **Annual Institutional Effectiveness Report (IR Form 1)**.

8. Related Documents

- FU ICT Acceptable Use Policy
- FU Academic Integrity Policy
- FU Risk Management Policy
- FU-LRC-RAR-Form-2025-01 (Resource Acquisition Request Form)
- FU-LRC-WAF-Form-2025-02 (Weeding Approval Form)

9. Review Cycle

This policy shall be reviewed every **three (3) years** or earlier if significant regulatory, technological, or academic changes occur.

Summary

This policy ensures that the **FU Center for Library and Learning Resource Center (CLLR)** operates as a secure, ethical, and innovative academic environment that:

- Promotes equitable access to learning and research resources;
- Enforces copyright and intellectual property protection;
- Involves faculty in continuous resource enhancement; and
- Maintains transparency and compliance with **CAA**, **HEI Framework**, and **OBEF v10.21** standards

Annex A. Resource Acquisition Request Form (FU-LRC-RAR-Form-2025-01)

Version: 1.0 **Effective:** Academic Year 2025–2026

Confidential – For LRC / Academic Affairs / QA-IEA Use Only

Section A – Request Information

Field	Details
Request No.	
Date Submitted	
College / Department	
Requesting Faculty / Staff	
Position / Title	
Email / Contact Number	
Academic Program(s) Supported	
Course Code(s) / Title(s)	
Academic Term / Year	

Section B – Resource Details

Resource Type	Title / Description	Author / Editor	Publisher / Source	ISBN / ISSN / DOI	Quantity	Estimated Cost	Purpose (Teaching / Research / Both)
☐ Book							
☐ Journal / Periodical							
☐ Database / Subscription							
☐ eBook / Multimedia							
☐ Other (Specify)							

Section C – Justification and Academic Relevance

Provide a short rationale explaining how this resource supports course learning outcomes, research activities, or accreditation requirements:

_____

_____

_____

_____

Section D – Endorsements

Reviewer	Designation	Signature	Date
Head of Department			
Dean / Director of College			
LRC Head / Librarian			
QA-IEA Reviewer			

President / Vice President (Final Approval)			

Section E – Procurement and Cataloguing Record

Action	Responsible Unit	Reference No.	Date Completed	Remarks
Purchase Order Issued	Procurement Dept.			
Item Received	LRC			
Catalogued / MARC Entry	LRC			
Recorded in Asset Register	QA-IEA			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
LRC Manager	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Annex B. Weeding Approval Form (FU-LRC-WAF-Form-2025-02)

Version: 1.0 **Effective:** Academic Year 2025–2026

Confidential – For LRC / Academic Affairs / QA-IEA Use Only

Section A – Resource Identification

Field	Details
Weeding Batch No.	
Date Prepared	
Prepared by (LRC Staff)	
Verified by (Faculty Reviewer)	
Program / College	

Section B – List of Materials for Removal

Title / Description	Author / Editor	Year	ISBN / ISSN	Reason for Removal (Outdated / Damaged / Duplicated / Low Use / Other)	Final Action (Dispose / Donate / Archive)	Remarks

Section C – Faculty / Departmental Endorsement

Reviewer	Designation	Signature	Date	Recommendation
Faculty Reviewer				☐ Approve ☐ Reject
Head of Department				☐ Approve ☐ Reject
Dean / Director				☐ Approve ☐ Reject

Section D – QA-IEA Review and Approval

Reviewer	Compliance with Policy Verified ☐ Yes ☐ No	Comments / Recommendations	Signature	Date
QA-IEA Officer				

Section E – Final Disposal / Record Keeping

Action	Responsible Officer	Date Completed	Verified by QA-IEA	Reference No.
Disposal (Shredded / Recycled)				
Donation (to partner library / NGO)				
Archived (Special Collection)				

Section F – Certification of Completion

I certify that the weeding and disposal process for the listed resources has been conducted in accordance with FU Policy on Learning Resource Management and that all records have been updated in the FU Catalogue and Asset Register.

Name	Designation	Signature	Date
LRC Manager			
QA-IEA Auditor			

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
LRC Manager	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

These forms institutionalize **academic and operational governance** of the LRC, ensuring:

- Faculty engagement in resource development;
- Transparent and compliant acquisition and removal procedures;
- Traceable bibliographic cataloguing and auditing by QA-IEA;
- Alignment with **CAA Standard 5.1**, **FU Pillar 6**, and **ISO 21001:2018 (Learning Resource Management)**

B. Policy and Procedures Governing Learning Resource Centre Regulations (9.E)

1. Purpose

This policy establishes the official regulations, standards, and procedures governing the **use, conduct, and management** of the **Learning Resource Centre (LRC)** at Fujairah University. It aims to ensure that all users—students, faculty, and staff—can access, utilize, and manage LRC resources responsibly, ethically, and efficiently in support of teaching, learning, and research excellence.

2. Scope

This policy applies to:

- All **LRC users** (students, faculty, and administrative staff);
- All **LRC facilities, digital platforms, and physical collections**;
- The **operation, conduct, borrowing, and use regulations**;
- All **on-campus and remote learning resource services**.

3. Definitions

Term	Definition
LRC, AKA the Center for Library and Learning Resources (CLLR)	Learning Resource Centre, comprising physical and electronic resources that support learning and research.
User	Any registered student, faculty, staff, or external partner authorized to use LRC resources.
Borrowing Privilege	The right of an authorized user to check out materials for a defined loan period.
Remote Access	Authorized off-campus access to FU's e-library and databases.

4. Policy Statements

1. **Access and Membership**
    - Access to the LRC is limited to registered FU students, faculty, and staff.
    - Valid FU ID cards are required for entry and borrowing privileges.
    - External visitors may be granted access upon approval of the CLLR Head.
2. **Code of Conduct and Etiquette**
    - Users shall maintain **silence, cleanliness, and respect** within LRC premises.
    - Food, beverages, and smoking are strictly prohibited.
    - Mobile phones must be kept on silent mode.
    - Misconduct, vandalism, or theft will lead to disciplinary action.
3. **Borrowing and Circulation Rules**
    - Loan periods vary by user category:
        - Undergraduate students: **2 weeks (renewable once)**
        - Postgraduate students: **3 weeks (renewable once)**
        - Faculty / Staff: **4 weeks (renewable twice)**
    - Reference books, periodicals, and theses are for **in-library use only**.
    - Borrowers are responsible for returning items in good condition.
4. **Fines and Penalties**
    - Overdue fines are applied at a daily rate as determined by LRC management.

- Lost or damaged items must be replaced with an identical or equivalent copy plus a processing fee.
- Unresolved penalties may result in academic hold on grades or registration.

5. **Use of Technology Systems**
   - LRC computers, Wi-Fi, and digital databases are for educational use only.
   - Users must comply with FU's **ICT Acceptable Use Policy**.
   - Downloading, sharing copyrighted material, or tampering with system settings is strictly prohibited.
6. **Copyright and Intellectual Property Compliance**
   - All photocopying, scanning, and printing must comply with **UAE Copyright Law (Federal Law No. 7 of 2002)**.
   - Only limited excerpts (10% or one chapter) may be reproduced for academic use.
   - Violations will result in disciplinary measures per the **Academic Integrity Policy**.
7. **Remote Access Regulations**
   - Remote access to LRC digital resources is restricted to authenticated FU users.
   - Access credentials are non-transferable.
   - Unauthorized use or data sharing may result in account suspension and formal investigation.
8. **Resource Reservation and Study Rooms**
   - Study rooms may be booked for a maximum of two hours per day.
   - Users must vacate rooms promptly at the end of reservation.
   - Failure to adhere to booking rules may result in suspension of privileges.
9. **Safety and Security**
   - The LRC is monitored via CCTV in compliance with FU's **Health, Safety, and Security Policy**.
   - All emergency exits must remain clear at all times.
10. **Disciplinary Measures**
    - Misuse of resources, disruptive behavior, or damage to property will result in warnings or disciplinary sanctions as per the **Student Code of Conduct**.

5. Procedures

5.1 Access and Borrowing

1. User presents a valid FU ID card for entry and transactions.
2. LRC system records all borrowing and returns in the Integrated Library System (ILS).
3. Automatic reminders are sent for due dates and overdue items.

5.2 Renewal and Reservation

1. Renewals can be made in person or through the online library portal before due date.
2. Items requested by other users cannot be renewed.
3. Reservations are handled on a first-come, first-served basis.

5.3 Lost or Damaged Materials

1. Users report losses immediately to the LRC circulation desk.
2. Replacement or payment must be made within seven working days.
3. QA-IEA logs the case for audit tracking.

5.4 Use of Technology

1. All users sign the **LRC Acceptable Use Agreement**.
2. The IT Department monitors and logs all network activity.
3. Violations trigger disciplinary review under the Academic Integrity Policy.

5.5 Enforcement and Monitoring

1. LRC staff monitor adherence to all policies daily.
2. QA-IEA conducts annual audits to ensure compliance with CAA and OBEF standards.
3. Findings are incorporated into the **Annual Program and Institutional Effectiveness Report (IR Form 1)**.

6. Responsibilities

Role / Unit	Key Responsibilities
Director of Academic Affairs	Oversight of LRC operations, policies, and academic integration.
Head of LRC	Day-to-day enforcement of regulations, circulation control, and copyright compliance.
Faculty / Departmental Representatives	Coordination of course resource alignment and acquisition.
IT Department	Ensure secure operation and monitoring of LRC technology infrastructure.
QA-IEA	Monitor compliance with policy and assess effectiveness under OBEF Pillar 6.

7. Related Documents

- FU Policy on Use and Management of Learning Resource Centre (FU-ACA-LRC-POL-2025-01)
- FU Academic Integrity Policy
- FU ICT Acceptable Use Policy
- FU Student Code of Conduct
- FU Risk Management Policy

8. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier if required by changes in national standards, institutional priorities, or technology infrastructure.

Summary

This policy ensures that FU's Learning Resource Centre:

- Operates as a secure, ethical, and inclusive academic environment;
- Promotes compliance with **copyright and intellectual property laws**;
- Provides equitable access to physical and digital resources; and
- Maintains continuous improvement in alignment with **CAA**, **HE Inspection**, and **OBEF** frameworks.

Annex A. Learning Resource Centre (LRC) User Agreement Form

Form Code: FU-LRC-UA-Form-2025-01 **Version:** 1.0 **Effective:** Academic Year 2025–2026
Confidential – For Learning Resource Centre (LRC) Use Only

Section A – User Information

Field	Details
Full Name	
Student / Employee ID	
College / Department	
Program / Designation	
Contact Number	
FU Email Address	
Date of Registration	

Section B – User Declaration and Agreement

I, the undersigned, hereby acknowledge that I have read, understood, and agree to comply with the **Fujairah University (FU) Learning Resource Centre (LRC) Policies and Regulations** governing the access and use of all physical and electronic resources, in accordance with institutional, national, and international standards.
By signing this form, I confirm that I understand and accept the following conditions:

1. **Access and Identification**
    - I must present my valid FU ID or digital QR code to enter and use LRC services.
    - My access credentials are **personal and non-transferable**.
2. **Proper Use of Resources**
    - I will use the LRC's materials, equipment, and technology solely for **academic and research purposes**.
    - I will not tamper with, reconfigure, or misuse any ICT resources, databases, or library systems.
3. **Copyright and Intellectual Property**
    - I will adhere to **UAE Federal Law No. 7 of 2002 on Copyrights and Related Rights** and FU's **Academic Integrity Policy**.
    - I understand that photocopying, printing, or downloading entire copyrighted materials is prohibited.
    - I will respect intellectual property rights when using, reproducing, or sharing information.
4. **Borrowing and Return Responsibilities**
    - I will return borrowed materials within the prescribed loan period and maintain them in good condition.
    - I accept that late, lost, or damaged items may result in fines or replacement costs.
5. **Code of Conduct**
    - I will maintain **silence, cleanliness, and professional decorum** within the LRC premises.
    - I will refrain from food, beverages, or disruptive behavior in study and computer areas.
6. **Technology and Digital Systems**
    - I will log in using my official university credentials.
    - I understand that system access and online activity may be monitored for compliance and cybersecurity.

- Unauthorized sharing or use of licensed databases may result in account suspension and disciplinary action.

7. **Safety and Security**
   - I will follow LRC's **Health, Safety, and Security procedures**, including adherence to emergency protocols.
   - I acknowledge that CCTV monitoring is in place to ensure user and resource protection.
8. **Remote Access**
   - I will use LRC e-resources through the **FU Digital Library Portal** and will not share my login credentials or materials accessed.
9. **Sanctions and Penalties**
   - I understand that violations of these regulations will lead to penalties under FU's **Student Code of Conduct**, and may affect my access privileges or academic standing.

Section C – User Confirmation

I hereby certify that I have read and understood all terms stated above and agree to abide by the **FU LRC Regulations** at all times.

User Name	Signature	Date

Section D – LRC Staff Verification

Verified by	Designation	Signature	Date	Access Level Assigned
				☐ Student ☐ Faculty ☐ Staff ☐ External Visitor

Section E – QA-IEA Monitoring (Internal Use)

Audit Date	QA-IEA Reviewer	Compliance Verified (☐ Yes / ☐ No)	Remarks

Document Control

Prepared by	Reviewed by	Approved by	Effective Date	Next Review
LRC Manager	QA-IEA	QA-IE Council / President	//2025	2028 or earlier

Implementation Summary

This form formalizes the user's acknowledgment and adherence to FU's **LRC Regulations** and serves as the legal and administrative record of compliance with institutional and national requirements. It supports:

- Transparent access control to learning resources;
- Protection of intellectual property rights;
- Assurance of academic integrity and cybersecurity under **FU Pillar 6 KPI 6.1**.

IX. Fiscal Resources, Financial Management and Budgeting

A. Policy And Procedures Governing Internal Auditing And Financial Control (10.A)

1. Purpose

This policy establishes FU's institutional framework for:

- Internal audit governance
- Financial control and accountability
- Compliance with UAE audit regulations and IFRS
- Assurance of financial integrity, transparency, and sustainability
- Integration of internal audit outcomes into continuous improvement and external audit readiness

It ensures that the University maintains strong fiduciary governance aligned with national standards, OBEF Pillar 6, ISO 21001 financial management requirements, and global best practices.

2. Scope

This policy applies to:

- All FU administrative and academic units
- All financial transactions (operational, payroll, procurement, revenue, grants)
- All financial reporting activities (monthly, quarterly, annual)
- Internal control procedures and risk management
- Internal audits and external annual audits
- All employees involved in financial processes

3. Definitions

Term	Definition
Internal Audit	Independent, objective assurance activity that evaluates internal controls, compliance, risk management, and financial integrity.
External Audit	Annual audit conducted by an independent licensed auditing firm in the UAE.
Internal Control System	Policies and procedures that ensure operational efficiency, financial accuracy, and fraud prevention.
IFRS	International Financial Reporting Standards used for financial statements.
Material Misstatement	Significant error in financial reporting that may affect decision-making.

4. Policy Statements

4.1 Internal Audit Independence

- The Internal Audit Office reports **directly** to the President and the Board (via the Audit Committee, if applicable).
- Internal auditors shall remain independent from operational and financial decision-making.

4.2 Internal Control Requirements

FU must maintain internal controls that ensure:

- Accuracy and reliability of financial records
- Protection of assets and prevention of fraud
- Compliance with IFRS standards
- Proper authorization of transactions
- Segregation of duties (initiation, approval, custody, recording)

4.3 Alignment with the Accounting System

- Financial records must be maintained using FU's approved accounting system.
- All financial entries must comply with the system's chart of accounts, approval hierarchies, and audit trail requirements.
- The accounting system must maintain automated logs for all transactions.

4.4 Annual External Audit

- FU must undergo an annual external audit conducted by a **licensed UAE audit firm**.
- The external auditor reviews financial statements, internal controls, asset management, and compliance.
- Findings from the external audit must be addressed through Corrective Action Plans (CAPs) monitored by QA-IEA.

4.5 Integration with Institutional Effectiveness

- Internal audit results feed into OBEF v10.21 Pillar 6 KPIs.
- Financial risk assessments must be included in FU's institutional risk register.
- QA-IEA monitors the effectiveness of financial controls and audit responses.

5. Procedures

5.1 Internal Audit Planning

Annual Planning Steps:

Step	Responsible	Description
1	Internal Audit Office	Conduct annual risk assessment.
2	Internal Audit Office	Prepare Annual Internal Audit Plan (AIAP).
3	President	Review and endorse AIAP.
4	QA-IE Council	Approve AIAP.

AIAP must include:

- Audit scope
- Frequency of audits
- Units to be audited
- Methods and tools
- KPIs
- Resources required

5.2 Internal Audit Execution

Process Steps:

Step	Responsible	Description

1	Internal Auditors	Notify department/unit of planned audit.
2	Internal Auditors	Conduct fieldwork: documentation review, sampling, interviews, system checks.
3	Internal Auditors	Evaluate internal controls, compliance, risk, and efficiency.
4	Internal Auditors	Identify findings and classify severity.
5	Internal Auditors	Prepare **Internal Audit Report**.
6	QA-IEA	Validate corrective action alignment with institutional KPIs.
7	President	Review report and require CAP implementation.

5.3 Internal Control Procedures

Controls must cover:

- **Authorization Controls**: All transactions require documented approval.
- **Segregation of Duties**: No individual can initiate, approve, and record the same transaction.
- **Reconciliation Controls**: Monthly reconciliation of bank accounts, vendor statements, and general ledger.
- **Procurement Controls**: All purchases must follow FU procurement policy with 3-quote verification.
- **Payroll Controls**: Verified by HR and Finance independently.
- **Asset Control**: Asset register, tagging, and annual physical verification.

5.4 External Audit Procedures

Step	Responsible	Description
1	Finance	Prepare annual financial statements in IFRS format.
2	External Audit Firm	Conduct independent audit.
3	External Audit Firm	Issue management letter and audited financial statements.
4	President	Review audit findings.
5	Finance + QA-IEA	Develop Corrective Action Plan (CAP).
6	QA-IEA	Monitor CAP progress and institutional compliance.

5.5 Financial Recordkeeping Procedures

- All financial documents must be retained **for a minimum of 7 years**.
- Records include: vouchers, invoices, purchase orders, payroll files, bank statements, fixed asset logs.
- Accounting system audit logs must be preserved for **at least 12 months**.
- Access to financial data must be restricted based on RBAC principles.

6. Roles and Responsibilities

Role	Responsibilities
President	Oversight, receives audit reports, enforces CAP implementation
VP for Administrative & Financial Affairs	Supervises internal financial operations
Finance Department	Implements financial controls, prepares financial reports

Internal Audit Office	Independent audit of control systems and compliance
QA-IEA	Ensures effectiveness through OBEF KPI monitoring
Department Heads	Comply with financial policies and support audits
External Auditor	Independent annual financial audit

7. Records & Retention

Record Type	Retention Period	Custodian
Internal Audit Plans	5 years	Internal Audit Office
Internal Audit Reports	7 years	Internal Audit Office
External Audit Reports	Permanently	Finance / President
Financial Statements	7 years	Finance
Supporting Vouchers & Receipts	7 years	Finance
CAPs	5 years	QA-IEA

8. Review Cycle

This policy shall be reviewed:

- Every **three (3) years**, or
- Earlier if required by UAE Federal Audit Law, IFRS changes, CAA Standards, or OBEF updates

Annex A. Internal Audit SOP

SOP Code: *FU-ADM-FIN-SOP-2025-09*
Version: 1.0
Confidential – Internal Use Only

Field	Details
SOP Title	Internal Audit Standard Operating Procedure
SOP No.	FU-ADM-FIN-SOP-2025-09
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Responsible Unit	Internal Audit Office
Monitored by	QA-IEA
Reviewed by	CQA-IE – Administrative Affairs
Approved by	QA-IE Council
Noted by	President / Chancellor
Next Review Date	2028 or earlier upon law/regulation changes
Cross-References	UAE Federal Audit Law; IFRS; CAA Standards; OBEF v10.21; FU-ADM-FIN-POL-2025-09
Document Custodian	Internal Audit Office / QA-IEA

1. Purpose

This SOP operationalizes FU's policy on internal auditing and financial control by defining:

- Procedures
- Timelines
- Roles
- Documentation standards
- Audit cycles
- Risk-based planning
- Reporting and Corrective Action Plans (CAPs)

2. Scope

Applies to:

- All colleges, departments, and administrative units
- All financial transactions and assets
- All internal controls and risk management systems
- Internal audit activities and external audit preparedness

3. Definitions

Term	Definition
Internal Audit	Independent evaluation of controls, risk, compliance, and financial integrity.

CAP	Corrective Action Plan to resolve audit findings.
Audit Cycle	Timeline for planning, conducting, and reporting audits.

4. Process Flow Diagram



5. Procedures

5.1 Annual Risk Assessment

Step	Responsible	Action
1	Internal Audit Office	Identify financial and operational risks
2	Internal Audit Office	Score risks (likelihood × impact)
3	VP Admin + President	Review risk register
4	QA-IEA	Validate institutional risk alignment

5.2 Annual Internal Audit Plan (AIAP)

AIAP includes:

- Audit areas
- Audit frequency
- Methodology
- Scope
- Required resources
- KPIs

Approval workflow:

1. Prepared by Internal Audit Office
2. Reviewed by VP Administrative Affairs
3. Reviewed by CQA-IE
4. Approved by QA-IE Council
5. Noted by President

5.3 Audit Notification

Step	Action
1	Internal Audit Office issues audit notification letter 10–14 days before audit.
2	Unit acknowledges audit schedule.

5.4 Conducting the Audit

Activities:

- Document review
- Transaction sampling
- Interviews
- Systems testing
- Physical verification of assets
- Evaluation of controls

5.5 Audit Reporting

Report includes:

- Executive summary
- Scope
- Findings classified by severity
- Risks identified
- Root cause analysis
- Recommendations

Report is issued to:

- Department Head
- VP Admin
- QA-IEA
- President

5.6 Corrective Action Plan (CAP)

Step	Responsible	Action
1	Unit Head	Draft CAP within 10 working days
2	Internal Audit Office	Review and validate CAP
3	QA-IEA	Monitor CAP implementation
4	President	Final oversight

5.7 Integration with External Audit

Internal Audit Office:

- Supports preparation of IFRS-compliant statements
- Coordinates document submission
- Tracks external audit findings
- Ensures implementation of CAPs

6. RACI Matrix

Activity	Internal Audit	Finance	QA-IEA	VP Admin	President	Unit Heads
Risk Assessment	R	C	C	I	I	I
Audit Planning	R	C	C	A	I	I
Fieldwork	R	C	I	I	I	C
Reporting	R	C	I	I	A	C
CAP Monitoring	C	R	R	I	A	R

7. Records & Retention

Record	Retention	Custodian
Audit Plans	5 years	Internal Audit
Audit Reports	7 years	Internal Audit
CAPs	5 years	QA-IEA
Financial Statements	7 years	Finance

8. Review Cycle: Every 3 years or earlier as needed.

Annex B. Internal Audit Annual Plan Template

Form Code: *FU-IA-PLAN-Form-2025-01*
Version: 1.0

Section A: Audit Plan Overview

Field	Entry
Fiscal Year	
Prepared By	
Reviewed By	
Approved By	

Section B: Audit Areas and Priorities

Area	Risk Level (H/M/L)	Audit Frequency	Justification	Methodology	Notes
Financial Operations					
Procurement					
Payroll					
Fixed Assets					
Revenue					
Tuition & Fees					
Research Grants					
IT Systems					
Compliance & Governance					

Section C: Resource Requirements

Resource	Required	Available	Gap	Action
Internal Auditors				
Digital Tools				
External Consultants				

Section D: KPI Targets

KPI	Target	Measurement Tool
Audit Completion Rate	≥ 95%	Audit Plan
CAP Completion Rate	≥ 90%	QA-IEA Dashboard
Time-to-Close Findings	≤ 30 days	Audit Tracker

Annual Plan Template Completed

Annex C. Internal Audit Report Template

Form **Code:** *FU-IA-RPT-Form-2025-02*

Version: 1.0

Section A – Administrative Details

Field	Entry
Audit Title	
Unit Audited	
Audit Period	
Auditor(s)	
Report Date	

Section B – Executive Summary

- Objectives
- Scope
- Summary of findings
- Overall assurance rating

Section C – Detailed Findings

No.	Finding	Severity (H/M/L)	Evidence	Root Cause	Risk Level	Recommendation
1						
2						

Section D – Corrective Action Plan (CAP)

Finding	Action Required	Responsible Person	Deadline	Status
				☐Completed ☐Pending

Annex D. Financial Control Compliance Checklist

Form Code: *FU-FIN-FCC-Form-2025-03*
Version: 1.0

Section A – Financial Control Areas
Rate each item:
✓ Compliant **✦ Partially Compliant** **✕ Not Compliant** N/A

1. Authorization & Approvals

Item	C	PC	NC	N/A	Comments
1.1 Transactions approved by authorized signatories					
1.2 Segregation of duties enforced					

2. Procurement Controls

Item	C	PC	NC	N/A	Comments
2.1 Three-quote policy followed					
2.2 Vendor verification conducted					

3. Payroll Controls

Item	C	PC	NC	N/A	Comments
3.1 Payroll matches HR records					
3.2 Overtime approved properly					

4. Accounting System

Item	C	PC	NC	N/A	Comments
4.1 Audit logs active					
4.2 Chart of accounts used correctly					

5. Asset Management

Item	C	PC	NC	N/A	Comments
5.1 Asset register updated					
5.2 Annual physical verification conducted					

6. Financial Reporting

Item	C	PC	NC	N/A	Comments
6.1 IFRS compliance verified					
6.2 Monthly & annual reports prepared					

7. Risk Management

Item	C	PC	NC	N/A	Comments
7.1 Financial risks documented					
7.2 Mitigation strategies implemented					

B. Policy And Procedures Authorizing The CEO/President For Approving And Controlling Expenditure (10.B)

1. Purpose

This policy formally establishes the authority of the **CEO/President** of Fujairah University (FU) to:

- Approve institutional expenditure
- Exercise executive financial oversight
- Ensure compliance with UAE financial regulations, CAA standards, OBEF KPIs, and IFRS
- Safeguard FU's financial sustainability
- Maintain transparent and accountable budget execution

This authority aligns with FU's governance structure and ensures that all financial decisions support the University's mission, strategic plan, and legal obligations.

2. Scope

This policy applies to:

- All academic and administrative units
- All categories of expenditure (operational, capital, payroll, procurement, projects)
- All financial commitments and contracts
- All internal and external financial transactions
- All users accessing institutional funds

3. Definitions

Term	Definition
CEO/President	The University's Chief Executive Officer responsible for overall leadership, financial stewardship, and institutional governance.
Expenditure	Any financial outflow including purchases, contracts, payroll, reimbursements, and capital investments.
Financial Control	Mechanisms ensuring financial transactions are authorized, recorded, monitored, and compliant with regulations.
Commitment Authority	The ability to approve funds before obligations or expenditures are incurred.

4. Policy Statements

4.1 Presidential Authority for Expenditure Approval

1. The **President is the final approving authority** for all institutional expenditures.
2. No expenditure (operational or capital) may be incurred without authorization in line with the expenditure approval hierarchy established under this policy.
3. The President may **delegate limited signing authority**, but retains **ultimate accountability** for expenditure control.

4.2 Expenditure Control and Oversight

The President must ensure that:

- Budgets are prepared and approved according to FU's financial planning cycle.

- Expenditures align with the approved budget.
- Institutional funds are spent prudently and ethically.
- Financial activities comply with UAE laws, IFRS, and FU policies.
- Risk assessments guide financial decisions.
- Internal controls and segregation of duties are enforced.

4.3 Signing Authority Levels

Expenditure Type	Authority
All expenditures above AED 250,000	President (mandatory)
Contracts, MoUs, or financial commitments of any value	President
Emergency or off-cycle spending	President
CAPEX (Capital Expenditure)	President
UE-prepared budget endorsement	President → Board of Trustees

The President may **delegate** the following:

Delegated Authority	Typical Limits	Delegate
Operational purchases	up to AED 100,000	VP Admin & Finance
Routine departmental expenses	AED 20,000–50,000	Directors / Deans
Petty cash	≤ AED 5,000	Finance Manager

Delegation must be formally documented through a **Signing Authority Delegation Form**.

4.4 Integration with Annual External Audit

- All expenditures approved under this policy are subject to **annual external audit**.
- The President is responsible for ensuring timely submission of financial statements and audit readiness.
- Findings from external audits must result in CAPs monitored by QA-IEA.

4.5 Compliance and Transparency

- All expenditure approvals must be logged in FU's accounting system (audit trail).
- All supporting documentation must be attached electronically.
- Unauthorized expenditure is strictly prohibited and subject to disciplinary action.

5. Procedures

5.1 Expenditure Request and Justification

Step	Responsible	Description
1	Requesting Unit	Submit expenditure request & justification to Finance
2	Finance Department	Verify budget availability
3	VP Admin & Finance	Review request; ensure compliance
4	President	Final approval based on signing authority table

5.2 Commitment & Procurement

Once approved by the President:

1. Finance issues a **Commitment Approval Notice**.

2. Procurement procedures follow FU's procurement policy (quotations, vendor checks).
3. Purchase Order (PO) is created in the accounting system.
4. PO is routed back to the President if required by expenditure threshold.

5.3 Execution & Payment

Step	Responsible	Description
1	Vendor/Service Provider	Delivers goods/services
2	Requisitioning Unit	Confirms receipt
3	Finance	Matches PO, invoice, and delivery note
4	President	Approves invoice payment if amount meets approval threshold
5	Finance	Processes payment and records transaction

5.4 Internal Monitoring

Finance must:

- Check all expenditures against budget lines monthly
- Issue variance reports to the President
- Maintain internal control logs
- Track CAPs linked to financial audit findings

QA-IEA must:

- Evaluate expenditure control effectiveness under OBEF v10.21
- Document financial performance in annual institutional effectiveness reports

5.5 Preventing Unauthorized Expenditures

The President must ensure:

- No retroactive approvals occur
- No expenditure is processed without proper PO
- No individual can initiate, approve, and record the same transaction
- All exceptions require written presidential justification

6. Roles and Responsibilities

Role	Responsibilities
President/CEO	Final approval of expenditure; oversight of financial control; ensures audit compliance
VP Admin & Finance	Primary reviewer; supervises finance operations
Finance Department	Implements controls, maintains audit trails, ensures compliance
Internal Audit Office	Evaluates financial control effectiveness
QA-IEA	Monitors OBEF KPIs and CAPs
Deans/Director	Ensure unit-level compliance
Employees	Follow expenditure and procurement rules

7. Records and Retention

Record	Retention	Custodian
Expenditure Requests	7 years	Finance
President's Approval Logs	7 years	Finance
Supporting Documents (Invoices, POs)	7 years	Finance
Delegated Authority Records	Duration of delegation + 2 years	HR / President
External Audit Reports	Permanent	Finance / President
CAPs	5 years	QA-IEA

8. Review Cycle

This policy shall be reviewed:

- Every **three (3) years**
- Or earlier due to changes in UAE financial regulations, IFRS, or institutional governance structure
- Or upon recommendation of Internal Audit or external auditors

Annex A. Financial Expenditure Control SOP

SOP Code: FU-ADM-FIN-SOP-2025-10-A
Version 1.0

Field	Details
SOP Title	Financial Expenditure Control Standard Operating Procedure
SOP No.	FU-ADM-FIN-SOP-2025-10-A
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	Academic Year 2025–2026
Responsible Unit	Finance Department
Monitored by	QA-IEA
Reviewed by	CQA-IE – Administrative Affairs
Approved by	QA-IE Council
Noted by	President
Cross-References	FU-ADM-FIN-POL-2025-10; UAE Federal Audit Law; IFRS; OBEF v10.21; CAA Standard 6.1
Next Review Date	2028
Document Custodian	Finance Department / QA-IEA Archive

1. Purpose
To operationalize FU's expenditure control system by defining procedural steps for expenditure approval, processing, verification, and monitoring in accordance with the President's authorized financial oversight.

2. Scope
Applies to all purchases, contracts, payroll, reimbursements, operational expenses, capital expenditures, and financial commitments made by all FU units.

3. Definitions
Same as policy (Authorization, Commitment, Delegation, etc.).

4. Process Flow Diagram



5. Procedures

5.1 Expenditure Request Submission

Step	Responsible	Description
1	Requesting Unit	Complete FU-FIN-EAR-Form-2025-01
2	Unit Head	Review and endorse request
3	Submit to Finance	Budget validation

5.2 Budget Validation (Finance)

- Ensure available funds
- Verify budget line item
- Validate compliance with FU financial manual
- Mark request as "Validated," "Partially Validated," or "Rejected"

5.3 Review by VP Administrative & Financial Affairs

- Ensure compliance with thresholds
- Confirm procurement method
- Recommend for Presidential approval

5.4 Presidential Approval

The President:

- Reviews justification
- Confirms strategic alignment
- Approves or declines
- Signs approval section in FU-FIN-EAR-Form-2025-01

5.5 Commitment Approval Notice (CAN)

Finance issues FU-FIN-CAN-Form-2025-03 and logs:

- Commitment amount
- Budget code
- Vendor
- PO mapping
- Accounting record link

5.6 Procurement & PO Creation

Follows FU Procurement Policy:

- RFQ or tendering
- Evaluation
- Selection
- PO issuance
- Vendor notification

5.7 Receipt & Verification

- Units confirm delivery
- Finance matches PO, invoice, delivery note
- Internal Audit may conduct random checks

5.8 Payment Processing (Finance)

- Obtain signatures per authority levels
- Validate supporting documents
- Execute payment
- Record in accounting system

5.9 Monitoring & Compliance (QA-IEA)

QA-IEA monitors:

- Expenditure variances
- CAPs from audit findings
- OBEF v10.21 Pillar 6 KPIs
- Effectiveness of controls

6. RACI MATRIX

Activity	Requesting Unit	Finance	VP Admin	President	Internal Audit	QA-IEA
Request Submission	R	I	I	I	I	I
Budget Verification	I	R	I	I	I	C
Review	I	C	R	I	I	C
Approvals	I	I	C	R	I	I
Procurement	I	R	C	I	I	I
Payment	I	R	C	I	I	C
Monitoring	I	I	I	I	C	R

7. Records & Retention

Document	Retention	Custodian
Expenditure Requests	7 yrs	Finance
Approvals	7 yrs	Finance
POs & Invoices	7 yrs	Finance
CANs	7 yrs	Finance
Audit Findings	5 yrs	Internal Audit / QA-IEA

8. Review Cycle

Every 3 years or earlier upon regulatory change

Annex B. Expenditure Approval Request Form

Form Code: FU-FIN-EAR-Form-2025-01
Version 1.0

****FU-FIN-EAR-Form-2025-01**
EXPENDITURE APPROVAL REQUEST FORM****

Section 1: Administrative Information

Field	Entry
Request Number	
Date of Request	
Requesting Unit/Department	
Name of Requestor	
Position	
Contact Information	
Type of Expenditure	☐ Operational ☐ Capital ☐ Procurement ☐ Contractual ☐ Other: _____

Section 2: Expenditure Details

Field	Entry
Description of Required Expenditure	
Strategic/Operational Justification	
Estimated Cost (AED)	
Budget Line Item	
Budget Availability Verified by Finance	☐ Yes ☐ No
Proposed Vendor(s) / Service Provider(s)	
Type of Procurement	☐ Three-Quote ☐ Sole Source ☐ Framework Contract ☐ Emergency
Expected Timeline	

Section 3: Supporting Documents

Required Attachment	Attached?
Three quotations (if required)	☐ Yes ☐ No
Technical specifications / TOR	☐ Yes ☐ No
Cost–Benefit Analysis	☐ Yes ☐ No
Contract / Proposal	☐ Yes ☐ No
Justification for Sole Source (if applicable)	☐ Yes ☐ No

Section 4: Internal Endorsements

Role	Name & Signature	Date

Department/Unit Head		
Finance Department Review		
VP Administrative & Financial Affairs		

Section 5: PRESIDENTIAL APPROVAL

Approval Decision	Tick
☐ Approved	
☐ Returned for Clarification	
☐ Not Approved	

Signature of President / CEO	Date

Section 6: For Finance Office Use Only

Field	Entry
Commitment Control Number	
Processed By	
Date Encoded	
Notes	

Annex C. Signing Authority Delegation Form

Form Code: FU-SAD-Form-2025-02
Version 1.0

****FU-SAD-Form-2025-02**
SIGNING AUTHORITY DELEGATION FORM****

Section 1: Administrative Details

Field	Entry
Delegation Form Number	
Date of Issue	
Office of the President Reference	

Section 2: Delegation Details

Field	Entry
Name of Delegatee	
Position / Title	
Unit / Department	
Delegated Authority Category	☐ Expenditure Approval ☐ Contract Signing ☐ Purchase Requests ☐ Payroll ☐ Petty Cash ☐ Other:_____
Delegation Level (AED)	
Duration of Delegation	From: _____ To: _____
Reason for Delegation	

Section 3: Responsibilities Acknowledgment

Statement	Tick
I understand the scope and limits of this delegated authority.	☐
I agree to comply with FU financial policies, procedures, and internal controls.	☐
I understand that misuse may result in revocation and disciplinary action.	☐

Signature of Delegate: _____ **Date:** _____

Section 4: Approvals

Role	Name & Signature	Date
VP Administrative & Financial Affairs		
President / CEO (Final Approval)		

Section 5: Finance Office Confirmation

Field	Entry
System Update Completed By	
Effective Date	
Notes	

Annex D. Expenditure Commitment Approval Notice

Form Code: FU-FIN-CAN-Form-2025-03
Version 1.0

****FU-FIN-CAN-Form-2025-03**
EXPENDITURE COMMITMENT APPROVAL NOTICE****

Section 1: Commitment Identification

Field	Entry
Commitment Notice Number	
Date Issued	
Expenditure Request Reference No.	
Requesting Unit	

Section 2: Approved Commitment Details

Field	Entry
Description of Approved Expenditure	
Approved Amount (AED)	
Budget Line Item	
Vendor/Provider	
Procurement Method	
Expected Delivery/Completion	

Section 3: Approvals

Role	Name & Signature	Date
Finance Department – Verification		
VP Administrative & Financial Affairs		
President / CEO – Final Approval		

Section 4: Finance Office Implementation

Activity	Completed By	Date
PO Raised in Accounting System		
Commitment Logged		
Documents Archived		
Remarks		

C. Policy And Procedures Governing Receipt, Deposit, And Safeguarding Of Institutional Funds (10.C)

1. Purpose

This policy establishes FU's institutional framework for:

- Proper receipting, recording, and deposit of all institutional funds
- Safeguarding and secure handling of cash, checks, online payments, and revenue from special units
- Ensuring compliance with UAE accounting regulations, anti-fraud laws, and internal controls
- Protecting institutional assets and maintaining transparent audit trails
- Ensuring strong financial governance under OBEF v10.21 Pillar 6

This policy applies to **all revenue streams**, including but not limited to:

- Tuition and fees
- Application and registration fees
- Continuing education and training programs
- Consultancy services
- Facility rentals
- Bookstore, cafeteria, clinic, laboratory fees
- Research grants income
- Donations and sponsorships
- Any revenue-generating activity (RGA) approved by FU

2. Scope

This policy applies to:

- Finance Department & Cashiering Services
- Business Development and RGA Units
- Colleges, departments, and centers generating institutional income
- Student Affairs (student payments)
- Continuing Education & Lifelong Learning (CEELL)
- All staff authorized to receive, handle, process, or deposit funds

It covers **all forms of funds**:

- Cash
- Checks
- Electronic transfers (bank transfer, POS, credit/debit card)
- Online payment portals
- Mobile or digital payment solutions

3. Definitions

Term	Definition
Institutional Funds	All revenues, payments, and financial resources belonging to FU from any source.
Revenue-Generating Activities (RGA)	Any activity generating income, including short courses, rentals, projects, community services, grants, etc.
Cash Equivalents	Checks, money orders, card receipts, electronic transfer confirmations.

Cashiering Unit	Dedicated finance staff responsible for receiving and issuing official receipts.
Deposit Window	Daily cut-off time for transferring funds to the bank.
Safeguarding	Measures ensuring protection from loss, theft, fraud, or unauthorized use.

4. Policy Statements

4.1 Mandatory Receipting

- All funds received must be issued **official FU receipts** from the accounting system.
- Manual receipts may only be used with **prior written authorization** from Finance.
- No unit outside Finance may create or issue receipts unless specifically authorized.

4.2 Centralized Collection of Funds

- All funds must be **remitted to Finance on the same business day**, or next business day if received after cut-off.
- No academic or administrative unit may store funds overnight.

4.3 Deposit Requirements

- All funds must be deposited **daily** into the approved FU bank account.
- Deposits must be verified by two finance personnel (dual control).
- Deposits must match the daily cash report and accounting system records.

4.4 Safeguarding Requirements

FU must ensure:

- Secure cash storage in approved safes
- Surveillance (CCTV) coverage of cashiering areas
- Segregation of duties (receive → verify → record → deposit)
- Secure transportation of deposits
- Password-protected digital receipts and reports
- High-risk periods monitored (registration, CEELL enrollments)

4.5 Compliance with Laws & Standards

All financial handling must comply with:

- UAE Anti-Money Laundering Law
- UAE Central Bank payment regulations
- IFRS revenue recognition
- CAA Standards 2019
- OBEF institutional governance
- HEI Inspection Framework
- FU's Financial Management Policy

4.6 Revenue-Generating Unit Responsibilities

All units generating revenue must:

- Keep accurate logs of collections

- Submit daily reconciliation to Finance
- Adhere to approved pricing
- Not spend revenue directly (all income enters FU's general accounts)

5. Procedures

5.1 Receipt of Funds

By Cashiering Unit:

Step	Action	Responsible
1	Receive funds (cash, card, check, transfer confirmation)	Cashier
2	Verify amount & purpose	Cashier
3	Issue official receipt	Cashier
4	Record transaction in accounting system	Cashier
5	Provide receipt copy to payer	Cashier

By Revenue-Generating Units (CEELL, rentals, etc.):

Step	Action
1	Collect payments only through approved channels
2	Maintain collection log
3	Submit funds to Cashiering Unit by end of day
4	Cashiering issues official receipt

5.2 End-of-Day Reconciliation

Step	Responsible	Action
1	Cashier	Generate cash report & receipt summary
2	Cashier + Finance Officer	Compare cash count with system records
3	Finance Officer	Verify variances and document investigation
4	Internal Audit (as needed)	Random spot checks

5.3 Deposit Procedure

Step	Action	Responsible
1	Prepare deposit slip	Cashier
2	Dual verification of amount	Cashier + Finance Officer
3	Transport to bank	Authorized Security/Finance Staff
4	Upload bank slip to system	Finance Officer
5	Reconcile with system report	Finance Officer
6	Archive supporting documents	Finance

5.4 Safeguarding Procedure

- Cash stored in fireproof safe with dual-access code
- Checks endorsed "For Deposit Only" immediately
- POS machines reconciled daily
- No personal devices allowed in cashiering zone
- CCTV recordings retained for at least **60 days**

5.5 Revenue-Generating Activity (RGA) Procedure

Step	Action	Responsible
1	Conduct RGA	Responsible Unit
2	Collect payments	RGA Unit + Cashiering
3	Submit funds to Cashiering	RGA Unit
4	Issue receipts	Cashiering
5	Allocate revenue to correct cost center	Finance
6	Report monthly income to VP Admin & Finance	Finance
7	QA-IEA monitors RGA profitability	QA-IEA

6. Roles & Responsibilities

Role	Responsibility
President/CEO	Final oversight of revenue management and safeguarding
VP Admin & Finance	Supervises Finance; ensures compliance
Finance Department	Receipt, deposit, recording, safeguarding, reconciliation
Cashiering Unit	Daily collection, receipting, deposit preparation
Revenue-Generating Units	Log collections and remit funds daily
Internal Audit	Audit trails, compliance, and fraud prevention
QA-IEA	Ensures alignment with OBEF KPIs and HEI requirements

7. Records & Retention

Record	Retention	Custodian
Official Receipts	7 years	Finance
Cash Reports	7 years	Finance
RGA Income Logs	7 years	Finance
Bank Deposit Slips	7 years	Finance
Audit Logs	5 years	Internal Audit
CCTV Recordings	60 days	Facilities / Security

8. Non-Compliance

Violations may result in:

- Disciplinary action
- Financial liability
- Audit investigation
- Revocation of handling privileges
- Legal action where applicable

9. Review Cycle

This policy will be reviewed **every three (3) years**, or earlier upon:

- Updates in UAE financial regulations
- CAA/OBEF framework revisions
- Audit findings
- Changes to financial risk levels

Annex A. Cash Handling Standard Operating Procedure (SOP)

SOP Code: *FU-ADM-FIN-SOP-2025-11-A*
Version 1.0

DOCUMENT CONTROL TABLE

Field	Details
SOP Title	Cash Handling Standard Operating Procedure
SOP No.	FU-ADM-FIN-SOP-2025-11-A
Version	1.0
Approval Date	___ / ___ / 2025
Effective Date	AY 2025–2026
Responsible Unit	Finance Department – Cashiering Unit
Monitored By	QA-IEA
Reviewed By	CQA-IE (Administrative Affairs)
Approved By	QA-IE Council
Noted By	President/CEO
Cross-References	FU-ADM-FIN-POL-2025-11; UAE AML Laws; CAA Std 6; OBEF Pillar 6
Next Review Date	2028
Document Custodian	Finance Department / QA-IEA

1. Purpose

This SOP operationalizes FU's cash-handling standards to ensure:

- Secure receipt, transfer, and deposit of all funds
- Minimization of fraud risk
- Compliance with UAE laws and professional accounting standards
- Integrity, timeliness, and accountability of cash-based transactions

2. Scope

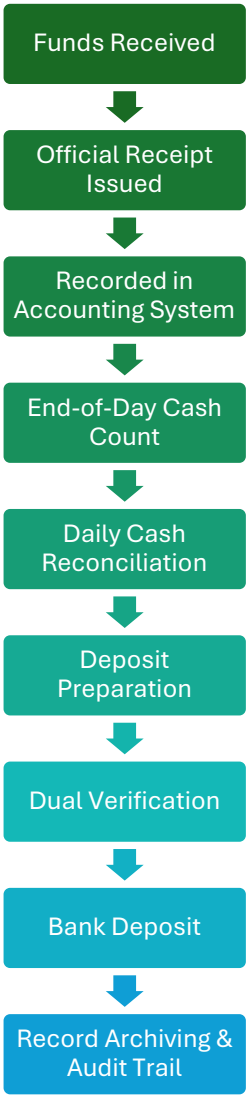
Covers all areas where funds are collected:

- Cashiering Unit
- CEELL Training Fees
- Rentals & Services (facilities, labs, hall usage)
- Bookstore & Clinic
- Donations and sponsorships
- Any revenue-generating activity

3. Definitions

Term	Definition
Cash Handling	Receiving, counting, storing, transferring, and depositing institutional funds
RGA	Revenue-Generating Activity
Chain-of-Custody	Documented transfer of funds from one responsible person to another

4. Cash Handling Workflow



5. Procedures

5.1 Receiving Cash

Step	Responsible	Action
1	Cashier	Verify amount & purpose
2	Cashier	Issue official receipt
3	Cashier	Record in the system
4	Cashier	Place funds in secure cash drawer

5.2 Handling Checks

- Must be endorsed **"For Deposit Only – FU"** immediately
- Scanned copy stored electronically
- Logged in Daily Cash Report

5.3 Handling POS / Online Payments

- POS terminal reconciled daily
- Online portal transactions auto-imported
- Discrepancies logged and rectified same day

5.4 End-of-Day Cash Count

Step	Action
1	Cashier + Finance Officer jointly count funds
2	Compare with system totals
3	Document in Daily Cash Reconciliation Form
4	Store in secure safe until deposit

5.5 Deposit Preparation

- Deposit slip prepared
- Deposit log updated
- Dual staff sign-off required

5.6 Bank Deposit

- Deposits made **daily**
- Physically transported with approved security
- Bank receipt uploaded to accounting system

5.7 Safeguarding Measures

- CCTV must cover cashiering zones
- Cash stored in fireproof safe
- Safe access code restricted to authorized employees
- No overnight cash kept outside the safe

5.8 Internal Audit & QA-IEA Monitoring

- Internal Audit conducts random checks
- QA-IEA tracks compliance through OBEF Pillar 6 KPIs

6. RACI Matrix

Activity	Cashier	Finance	Internal Audit	QA-IEA	VP Admin	President
Cash Receipt	R	C	I	I	I	I
Reconciliation	R	R	C	I	I	I
Deposits	R	R	C	I	I	I
Audit Checks	I	C	R	C	I	I
Compliance Monitoring	I	I	C	R	I	I

7. Records & Retention

Document	Retention	Custodian
Receipts	7 years	Finance
Daily Cash Reports	7 years	Finance
Reconciliation Forms	7 years	Finance
Deposit Slips	7 years	Finance
Audit Trails	5 years	Internal Audit
CCTV Recordings	60 days	Facilities/Security

Annex B. Daily Cash Reconciliation Form

Form Code: *FU-FIN-DCR-Form-2025-01*

****FU-FIN-DCR-Form-2025-01**
DAILY CASH RECONCILIATION FORM****

Field	Entry
Date	
Cashier Name	
Finance Officer (Verifier)	
Unit / Location	

Section A: System Totals

Item	Amount (AED)
System Cash Total	
System POS Total	
Online Receipts Total	
Total System Recorded	

Section B: Physical Count

Item	Count	Amount (AED)
Cash (Notes)		
Cash (Coins)		
Checks		
POS Receipts		
Total Physical Count		

Section C: Variances

Type	Amount (AED)	Explanation
Overage		
Shortage		

Signatures

Role	Name & Signature	Date
Cashier		
Finance Officer		
Internal Audit (if required)		

Annex C. Revenue-Generating Activity Cash Log

Form Code: *FU-RGA-RCL-Form-2025-02*

****FU-RGA-RCL-Form-2025-02**

REVENUE-GENERATING ACTIVITY CASH LOG**

Field	Entry
RGA Unit	
Activity Title	
Date	
Location	
Responsible Person	

Payment Log

No.	Payer Name	Payment Type	Amount	Receipt No.	Remarks
1		☐ Cash ☐ POS ☐ Transfer ☐ Check			

Submission to Cashiering

Field	Entry
Total Amount Submitted	
Submitted By	
Received By (Cashier)	
Date/Time	

Annex D. Deposit Accountability Form

Form Code: *FU-FIN-DAF-Form-2025-03*

****FU-FIN-DAF-Form-2025-03**
DEPOSIT ACCOUNTABILITY FORM****

Field	Entry
Deposit Date	
Deposit Slip No.	
Cashier	
Finance Verifier	
Amount Deposited	

Funding Breakdown

Source	Amount (AED)
Tuition Fees	
Application/Registration	
RGA Income	
POS	
Checks	
Other	

Acknowledgment

Role	Signature	Date
Cashier		
Finance Officer		
VP Admin & Finance		

Annex E. Cashier's Daily Report Template

Form Code: *FU-FIN-CDR-Form-2025-04*

****FU-FIN-CDR-Form-2025-04**
CASHIER'S DAILY REPORT****

Field	Entry
Cashier Name	
Date	
Location	

Section A: Transaction Summary

Type	Count	Amount
Cash		
POS		
Online		
Checks		
Total		

Section B: Receipts Summary

Receipt No. Range	Total Issued	Cancelled	Missing	Notes

Section C: Closing Balances

Item	Amount
Cash on Hand	
POS Slip Total	
Checks Total	
Total Closing	

Signatures

Role	Name & Signature	Date
Cashier		
Finance Officer		
Internal Audit (Spot Check)		

Annex F. RGA Profitability Report Template

Form Code: *FU-RGA-PR-Form-2025-05*

****FU-RGA-PR-Form-2025-05**
RGA PROFITABILITY REPORT****

Field	Entry
RGA Unit	
Program/Activity Title	
Reporting Period	
Prepared By	

Section A: Revenue

Source	Amount (AED)
Registration Fees	
Service Fees	
Resource Rental	
Sponsorships	
Total Revenue	

Section B: Direct Costs

Item	Amount (AED)
Instructor Fees	
Materials	
Marketing	
Utility/Facility Costs	
Other	
Total Direct Costs	

Section C: Contribution Margin

Description	Amount
Total Revenue	
(-) Total Direct Costs	
Contribution Margin	

Section D: Observations & Recommendations

Area	Notes
Demand	
Cost Efficiency	
Risks	
Proposed Improvements	

D. Policy And Procedures Governing Financial Transactions, Regular Reporting, And Delegated Authorities (10.D)

1. Purpose

This policy establishes FU's governance framework for:

- The authorization, processing, and oversight of financial transactions
- The systematic preparation of regular financial reports
- The delegation and control of financial authority across organizational levels
- The safeguarding of FU assets and ensuring transparent stewardship of institutional funds
- Compliance with UAE financial regulations, IFRS, OBEF v10.21, CAA standards, and HEI financial governance expectations

It ensures that FU's financial operations support institutional sustainability, accountability, and effective decision-making.

2. Scope

This policy applies to:

- All FU academic and administrative units
- All financial transactions (cash, non-cash, digital, procurement, payroll, contracts, grants)
- All budget holders, signatories, and delegated authorities
- All systems used in financial transaction processing and reporting

3. Definitions

Term	Definition
Financial Transactions	Any activity resulting in the inflow or outflow of institutional funds.
Delegated Authority	Assigned financial signing authority empowering designated staff to approve transactions within defined limits.
Financial Reporting	Preparation of monthly, quarterly, and annual financial summaries and statements.
Budget Holder	An individual responsible for managing an approved budget allocation.
IFRS	International Financial Reporting Standards guiding financial statements.

4. Policy Statements

4.1 Authorization of Financial Transactions

1. All financial transactions must be approved according to established signing authority levels.
2. No transaction may be processed without proper authorization, documentation, and verification.
3. The President holds **final authority** for all institutional financial approvals.

4.2 Delegated Authorities

1. The President may delegate limited financial approval authority to specific roles (VP Admin & Finance, Deans, Directors).
2. All delegation must be documented using the **FU Signing Authority Delegation Form (FU-SAD-Form-2025-02)**.

3. Delegated authority:
    - **Cannot be re-delegated** without written presidential authorization
    - Must clearly state limits (AED value, scope, duration)
    - Must be reviewed annually
4. Transactions exceeding delegated authority must automatically escalate to the President.

4.3 Regular Financial Reporting Requirements

The Finance Department must prepare:

a. Monthly Reports

- Actual expenditures vs. budget
- Revenue summaries
- Cash flow status
- Variance analysis
- Compliance/risk alerts

Delivered to:

- President
- VP Administrative & Financial Affairs
- Internal Audit
- QA-IEA (for institutional effectiveness monitoring)

b. Quarterly Reports

- Consolidated financial performance
- RGA profitability analyses
- Capital expenditure reports
- Accounts payable & receivable aging
- Strategic financial indicators (OBEF Pillar 6)
- Forecasting for remaining fiscal period

c. Annual Financial Statements (IFRS compliant)

- Balance Sheet
- Income Statement
- Cash Flow Statement
- Notes to Financial Statements
- Statement of Changes in Net Assets

These must be audited by an **independent external auditor** annually.

d. Ad Hoc Reports

Prepared upon request by:

- President
- Board of Trustees
- External auditors
- Ministry of Higher Education & Scientific Research
- Internal Audit Office

4.4 Internal Controls for Financial Transactions

FU must maintain:

- Segregation of duties (initiate → approve → record → reconcile)
- Three-level review (Unit → Finance → VP/President)
- Mandatory documentation for all transactions
- Verification of vendor legitimacy
- Automated system audit trails
- Fraud-prevention mechanisms
- Immediate incident reporting for irregularities

4.5 Compliance Requirements

Financial transactions and reporting must comply with:

- UAE Federal Audit & AML Laws
- International Financial Reporting Standards (IFRS)
- CAA Standard 6.1
- OBEF v10.21 institutional governance KPI requirements
- FU Financial Manual
- Internal Audit recommendations

5. Procedures

5.1 Processing Financial Transactions

Step No.	Action	Responsible
1	Initiate transaction request	Department/Unit
2	Verify purpose and budget line	Budget Holder
3	Submit to Finance	Requestor
4	Validate documentation & budget availability	Finance
5	Review against delegation levels	VP Admin & Finance
6	Approve or escalate	Delegated Authority / President
7	Enter into accounting system	Finance
8	File documentation & update audit trail	Finance
9	QA-IEA monitors compliance	QA-IEA

5.2 Delegated Authority Process

Step	Action	Responsible
1	Identify need for delegation	President
2	Complete delegation form	Delegatee
3	Review & validate	VP Admin & Finance
4	Approve delegation	President
5	Register and log signature authority	Finance
6	Annual review of authority	Internal Audit + QA-IEA

5.3 Regular Reporting Procedure

Report Type	Frequency	Responsible	Recipients
Monthly financial report	Monthly	Finance	President, VP Admin, QA-IEA
Quarterly performance report	Quarterly	Finance	President, QA-IEA, Internal Audit
RGA report	Quarterly	Finance + RGA Units	VP Admin, QA-IEA
IFRS annual statements	Annual	Finance + External Auditor	President, BOT
Budget execution variance	Monthly & Quarterly	Finance	QA-IEA, VP Admin

6. Roles & Responsibilities

Role	Responsibilities
President / CEO	Final approval of financial transactions; delegation oversight; ensures compliance
VP Admin & Finance	Direct supervision of all financial operations and reporting
Finance Department	Transaction processing, reporting, reconciliation, audit support
Budget Holders	Ensure correct use of funds; adhere to delegation limits
Internal Audit	Evaluate controls, detect irregularities, verify delegation compliance
QA-IEA	Monitors OBEF Pillar 6 KPIs and institutional financial effectiveness
External Auditor	Independent annual audit and financial statements verification

7. Records & Retention

Record Type	Retention	Custodian
Financial Transactions	7 years	Finance
Delegated Authority Records	Duration + 2 years	President/HR
Monthly Reports	7 years	Finance
Quarterly Reports	7 years	Finance
Annual Financial Statements	Permanent	Finance
Audit Trails & Logs	5 years	Internal Audit
CAPs	5 years	QA-IEA

8. Non-compliance

Non-compliance may result in:

- Revocation of delegated authority
- Disciplinary action under FU HR policy
- Financial liability
- Audit escalation
- Legal action under applicable UAE laws

9. Review Cycle

This policy shall be reviewed every **three (3) years**, or earlier upon:

- Updates to IFRS
- Amendments to UAE Federal Audit Laws
- CAA or OBEF framework changes
- Internal audit recommendations
- President/Board directives

Annex A. Delegated Authority Matrix

Document Code: FU-ADM-FIN-DAM-2025-01

Version 1.0

This institutional matrix specifies **who is authorized to approve what level and type of financial transaction**, ensuring segregation of duties, transparency, and compliance with FU's financial control system.

FU Delegated Authority Matrix (DAM)

1. Expenditure Approval Authority

Expenditure Type / Threshold (AED)	President / CEO	VP Admin & Finance	Deans / Directors	Finance Manager	Unit Heads / Coordinators
Above 250,000	**A** (Final Approval)	C	I	I	I
100,001 – 250,000	**A**	**R** / C	I	I	I
50,001 – 100,000	A / C	**A**	**R**	I	I
10,001 – 50,000	C	**A**	**A** / R	R	I
0 – 10,000	I	C	**A**	**R**	R

Legend:

A = Approve | R = Recommend | C = Consult | I = Inform

2. Procurement & Purchasing Authority

Activity	President	VP Admin	Dean/Director	Finance Manager	Unit Head
Contract Signing	**A**	C	R	I	I
Vendor Selection	C	**A**	R	**R**	I
Purchase Order (PO) Issuance	C	**A**	C	**R**	I
RFQ / Tender Approval	**A**	R	C	C	I
Emergency Procurement	**A**	**A**	C	I	I

---

3. Payroll & HR-Related Financial Authority

Action	President	VP Admin	Finance Manager	HR Director
Final Payroll Approval	A	R	R	C
Overtime Approval (> AED 10,000)	A	R	C	I
Travel & Training Reimbursement	I	A	R	R

4. Revenue-Generating Activities (RGAs)

RGA Action	President	VP Admin	RGA Director	Finance
Price Setting	A	R	C	C
Disbursement of RGA Funds	A	A	R	R
RGA Contract Signing	A	R	C	C

5. Banking & Treasury Authority

Action	President	VP Admin	Finance Manager
Bank Account Creation	A	C	C
Check Signing	A	A	C
Fund Transfers	A	A	R
Investment Decisions	A	C	I

Annex B. Monthly Financial Reporting Template

Document Code: FU-FIN-MFR-2025-01
Version 1.0

FU Monthly Financial Report Template

1. Executive Summary

- Key highlights
- Significant variances
- Compliance and control issues
- Risks and recommendations

2. Statement of Financial Performance (Month-to-Date)

Category	Budget	Actual	Variance	Variance %	Notes
Tuition Revenues					
RGA Revenues					
Other Income					
Operating Expenses					
Payroll					
Capital Expenditures					
Net Position					

3. Cash Flow Summary

Item	Opening Balance	Inflows	Outflows	Ending Balance
Operating Cash				
RGA Cash				
Restricted Funds				

4. Budget Performance Dashboard

KPI	Target	Actual	Status	Remarks
Budget Utilization	100%			
Variance Within Threshold	≤ ±10%			
Revenue Collection Rate	≥ 90%			
OPEX Efficiency	≥ 85%			

Payroll-to-Revenue Ratio	≤ 55%			

5. Accounts Receivable (A/R)

Category	Amount	Notes
Student Outstanding Fees		
Government/Scholarships		
Other Receivables		

6. Accounts Payable (A/P)

Vendor	Amount	Age	Remarks

7. Compliance & Internal Control Review

- Unreconciled transactions
- Exceptions or irregularities
- Audit issues flagged

8. Recommendations / Action Points

Recommendation	Owner	Due Date

Annex C. Quarterly Financial Performance Dashboard

Document Code: FU-FIN-QFPD-2025-01

Version 1.0

FU Quarterly Financial Performance Dashboard

1. Executive Dashboard Snapshot

Metric	Q1	Q2	Q3	Q4	YTD Total	Target	Status
Total Revenue							
Total Expenditure							
Surplus/Deficit							
RGA Profitability							
Cash Reserves							
CAPEX Progress							

2. Revenue Analysis

Stream	Amount	YTD vs Target	Notes
Tuition & Fees			
RGA Income			
Grants/Research			
Sponsorships			

3. Expenditure Analysis

Category	Budget	Actual	Variance	Notes
Payroll				
Operating Expenses				
CAPEX				

4. Financial Sustainability Indicators (OBEF Pillar 6 KPIs)

KPI	Target	Actual	Status
Liquidity Ratio	≥1.2		
Surplus Margin	≥5%		
RGA Contribution Ratio	Increasing		
Payroll Ratio	≤55%		
Cost Recovery Ratio	≥1.0		

5. Risk Heat Map

HIGH RISK □□□●■

MEDIUM RISK □□■□□

LOW RISK ■□□□□

Risks documented:

- Funding volatility
- Delayed collections
- CAPEX overruns

- Vendor performance issues

6. Corrective Action Plan Summary

Issue	Status	Owner	Deadline

Annex D. IFRS Annual Report Outline Template

Document Code: FU-FIN-IFRS-2025-01
Version 1.0

FU IFRS-Compliant Annual Financial Report Template

1. President's Statement

- Strategic overview
- Financial sustainability
- Key accomplishments

2. Management Discussion & Analysis (MD&A)

- Operating environment
- Revenue trends
- Expenditure trends
- RGA performance
- Risks & mitigation
- Compliance overview

3. IFRS Financial Statements

3.1 Statement of Financial Position
(IS: Assets, Liabilities, Net Assets)
3.2 Statement of Comprehensive Income
3.3 Statement of Cash Flows
3.4 Statement of Changes in Net Assets
3.5 Notes to Financial Statements
Notes must include:

- Basis of preparation
- Significant accounting policies
- Revenue recognition
- Operating lease details
- Financial instruments
- Related party transactions
- Contingencies
- Post-balance-sheet events

4. Independent Auditor's Report

- Audited statements
- Audit opinion
- Findings & recommendations

5. Compliance, Audit & Governance Statement

- Internal Audit compliance
- Risk management summary
- OBEF Pillar 6 governance indicators
- CAA compliance certification

6. Institutional Financial KPIs Dashboard

KPI	Result	Target	Status
Surplus Ratio			
RGA Contribution			
Liquidity Ratio			
Payroll Ratio			

E. Policy And Procedures Governing Budgeting (10.F)

1. Purpose

This policy establishes the framework for planning, preparing, approving, implementing, controlling, and evaluating the annual budget at Fujairah University (FU). It ensures that:

- Resource allocation aligns with FU's mission, vision, and strategic plan
- Financial planning meets requirements of the CAA, OBEF v10.21, and the 2023 HEI Inspection Framework
- Institutional sustainability and governance effectiveness are maintained
- Budgeting processes are transparent, data-driven, and accountable
- Units participate in structured budget planning linked to KPIs and performance

2. Scope

This policy applies to:

- All colleges, departments, academic programs, and administrative units
- All categories of the FU annual operating budget (OPEX), capital budget (CAPEX), revenue budget, and RGA (revenue-generating activities) budgets
- All staff involved in budget preparation, review, and implementation
- All funding types, including tuition, RGA income, donations, grants, and partnerships

3. Definitions

Term	Definition
Budget	A financial plan outlining projected revenues, expenditures, and resource allocations for one fiscal year.
Operating Budget (OPEX)	Budget for daily operations including salaries, utilities, services, and supplies.
Capital Budget (CAPEX)	Budget for fixed assets such as infrastructure, equipment, and major technology systems.
Budget Holder	An authorized individual responsible for managing assigned budget lines.
Variance	Difference between the approved budget and actual expenditure/revenue.
Zero-Based Budgeting (ZBB)	Budgeting method requiring justification of every item from zero, not from historical baselines.
RGA Budget	Financial plan for revenue-generating activities such as CEELL programs, rentals, and consultancy services.

4. Policy Statements

4.1 Budget Alignment with Institutional Strategy

- Budgets must align with FU's Strategic Plan, annual operational plans, accreditation requirements, and KPI targets.
- OBEF v10.21 (Pillar 6) financial sustainability indicators must inform budget planning.

- Budgeting must support FU's mission-driven priorities including quality assurance, academic growth, research, and student services.

4.2 Participatory Budgeting

- All academic and administrative units must participate in annual budgeting.
- Colleges and departments submit budget proposals reflecting their operational needs, staffing, learning resources, accreditation requirements, and program growth plans.
- Budget proposals must include performance metrics, cost-benefit analysis, and justification.

4.3 Budget Approval Hierarchy

Stage	Approving Authority
Unit/Department Proposal	Unit Head / Dean
Initial Consolidation	Finance Department
Institutional Review	VP Admin & Finance
Final Approval	**President**
Ratification	**Board of Trustees (BOT)**

4.4 Delegated Budget Authority

- Fully aligns with the **Delegated Authority Matrix (DAM)**.
- Budget holders may only approve expenditures within their authorized limits.
- Financial controls must prevent misuse, fraud, overspending, and misallocation.

4.5 Budget Monitoring and Control

- Finance must issue **monthly** and **quarterly** financial performance reports.
- Budget holders must monitor ongoing expenditures and submit variance justifications.
- Variances beyond ±10% require written explanation and corrective action.
- QA-IEA must monitor budget execution effectiveness as part of **OBEF institutional effectiveness assessments**.

4.6 Budget Amendments

- Mid-year revisions require:
    - Justification
    - Evidence of need
    - Finance review
    - VP Admin endorsement
    - **President approval**
- Emergency budget adjustments must comply with FU's Crisis and Business Continuity Framework.

4.7 Compliance with Accounting Standards

- Budgets must adhere to:
    - IFRS
    - UAE Federal Financial Regulations
    - CAA financial requirements
    - OBEF v10.21 KPI monitoring

5. Procedures

5.1 Annual Budget Cycle Overview

The FU budget cycle follows these stages:

Strategic Review → Budget Planning → Proposal Submission → Consolidation → Financial Review → Approval → Implementation → Monitoring → Evaluation

5.2 Budget Planning Procedure

Step	Action	Responsible
1	Issue Budget Call Memo with guidelines	Finance
2	Review Strategic Plan, KPIs, accreditation needs	Units
3	Conduct needs assessment	Units
4	Prepare budget proposals	Units
5	Submit proposals to Finance	Units

5.3 Budget Consolidation & Review

Step	Action	Responsible
6	Compile all unit budgets	Finance
7	Conduct financial viability analysis	Finance
8	Evaluate alignment with strategic goals	VP Admin & Finance
9	Review compliance with OBEF and accreditation needs	QA-IEA
10	Recommend revised budget to President	VP Admin

5.4 Final Approval

Step	Approval Authority
11	President approves consolidated institutional budget
12	BOT ratifies

5.5 Budget Implementation

Step	Action	Responsible
13	Distribute approved budgets to units	Finance
14	Activate budget lines in accounting system	Finance
15	Begin spending within delegated authority	Budget Holders

5.6 Budget Monitoring

Monthly and quarterly monitoring includes:

- Expenditure-to-budget variance analysis
- RGA revenue tracking
- KPI-linked spending assessment
- Risk analysis

Finance provides reports to:

- President
- VP Admin & Finance
- Internal Audit
- QA-IEA

5.7 Budget Evaluation

Annual evaluation includes:

- Budget execution rate
- Variance patterns
- Resource optimization
- RGA performance
- Financial sustainability metrics
- Institutional effectiveness indicators (OBEF Pillar 6)

6. Roles and Responsibilities

Role	Responsibilities
President	Final budget approval
VP Admin & Finance	Supervises budgeting cycle and ensures compliance
Finance Department	Facilitates, consolidates, monitors, and reports
Budget Holders	Prepare and manage their budgets
Internal Audit	Ensures integrity of budgeting controls
QA-IEA	Monitors alignment with effectiveness frameworks and KPIs
BOT	Ratifies institutional budget

7. Records & Retention

Record Type	Retention	Custodian
Budget Proposals	7 years	Finance
Approved Budgets	Permanent	Finance
Monthly & Quarterly Reports	7 years	Finance
Budget Variance Justifications	7 years	Finance
KPI Budget Performance Logs	5 years	QA-IEA

8. Non-compliance

Non-compliance may result in:

- Revocation of delegated authority
- Audit escalation
- Budget freeze
- Disciplinary action
- Financial recovery measures

9. Review Cycle

This policy is to be reviewed every **three (3) years**, or earlier if:

- New UAE financial regulations are issued
- CAA or OBEF requirements change
- Internal/External audit findings necessitate revisions

Annex A. Budget Proposal Template

Form Code: *FU-FIN-BP-Form-2025-01*
Version 1.0

****FU-FIN-BP-Form-2025-01**
ANNUAL BUDGET PROPOSAL TEMPLATE****

Section 1: Administrative Information

Field	Entry
College/Department/Unit	
Program(s) Covered	
Budget Holder	
Reporting to (Dean/Director)	
Fiscal Year	
Date Submitted	

Section 2: Strategic Alignment

Requirement	Response
Alignment with FU Strategic Goal(s)	
Alignment with OBEF Pillar(s) & KPI(s)	
Accreditation Requirements (CAA, OBEF, international)	
Link to Program/Course Plans, Research, CEELL, or QA initiatives	

Section 3: Detailed Budget Request

A. Operating Budget (OPEX)

Category	Description	Estimated Cost (AED)	Justification	Priority (H/M/L)
Personnel Costs				
Teaching/Learning Materials				
Travel/Training				
Maintenance/Service				
Consumables/Supplies				
Other Costs				

B. Capital Budget (CAPEX)

Item	Qty	Unit Cost	Total Cost	Purpose	Expected Impact

C. Revenue-Generating Activity Budget (if applicable)

Activity	Expected Revenue	Direct Cost	Net Margin	Notes

Section 4: Risk Assessment

Risk	Likelihood (H/M/L)	Impact (H/M/L)	Mitigation

Section 5: Summary and Endorsements

Role	Name & Signature	Date
Budget Holder		
Dean/Director		
Finance Review		
VP Admin & Finance		

Annex B. Budget Call Memo Template

Document Code: *FU-FIN-BCM-2025-01*
Version 1.0

Fujairah University – Budget Call Memorandum
To: All Colleges, Departments, Centers, and Administrative Units
From: Finance Department
CC: VP Administrative & Financial Affairs; QA-IEA
Subject: Annual Budget Preparation Guidelines – Fiscal Year _____
Date: ___ / ___ / 2025

1. Purpose
This memo formally initiates the FU annual budgeting cycle for Fiscal Year _____, consistent with FU Strategic Plan 2025–2030, CAA Standards, and OBEF v10.21.

2. Required Submissions
Each unit must submit:

1. **Budget Proposal Form (FU-FIN-BP-Form-2025-01)**
2. Justification narrative aligned with strategic priorities
3. Staffing requirements (if any)
4. RGA budgets (if applicable)
5. Accreditation-driven expenditure requirements
6. Planned initiatives and KPIs
7. Risk assessments

3. Submission Deadlines

Activity	Deadline

Budget Proposal Submission	
Finance Review	
Institutional Consolidation	
Final Approval	

4. Budget Preparation Guidelines

- Base all requests on actual needs (Zero-Based Budgeting).
- Demonstrate alignment with OBEF KPIs and institutional priorities.
- Provide accurate cost estimates with evidence.
- Avoid duplication of requests across units.
- Ensure compliance with FU financial policies.

5. Contact

For queries, contact:

Finance Department – Budget Office

Email: _____ | Ext: _____

Approved by:

VP Administrative & Financial Affairs

Noted by: President / CEO

Annex C. Annual Budget Calendar Chart

Document Code: *FU-FIN-ABC-2025-01*

Version 1.0

FU Annual Budget Calendar

JANUARY

Strategic Plan Review → Budget Call Memo Released

FEBRUARY

Unit Consultations → Budget Proposal Preparation

MARCH

Submission of Budget Proposals

(Units → Finance)

APRIL

Finance Review → Consolidation of Proposals

MAY

VP Admin & Finance Institutional Review

JUNE

President Approval → Submission to BOT

JULY
BOT Review and Ratification

AUGUST
Final Budget Issued → Activation in Accounting System

SEPTEMBER – JUNE (Academic Year)
Monthly Monitoring & Variance Analysis
Quarterly Performance Reporting

MAY – JUNE (Next Fiscal Year)
Budget Evaluation Report → OBEF Institutional Effectiveness Cycle

Color Legend:

- **Blue:** Planning
- **Green:** Submission & Review
- **Orange:** Approval
- **Purple:** Monitoring & Evaluation

Annex D. Budget Variance Analysis Template

Form Code: *FU-FIN-BVA-Form-2025-02*
Version 1.0

****FU-FIN-BVA-Form-2025-02**
BUDGET VARIANCE ANALYSIS REPORT**

Field	Entry
Unit/Department	
Reporting Period	Monthly ☐ Quarterly ☐ Annual ☐
Prepared By	
Date	

Section A: Variance Summary

Budget Category	Budget (AED)	Actual (AED)	Variance (AED)	Variance %	Status (Over/Under)
Payroll					
OPEX					
CAPEX					
Total					

Section B: Root Cause Analysis

Variance Category	Cause	Evidence	Impact	Corrective Measures
Over-Spending				
Under-Spending				
Unexpected Revenue Change				
External Factors				

Section C: Corrective Action Plan (CAP)

Issue	Action Required	Responsible Person	Timeline	Status

Annex E. Budget Holder Responsibility Charter

Document Code: *FU-FIN-BHRC-2025-01*

Version 1.0

BUDGET HOLDER RESPONSIBILITY CHARTER

This charter outlines the duties, accountability, and performance expectations of **Budget Holders** at FU.

1. Purpose

To ensure transparent, compliant, and efficient management of institutional funds by defining the roles of authorized Budget Holders.

2. Responsibilities of Budget Holders

Responsibility	Description
Budget Preparation	Prepare annual budgets aligned with strategic goals and KPIs.
Compliance	Follow FU financial policies, OBEF, CAA, IFRS, and procurement rules.
Expenditure Control	Ensure spending remains within approved limits and delegated authority.
Documentation	Maintain complete, accurate financial records.
Variance Monitoring	Review monthly and quarterly reports and provide justifications.
Internal Controls	Enforce segregation of duties and prevent unauthorized spending.
Performance Reporting	Submit quarterly performance and RGA reports when required.
Risk Management	Identify risks and propose mitigation actions.

3. Accountability

Budget Holders are accountable for:

- Overspending
- Misallocation of resources
- Failure to comply with approval authority
- Late submission of required reports
- Audit findings resulting from poor control

4. Confirmation of Responsibility

Role	Name	Signature	Date
Budget Holder			
Dean/Director			

VP Admin & Finance			

F. Policy And Procedures Governing Purchasing, Inventory Management, Sustainability, And Asset Disposal (10.G)

1. Purpose

This policy establishes a unified framework to:

- Ensure transparent, ethical, and sustainable purchasing practices
- Maintain accurate inventory control of all institutional assets
- Comply with CAA, OBEF, HEI requirements, and UAE sustainability mandates
- Protect FU's financial resources through regulated purchasing and asset life-cycle management
- Govern the disposal, recycling, transfer, or retirement of assets in a responsible and environmentally sustainable manner

2. Scope

This policy applies to:

- All colleges, academic programs, administrative departments, and research units
- All procurement activities (supplies, equipment, technology, services, maintenance, capital assets)
- All FU-owned equipment, supplies, furniture, technology, and infrastructure
- All asset disposal activities including recycling, resale, donation, or decommissioning

3. Definitions

Term	Definition
Procurement	Acquisition of goods and services following approved processes.
Inventory	All consumables, equipment, technology, supplies, and fixed assets.
Fixed Asset	Long-term institutional property > AED 5,000 and life ≥ 1 year.
Asset Disposal	Removal of assets through recycling, resale, donation, or destruction.
Sustainable Purchasing	Procurement decisions considering environmental, social, and economic impact.
DFaM	Department of Facilities & Asset Management – custodian of physical assets.
Stock Ledger	Digital system tracking item receipt, issuance, location, and value.

4. Policy Statements

4.1 Purchasing Governance

- All purchases must comply with FU's Financial Delegated Authority Matrix (DAM).
- Three-quote rule applies for all procurements above AED 5,000 unless exception justified.
- The Procurement Unit must ensure transparency, fairness, and ethical vendor selection.
- Advance payments require President approval (per DAM thresholds).
- Emergency purchases follow the FU Emergency Procurement Procedure.

4.2 Sustainable Procurement

FU must prioritize:

- Environmentally friendly materials
- Energy-efficient equipment (e.g., EPEAT, Energy Star certified)

- Recyclable or biodegradable materials
- Vendors adhering to ethical, environmental, and labor compliance
- Minimized single-use plastics in procurement specifications
- Preference for digital learning resources to reduce paper use

Sustainability compliance is a **mandatory evaluation factor** in tender scoring.

4.3 Inventory Management

- DFaM maintains a centralized Asset & Inventory Registry.
- All equipment must be tagged with a unique FU Asset ID.
- Consumables must be logged in the Stock Ledger (FIFO method).
- Units must report monthly usage and annual inventory counts.
- Finance must reconcile inventory with accounting records annually.
- Lost, damaged, or missing items require an Incident Report and investigation.

4.4 Fixed Asset Disposal

Disposal decisions must consider:

- Remaining useful life
- Repair vs replacement analysis
- Safety and compliance risks
- Environmental sustainability
- Data security requirements (especially for digital equipment)

Disposal methods include:

1. **Recycling** (preferred)
2. **Donation** (schools, NGOs, communities)
3. **Trade-in / Resale**
4. **Environmentally compliant destruction**

Disposal must follow the FU Delegated Authority Matrix and be documented using **FU Asset Disposal Form (DFaM-ADF-2025-01)**.

5. Procedures

5.1 Purchasing Procedure

Step	Action	Responsible
1	Unit submits Purchase Request (PR) with specifications	Unit Head
2	Procurement checks budget alignment	Finance
3	Procurement obtains three quotations	Procurement
4	Tender Evaluation Committee review (if applicable)	Procurement + DFaM + Finance
5	Approval as per DAM	President / VP Admin / Dean / Director
6	Procurement issues Purchase Order (PO)	Procurement
7	Supplier delivers items	Vendor
8	Inspection & acceptance report	DFaM

9	Payment processing	Finance

5.2 Sustainability Compliance Procedure

Step	Action	Responsible
1	Include sustainability criteria in PR	Unit Head
2	Procurement screens vendors for sustainability	Procurement
3	Preference for eco-certified products	Procurement
4	Report sustainability score in evaluation memo	Procurement
5	QA-IEA monitors compliance annually	QA-IEA

5.3 Inventory Management Procedure

Step	Action	Responsible
1	Received items entered in Asset Registry	DFaM
2	Asset tagging and location assignment	DFaM
3	Update Stock Ledger	DFaM
4	Units perform quarterly physical counts	Units
5	Annual reconciliation with finance	Finance + DFaM
6	Missing/damaged assets reported	Unit Head

5.4 Asset Disposal Procedure

Step	Action	Responsible
1	Unit submits Disposal Request	Unit Head
2	DFaM conducts asset assessment	DFaM
3	Finance verifies book value & depreciation	Finance
4	Approval per DAM	President / VP Admin
5	Disposal method selected	DFaM
6	Secure data wiping (for ICT equipment)	IT Dept
7	Environmentally compliant disposal	DFaM + Vendor
8	Update Asset Registry	DFaM
9	File disposal certificate	DFaM + Finance

6. Roles & Responsibilities

Role	Responsibilities
Procurement Unit	Vendor evaluation, quotation process, PO issuance
Finance Department	Budget validation, expenditure control, reconciliation
DFaM	Asset registry, inventory control, disposal
IT Department	Secure data wiping before disposal
QA-IEA	Governance monitoring, sustainability compliance
Internal Audit	Annual audit of procurement and inventory
President	Final approval for major purchases/disposals
VP Admin & Finance	Oversight of procurement and asset management

7. Records and Retention

Record	Retention	Custodian
Purchase Requests, Quotations, POs	7 years	Procurement
Asset Registry	Permanent	DFaM
Inventory Stock Ledgers	5 years	DFaM
Disposal Certificates	7 years	DFaM + Finance
Sustainability Compliance Reports	5 years	QA-IEA

8. Non-Compliance

Non-compliance may result in:

- Audit findings
- Revocation of purchasing authority
- Disciplinary action
- Financial recovery measures
- Escalation to the President and BOT Audit Committee

9. Policy Review

This policy shall be reviewed every **three (3) years** or earlier based on:

- Changes in CAA/OBEF/HEI standards
- Audit findings
- Financial policy updates
- UAE sustainability regulations

Annex A. Asset Disposal Form

DFaM-ADF-2025-01 | Version 1.0

(To be used for recycling, donation, resale, transfer, or destruction of assets)

Fujairah University – Asset Disposal Form

Section 1: Administrative Details

Field	Entry
Disposal Request No.	DFaM-ADF-2025-___
Date of Request	
Requesting Department/Unit	
Asset Custodian	
Contact Details	

Section 2: Asset Details

Field	Entry
Asset ID (FU Tag No.)	
Asset Description	
Category (ICT / Furniture / Lab / Other)	
Manufacturer / Model	
Serial Number	
Year of Acquisition	
Original Cost (AED)	
Book Value (AED)	Finance to fill

Section 3: Condition Assessment (by DFaM)

Criteria	Assessment
Functional Condition	☐ Working ☐ Partially Operable ☐ Non-functional
Repair Feasibility	☐ Repairable ☐ Not Repairable
Health/Safety Risk	☐ Yes ☐ No
Recommended Action	☐ Recycle ☐ Donate ☐ Resale ☐ Destruction ☐ Transfer

Notes:

|

Section 4: Data Security Clearance (ICT Assets Only)

Requirement	Confirmation
Secure Data Wipe Completed	☐ Yes ☐ No
Performed By	
Date	

Section 5: Approvals

Role	Name & Signature	Date
Department Head		

DFaM Head		
Finance Head		
VP Admin & Finance		
President (if required per DAM)		

Section 6: Disposal Execution Record

Method	Vendor / Recipient	Date	Witness
Recycling			
Donation			
Resale			
Destruction			

Section 7: Registry Update

Action	Completed By	Date
Asset removed from Registry		
Disposal Certificate filed		

Annex B. Purchase Request Form

PROC-PR-2025-01 | Version 1.0

Fujairah University – Purchase Request (PR) Form

Section 1: Request Details

Field	Entry
PR No.	PROC-PR-2025-___
Date	
Requesting Unit/Department	
Requestor Name & Position	
Contact Details	
Purpose of Purchase	

Section 2: Item/Service Specifications

Item No.	Description	Qty	Unit Cost (AED)	Total Cost	Account/Budget Code
1					
2					
Total				**AED**	

Section 3: Strategic Justification

Requirement	Explanation
Alignment with FU Strategy/OBEF	
Accreditation or Compliance Requirement	
Replacement / Upgrade / Expansion	
Expected Impact	

Section 4: Sustainability Information

Sustainability Criteria	Confirmation
Energy-efficient or eco-friendly product	☐ Yes ☐ No
Biodegradable / recyclable materials	☐ Yes ☐ No
Vendor sustainability certification included	☐ Yes ☐ No
Reduced paper or digital alternative	☐ Yes ☐ No

Section 5: Budget Verification

Field	Entry
Budget Availability	☐ Yes ☐ No
Budget Code	
Verified By (Finance)	

Section 6: Approvals

Role	Name & Signature	Date
Department Head		

Finance Director		
VP Admin & Finance		
President (if required per DAM)		

Annex C. Annual Inventory Count Template

DFaM-AICT-2025-01 | Version 1.0

Fujairah University – Annual Inventory Count Sheet

Section 1: Inventory Details

Field	Entry
College/Department/Unit	
Inventory Location	
Stock Count Date	
Stock Count Team	

Section 2: Inventory Count Table

Item No.	Asset ID	Description	Category	Location	Qty System	Qty Actual	Variance	Remarks
1								
2								
3								

Section 3: Variance Certification

Requirement	Confirmation
Variance investigated	☐ Yes ☐ No
Verification evidence attached	☐ Yes ☐ No

Section 4: Sign-Off

Role	Name & Signature	Date
Inventory Team Leader		
DFaM Director		
Finance Director		
Internal Audit (If required)		

Annex D. Sustainable Procurement Checklist

QA-IEA-SPC-2025-01 | Version 1.0

Sustainable Procurement Evaluation Checklist

Section 1: Procurement Information

Field	Entry
PR No.	

Requesting Unit	
Item/Service	
Vendor(s) Evaluated	

Section 2: Sustainability Criteria Assessment

Criteria	Description	Yes	No	Notes
Environmental Certification	Vendor/products certified green	☐	☐	
Energy Efficiency	ICT appliances rated Energy Star/EPEAT	☐	☐	
Recyclable Materials	Packaging/materials are recyclable	☐	☐	
Reduced Carbon Footprint	Locally sourced	☐	☐	
Minimizes Single-Use Plastics	Packaging-free options	☐	☐	
Social Responsibility	Labor compliance, ethical sourcing	☐	☐	
Economic Sustainability	Long-term durability	☐	☐	

Section 3: Sustainability Score (Optional)

Score each "Yes" = 1 point

0–2 = Low Sustainability

3–5 = Moderate Sustainability

6–7 = High Sustainability

Section 4: Sign-Off

Role	Name & Signature	Date
Procurement Officer		
DFaM Representative		
QA-IEA Reviewer		

Annex E. Asset Transfer & Custody Form

DFaM-ATC-2025-01 | Version 1.0

Fujairah University – Asset Transfer & Custody Form

Section 1: Asset Information

Field	Entry
Transfer Form No.	
Asset ID (FU Tag)	
Description	
Category	ICT ☐ Furniture ☐ Lab Equipment ☐ Other ☐
Serial Number	
Condition	☐ Good ☐ Fair ☐ Poor

Section 2: Transfer Details

Field	Entry

Current Location	
New Location	
Current Custodian	
New Custodian	
Reason for Transfer	

Section 3: Custody Acknowledgment

I acknowledge receipt and responsibility for the above asset(s).

New Custodian Name	Signature	Date

Section 4: Approvals

Role	Name & Signature	Date
Department Head (Sending Unit)		
Department Head (Receiving Unit)		
DFaM Director		

Section 5: Registry Update

Action	Completed By	Date
Asset location updated in registry		
Custodian details updated		

Annex F. SOP 1: Asset Management & Disposal SOP

FU-ADM-DFaM-SOP-2025-04 | Version 1.0

DOCUMENT CONTROL TABLE

Field	Details
SOP Title	Asset Management & Disposal Standard Operating Procedure
SOP Code	FU-ADM-DFaM-SOP-2025-04
Version No.	1.0
Effective Date	2025–2026
Responsible Unit	Department of Facilities & Asset Management (DFaM)
Implementation Units	DFaM, Finance, Procurement, IT Department
Monitoring & Evaluation	QA-IEA; Internal Audit
Reviewed By	CQA-IE (Administrative Affairs)
Approved By	QA-IE Council
Noted By	President/Chancellor
Next Review Cycle	Every 3 years or earlier as required

1. Purpose

To establish a standardized process for the acquisition, tagging, custody, monitoring, transfer, and disposal of institutional assets in order to protect FU resources, ensure regulatory compliance, and maintain accurate asset records as part of OBEF institutional effectiveness.

2. Scope

Applies to **all FU assets**, including:

- Furniture
- ICT equipment
- Laboratory equipment
- Vehicles
- Library equipment
- Classroom and facility assets

3. Definitions

Term	Definition
Asset Registry	Central database maintained by DFaM containing all institutional fixed assets.
Asset Tag	Unique FU barcode or RFID used for identification and tracking.
Disposal	Official removal of assets through recycling, donation, resale, or destruction.
Custodian	Staff member assigned responsibility for the asset.

4. Procedures

4.1 Asset Acquisition and Receipt

Steps:

1. Procurement receives approved Purchase Order (PO).
2. Vendor delivers asset to DFaM receiving area.
3. DFaM inspects and verifies item against PO.
4. IT Department inspects ICT equipment.
5. DFaM enters item into Asset Registry.
6. Asset is tagged with FU Asset ID.
7. Custody is assigned and documented via **FU Asset Transfer & Custody Form (DFaM-ATC-2025-01)**.

4.2 Asset Custody & Movement

1. Custodian must ensure protection and proper use.
2. Any relocation requires **DFaM-ATC transfer form**.
3. DFaM updates Asset Registry within 48 hours.
4. Unauthorized movement of assets is prohibited.

4.3 Annual Asset Verification

1. Each unit performs an annual inventory count using **DFaM-AICT-2025-01**.
2. DFaM reconciles actual count with registry.
3. Finance performs depreciation updates.
4. Internal Audit conducts random sampling.

4.4 Asset Disposal Workflow

Disposal Workflow Diagram

Unit Identifies Asset → Submits Disposal Request →
DFaM Assessment → Finance Book Value Check →
Approvals (VP Admin / President per DAM) →
Disposal Execution (Recycle/Donate/Resale/Destroy) →
Registry Update → File Disposal Certificate

4.5 ICT Data Security (Prior to Disposal)

- IT Department must **wipe data** using ISO-compliant methods.
- Certificate of Data Erasure is required.

4.6 Environmentally Sustainable Disposal

- Prioritize recycling.
- Hazardous materials must be disposed of using approved contractors.
- Donations allowed if assets meet minimum safety standards.

5. RACI MATRIX

Activity	DFaM	Procurement	Finance	IT	Units
Asset Receipt	A	C	C	I	I
Tagging & Registry	A	I	C	I	I
Custody Transfer	A	I	I	I	R
Annual Inventory	A	I	C	I	R
Disposal Approval	R	I	R	C	A
Data Wiping (ICT)	I	I	I	**A**	I

6. Records & Retention

Record	Retention	Custodian
Asset Registry	Permanent	DFaM
Disposal Certificates	7 years	DFaM/Finance
Transfer Forms	5 years	DFaM
Annual Inventory Reports	7 years	DFaM

Annex G. SOP 2: Sustainable Procurement Operations

FU-ADM-PROC-SOP-2025-05 | Version 1.0

1. Purpose

To operationalize sustainable procurement practices that:

- Reduce environmental impact
- Ensure ethical supplier compliance
- Support UAE and FU sustainability mandates
- Meet OBEF, ISO 21001, and CAA requirements

2. Scope

Applies to **all purchases** across the university, including:

- Consumables
- ICT
- Furniture
- Learning resources
- Maintenance services
- Laboratory and safety materials

3. Procedures

3.1 Sustainable Procurement Screening

Procurement must evaluate vendors using the **Sustainable Procurement Checklist (QA-IEA-SPC-2025-01)**.
Criteria include:

- Energy efficiency
- Recyclability
- Ethical sourcing
- Waste minimization
- ISO 14001 / ESG compliance
- Reduced packaging

3.2 Ethical Supplier Verification

Procurement must verify:

- Trade licenses
- Environmental certifications
- Labor compliance
- Anti-corruption declarations
- UAE green purchasing compliance

3.3 Sustainable Tender Evaluation Weighting

At least:

- **20%** = Sustainability
- **40%** = Price & Value
- **20%** = Technical Specification

- **20%** = Vendor Reliability

3.4 Reporting

Procurement must:

1. Submit quarterly sustainability compliance reports to QA-IEA.
2. Maintain a registry of eco-compliant suppliers.
3. Flag high-environmental-impact purchases for justification review.

4.RACI Matrix

Activity	Procurement	DFaM	Finance	QA-IEA	Units
Sustainability Screening	**A**	C	I	R	I
Vendor Evaluation	**A**	R	I	C	I
Tender Compliance	**A**	C	I	R	I
Sustainability Reporting	**A**	C	I	**R**	I

Annex H. SOP 3: Inventory & Stock Control

FU-ADM-DFaM-SOP-2025-06 | Version 1.0

1. Purpose

To ensure systematic control of consumable and non-consumable inventory to:

- Support academic and operational continuity
- Prevent stock losses
- Maintain accurate inventory levels
- Ensure compliance with CAA, OBEF, and institutional policies

2. Scope

Applies to:

- Consumables
- Laboratory supplies
- Office and teaching materials
- Maintenance and custodial supplies
- Safety and first-aid materials

3. Procedures

3.1 Stock Receipt

1. DFaM receives goods.
2. Verifies delivery vs PO.
3. Issues Goods Received Note (GRN).
4. Updates Stock Ledger.

3.2 Stock Issuance

1. Units submit Stock Request Form.

2. DFaM checks stock levels.
3. Items issued using FIFO method.
4. Ledger updated in real time.

3.3 Stock Monitoring

- Weekly: critical supplies check
- Monthly: stock balance report
- Quarterly: internal audit sampling
- Annually: full stock count using **DFaM-AICT-2025-01**

3.4 Stock Variance Investigation

- Variance >5% triggers investigation.
- DFaM files variance report.
- Internal Audit reviews patterns.

3.5 Minimum Stock Levels

- Each item assigned a "minimum reorder point."
- Automatic alerts generated.

RACI Matrix

Activity	DFaM	Procurement	Finance	Units	QA-IEA
Stock Receipt	**A**	C	I	I	I
Stock Issuance	**A**	I	I	R	I
Ledger Update	**A**	I	C	I	I
Stock Count	**A**	I	C	R	I
Variance Review	**A**	I	**R**	I	C

Records & Retention

Record	Retention	Custodian
Stock Ledger	7 years	DFaM
GRN Files	5 years	DFaM
Stock Count Reports	7 years	DFaM
Variance Investigations	5 years	DFaM + Internal A

G. Policy And Procedures Governing Financial Risk Management (10.I)

1. Purpose

This policy establishes a structured financial risk management system that protects institutional resources, ensures regulatory compliance, supports financial sustainability, and strengthens institutional effectiveness under **OBEF Pillar 6**. It ensures that FU:

- Identifies, assesses, mitigates, and monitors financial risks
- Maintains strong internal controls to prevent fraud, misuse, or irregularities
- Ensures transparency and accountability in financial decision-making
- Supports operational continuity and financial resilience

2. Scope

This policy applies to all:

- Academic and administrative units
- Financial transactions and commitments
- Procurement, payments, revenues, and payroll operations
- Asset acquisition, custody, depreciation, and disposal
- Revenue-Generating Activities (RGAs)
- Financial reporting and strategic budgeting
- Digital financial systems, banking, and treasury operations

3. Definitions

Term	Definition
Financial Risk	Any event or condition that may cause financial loss or instability.
Internal Controls	Systems ensuring accuracy, legitimacy, and transparency of transactions.
Risk Register	A consolidated log of identified financial risks and mitigation plans.
Risk Appetite	The level of financial risk FU is willing to tolerate.
Fraud	Intentional deception for financial gain.
Liquidity Risk	Risk that FU cannot meet its financial obligations when due.
Compliance Risk	Risk of violating laws, regulations, or accreditation standards.
Operational Risk	Risk arising from weak processes, systems, staff errors, or external factors.

4. Policy Statements

4.1 Financial Risk Governance

- FU adopts **ISO 31000:2018** principles for systematic risk assessment.
- The **President** holds ultimate accountability for financial risk oversight.
- The **Finance Department** implements and monitors risk controls.
- **Internal Audit** provides independent assurance on the effectiveness of controls.
- **QA-IEA** monitors risk trends affecting OBEF KPIs and institutional sustainability.

4.2 Categories of Financial Risks Covered

- **Liquidity & Cash Flow Risks**
- **Budget Overrun Risks**
- **Procurement & Contract Risks**
- **Fraud, Theft, & Misappropriation Risks**
- **RGA Financial Risks**
- **Payroll Risks**
- **Audit & Compliance Risks**
- **ICT System Financial Data Integrity Risks**
- **Asset Depreciation & Loss Risks**
- **Banking & Investment Risks**

4.3 Prevention and Detection Controls

FU shall maintain:

- Segregation of duties
- Delegated authority limits
- Mandatory documentation (PO, GRN, invoices, receipts)
- Three-quotation procurement process
- Pre-audit and post-audit reviews
- Dual signatories for bank transactions
- Restricted access to financial systems
- Surprise audits and annual external audits

4.4 Risk Appetite and Tolerance

FU shall NOT tolerate:

- Unauthorized expenditures
- Fraud, bribery, embezzlement, or financial misconduct
- Cash handling outside approved procedures
- Budget variances > ±10% without justification
- Critical liquidity risk indicators (cash ratio below 1.0)

4.5 Reporting and Escalation

- High-risk findings must be escalated to the **President** within 48 hours.
- Severe risk or suspected fraud must be reported immediately to the **BOT Audit Committee**.
- Risk trends affecting accreditation or OBEF KPIs must be reported quarterly to QA-IEA.

5. Procedures

5.1 Financial Risk Identification Procedure

Step	Action	Responsible
1	Review financial activities, reports, and irregularities	Finance
2	Identify financial risks using data, trend analysis, audits	Finance, Internal Audit
3	Enter risks into institutional Risk Register	Finance
4	Categorize risks by severity	QA-IEA + Internal Audit

5.2 Risk Assessment & Scoring Procedure

Risks are assessed based on:

Likelihood

Low / Medium / High

Impact

- Low / Medium / High

Risk Score Matrix (ISO 31000-aligned)

IMPACT

Low Med High

LIKELIHOOD

Low 1 2 3

Medium 2 4 6

High 3 6 9 ← Severe

Scores:

- **1–2 = Low Risk**
- **3–4 = Moderate Risk**
- **6–9 = High / Critical Risk**

5.3 Risk Mitigation Procedure

Step	Action	Responsible
1	Evaluate risk type and score	Finance
2	Develop corrective or preventive action plan	Finance + Units
3	Implement internal controls	Finance + Procurement + HR + IT
4	Monitor implementation progress	QA-IEA
5	Report unresolved risks	VP Admin & Finance

5.4 Financial Risk Monitoring

Monitoring mechanisms include:

- Daily banking reconciliation
- Monthly variance analysis
- Quarterly OBEF KPI tracking
- Annual external audit
- Random surprise checks by Internal Audit
- Quarterly financial risk dashboard

5.5 Fraud Prevention and Investigation Procedure

1. Any employee may report suspected fraud (anonymous reporting permitted).
2. Internal Audit reviews the claim immediately.
3. President is notified of credible concerns.
4. Evidence is reviewed and documented.
5. Disciplinary and legal actions follow UAE law and FU HR policy.
6. QA-IEA assesses impact on OBEF and compliance.

5.6 Business Continuity for Financial Functions

Essential operations must be protected during:

- ICT outages
- Emergencies or disasters
- Pandemic or operational disruptions

Finance must:

- Maintain backup systems
- Secure access to digital records
- Ensure remote financial operations continuity

6. RACI Matrix

Activity	Finance	VP Admin & Finance	Internal Audit	QA-IEA	Units	President
Risk Identification	**A/R**	C	C	I	I	I
Risk Assessment	**A**	C	R	C	I	I
Mitigation Plans	**R**	C	C	R	A	I
Risk Monitoring	**A**	R	C	**R**	I	I
Fraud Investigation	C	C	**A**	I	I	**R**
Reporting Severe Risks	I	C	R	R	I	**A**

7. Records & Retention

Record	Retention Period	Custodian
Risk Register	Permanent	Finance + QA-IEA
Fraud Investigation Files	10 years	Internal Audit
Audit Reports (Internal & External)	10 years	Finance
OBEF Risk KPI Reports	5 years	QA-IEA
Variance Analysis Reports	7 years	Finance
Corrective Action Plans	7 years	Finance

8. Non-Compliance

Violations of this policy may result in:

- Withdrawal of financial authority
- Disciplinary action per HR policy
- Reimbursement of unauthorized expenditure
- Escalation to BOT Audit Committee
- Legal action when required

9. Policy Review

Policy must be reviewed every **three (3) years**, or earlier if:

- UAE financial regulations change
- New risks emerge
- Audit findings require policy updates
- OBEF criteria or CAA standards are revised

Annex A. Financial Risk Register Template

Document Code: FU-FIN-FRR-2025-01 | Version 1.0

Fujairah University – Financial Risk Register

Section 1: Administrative Information

Field	Entry
Reporting Period	Monthly ☐ Quarterly ☐ Annual ☐
Prepared By	
Reviewed By (Finance Director)	
Reviewed By (QA-IEA)	
Reviewed By (Internal Audit)	

Section 2: Risk Entry Table

Risk ID	Financial Risk Description	Category (Liquidity/Compliance/Fraud/Operational)	Likelihood (L/M/H)	Impact (L/M/H)	Score (1–9)	Mitigation Measures	Responsible Owner	Status (Open/Closed)	Notes
FR-001									
FR-002									
FR-003									

Section 3: Key Risk Indicator (KRI) Dashboard

KRI	Target	Actual	Status	Remarks
Liquidity Ratio	≥ 1.2			
Payroll-to-Revenue Ratio	≤ 55%			
Budget Variance	≤ ±10%			
RGA Profitability	Positive			
Accounts Receivable Aging	≤ 90 days			

Section 4: Escalation Log

Date	Risk ID	Issue Escalated To	Action Taken	Final Status

Annex B. Financial Risk Matrix & Heat Map

Document Code: FU-FIN-FRM-2025-01 | Version 1.0

ISO 31000-Compliant Risk Matrix

Likelihood Levels

- **Low (1)** – Rare
- **Medium (2)** – Possible
- **High (3)** – Likely

Impact Levels

- **Low (1)** – Minimal financial impact
- **Medium (2)** – Manageable but significant
- **High (3)** – Severe; threatens operations

Financial Risk Scoring Table (Likelihood × Impact)

Impact ↓ / Likelihood →	Low (1)	Medium (2)	High (3)
Low (1)	1 (Low)	2 (Low)	3 (Moderate)
Medium (2)	2 (Low)	4 (Moderate)	6 (High)
High (3)	3 (Moderate)	6 (High)	9 (Critical)

Financial Risk Heat Map

IMPACT

LOW MED HIGH

LIKELIHOOD

HIGH ▢▢■ ▢■■ ■■■ (9)

MEDIUM ▢▢■ ▢■■ ■■■ (6)

LOW ▢▢■ ▢■■ ■■■ (3)

Legend:

- **Green (1–2) = Low Risk**
- **Yellow (3–4) = Moderate Risk**
- **Orange (6) = High Risk**
- **Red (9) = Critical Risk**

Mandatory Reporting Escalation Thresholds

Risk Score	Escalation Requirement
1–2	Monitor monthly (Finance)
3–4	Report quarterly (VP Admin & Finance + QA-IEA)
6	Immediate corrective action (Finance + Internal Audit)
9	Notify President & BOT Audit Committee within 48 hours

Annex C. Fraud Reporting & Investigation SOP

Document Code: FU-ADM-INTAUD-SOP-2025-07 | Version 1.0

DOCUMENT CONTROL TABLE

Field	Details
SOP Title	Fraud Reporting & Investigation SOP
SOP Code	FU-ADM-INTAUD-SOP-2025-07
Version No.	1.0
Responsible Unit	Internal Audit
Monitored by	QA-IEA
Approved by	QA-IE Council
Noted by	President / Chancellor

1. Purpose

To define formal procedures for reporting, investigating, and resolving fraud, financial misconduct, and violations of financial controls at FU.

2. Scope

Covers all:

- Staff, faculty, students
- Vendors, contractors, and external partners
- Financial systems and transactions
- Assets, procurement, payroll, RGA funds

3. Definitions

Term	Definition
Fraud	Intentional deception for financial gain.
Misconduct	Violation of policy or improper act affecting financial integrity.
Investigation	Systematic review of evidence and records.

4. Fraud Reporting Channels

Authorized reporting mechanisms:

- Email to **Internal Audit**
- Anonymous reporting box
- Direct report to VP Admin & Finance
- Emergency report to President for severe cases
- QA-IEA for institutional effectiveness implications

All reports are treated as confidential.

5. Fraud Investigation Procedure

Step-by-Step Workflow

Report Received

→ Preliminary Assessment

→ Formal Authorization
→ Evidence Collection
→ Interviews
→ Financial Forensics
→ Investigation Report
→ Corrective Action
→ Submission to President
→ BOT Audit Committee (if severe)

Roles

Role	Responsibility
Internal Audit	Lead investigations
Finance	Provide records
QA-IEA	Assess impact on OBEF
VP Admin & Finance	Administrative oversight
President	Final approval / action
BOT Audit Committee	Oversight of critical cases

Annex D. Quarterly Financial Risk Dashboard Template

Document Code: FU-FIN-QFRD-2025-01 | Version 1.0

Fujairah University – Quarterly Financial Risk Dashboard

1. Executive Summary

- Top 5 Risks
- Emerging Risks
- Resolved Risks
- Incidents & Corrective Actions

2. Key Financial Risk Indicators (KRI)

Indicator	Target	Q1	Q2	Q3	Q4	Status	Remarks
Liquidity Ratio	≥1.2						
Surplus Ratio	≥5%						
Operating Margin	Positive						
Budget Variance	±10%						
RGA Profitability	Positive						

3. Risk Exposure Heat Map

Insert quarterly scoring using ISO 31000 matrix.

4. High-Risk Items

Risk ID	Description	Score	Impact Area	Owner	Corrective Action	Status

5. Fraud & Compliance Alerts

Type	Incident	Date	Action	Status
Fraud				
Non-Compliance				
Procurement Irregularities				

6. Summary of Recommendations

Recommendation	Owner	Due Date

H. Policy And Procedures Governing Auxiliary Enterprises (10.J)

1. Purpose

This policy ensures that all auxiliary enterprises at Fujairah University (FU):

- Operate efficiently and sustainably
- Support the mission, vision, and strategic goals of the university
- Provide revenue to enhance institutional financial stability
- Deliver high-quality services that meet student, faculty, and staff needs
- Maintain compliance with regulatory, financial, and contractual requirements
- Align with OBEF institutional effectiveness indicators (financial sustainability, service quality, and engagement)

2. Scope

This policy applies to all auxiliary enterprises managed, operated, leased, or contracted by FU, including:

- Bookstores
- Cafeterias/food vendors
- Campus shops
- Photocopy, printing, and reprographic services
- Transportation and shuttle services
- Student accommodation (if applicable)
- Venue rentals and event services
- Recreational and sports facilities
- CEELL non-degree services and short courses
- Any fee-based or revenue-generating service supporting campus operations

3. Definitions

Term	Definition
Auxiliary Enterprise	A self-supporting unit that provides non-academic goods or services to students, employees, or external clients in exchange for fees.
Service-Level Agreement (SLA)	Contract between FU and a vendor outlining performance standards, responsibilities, and compliance requirements.
DOAS	Department of Operations and Auxiliary Services
Cost-Recovery Model	Ensures that fees cover operating expenses and contribute to university revenue.
Vendor	External provider offering services under contract with FU.

4. Policy Statements

4.1 Alignment with University Mission and OBEF

- Auxiliary enterprises must support student success, institutional sustainability, and service excellence.
- Operations must align with OBEF Pillar 6 (financial sustainability) and service quality indicators.

4.2 Financial Sustainability and Accountability

- Auxiliary enterprises must adopt cost-recovery or revenue-positive models.

- Annual budgets must be submitted for approval and monitored monthly.
- Financial transactions must comply with FU's Finance Policies, Delegated Authority Matrix, and UAE financial regulations.
- Enterprises are subject to internal and external audits.

4.3 Procurement, Contracting, and Vendor Management

- All vendor contracts must follow FU procurement procedures.
- SLAs are mandatory for all outsourced services.
- Vendor performance must be evaluated quarterly.
- Vendors must comply with UAE health, safety, environmental, labor, and consumer laws.

4.4 Service Quality and Customer Experience

- Auxiliary units must provide timely, accessible, and quality services.
- Regular feedback must be collected from users (students, faculty, staff).
- QA-IEA oversees institutional effectiveness reviews for auxiliary services.

4.5 Health, Safety & Compliance

All enterprise operations must comply with:

- UAE health & safety laws
- Food safety regulations
- Fire and building safety requirements
- Data protection and privacy standards
- Environmental sustainability requirements

4.6 Risk Management

Auxiliary operations must maintain:

- Risk registers
- Business continuity plans
- Insurance coverage where applicable
- Fraud prevention measures

(Aligned with FU Financial Risk Management Policy.)

4.7 Pricing and Revenue Policies

- Pricing must be fair, competitive, and approved by the VP for Administrative & Financial Affairs and President.
- Any price changes must be justified, documented, and evaluated for affordability.

4.8 Record Management and Reporting

Auxiliary units must maintain:

- Monthly revenue and expense reports
- Quarterly performance and compliance reports
- Customer satisfaction surveys
- Annual review reports for QA-IEA and Internal Audit

5. Procedures

5.1 Establishment of Auxiliary Enterprises

Step	Action	Responsible
1	Identify institutional need or revenue opportunity	DOAS
2	Conduct feasibility study	DOAS + Finance
3	Prepare business plan	DOAS
4	Review by QA-IEA for compliance and effectiveness	QA-IEA
5	Approve establishment	President
6	Execute vendor contracts if outsourced	Procurement

5.2 Operational Procedures for Auxiliary Units

A. Daily Operations

- Ensure services are operational during posted hours.
- Maintain quality, cleanliness, and customer service standards.
- Maintain adequate inventory and supplies.

B. Financial Operations

- Collect and record revenue daily.
- Deposit funds according to FU financial controls.
- Submit weekly sales reports to Finance.

5.3 Vendor Contracting & SLA Monitoring

1. Vendor signs FU-approved contract and SLA.
2. DOAS conducts periodic compliance reviews.
3. Non-performance triggers corrective action or termination.

5.4 Customer Feedback and Quality Improvement

- Conduct monthly feedback surveys.
- Maintain a log of complaints and resolutions.
- Report trends to QA-IEA quarterly.

5.5 Health & Safety Procedures

- Cafeterias must comply with food safety inspections.
- All facilities must pass fire safety and hygiene inspections.

5.6 Risk Management Procedures

1. Identify operational, financial, or safety risks.
2. Enter risk into Auxiliary Risk Register.
3. Implement mitigation plans.
4. Escalate severe risks to President.

5.7 Annual Review of Auxiliary Enterprises

- Evaluate revenue performance.
- Review quality indicators.
- Assess vendor performance.
- Submit Institutional Effectiveness Report to QA-IEA.

- Present findings to President and BOT, as required.

6. Roles and Responsibilities

Role	Responsibilities
DOAS Director	Oversees operations, vendor management, financial viability
Finance Department	Manages revenue, budgeting, auditing
QA-IEA	Monitors effectiveness, quality, and compliance
Procurement Department	Manages vendor contracts and SLAs
Internal Audit	Audits auxiliary operations and finances
President	Final approval of major decisions
Vendors	Deliver contracted services

7. Records & Retention

Record Type	Retention Period	Custodian
Vendor Contracts & SLAs	10 years	Procurement/DOAS
Financial Statements	10 years	Finance
Customer Feedback Logs	5 years	DOAS
Compliance Inspection Reports	7 years	DOAS
Auxiliary Audit Reports	10 years	Internal Audit

8. Non-Compliance

Non-compliance may result in:

- Suspension of vendor contract
- Administrative sanctions
- Financial penalties
- Corrective action plans
- Reporting to regulatory authorities (for health/safety issues)

9. Review of Policy

This policy shall be reviewed **every three years** or earlier if:

- UAE regulations change
- SLAs are updated
- OBEF or CAA requirements change
- QA-IEA or Audits recommend modifications

Annex A. Auxiliary Enterprise Service-Level Agreement (SLA) Template

Document Code: FU-AUX-SLA-2025-01 | Version 1.0

****Fujairah University**
Auxiliary Enterprise Service-Level Agreement (SLA)****

1. Administrative Information

Field	Entry
SLA Number	FU-AUX-SLA-2025-___
Auxiliary Enterprise Type	(Cafeteria / Bookstore / Printing / Transport / Other)
Vendor/Operator Name	
Contract Period	From ___ to ___
Contracting Department	DOAS
FU Contact Person	
Vendor Contact Person	

2. Scope of Services

Describe service obligations:

- Operating hours
- Required staffing
- Service types
- Approved menu/pricing (if applicable)
- Safety and hygiene obligations
- Compliance with FU policies and UAE regulations

3. Performance Standards

KPI Category	Requirement
Service Availability	95% minimum
Customer Satisfaction	≥ 80% positive feedback
Safety and Hygiene	100% compliance with UAE & FU standards
Price Stability	Changes require FU approval
Response Time	48 hours for routine issues

4. Roles & Responsibilities

Party	Responsibilities
Vendor	Deliver agreed services, maintain compliance
FU (DOAS)	Monitor performance, manage contract
QA-IEA	Institutional effectiveness review
Finance	Financial compliance

5. Monitoring & Reporting

Vendor must submit:

- Monthly performance report
- Incident logs

- Health & safety inspection reports
- Financial sales statements (if revenue-sharing)

6. Penalties & Corrective Actions

- Non-compliance notice
- Corrective action deadline
- Monetary penalties (if stated in contract)
- Contract suspension or termination

7. Signatures

Role	Name	Signature	Date
Vendor Representative			
DOAS Director			
VP Admin & Finance			
President (if required)			

Annex B. Monthly Auxiliary Enterprise Financial Report Template

Document Code: FU-AUX-MFR-2025-01 | Version 1.0

Fujairah University – Monthly Auxiliary Enterprise Financial Report

Field	Entry
Reporting Month	
Enterprise Type	
Vendor/Operator	
Submitted By	

1. Revenue Summary

Category	Amount (AED)
Gross Monthly Revenue	
Discounts/Returns	
Net Revenue	

2. Expense Summary

Category	Amount
Salaries (if applicable)	
Supplies & Consumables	
Utilities	
Maintenance	
Other Costs	

3. Profitability Summary

Item	Amount
Total Revenue	
Total Expenses	
Net Profit / Loss	

4. Variance Analysis

KPI	Target	Actual	Variance	Status
Revenue				
Customer Satisfaction	≥80%			
Incidents	0			

5. Issues & Corrective Actions

Issue	Action	Responsible	Deadline

Annex C. Customer Feedback & Service Quality Form

Document Code: FU-AUX-CFSQ-2025-01 | Version 1.0

Fujairah University – Auxiliary Enterprise Customer Feedback Form

Field	Entry
Enterprise Name	
Date	
Customer Type	Student ☐ Faculty ☐ Staff ☐ Visitor ☐

1. Service Rating

Category	Excellent	Good	Fair	Poor
a. Quality of Service	☐	☐	☐	☐
b. Staff Professionalism	☐	☐	☐	☐
c. Pricing	☐	☐	☐	☐
d. Availability	☐	☐	☐	☐
e. Cleanliness & Safety	☐	☐	☐	☐

2. Comments

_____

_____

_____

3. Suggestions for Improvement

_____

_____

_____

Annex D. Annual Auxiliary Enterprise Review & Effectiveness Report

Document Code: FU-AUX-AER-2025-01 | Version 1.0

Fujairah University – Annual Auxiliary Enterprise Effectiveness Report

1. Administrative Information

Field	Entry
Enterprise Name	
Vendor/Operator	
Reporting Year	
DOAS Reviewer	

2. Performance Summary

KPI Category	Target	Actual	Status
Revenue			
Operating Margin			
Service Availability	≥95%		
Customer Satisfaction	≥80%		
Safety/Hygiene Compliance	100%		
FU Pillar 6 Alignment			

3. Achievements

- Summary of accomplishments
- Improvements implemented
- Compliance achievements

4. Issues & Risks

Issue	Impact	Risk Level	Status
		Low/Med/High	

5. Vendor Performance Evaluation

Category	Rating (1–5)	Notes
Service Quality		
Responsiveness		
Compliance		
Value for Money		

6. Recommendations

- Operational improvements
- Contract renewal or termination recommendation
- Budget considerations

7. Sign-Off

Role	Name	Signature	Date
DOAS Head			
VP Admin & Finance			
President			

Annex E. Auxiliary Enterprise Operations SOP

Document Code: FU-AUX-SOP-2025-02 | Version 1.0

1. Purpose

To standardize operational procedures for all auxiliary enterprises ensuring efficient, compliant, and sustainable service delivery.

2. Scope

Applies to all FU-managed or outsourced auxiliary operations.

3. Procedures

3.1 Daily Operations

Step	Action	Responsible
1	Prepare facility for opening (cleaning, equipment checks)	Vendor / DOAS
2	Ensure staffing per SLA	Vendor
3	Deliver services to customers	Vendor
4	Record sales or service logs	Vendor
5	Monitor safety and hygiene	Vendor + DOAS

3.2 Financial Operations

- All revenue must be reported daily.
- Funds must be deposited according to FU Finance policies.
- Vendor must provide receipts and sales logs.
- Monthly financial reports are mandatory.

3.3 Inventory and Supplies

- Maintain minimum stock levels.
- Conduct weekly inventory checks.
- Reorder supplies through approved procurement channels.

3.4 Health & Safety Compliance

- Must comply with UAE food safety and municipal regulations.
- Daily cleaning logs are required.
- DOAS must conduct monthly inspections.

3.5 Vendor Monitoring & SLA Enforcement

Vendor Monitoring Process

Daily Log → Monthly Review → Quarterly Evaluation → Annual Renewal

DOAS evaluates:

- Service quality
- Compliance with SLA
- Complaints & incidents
- Pricing compliance

3.6 Incident Reporting

Vendors must report:

- Accidents
- Customer complaints

- Food or product contamination
- Safety violations
- Service disruptions

DOAS logs incidents; QA-IEA reviews major incidents.

3.7 Corrective Actions

- Non-compliance notice issued
- Written action plan required
- Re-inspection conducted
- Penalties applied (if stated in contract)
- Escalation to President if unresolved

4. RACI Matrix

Activity	Vendor	DOAS	Finance	QA-IEA	President
a. Service Delivery	**A/R**	C	I	I	I
b. Contract Compliance	R	**A**	C	C	I
c. Financial Reporting	R	C	**A**	I	I
d. Customer Feedback	R	**A**	I	**R**	I
e. Annual Review	R	**A**	C	**R**	I

5. Records & Retention

Record	Retention	Custodian
a. Contracts & SLAs	10 years	Procurement/DOAS
b. Monthly Financial Reports	10 years	Finance
c. Safety Logs	5 years	DOAS
d. Customer Feedback Records	5 years	QA-IEA
e. Annual Effectiveness Reports	10 years	DOAS/QA-IEA

6. Non-Compliance

Sanctions may include:

- Corrective action plans
- Penalties
- Contract suspension
- Contract termination

7. Review Cycle

SOP reviewed every **3 years**, or earlier if required.

I. Policy And Procedures Governing Financial Guarantee(10.K)

1. Purpose

The purpose of this policy is to:

- Ensure **financial stability and compliance** by regulating the issuance, monitoring, renewal, and release of **financial guarantees** required by regulatory authorities, service providers, contractual partners, and government agencies.
- Protect FU's financial interests by establishing **clear governance and controls** for bank guarantees, insurance guarantees, performance bonds, rental guarantees, and bid bonds.
- Align FU processes with **UAE financial laws**, CAA Standards, OBEF financial sustainability indicators, and internal risk management protocols.

2. Scope

This policy applies to:

- All financial guarantees issued **on behalf of FU**, including:
    - Bank guarantees
    - Performance guarantees
    - Rental guarantees
    - Tender/bid bonds
    - Supplier/contractor guarantees
    - Insurance-based financial guarantees
- All FU academic, administrative, and auxiliary units involved in contracts requiring guarantees.
- External entities receiving or providing guarantees to FU.

3. Definitions

Term	Definition
Financial Guarantee	A legally binding obligation issued by a bank or financial institution ensuring that FU meets specified financial responsibilities.
Bank Guarantee (BG)	A financial promise by a bank to cover FU's obligations if defaults occur.
Performance Bond	Guarantee issued to ensure a supplier/vendor completes contractual obligations.
Bid Bond	Guarantee submitted during tendering to ensure FU's compliance with bid terms.
Beneficiary	Party receiving the financial guarantee.
Guarantor	Bank issuing the guarantee on behalf of FU.
OPEX/CAPEX Guarantees	Guarantees tied to operational or capital projects.

4. Policy Statements

4.1 Governance and Approval

- The **President** holds ultimate authority to approve the issuance of financial guarantees.
- The **VP for Administrative & Financial Affairs** provides strategic oversight.

- The **Finance Department** administers operational processes and maintains all guarantee records.
- All guarantees must receive:
    - Legal review (if applicable)
    - Financial risk assessment
    - QA-IEA institutional effectiveness validation (where relevant)

4.2 Risk Management & Financial Integrity

- All financial guarantees must undergo a **risk assessment** and be recorded in the Financial Risk Register (per FU Financial Risk Management Policy).
- Exposure limits must not exceed thresholds approved in the annual budget.
- Guarantees must be aligned with FU's **Liquidity Risk Indicators** and OBEF sustainability requirements.

4.3 Fees, Bank Charges & Renewals

- Guarantee fees, issuance charges, and renewal costs must be budgeted under the Finance Department.
- Renewal requests must be submitted **60 days before expiry**.

4.4 Documentation & Transparency

- All documents must follow FU policy management requirements, including:
    - Guarantee instrument
    - Approval memorandum
    - Contract requiring the guarantee
    - Bank correspondence
    - Renewal or release letters
- Records must be stored securely in accordance with FU Record Management and Digital Backup Policies.

4.5 Compliance with UAE Laws

- All guarantees must comply with:
    - UAE Central Bank regulations
    - UAE Commercial and Civil Codes
    - Public procurement laws (if applicable)
    - CAA and MoE financial governance expectations

5. Procedures

5.1 Request for Financial Guarantee

Step	Action	Responsible
1	Department identifies contractual need for a guarantee	Requesting Unit
2	Submit Guarantee Request Form + supporting documents	Requesting Unit
3	Finance verifies budget, risk exposure, and compliance	Finance
4	Legal review (as required)	Legal Affairs / VP Admin & Finance

5	QA-IEA review (for institutional or compliance impact)	QA-IEA
6	Approval by VP Admin & Finance	VP Admin & Finance
7	Final approval by President	President

5.2 Issuance Procedure with Bank

1. Finance Department prepares bank application.
2. Bank issues guarantee in original format.
3. Finance validates correctness of:
    - Amount
    - Beneficiary
    - Expiry date
    - Conditions
4. Guarantee is delivered to beneficiary securely.
5. A scanned copy is archived digitally.

5.3 Monitoring & Renewal

- Finance maintains a **Guarantee Expiry Register**.
- Renewal alert issued **60, 30, and 10 days** before expiry.
- Renewal follows the same approval hierarchy as issuance.
- Any increase in amount must undergo new approvals.

5.4 Release of Guarantee

Step	Action
1	Beneficiary confirms fulfillment of contract obligations
2	Requesting unit submits Release Request to Finance
3	Finance confirms no outstanding liabilities
4	President signs release approval
5	Finance requests bank release/cancellation
6	Guarantee marked “Released” and archived

5.5 Reporting Requirements

Finance must submit:

- Quarterly Financial Guarantee Summary
- Annual exposure report to BOT (through President)
- Guarantee risk indicators for QA-IEA dashboards
- Non-compliance or at-risk guarantees
- Expiring guarantee report

6. Roles and Responsibilities

Role	Responsibility
President	Final approval and authorization of guarantees
VP Admin & Finance	Oversight of financial guarantee management
Finance Department	Issuance, monitoring, renewal, reporting
Legal Affairs	Contractual and regulatory compliance review

QA-IEA	Institutional effectiveness oversight
Requesting Unit	Justification, documentation, and contract management

7. Records Management & Retention

Document	Retention Period	Custodian
Original Guarantees	10 years	Finance
Guarantee Request & Approval Memos	10 years	Finance
Renewal/Release Records	10 years	Finance
Contracts related to Guarantees	10 years	Requesting Unit + Legal
QA-IEA Review Logs	5 years	QA-IEA

8. Non-Compliance

Non-compliance may result in:

- Administrative disciplinary action
- Financial penalties or contract termination
- Corrective action plans
- Reporting to regulatory authorities
- Escalation to President/BOT for critical issues

9. Policy Review

This policy is reviewed at least every **three years**, or earlier if:

- UAE regulations change
- CAA/OBEF requirements change
- Bank requirements or contractual frameworks change
- Finance or QA-IEA identifies gaps in implementation

Annex A. Financial Guarantee Request Form

FU-FIN-FGR-Form-2025-01

****Fujairah University**

Financial Guarantee Request Form**

Field	Entry
Request Form No.	FU-FIN-FGR-2025-___
Date of Request	___ / ___ / 2025
Requesting Unit	(College/Department/Project/Administrative Unit)
Name of Requestor	
Designation	
Contact Email & Phone	

1. Type of Financial Guarantee Requested

☐ Bank Guarantee

☐ Performance Guarantee

☐ Bid/Tender Bond

☐ Rental Guarantee

☐ Advance Payment Guarantee

☐ Insurance Guarantee

☐ Other (Specify): _____

2. Contract / Project Information

Field	Entry
Contract Title	
Purpose & Justification	
Beneficiary (Entity receiving guarantee)	
Contract Value (AED)	
Guarantee Amount Requested	
Required Expiry Date	
Attached Contract / SLA	☐ Yes ☐ No

3. Financial Information

Field	Entry
Budget Line Item	
Budget Availability Verified?	☐ Yes ☐ No
Estimated Guarantee Fees (Bank/Insurance)	
Source of Funds	OPEX ☐ CAPEX ☐ Project-based ☐

4. Risk Assessment (Summary)

Category	Low	Medium	High
Financial Risk	☐	☐	☐

Contractual Risk	☐	☐	☐
Legal/Compliance Risk	☐	☐	☐

(Use the full checklist in Document 4)

5. Approvals

Role	Name	Signature	Date
Requesting Unit Head			
Finance Department Review			
Legal Affairs Review (if applicable)			
QA-IEA Compliance Review			
VP Admin & Finance Approval			
President / Chancellor (Final Approval)			

Annex B. Financial Guarantee Release Request Form

FU-FIN-FGRR-Form-2025-02

****Fujairah University**

Financial Guarantee Release Request Form**

Field	Entry
Release Request No.	FU-FIN-FGRR-2025-___
Original Guarantee Reference	FU-FIN-FG-REF-___
Date of Request	
Requesting Unit	

1. Guarantee Details

Field	Entry
Type of Guarantee	
Issuing Bank	
Beneficiary	
Guarantee Amount	
Guarantee Expiry Date	

2. Justification for Release

☐ Contract completed

☐ Goods/services delivered

☐ No outstanding liabilities

☐ Beneficiary confirmation obtained

☐ Other: _____

3. Required Attachments

☐ Beneficiary Release Letter

☐ Completion Certificate

☐ Final Acceptance Report

☐ Contract Closure Memo

☐ Financial Clearance Confirmation

4. Approvals

Role	Name	Signature	Date
Requesting Unit Head			
Finance Department Review			
Legal Affairs (if needed)			
President / Chancellor (Final Release Approval)			

Annex C. Financial Guarantee Register Template

FU-FIN-FGRG-2025-01

****Fujairah University**

Financial Guarantee Register**

Field	Entry
Reporting Period	Monthly ☐ Quarterly ☐ Annual ☐
Prepared By	Finance Department
Reviewed By	VP Admin & Finance / QA-IEA / Internal Audit

Guarantee Register Table

FG ID	Type	Beneficiary	Contract Title	Amount (AED)		Issue Date	Expiry Date	Status (Active/Renewed/Released)	Bank	Renewal Due	Risk Level	Notes
FG-001												
FG-002												

Automatic Alerts (To be set in digital version)

- Renewal alert at **60, 30, 10 days**
- High-risk guarantee flags
- Overdue release indicators

Annex D. Financial Guarantee Risk Assessment Checklist

FU-FIN-FGRA-2025-01

****Fujairah University**

Financial Guarantee Risk Assessment Checklist**

1. Contractual & Operational Risk

Question	Yes	No	Risk Notes
Is the contract value appropriate for the guarantee amount?	☐	☐	
Are project deliverables clearly defined?	☐	☐	
Has the vendor/contractor shown reliability?	☐	☐	
Is the guarantee necessary under UAE law?	☐	☐	

2. Financial Risk

Question	Low	Medium	High
Impact on liquidity	☐	☐	☐
Impact on financial sustainability	☐	☐	☐
Guarantee amount relative to budget	☐	☐	☐
Fees and bank charges justified	☐	☐	☐

3. Compliance & Legal Risk

Question	Yes	No	Risk Notes
Contract reviewed by Legal Affairs?	☐	☐	
Does guarantee comply with UAE banking regulations?	☐	☐	
Are beneficiary obligations clear?	☐	☐	

4. Final Risk Classification

Likelihood	Impact	Risk Score (L×I)	Overall Rating
1–3	1–3	1–9	Low / Moderate / High / Critical

Annex E. Financial Guarantee Monitoring SOP

FU-FIN-FG-SOP-2025-03

1. Purpose

To define standardized procedures for tracking, monitoring, renewing, and releasing all financial guarantees issued by FU.

2. Scope

Applies to:

- Finance Department
- VP Admin & Finance
- President
- QA-IEA
- Legal Affairs
- All units requesting guarantees

3. Workflow Diagram

Need Identified
→ Guarantee Request Form Submitted
→ Finance Review + Risk Assessment
→ Legal Review (if required)
→ QA-IEA Impact Check
→ VP Admin & Finance Approval
→ President Final Approval
→ Bank Issuance
→ Monitoring & Renewal Tracking
→ Release Request
→ President Approval
→ Bank Cancellation & Archiving

4. Detailed Procedures

4.1 Issuance

1. Receive complete request form + documents
2. Validate contractual obligation
3. Conduct risk assessment
4. Confirm budget availability
5. Legal Affairs review (if necessary)
6. Obtain approvals
7. Submit application to bank
8. Receive original guarantee
9. Record in Guarantee Register
10. Deliver to beneficiary securely

4.2 Monitoring

Finance must:

- Maintain a **Guarantee Expiry Register**
- Send renewal reminders at **60, 30, 10 days**
- Report high-risk guarantees to President & QA-IEA
- Prepare quarterly reports for:
    - VP Admin & Finance
    - QA-IEA
    - Internal Audit

4.3 Renewal

Renewal requires:

1. Updated risk assessment
2. Justification from requesting unit
3. VP Admin & Finance approval
4. President approval
5. Bank renewal
6. Update register

4.4 Release

1. Receive confirmation of completed obligations
2. Verify no outstanding liabilities
3. Request President's approval for release
4. Submit cancellation letter to issuing bank
5. Archive documents for 10 years

5. RACI Matrix

Activity	Requesting Unit	Finance	Legal	QA-IEA	VP Admin & Finance	President
Request submission	**R**	A	C	C	I	I
Risk assessment	C	**A/R**	I	C	I	I
Contract review	I	R	**A**	I	I	I
Approval	I	R	I	C	**A**	**A/R**
Bank issuance	I	**A/R**	I	I	I	I
Monitoring	I	**A**	I	C	I	I
Renewal	C	**A/R**	C	C	**A**	R
Release	C	**A/R**	I	I	A	**R**

6. Records & Retention

Record	Custodian	Retention
Original Guarantees	Finance	10 years
Risk Assessment Checklists	Finance	10 years
Release Confirmations	Finance	10 years

QA-IEA Compliance Reviews	QA-IEA	5 years
Legal Reviews	Legal Affairs	10 years

7. Non-Compliance

May result in:

- Administrative sanctions
- Financial penalties
- Procurement suspension
- Escalation to President/BOT

8. Review Cycle

SOP reviewed every **3 years** or earlier if required by regulatory updates.

J. Policy And Procedures Governing Student Financial Rules, Fees, And Refunds (10.L)

1. PURPOSE

This policy establishes an **institution-wide, transparent, and accountable framework** for managing all financial obligations between students and Fujairah University. It ensures:

1. Clear rules for **setting, revising, approving, and publishing tuition and non-tuition fees**;
2. Fair and consistent processes for **billing, deposits, payment deadlines, and installment plans**;
3. Compliance-aligned **refund eligibility rules and processing timelines**, in accordance with FU rules and UAE higher-education refund practices;
4. Protection of students from **misleading, hidden, or non-disclosed fees**, pursuant to UAE MoE and private-education guidelines;
5. Alignment with **OBEF Pillar 6 – Institutional Effectiveness, Governance & Sustainability** for financial sustainability;
6. Verification, documentation, and institutional monitoring of all financial transactions relating to students.

2. SCOPE

This policy applies to:

- All **undergraduate, graduate, diploma, foundation, continuing education, and short-course students**;
- All **tuition fees, administrative fees, service charges, laboratory/clinic/studio fees, deposits, penalties, and refunds**;
- All **delivery modes** (face-to-face, online, hybrid/blended);
- All FU units engaged in financial management related to student accounts.

3. DEFINITIONS

Term	Definition
Tuition Fees	Per-credit-hour fees charged for academic instruction.
Non-Tuition Fees	Administrative, service, lab/clinic/studio fees, penalties, and consumables fees.
Refund	Tuition fee amount returned after withdrawal, based on FU's official refund schedule.
Add/Drop Period	Academic calendar period when students may adjust courses without penalty.
Financial Clearance	Confirmation of zero outstanding balance that enables access to exams, transcripts, and graduation.
Installment Plan	Approved structure allowing tuition to be paid in 3 post-dated cheques (Fall/Spring only).
Deposit	Advance payment (AED 4,000 Fall/Spring; AED 2,000 Summer) required to initiate registration.

4. POLICY STATEMENTS

4.1 Transparency & Disclosure

FU adheres to UAE requirements for **full disclosure of fees**, including:

- Publishing all fees and refund rules on the FU website, Student Handbook, and registration portal;
- Providing written fee schedules at admission and re-enrolment;
- Ensuring that **no hidden, undeclared, or unauthorized fees** are charged;
- Clearly indicating **non-refundable** fees during admission and registration.

4.2 Fee Structure (Integrated and Explicit)

(All figures are official FU 2025–2026 rates)

4.2.1 Tuition Fees per Credit Hour

Program	Fee
1. Bachelor of Business Administration	**AED 1050 per CH**
2. Associate of Arts in Business Administration	**AED 1050 per CH**
3. Bachelor of Science in Electrical Engineering	**AED 1325 per CH**
4. Bachelor of Science in Information System	**AED 1050 per CH**
5. Bachelor of Computer Science	**AED 1050 per CH**
6. Bachelor of Information Technology	**AED 1050 per CH**
7. Associate of Arts in Information Technology	**AED 1050 per CH**
8. Bachelor of Interior Design (Inactive)	**AED 1050 per CH**
9. Bachelor of Science in Nursing	**AED 1210 per CH**
10. Bachelor of Pharmacy	**AED 1500 per CH**
11. Bachelor of Dental Surgery	**AED 2100 per CH**
12. Diploma in Dental Assistant	**AED 2100 per CH**
13. BA Sociology & Social Work	**AED 1100 per CH**
14. BA Psychology	**AED 1100 per CH**
15. BA Family Sciences	**AED 1100 per CH**
16. BA Mass Communication & PR / Diploma PR	**AED 1100 per CH**
17. BA Mass Communication	**AED 1100 per CH**
18. BA Arabic Language & Literature	**AED 935 per CH**
19. Bachelor of Law	**AED 1150 per CH**
20. All Master's Programmes (MBA, MSc AI, MA Sociology, LL.M Cybersecurity, MSc Entrepreneurship)	**AED 2000 per CH**
21. Foundation English (IEP)	**AED 1200 per CH**

Annual CH increase: A maximum of **10% per year**, based on cost analysis and Presidential approval.

4.2.2 Administrative & Service Fees

Item	Fee (AED)
1. Admission File Fees	1500
2. Registration Fee (per semester)	500
3. Additional Lab Fee (non-Pharmacy/Dentistry courses)	675
4. Tutorial Fee	575
5. Graduation Project (Engineering & Tech)	625
6. Internship Fee	850
7. Student Service Fee (per semester)	500
8. Incomplete Course Application	500

9. To Whom It May Concern Letter	50
10. Extra Transcript Copy	100
11. Grade Grievance Application	100
12. Student ID (per academic year)	30
13. Late Registration Penalty	500
14. Locker (per semester)	50
15. Independent Study Course	500
16. Bounced Cheque Fee	300
17. Graduation Fees	1000
18. Replacement Certificates & Transcripts	200
19. Student Visa Deposit (Refundable when visa cancelled)	2000
20. Student Visa Service Fee	200
21. Hospital Training (per semester)	4000
22. Missed Clinical Training (per day)	500
23. Internship/Licensure Training (3rd attempt onward)	500
24. Challenge Test	500

4.2.3 Laboratory, Clinic, and Studio Fees

College of Dentistry – Flat Fees

Year Level	Fee
Years 1–3	**AED 4000 (Lab/Clinic)**
Years 4–5	**AED 3000 (Productive Lab) + AED 6000 (Clinics)**

College of Mass Communication – Studio Fees

Item	Fee
Radio/TV Studio Fee per Course	**AED 1,100**

4.3 Payment Terms

- **Deposit Requirement**:
  - AED **4,000** (Fall/Spring) / AED **2,000** (Summer)
- **Deadline**:
  - Full tuition due **within two (2) weeks** after Add/Drop.
- **Installments (Fall/Spring only)**:
  - Three (3) monthly **post-dated cheques**.
- **Summer Term**:
  - Tuition must be paid **in a single installment**.
- **Graduate Thesis**:
  - 50% upon registration + 50% mid-semester.
- **Non-Payment Consequences**:
  - Suspension of registration, exam ineligibility, withholding of services.

4.4 Refund Policy

(Aligned with UAE Higher Education Refund Principles)

1. **Refund applies only to tuition fees.**

2. **All other fees are non-refundable**, including admission, registration, labs, clinics, studio fees, training fees, penalties, and service charges.
3. Refunds are returned **only to the original payer**, as per UAE consumer protection norms.
4. Refunds are calculated from the **official withdrawal date** recorded by the Registrar.

Refund Schedule

Withdrawal Period	Refund %
a. During the first week of instruction	**100%** tuition
b. During two weeks following end of Add/Drop	**50%** tuition
c. After two weeks following Add/Drop	**0%** (Zero Refund)

4.5 Financial Holds

A student with an outstanding balance may be denied:

- Class registration
- Exam access
- Online/LMS access
- Transcript issuance
- Graduation clearance
- Visa services (for international students)

5. PROCEDURES

5.1 Billing & Payment

Step	Action	Responsible
1	Student registers	Registrar
2	Fees posted to student ledger	Student Accounts
3	Invoice issued	Finance
4	Payment made	Student
5	Receipt posted	Finance
6	Non-payment follow-up	Finance
7	Final notice → Hold	Finance

5.2 Refund Procedures

Step	Action	Responsible
1	Student submits refund request	Student
2	Withdrawal verified	Registrar
3	Refund tier applied	Finance
4	Processing completed	Finance
5	Institutional effectiveness monitoring	QA-IEA
6	Refund issuance (≤30 working days)	Finance

5.3 Installment Plan Procedure

1. Student submits Installment Request Form.
2. Finance assesses and approves/declines.
3. Student signs agreement and submits **3 post-dated cheques**.

4. Default triggers financial sanctions.

5.4 Dispute Resolution

Handled by Finance within **5 working days**.

Unresolved issues escalated to QA-IEA.

5.5 Record Keeping

Finance maintains all:

- Payments
- Receipts
- Invoices
- Refund documents
- Installment agreements
- Audit trails

Retention: **10 years**

6. RESPONSIBILITIES

- **Finance:** Billing, collection, refund processing, reporting
- **Registration:** Enrollment checks, withdrawal validation
- **QA-IEA:** Oversight, compliance, institutional effectiveness analysis
- **VP AFA:** Financial governance and oversight
- **President:** Approval of fee schedules and refund policy
- **Students:** Meeting payment obligations

7. NON-COMPLIANCE

Includes:

- Late fees
- Withholding of services
- Legal escalation (cheque offences under UAE law)
- Disciplinary actions under FU policies

8. POLICY REVIEW

Every **three years**, or earlier due to:

- Changes in UAE regulations
- CAA Standards updates
- OBEF financial metric updates
- Presidential directives

Annex A. Student Refund Request Form

FU-REG-SRF-Form-2025-01

****Fujairah University**
Student Refund Request Form****

Field	Information
Form Code	FU-REG-SRF-2025-01
Date Submitted	
Student Name	
Student ID	
Program / College	
Mobile Number	
FU Email	
Type of Refund	Tuition Only ☐ (Non-tuition fees are non-refundable)
Semester	Fall ☐ Spring ☐ Summer ☐ Year: _____

1. Withdrawal Information

Field	Information
Date of Withdrawal Request	
Official Withdrawal Date (verified by Registrar)	
Reason for Withdrawal	Academic ☐ Personal ☐ Medical ☐ Financial ☐ Other: _____

2. Refund Eligibility (Finance Use Only)
(To be completed according to FU Refund Policy)

Withdrawal Timing	Refund %	Eligible?
First week of instruction	100%	☐ Yes ☐ No
Two weeks after Add/Drop	50%	☐ Yes ☐ No
After two weeks	0%	☐ Yes ☐ No

3. Refund Calculation (Finance Department)

Item	Amount (AED)
Total Tuition Paid	
Refund Percentage Applied	
Refund Amount	
Deductions (if any)	
Net Refund Payable	

Note: All other fees are strictly non-refundable.

4. Method of Refund

☐ Bank Transfer

☐ Cheque

☐ Credit to Student Account

Bank Details (if applicable)	
Account Name	
IBAN	
Bank Name	

5. Approvals

Role	Name	Signature	Date
Registrar (Withdrawal Verified)			
Finance Officer (Eligibility Confirmed)			
Finance Manager (Final Approval)			

Annex B. Student Financial Appeal / Dispute Form

FU-REG-SFA-Form-2025-02

****Fujairah University**

Student Financial Appeal / Dispute Form**

Field	Information
Form Code	FU-REG-SFA-2025-02
Date Submitted	
Student Name	
Student ID	
Program / College	
Email	
Mobile Number	

1. Type of Appeal or Dispute

☐ Incorrect Charge

☐ Misapplied Fee

☐ Duplicate Charge

☐ Payment Dispute

☐ Refund Dispute

☐ Other: _____

2. Description of the Issue

Provide detailed explanation:

_____

_____

_____

3. Supporting Documents Attached

☐ Payment Receipt

☐ Bank Transfer Slip

☐ Registration Record

☐ Withdrawal Approval

☐ Other: _____

4. Student Declaration

I certify that the information provided is complete and correct.

Name	Signature	Date

5. Finance Department Review

Field	Details
Findings	
Decision	Approved ☐ Denied ☐
Comments	

6. Approvals

Role	Name	Signature	Date
Finance Officer			
Finance Manager			
QA-IEA (if escalation required)			

Annex C. Student Instalment Plan Agreement

FU-FIN-SIPA-Form-2025-03

****Fujairah University**

Student Instalment Plan Agreement (Fall/Spring Only)**

Field	Information
Form Code	FU-FIN-SIPA-2025-03
Student Name	
Student ID	
Program / College	
Semester	Fall ☐ Spring ☐ Year: _____
Total Tuition Amount (AED)	
Minimum Deposit Paid	AED 4,000 (Fall/Spring)

1. Instalment Schedule (3 Post-Dated Cheques)

Instalment	Amount (AED)	Cheque Number	Bank	Due Date
1st Instalment				
2nd Instalment				
3rd Instalment				

Summer tuition must be paid in full (one payment).

2. Student Declaration

I agree to:

- Submit **three post-dated cheques** covering the full remaining tuition.
- Ensure cheques are valid and payable on due dates.
- Accept that cheque returns will result in:
  - AED 300 bounced cheque fee
  - Financial hold on registration and exams
  - Possible legal action under UAE law

Name	Signature	Date

3. Finance Review

Field	Entry
Payment Plan Approved?	Yes ☐ No ☐
Remarks	

4. Approvals

Role	Name	Signature	Date
Finance Officer			
Finance Manager			

Annex D. Student Financial Clearance Certificate

FU-REG-SFC-Form-2025-04

****Fujairah University**
Student Financial Clearance Certificate****

Field	Information
Form Code	FU-REG-SFC-2025-04
Date Issued	
Student Name	
Student ID	
Program / College	
Expected Graduation Term	
Phone Number	
FU Email	

1. Student Account Summary

Item	Amount (AED)
Total Tuition Charges	
Total Non-Tuition Charges	
Total Payments Received	
Outstanding Balance	
Refund/Credit Owed by FU	

2. Clearance Status

☐ Cleared – No outstanding balance

☐ Not Cleared – Outstanding balance exists

If NOT cleared, details:

_____

_____

3. Required for Clearance (check all that apply)

☐ No unpaid tuition

☐ No unpaid non-tuition fees

☐ No bounced cheques

☐ Returned all library resources

☐ Returned equipment/locker keys (if applicable)

☐ No pending finance-related sanctions

4. Approvals

Role	Name	Signature	Date
Student Accounts Officer			
Finance Manager			

Registrar (Final Clearance Confirmation)			

Annex E. Standard Operating Procedure (SOP): Fee Setting Procedure

1.1 Purpose

To ensure that all tuition and non-tuition fees are set through a transparent, evidence-based, and financially sustainable process.

1.2 Scope

Applies to all academic programs, administrative units, and university services with associated fees.

1.3 Procedure

Step	Description	Responsible Unit
1	Identify need for new/revised fee (e.g., program upgrade, inflation adjustment, cost changes).	College/Administrative Unit
2	Prepare fee justification (cost analysis, benchmarking, budget impact).	Finance Department
3	Review for compliance with OBEF, CAA, UAE refund rules, and institutional financial sustainability.	QA-IEA
4	Consolidate fee proposal and cost data.	Finance
5	Review and endorse the fees.	VP Admin & Financial Affairs
6	Approve fees.	President
7	Update fee schedule, student handbook, website, and registration system.	Registrar + Communications
8	Implement and communicate fees before the start of each academic year.	Finance / Registration

1.4 Outputs

- Approved FU Fee Schedule
- Updated communications and system entries

Annex F. Standard Operating Procedure (SOP): Billing Procedure

2.1 Purpose

To ensure consistent, timely, and accurate billing of all student financial obligations.

2.2 Scope

All enrolled and prospective students.

2.3 Procedure

Step	Description	Responsible Unit
1	Student registers for courses.	Registrar
2	Student account is automatically generated.	SIS/IT
3	Tuition and non-tuition charges are posted to the student ledger.	Finance (Student Accounts)
4	Invoice issued (email + student portal).	Finance
5	Deposit collected (AED 4,000 Fall/Spring; AED 2,000 Summer).	Finance

6	Student pays via cash, card, bank transfer, or online payment.	Student
7	Receipt issued and posted.	Finance
8	Payment status monitored daily.	Finance
9	Automated reminders for unpaid balances.	Finance + SIS
10	Apply late penalty after deadline passes.	Finance
11	Apply financial hold if unpaid beyond grace period.	Finance

2.4 Outputs

- Student Ledger
- Invoice & Receipt Records
- Daily Aging Reports

Annex G. Standard Operating Procedure (SOP): Refund Procedure

3.1 Purpose

To ensure fair, timely, and compliant refund processing based on FU's refund policy and UAE higher-education refund principles.

3.2 Scope

All students requesting a tuition refund due to withdrawal or schedule changes.

3.3 Procedure

Step	Description	Responsible Unit
1	Student submits **Refund Request Form** + withdrawal request.	Student
2	Registrar verifies withdrawal and determines official withdrawal date.	Registrar
3	Finance applies refund percentage according to the FU refund schedule: • Week 1 → 100% • 2 weeks after Add/Drop → 50% • After 2 weeks → 0%	Finance
4	Finance verifies payment history and outstanding balances.	Finance
5	Finance processes refund to the **original payer**, per UAE regulations.	Finance
6	QA-IEA logs refund transaction for institutional effectiveness analysis.	QA-IEA
7	Refund issued within **30 working days**.	Finance

3.4 Outputs

- Refund Approval Record
- Refund Processing Confirmation
- Updated Student Ledger

Annex H. Standard Operating Procedure (SOP): Instalment Plan Procedure

4.1 Purpose

To manage instalment payment plans (Fall/Spring only) in a consistent and risk-controlled manner.

4.2 Scope

Students applying for instalment payment arrangements.

4.3 Procedure

Step	Description	Responsible Unit
1	Student submits **Instalment Plan Request Form**.	Student
2	Finance evaluates eligibility (account standing, prior history).	Finance
3	Approval or rejection communicated within 5 working days.	Finance Manager
4	Student submits **three post-dated cheques** for the remaining balance.	Student
5	Instalment contract signed and archived.	Student & Finance
6	Cheques recorded in the system with due dates.	Finance
7	Automated reminders sent 5 and 1 day before due date.	Finance/SIS
8	Non-payment or bounced cheque triggers: • AED 300 penalty • Immediate financial hold • Possible legal escalation	Finance

4.4 Outputs

- Installment Agreement
- Cheque Registry
- Compliance Reports

Annex I. Standard Operating Procedure (SOP): Financial Dispute Procedure

5.1 Purpose

To ensure fair and timely resolution of billing errors, double charges, or financial complaints.

5.2 Scope

All students with questions or disputes over fee charges.

5.3 Procedure

Step	Description	Responsible Unit
1	Student submits **Financial Dispute Form** with evidence.	Student
2	Finance opens a dispute case and logs it.	Finance
3	Finance reviews ledger, receipts, system logs, and posted charges.	Finance
4	Finance issues a written decision within **7 working days**.	Finance
5	If unresolved, case is escalated to QA-IEA.	QA-IEA
6	Final decision issued and recorded.	Finance / QA-IEA

5.4 Outputs

- Dispute Log
- Resolution Letter
- Corrected Ledger Entries (if applicable)

6.1 Purpose

To ensure secure, compliant, and auditable storage of all student financial records.

6.2 Scope

All financial records, including invoices, receipts, payment plans, refunds, and dispute files.

6.3 Procedure

Step	Description	Responsible Unit
1	Maintain digital and physical records of all financial transactions.	Finance
2	Store records according to UAE privacy laws and FU Digital Backup Policy.	Finance + IT
3	Back up records daily on secure servers.	IT
4	Restrict access to authorized personnel only.	Finance Manager
5	Retain financial records for **10 years**.	Finance
6	Archive closed cases in secure long-term storage.	QA-IEA + Finance
7	Provide documents for audits upon request.	Finance

6.4 Outputs

- Digital Financial Archive
- Annual Recordkeeping Compliance Report
- Audit Logs

X. Legal Compliance and Public Disclosure

A. Policy and Procedures Governing Requests for Information on Academic and Operational Services (11.A)

1. PURPOSE

This policy establishes a **transparent, timely, and accountable system** for responding to internal and external requests for information related to Fujairah University's academic programs, operational services, governance processes, and student services.

It ensures that:

- Information provided is **accurate, consistent, legally compliant, and aligned** with institutional policies and national regulations;
- Stakeholders receive information within reasonable, predetermined timelines;
- Requests are documented, tracked, and evaluated as part of FU's institutional effectiveness and public information obligations;
- FU protects confidential, personal, and sensitive data while maintaining adequate public disclosure requirements.

2. SCOPE

This policy applies to all:

- Academic and administrative units of FU;
- Requests from **students, faculty, staff, government entities, accreditors, industry partners, prospective students, parents, employers, and the general public**;
- Requests submitted through:
    - Email
    - Phone
    - Official portals
    - Social media (official accounts)
    - Walk-in inquiries
    - Formal letters
    - Accreditation/inspection teams
    - Regulatory agencies

3. DEFINITIONS

Term	Definition
Information Request	Any inquiry seeking facts about FU programs, services, policies, processes, or operations.
Public Information	Data and institutional content that may be legally disclosed under UAE regulations and CAA Standards.
Confidential Information	Data protected by UAE privacy laws, FERPA-like expectations, or FU internal policies (e.g., grades, personnel files, financial records).
Response Timeline	Maximum authorized time to provide an answer or acknowledgement.
Official Channels	FU website, email domains, student portal, CRM system, and verified social media pages.

4. POLICY STATEMENTS

4.1 Transparency and Accuracy

FU provides **clear, accurate, consistent, and non-misleading information** about its academic programs, operations, services, policies, schedules, and fees.

All information must be aligned with:

- Approved FU policies;
- CAA Standards;
- OBEF reporting requirements;
- HEI Inspection Framework transparency expectations.

4.2 Authorized Information Providers

Only designated units may respond to specific categories of inquiries:

Category	Authorized Responding Unit
1. Academic programs, curriculum, accreditation	Registrar; Director of Academic Affairs; Colleges/Departments/Programs Heads
2. Admissions, registration, graduation	Registrar & Admissions
3. Fees, payments, refunds	Finance
4. Scholarships	Student Affairs & Finance
5. Student support services	Student Affairs
6. Campus operations, facilities	Administrative Affairs; Facilities Management
7. Institutional data, statistics	QA-IEA
8. Media, branding, publications	DSC-IR
9. Legal matters	Legal Affairs

Unauthorized staff may not provide official statements or statistics.

4.3 Timeliness of Responses

All information requests must be acknowledged and responded to within:

- **Acknowledgment:** within **1 working day**
- **Routine response:** within **3 working days**
- **Complex requests:** within **7 working days**
- **Regulator/accreditor requests: prioritized and responded to immediately** in coordination with President/VP/QA-IEA

4.4 Data Protection & Confidentiality

FU must protect:

- Student records
- Employee data
- Financial information
- Assessment data
- Internal governance documents

No confidential information may be disclosed without authorization.

4.5 Documentation and Tracking

All units must maintain a log of:

- Requests received
- Date/time of receipt

- Response timeline
- Method of response
- Outcome or resolution

The SCIR and QA-IEA maintain central oversight of patterns and turnaround times.

4.6 Institutional Consistency

Information provided must be:

- Based on **official documents** (catalog, policies, approved schedules)
- Updated every semester or annually
- Aligned with FU strategic priorities and approved policies

4.7 Quality Assurance Oversight

QA-IEA ensures:

- Compliance with standards for public information
- Accuracy of disclosed data
- Monitoring of response effectiveness
- Incorporation into OBEF Pillar 6 indicators

5. PROCEDURES

5.1 Receiving Request

Step	Action	Responsible
1	Receive inquiry via official channels	All units
2	Log the inquiry in the unit's request-tracking sheet	Receiving Unit
3	Acknowledge the request within **1 working day**	Receiving Unit
4	Categorize request (academic, administrative, financial, etc.)	Receiving Unit

5.2 Validating and Preparing Information

Step	Action	Responsible
1	Verify information against approved FU sources (policies, catalog, website)	Unit Head
2	Consult QA-IEA for statistics, compliance-mandated content, or accreditation data	Unit Head / QA-IEA
3	Ensure confidentiality rules are not violated	Unit Head + Legal (if needed)
4	Prepare accurate written/verbal response	Authorized Staff

5.3 Responding to Requests

Step	Action	Responsible
1	Respond within the approved timeframe	Assigned Officer
2	Use official FU templates or approved wording	Responding Unit
3	Provide attachments, links, or documents as needed	Unit
4	Record completion in request log	Unit

5.4 Escalation

Escalation occurs when:

- Inquiry cannot be resolved

- Information requested involves policy interpretation
- Media/government requests require official approval
- Data requested involves institutional statistics

Escalate to:

1. Director/Dean
2. VP Administrative or Academic Affairs
3. President (if institutional or public disclosure is required)
4. QA-IEA for compliance review
5. SCIR for media/public relations

5.5 Monitoring and Quality Assurance

- SCIR and QA-IEA conduct **semesterly audits** of response accuracy, timeliness, and consistency.
- Identified issues result in corrective actions (training, policy clarification, communication updates).
- Annual report provided to President and QA-IEC.

5.6 Records Management

- All logs stored securely for **5 years**.
- Confidential requests stored per UAE data-protection protocols.
- QA-IEA ensures record availability for accreditors and inspections.

6. RESPONSIBILITIES

Role	Responsibilities
DSC-IR	Manages public and media information requests; ensures branding and message consistency.
Registrar	Handles academic, admissions, registration, and graduation inquiries.
Finance	Responds to fees, payment schedules, scholarship disbursement, refunds.
Student Affairs	Handles student support, counseling, student life inquiries.
Academic Affairs	Provides program-specific academic information.
QA-IEA	Ensures accuracy, compliance, and alignment with public-information standards.
Administrative Affairs	Responds to campus operations and facilities inquiries.
Legal Affairs	Clears legally sensitive or confidential data.
All Staff	Must respond professionally, accurately, and only within authorized areas.

7. NON-COMPLIANCE

Failure to comply may result in:

- Correction and retraining
- Restriction from making official statements
- Disciplinary action under HR policies
- Escalation to President if misinformation caused reputational or regulatory risk

8. POLICY REVIEW

This policy is reviewed **every three years**, or earlier upon:

- Changes to UAE MoE regulations

- Updates to CAA or HEI Framework requirements
- Revisions to FU governance structure
- QA-IEA recommendations based on audits

Annex A. Request for Information (RFI) Response Form

Form Code: FU-INF-RFI-Form-2025-01

Fujairah University – Request for Information (RFI) Response Form

SECTION 1: REQUEST DETAILS
Date Received: _____
Time Received: _____
Received By (Name/Unit): _____
Mode of Request: ☐ Email ☐ Phone ☐ Walk-in ☐ Online Portal ☐ Social Media ☐ Letter
Category of Request: ☐ Academic Programs ☐ Admissions ☐ Registration ☐ Fees/Finance ☐ Student Affairs ☐ Facilities ☐ Accreditation/Data ☐ HR ☐ Others: _____

SECTION 2: REQUESTOR DETAILS

| **Requester Type** | ☐ Prospective Student ☐ Current Student ☐ Employee ☐ Parent/Guardian ☐ Government/Regulator ☐ Accrediting Body ☐ Public/Media ☐ Employer/Industry Partner |

| **Name:** _____ |

| **Organization (if applicable):** _____ |

| **Email:** _____ | **Phone:** _____ |

SECTION 3: DESCRIPTION OF REQUEST

Summary of Information Requested:

_____

_____

_____

Documents Attached (if any):

_____

_____

_____

SECTION 4: ACTION TAKEN

Step	Action	Date	Responsible Unit/Person
1	Acknowledgment Sent	_____	_____
2	Information Verified	_____	_____
3	Response Prepared	_____	_____
4	Response Sent	_____	_____

SECTION 5: FINAL RESPONSE DETAILS

Response Provided:

☐ Verbal

☐ Email

☐ Letter

☐ Document(s) Attached

☐ Redirected to Appropriate Unit

Summary of Information Provided:

_____

_____

_____

SECTION 6: CLOSE-OUT

| **Completed by:** _____ | **Date:** _____ |

| **Reviewed by (Unit Head):** _____ | **Date:** _____ |

| **QA-IEA Audit Verification (if required):** _____ |

Annex B. Centralized Request For Information (RFI) Tracking Log Template

Tracker Code: FU-INF-RFI-Log-2025

FU CENTRALIZED INFORMATION REQUEST TRACKING LOG

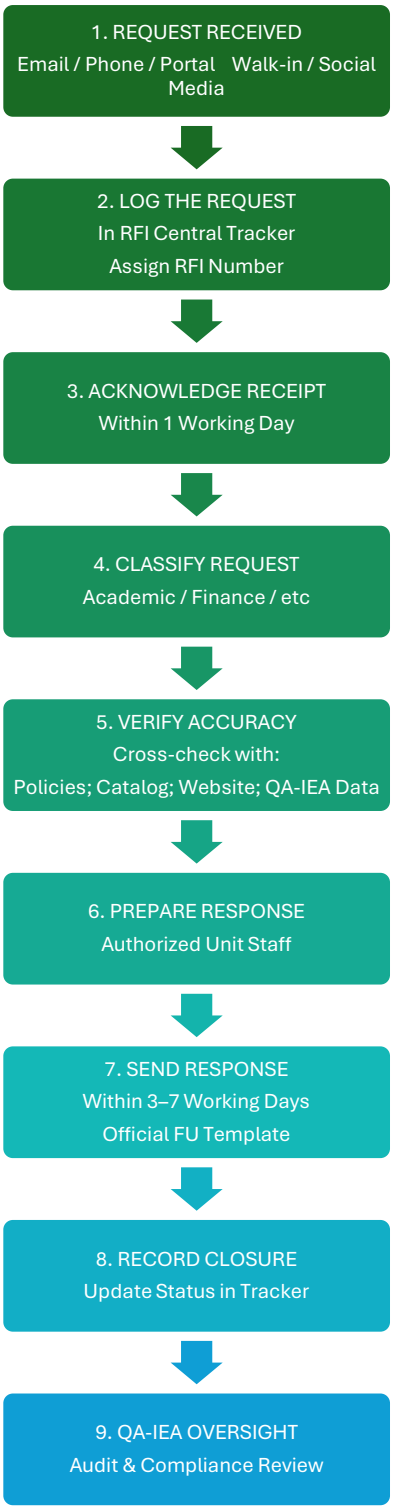
RFI No.	Date Received	Requestor Name	Category	Unit Responsible	Acknowledged (Y/N)	Response Deadline	Date Responded	Status (Open/Closed)	Escalation (if any)	Remarks
2025-001	01/09/2025	John Doe	Academic Programs	Registrar	Y	03/09/2025	02/09/2025	Closed	–	–
…	…	…	…	…	…	…	…	…	…	…

Instructions:

- All academic and administrative units must update this tracker daily.
- QA-IEA and SCIR consolidate data every semester for compliance reporting.

Annex C. Flowchart – RFI Handling Process

FU REQUEST FOR INFORMATION (RFI) PROCESS FLOW



Annex D. Standard Operating Procedure (SOP)

Responding to Requests for Information About FU Academic and Operational Services

1. PURPOSE

This SOP operationalizes FU's Policy on Information Requests and defines the step-by-step process for:

- Receiving, classifying, and logging information requests;
- Ensuring accurate, timely, and compliant responses;
- Protecting confidential information;
- Maintaining transparency and institutional accountability in line with UAE MoE, CAA, and HEI Framework requirements.

2. SCOPE

This SOP applies to:

- All academic and administrative units;
- All FU employees involved in public communication;
- All types of inquiries about FU's programs, services, operations, or data.

3. RESPONSIBILITIES (RACI MATRIX)

Task / Step	SC-IR	Registrar	Finance	Academic Affairs	Admin Affairs	QA-IEA	President
Receive Request	R	R	R	R	R	C	I
Log Request	R	R	R	R	R	C	I
Acknowledge Request	R	R	R	R	R	C	I
Verify Information	C	R	R	R	R	C	I
Prepare Response	R	R	R	R	R	C	I
Approve Sensitive Responses	C	C	C	C	C	R	A
Issue Response	R	R	R	R	R	C	I
Archive Records	R	R	R	R	R	C	I
Audit & Compliance	I	I	I	I	I	R	I

Legend:

R = Responsible; A = Accountable; C = Consulted; I = Informed

4. PROCEDURE

4.1 Step 1 – Receiving Requests

- Requests may arrive through email, phone, portal, walk-in, SCIR media platforms, or letters.
- Staff must immediately note the request time and channel.

4.2 Step 2 – Logging the Request

- Enter the details into the **Centralized RFI Tracking Log**.
- Assign an RFI number (YYYY-Sequential No.).

4.3 Step 3 – Acknowledgment

- Acknowledge within **1 working day**.
- Use the approved FU acknowledgment template.

4.4 Step 4 – Classification of Request

Classify by category:

- Academic Programs
- Admissions & Registration
- Finance & Fees
- Student Support
- Facilities
- Institutional Data
- Media/Communications
- Other categories

4.5 Step 5 – Verification of Information

- Cross-check with official sources (policies, catalog, website).
- For data/statistics, consult QA-IEA.
- Sensitive information requires Legal & SCIR clearance.

4.6 Step 6 – Preparing the Response

Responses must be:

- Clear, accurate, and aligned with approved FU information.
- Free of internal drafts, confidential data, or unofficial statements.

4.7 Step 7 – Sending the Response

- Regular requests: Within **3 working days**
- Complex requests: Within **7 working days**
- Regulator/accreditor requests: **Immediate priority**

4.8 Step 8 – Closing Out the Request

- Update the tracker to "Closed."
- Upload relevant documents to the unit's archive folder.
- Maintain copies for **5 years**.

4.9 Step 9 – QA-IEA Oversight

- QA-IEA conducts semesterly audits of:
  - Accuracy
  - Timeliness
  - Completeness
  - Regulatory compliance
- Annual results presented to the QA-IEC.

5. RECORDS AND DOCUMENTATION

Record Type	Custodian	Retention Period
RFI Forms	Unit	5 years
Tracking Logs	SCIR + QA-IEA	5 years
Response Documents	Unit	5 years
QA-IEA Audit Reports	QA-IEA	10 years

6. COMPLIANCE AND ENFORCEMENT

Non-compliance may result in:

- Retraining
- Restriction from handling official inquiries

- Disciplinary action

7. REVIEW AND REVISION

- SOP reviewed every **3 years** or earlier if:
    - UAE regulations change
    - CAA updates Public Information standards
    - QA-IEA audit reveals risks

Annex E. Official FU Information Request Acknowledgment Email Template

(For all academic and operational units)

Subject: Acknowledgment of Your Information Request – Fujairah University

Dear **[Name of Requestor]**,

Greetings from Fujairah University.

This email confirms that we have **received your request for information** submitted on:

- **Date Received:** [dd/mm/yyyy]
- **Topic/Category:** [Academic Programs / Admissions / Finance / Student Services / Others]

Your inquiry has been forwarded to the concerned department for review. You can expect a full response **within 3 working days** (or **7 working days** for more complex requests).
If additional information is needed, the responsible unit will contact you directly.

Thank you for reaching out to Fujairah University.
K
ind regards,
[Name]
[Position]
[Unit / Department]
Fujairah University
Email: _____ | Phone: _____

F) OFFICIAL FU STANDARD RESPONSE TEMPLATE
(Used once the information request has been verified and approved)

Subject: Response to Your Information Request – Fujairah University

Dear **[Name of Requestor]**,

Thank you for your inquiry regarding:

[Insert topic or summary of request]

After review, we are pleased to provide the following information:

1. Response Summary
[Provide clear and direct response to the question.]

---

2. Supporting Details (If Applicable)

- [Policy Reference]
- [Website Link]
- [Document Attached]
- [Contact for Follow-up]

3. Additional Notes (If Required)
[Clarify boundaries, conditions, or confidentiality limitations.]

If you require further clarification, please feel free to contact us.
Kind regards,
[Name]
[Position]
[Unit/Department]
Fujairah University

Annex F. DSC-IR Media Inquiry Protocol

(Strategic Communication & Institutional Relations – Official Protocol)

FU MEDIA INQUIRY PROTOCOL
Policy Code: FU-SCIR-MEDIA-PRO-2025-01
This protocol governs all communication with **media outlets, journalists, public relations firms, and social media influencers**.

1. PURPOSE
To ensure all media engagements:

- Present Fujairah University accurately and professionally
- Comply with CAA Standards, HEI Framework, and UAE communication regulations
- Protect institutional reputation and stakeholder confidentiality
- Maintain consistency of FU branding and official messaging

2. SCOPE
Applies to:

- All FU employees, faculty, and staff
- All inquiries from print, broadcast, and digital media
- Requests for interviews, statements, data, photos, videos, or press access

3. PROTOCOL

3.1 All Media Requests Must Be Directed to SCIR

No other unit may issue public statements.

All external media inquiries must be forwarded to:

SCIR Official Email: media@fu.ac.ae

3.2 Classification of Media Request

SCIR classifies the request as:

- General Information Request
- Interview Request
- Data / Statistics Request
- Institutional Opinion / Commentary
- Crisis or Sensitive Inquiry

3.3 Internal Coordination

SCIR coordinates with:

- President (for institutional statements)
- VP Academic / VP Administrative
- Legal Affairs (for compliance)
- QA-IEA (for statistical accuracy)
- Relevant College/Department

3.4 Approval Hierarchy

Type of Media Content	Approval Required
1. General public information	DSC-IR + QA-IEA
2. Academic program details	Registrar + Academic Affairs + SCIR
3. Data/statistics	QA-IEA + President
4. Sensitive matters	President + Legal Affairs
5. Press releases	SCIR + President

3.5 Issuing Response

SCIR delivers the approved message using:

- Official press release
- Email statement
- Approved spokesperson interview
- Social media announcement (if applicable)

No unauthorized statements may be made.

3.6 Records and Archiving

SCIR archives:

- Inquiries
- Draft responses
- Approvals
- Final statements
- Media publications

3.7 Crisis Communications

Follow FU Crisis Communications SOP:

- Immediate report to President
- SCIR leads communication
- Legal and QA-IEA review all information
- Only designated spokesperson speaks to media

Annex G. RFI Policy Summary for Students & Public

This is a **simplified version** intended for publication on the FU website, Student Handbook, and public portals.

FU REQUEST FOR INFORMATION (RFI) – PUBLIC SUMMARY

Fujairah University is committed to providing **accurate, timely, and transparent information** about its academic programs, services, and operations.

1. How to Request Information

Anyone may request information through:

- Email
- Website inquiry form
- Phone
- Walk-in desk
- Social media official pages

2. Response Time

- **Acknowledgment:** within **1 working day**
- **Regular Response:** within **3 working days**
- **Complex Requests:** within **7 working days**

3. Types of Information We Provide

- Academic programs and admission requirements
- Tuition fees and financial rules
- Student services and campus facilities
- Policies, procedures, and academic calendar
- Institutional data (as permitted)

4. Confidential Information We Cannot Disclose

FU adheres to UAE privacy regulations.

We cannot release:

- Student grades or records
- Employee information
- Internal deliberations
- Confidential financial data

5. Follow-up & Tracking

All requests are recorded and monitored to ensure high service standards.

6. Contact Channels

Students and the public may contact:

- **General Inquiries:** info@fu.ac.ae
- **Admissions:** admissions@fu.ac.ae
- **Registrar:** registrar@fu.ac.ae
- **Finance:** finance@fu.ac.ae
- **Student Affairs:** studentaffairs@fu.ac.ae
- **Media:** media@fu.ac.ae

B. Policy and Procedures Governing Copyright and Intellectual Property(11.B)

1. PURPOSE

This policy establishes FU's regulatory framework governing:

- Copyright ownership
- Intellectual property (IP) creation, protection, and commercialization
- Responsible use of copyrighted materials in teaching, research, and digital environments
- Rights and responsibilities of faculty, students, and staff
- Protection of institutional intellectual assets
- Compliance with UAE federal laws and accreditation standards

The policy ensures integrity, legal compliance, and ethical research practices under OBEF Pillar 4 and Pillar 6; and FU Pillars 5 and 6.

2. SCOPE

This policy applies to:

- All FU faculty, students, administrative staff, researchers, interns, visiting scholars, and contractors
- All academic, research, creative, and digital works produced using FU resources
- All teaching materials, course content, digital resources, theses, capstone projects, multimedia, datasets, software, and inventions
- All modes of delivery: face-to-face, online, blended, hybrid
- All FU facilities including LRC, laboratories, studios, and online repositories

3. DEFINITIONS

Term	Definition
Copyright	Legal protection granted to creators of original works, giving exclusive rights to use, distribute, and reproduce.
Intellectual Property (IP)	Creations of the mind including inventions, literary works, software, processes, designs, and trademarks.
Institutional IP	IP created using FU resources, equipment, funding, or during employment/appointment.
Scholarly Work	Books, articles, conference papers, syllabi, presentations created as part of academic duties.
Course Materials	Lectures, slides, LMS content, videos, assessments, labs, simulations.
Commercialization	The process of licensing, selling, or monetizing intellectual assets.
Fair Use / Fair Dealing	Limited use of copyrighted material without permission for teaching, scholarship, or research within legal boundaries.
Moral Rights	The right of an author to be credited and to object to distortion or misrepresentation of their work.

4. POLICY STATEMENTS

4.1 Compliance with UAE Laws

FU strictly adheres to:

- UAE Federal Copyright Law
- UAE Patent and Industrial Property Laws
- UAE data privacy regulations
- Licensing and reproduction laws related to software, digital media, and educational materials

Unauthorized reproduction, distribution, digitization, or sharing of copyrighted content is prohibited.

4.2 Ownership of Intellectual Property

4.2.1 Student Works

Students retain copyright/IP to:

- Theses, capstones, dissertations
- Design projects
- Creative multimedia works
- Research papers

Unless:

- FU resources (funding, labs) were substantially used
- Work was part of a funded faculty project
- Formal IP assignment agreement existed

4.2.2 Faculty Works

Faculty retain copyright for:

- Scholarly works
- Articles, books, conference papers
- Presentations and original teaching materials

FU retains non-exclusive perpetual rights to use course materials for internal academic purposes.

4.2.3 Institutional IP

FU owns IP when:

- Developed as part of employment
- Created using FU labs, equipment, or funded projects
- Produced through sponsored research or industry partnerships

4.3 Use of Copyrighted Material in Teaching

Faculty must ensure:

- Proper citation
- Compliance with fair use provisions
- No unauthorized distribution of textbooks, software, databases, or paid content
- LMS uploads comply with publisher licensing rules

Unauthorized scanning, photocopying, or distribution is prohibited.

4.4 Software, Databases, and Digital Resources

Users must:

- Use only licensed software
- Not install unauthorized programs
- Not share login credentials to digital databases

- Respect vendor licensing restrictions

4.5 Research Data & Inventions

Researchers must:

- Protect confidential data
- Obtain ethics approval for human/animal research
- Follow ORI guidelines for disclosure, patent filing, and commercialization

FU may claim ownership if institutional resources are used.

4.6 Intellectual Property Commercialization

- ORI facilitates patents, licensing, start-ups, and revenue sharing.
- Revenues may be shared with inventors according to approved FU rules.
- All agreements require the President's approval.

4.7 Data Storage, Archiving, and Protection

- IP documents, invention disclosures, and research data must be stored securely.
- Digital backups must follow FU ICT backup policies.
- Unauthorized cloud storage is prohibited.

4.8 Violations

Violations may result in:

- Academic misconduct case (for students)
- Disciplinary action (for staff/faculty)
- Legal action under UAE federal laws
- Suspension of research privileges

5. PROCEDURES

5.1 Copyright and IP Disclosure Process

Step	Action	Responsible
1	Identify work, invention, or creative output	Author/Creator
2	Determine type of IP (copyright, patent, software, dataset, etc.)	ORI
3	Submit Disclosure Form to ORI	Creator
4	Review for ownership, funding, and institutional resources used	ORI + Legal
5	Classify as: Student IP / Faculty IP / Institutional IP	ORI
6	Recommend protection (copyright registration, patent filing, NDA)	ORI
7	Approve commercialization strategy (if applicable)	President
8	Archive records	ORI

5.2 Using Copyrighted Materials (Teaching & Research)

Step	Action	Responsible
1	Determine if material is copyrighted	Faculty/Staff
2	Evaluate fair use boundaries	Faculty/LRC
3	Request permission when needed	LRC/SCIR

4	Cite materials properly	All Users
5	Upload only legally permitted content to LMS	Faculty
6	Archive permissions	LRC

5.3 Patent and Invention Management

Step	Action	Responsible
1	Submit invention disclosure	Researcher
2	Conduct novelty evaluation	ORI
3	Patentability assessment	ORI + Legal
4	File patent application	ORI
5	Manage licensing/transfer	ORI
6	Distribute revenues as per FU rules	ORI + Finance

5.4 Copyright Clearance for Course Packs

Step	Action	Responsible
1	Identify copyrighted items	Faculty
2	Submit clearance request	Faculty
3	Evaluate license requirements	LRC
4	Negotiate permissions	SCIR
5	Approve course pack	LRC
6	Upload to LMS	Faculty

6. RESPONSIBILITIES

Role	Responsibilities
ORI	Oversees IP protection, patenting, research compliance
LRC	Ensures legal use of copyrighted materials
Legal Affairs	Provides interpretation of UAE IP laws
QA-IEA	Ensures policy compliance with accreditation standards
Faculty	Use copyrighted materials responsibly; disclose IP
Students	Follow copyright and academic integrity rules
IT Department	Prevents unlicensed software usage
SC-IR	Manages permissions, licenses, and publication rights
President	Approves commercialization and IP transfer decisions

7. NON-COMPLIANCE

Violations may lead to:

- Academic penalties
- Employment disciplinary action
- Suspension of research privileges
- Legal consequences under federal law

8. REVIEW OF POLICY

Reviewed every **three years**, or earlier due to:

- Updated UAE IP or copyright laws

- CAA or MoE regulatory changes
- QA-IEA recommendations
- Changes in FU research and innovation priorities

Annex A. Intellectual Property (IP) Disclosure Form

Form Code: FU-RI-IPD-Form-2025-01

FU IP DISCLOSURE FORM

(For inventions, creative works, software, designs, datasets, and innovations)

SECTION 1: ADMINISTRATIVE DETAILS

Field	Information
Date of Submission	_____
Disclosure No. (assigned by ORI)	_____
Type of IP	☐ Patent ☐ Software ☐ Creative Work ☐ Dataset ☐ Course Material ☐ Design ☐ Other: _____

SECTION 2: INVENTOR / CREATOR DETAILS

Name	Role	College/Department	Email	Phone
	☐ Faculty ☐ Student ☐ Staff			
Additional Creators (attach list if needed)	_____			

SECTION 3: WORK DESCRIPTION

Title of Work / Invention:

Summary (purpose, novelty, function):

_____

_____

Problem Addressed / Innovation Contribution:

_____

_____

SECTION 4: IP CLASSIFICATION

Question	Yes / No	Details
Was FU equipment, software, or labs used?	☐ Yes ☐ No	
Was the project funded by FU or external grants?	☐ Yes ☐ No	

Does the work involve student-faculty collaboration?	☐ Yes ☐ No	
Has the work been published or shared publicly?	☐ Yes ☐ No	Where/When?_____
Has confidentiality been breached?	☐ Yes ☐ No	

SECTION 5: COMMERCIAL POTENTIAL

Possible Applications / Market Use:

_____

_____

Potential Industry Partners:

SECTION 6: SIGNATURES

Signature	Name	Date
Creator/Inventor		
Department Head		
ORI Director		

C. Policy and Procedures Governing FU Publications(11.C)

1. PURPOSE

This policy establishes FU's comprehensive framework for the creation, review, approval, publication, dissemination, and monitoring of:

- Academic publications
- Institutional publications
- Marketing and informational materials
- Digital publications (website, social media, newsletters)
- Research dissemination materials
- Student and faculty publications under FU supervision

The purpose is to ensure:

- Accuracy, consistency, and compliance with UAE MoE/CAA requirements
- Protection of FU's reputation and brand identity
- Ethical publication practices under research standards
- Alignment with FU's mission, vision, and strategic goals
- Public information accuracy, as required by CAA Standard 6

2. SCOPE

This policy applies to all:

- Colleges, departments, administrative units, institutes, centers
- Faculty, staff, researchers, students, and contractors
- Published materials in print, digital, audiovisual, and social media formats

Including:

- Program brochures, course catalogs
- Policies, handbooks, newsletters
- Research reports, working papers, conference proceedings
- Marketing materials, advertisements, flyers
- Website pages, social media posts
- Student media and publications
- Press releases and announcements

3. DEFINITIONS

Term	Definition
Publication	Any information released to the public in print or digital form.
Academic Publication	Scholarly works produced by faculty/students (papers, books, proceedings).
Institutional Publication	Official FU communication (brochures, reports, policies, newsletters).
Marketing Publication	Materials used for promotion, recruitment, and visibility.
Digital Publication	Website content, social media posts, LMS announcements.
Official Release	Publication approved through FU's established governance route.
Unauthorized Publication	Any material released without approval, violating policy or accuracy standards.

4. POLICY STATEMENTS

4.1 Accuracy and Compliance

All FU publications must:

- Be accurate, up-to-date, and free of misleading information
- Align with CAA Standards on public information
- Use approved institutional terminology
- Reflect current programs, fees, policies, schedules, and accreditation status

4.2 Mandatory Review and Approval

Before publication, all materials must undergo:

1. **Content Review** – by the originating unit
2. **Quality Assurance Review** – by QA-IEA for accuracy and compliance
3. **Branding & Communications Review** – by SCIR
4. **Executive Approval** – by President/Vice-President for major publications

No unit may bypass this approval chain.

4.3 Branding and Identity Compliance

All publications must:

- Follow FU's branding guidelines
- Use approved logos, colors, and templates
- Maintain consistent institutional messaging

4.4 Ethical Research and Academic Publication Practices

Faculty and students must follow:

- Research integrity standards
- Copyright/IP laws
- Anti-plagiarism protocols
- Ethical citation practices

Research publications must acknowledge FU affiliation properly.

4.5 Digital Publication Controls

Website, LMS, and social media content must be:

- Accurate
- Updated regularly
- Reviewed and authorized by SCIR
- Protected against unauthorized editing

4.6 Archiving and Version Control

SCIR must maintain:

- Central archive of all official FU publications
- Version control and document history
- Backup of digital publications

4.7 Confidentiality and Restricted Information

Publications must NOT include:

- Student personal data
- Personnel information
- Confidential financial or governance documents
- Internal deliberations
- Unauthorized photographs or recordings

4.8 Non-Compliance

Violations may result in:

- Retraction of publication
- Disciplinary action (faculty/staff/students)
- Removal of digital content
- Legal action where copyright is breached

5. PROCEDURES

5.1 Publication Request and Development

Step	Action	Responsible
1	Identify need for publication	Unit
2	Draft content using FU templates	Unit
3	Submit draft to SCIR via official request	Unit
4	Log the request in Publication Tracker	SCIR

5.2 Review and Accuracy Validation

Step	Action	Responsible
1	Verify factual accuracy	Unit Head
2	Check compliance with CAA Standards	QA-IEA
3	Ensure branding, tone, and format alignment	SCIR
4	Revise based on feedback	Originating Unit

5.3 Approval Workflow

Level	Reviewers	Required For
Level 1	Unit Head	Routine content
Level 2	QA-IEA	Accuracy, compliance, risk mitigation
Level 3	SCIR	Branding, language, public representation
Level 4	VP or President	Major publications, public announcements

5.4 Publication and Release

Step	Action	Responsible
1	Final QC check	SCIR
2	Publish (print or digital)	SCIR
3	Distribute to official channels	SCIR
4	Archive final version	SCIR
5	Send confirmation to requesting unit	SCIR

5.5 Updating and Withdrawing Publications

Step	Trigger	Action	Responsible
Update	Policy change, program revision, fees update	Review, revise, re-publish	Unit + QA-IEA + SCIR
Withdrawal	Inaccurate, outdated, or non-compliant materials	Remove/replace	SCIR
Emergency Correction	Compliance risk detected	Immediate update and notification	SCIR + QA-IEA

6. RESPONSIBILITIES

Unit	Responsibilities
SCIR	Lead publication management, branding, approvals, archiving
QA-IEA	Accuracy, compliance, OBEF reporting
Academic Affairs	Academic program content verification
Registrar	Admissions, academic calendar, catalog accuracy
Colleges & Departments	Drafting and initial verification
Research & Innovation	Research publication compliance
IT (Web Admin)	Website upload support
President/VP	Final approval for major publications

7. NON-COMPLIANCE

Consequences include:

- Immediate removal of unauthorized publications
- Revocation of publication privileges
- Administrative disciplinary action
- Reporting to QA-IEC
- Possible legal action for copyright breaches

8. REVIEW OF POLICY

This policy is reviewed **every three years** or earlier due to:

- Changes to CAA Standards
- Strategic communication needs
- QA-IEA recommendations
- Legal requirements for public information

Annex A. Publication Withdrawal & Correction SOP

SOP Code: FU-SCIR-PUB-SOP-2025-02

STANDARD OPERATING PROCEDURE
Withdrawal, Correction, and Emergency Updating of FU Publications

1. PURPOSE

This SOP defines the mandatory procedures for identifying, withdrawing, correcting, and replacing **incorrect, outdated, non-compliant, or misleading** FU publications in print or digital form. It ensures:

- Compliance with CAA Standard 6 (Public Information)
- Timely correction of high-risk public content
- Protection of institutional integrity and reputation
- Alignment with OBEF Pillar 6 indicators on governance and transparency

2. SCOPE

Applies to all publications, including:

- Website pages
- Social media posts
- Catalogs and handbooks
- Program brochures
- Policy manuals
- Marketing materials
- Research dissemination materials
- Press releases
- Student publications under FU supervision

3. TRIGGERS FOR WITHDRAWAL/CORRECTION

A publication must be corrected or withdrawn if:

- It contains outdated academic information
- Fees/program requirements changed
- Accreditation or licensing status changed
- Typographical or factual errors mislead the public
- The material infringes copyright/IP
- It violates UAE media/content regulations
- It harms FU's reputation or violates ethical standards
- QA-IEA or CAA inspectors flag the content

4. RACI MATRIX

Task	Unit	SCIR	QA-IEA	Legal	President
Identify incorrect publication	R	R	C	I	I
Risk assessment	C	R	R	C	I
Withdraw/remove publication	C	R	I	I	I
Correct and reissue	R	R	C	C	I

Approve major corrections	C	C	C	C	A

5. PROCEDURES

5.1 Step 1 – Identification

Errors may be detected by:

- Colleges/Departments
- Students
- External stakeholders
- QA-IEA audits
- CAA/MoE inspections

Complete the **Publication Correction Alert Form (FU-SCIR-PUB-Alert-2025)**.

5.2 Step 2 – Hazard/Risk Assessment

SCIR and QA-IEA classify errors:

Category A – Critical Risk

- Accreditation misinformation
- Incorrect program requirements
- Wrong fees
- Misleading claims

Category B – Moderate Risk

- Branding errors
- Minor factual inaccuracies

Category C – Low Risk

- Typographical errors
- Cosmetic formatting issues

5.3 Step 3 – Withdrawal or Temporary Suspension

Actions:

Risk Level	Response Time	Required Action
A – Critical	4 hours	Immediate removal from all platforms
B – Moderate	24 hours	Temporary unpublishing
C – Low	1–3 days	Silent correction

5.4 Step 4 – Correction and Verification

1. Responsible unit corrects factual content.
2. QA-IEA verifies alignment with CAA Standards.
3. Legal Affairs reviews copyright/IP risks if applicable.
4. SCIR ensures branding and template compliance.

5.5 Step 5 – Re-Publication

SCIR re-issues the corrected version:

- Upload to website
- Upload to LMS

- Print new copies (if required)
- Publish on social media (if part of public messaging)

5.6 Step 6 – Archiving

SCIR archives:

- Withdrawn versions
- Corrected versions
- Approval emails
- Corrective action documentation

Retention Period: **10 years**

5.7 Step 7 – Reporting

QA-IEA prepares:

- Semesterly Publication Compliance Report
- Annual Institutional Effectiveness summary

Submitted to: **QA-IEC, President, and VPAA/VPAFA**

Annex B. Publication Compliance Audit Tool

Tool Code: FU-SCIR-PUB-Audit-2025

A complete auditing matrix for QA-IEA and SCIR to use every semester.

FU PUBLICATION AUDIT CHECKLIST

Audit Item	Criteria	Compliant (Y/N)	Risk Level	Corrective Action Needed
1. Accuracy of Content	Matches catalog, policy, fees, program structure			
2. Compliance with CAA Standard 6	No misleading claims or false representation			
3. Updated Academic Information	Reflects latest curriculum changes			
4. Updated Fee Structure	Matches approved rates			
5. Accreditation Statements	Correct phrasing, no unauthorized claims			
6. Branding and Logo Usage	SCIR brand guide compliance			
7. Template and Formatting	FU standard template used			
8. Author and Reviewer Identification	Proper attribution present			
9. Version Control	Version no., date, policy code included			

10. Accessibility Compliance	Readable, ADA-friendly fonts and structure			
11. Copyright/IP Compliance	No unauthorized images or texts used			
12. Website Accuracy	Matches all printed materials			
13. Social Media Accuracy	Matches SCIR-approved content			
14. Archival Compliance	File saved to SCIR repository			
15. Availability for Stakeholders	Accessible to students and public			

Audit Scoring

Score	Compliance Level	Description
90–100%	Excellent	Fully compliant
75–89%	Good	Minor non-critical issues
60–74%	Fair	Needs improvement
<60%	Critical	Non-compliance requiring immediate corrective action

Auditor Details

- **Audit Team:** QA-IEA + SCIR
- **Audit Cycle:** Every Semester
- **Report Submitted To:** President, VPAFA, QA-IEC, Director Academic Affairs

Annex C. Training Slides Outline for Publication Management

Training Code: FU-SCIR-PUB-Training-2025

You may request a PowerPoint/PDF after reviewing this outline.

TRAINING WORKSHOP: PUBLICATION ACCURACY, BRANDING & GOVERNANCE

Slide 1 — Title Slide

FU Publication Governance Training

For: All Colleges, Departments, and Administrative Units

Led by: SCIR + QA-IEA

Slide 2 — Workshop Objectives

Participants will learn:

- How to create compliant FU publications
- Review and approval workflow
- CAA Standard 6 requirements
- Branding and design rules
- Avoiding misinformation and risk
- Using the Publication Request Form and Tracker
- Withdrawing/correcting outdated materials
- Roles and responsibilities

Slide 3 — Regulatory Foundations

- CAA Standards 2019 (Public Information)
- OBEF v10.21 (Pillar 6)
- HEI Inspection Framework 2023
- ISO 21001 Requirements

Slide 4 — Scope of FU Publications

- Program brochures
- Catalogs & handbooks
- Policies
- Research outputs
- Marketing materials
- Website content
- Press releases
- Student publications

Slide 5 — Mandatory Accuracy Requirements

Examples of high-risk inaccuracies:

- Wrong program fees
- Incorrect admissions requirements
- Misleading accreditation claims
- Outdated academic plans
- Misinterpreted policies

Slide 6 — Publication Workflow Diagram

(Reinsert workflow from Section C)

Slide 7 — Roles & Responsibilities

- Unit → Draft
- QA-IEA → Accuracy & Compliance
- SCIR → Branding & Final Approval
- VP/President → Major publications

Slide 8 — Branding Standards

- Logo use rules
- Fonts & color palette
- Layout templates
- SCIR-approved images only
- No clipart or random stock photos

Slide 9 — copyright & IP Requirements

- No unlicensed images
- No unauthorized photocopies
- LMS content restrictions

- Faculty/student original materials

Slide 10 — Correction & Withdrawal SOP
Critical errors → 4-hour removal
Moderate errors → 24-hour unpublishing
Low errors → Normal revision cycle

Slide 11 — Publication Audit Tool
- 15 audit criteria
- Scoring method
- Mandatory corrective actions

Slide 12 — Forms & Tools
- Publication Request Form
- Tracking Log
- Correction Alert Form
- Branding Manual
- RACI Matrix

Slide 13 — Case Studies
- Examples of compliant publications
- Examples of violations
- CAA inspection findings

Slide 14 — Q&A

Slide 15 — Closing Remarks
Presented by:
SCIR | QA-IEA | Office of the President

Annex D. Publication Request Form

Form Code: FU-SCIR-PUB-Form-2025-01

FU PUBLICATION REQUEST FORM
(For all academic, administrative, research, and marketing publications)

SECTION 1: REQUESTOR DETAILS

Field	Information
College/Department/Unit	_____
Name of Requestor	_____
Position/Role	☐ Faculty ☐ Staff ☐ Administrator ☐ Student ☐ Other: _____
Email	_____

Contact Number	_____
Date of Submission	_____

SECTION 2: TYPE OF PUBLICATION

Publication Type (Check all that apply)
☐ Program Brochure
☐ Catalog or Handbook Update
☐ Event Poster / Flyer
☐ Website Content
☐ Social Media Post
☐ Research Report / Monograph
☐ Newsletter
☐ Policy Document
☐ Marketing Material
☐ Press Release
☐ Student Publication
☐ Other: _____

SECTION 3: PURPOSE AND TARGET AUDIENCE

Purpose of Publication:

_____

_____

Intended Audience:

☐ Prospective Students

☐ Current Students

☐ Faculty/Staff

☐ Government Agencies

☐ Industry Partners

☐ Public

☐ Other: _____

SECTION 4: CONTENT SUBMISSION

Attach content draft as:

☐ MS Word Document

☐ PDF

☐ Images

☐ Infographics

☐ Data Tables

☐ URL

☐ Other: _____

Brief Description of Content:

_____

_____

_____

_____

SECTION 5: REQUIRED CHECKS (Internal Use)

Requirement	Verified By	Date	Notes
Accuracy Check (Unit)			
Compliance Check (QA-IEA)			
Branding & Layout Check (SCIR)			
Legal/Copyright Check (If applicable)			

SECTION 6: APPROVALS

Role	Name	Signature	Date
Unit Head			
QA-IEA Representative			
SCIR Director			
VP/President (major publications only)			

SECTION 7: RELEASE

Action	Date	Responsible Unit
Approved for Release		SCIR
Publication Released		SCIR
Archived Version Saved		SCIR

Annex E. Publication Tracking Log Template

Code: FU-SCIR-PUB-Log-2025

FU CENTRAL PUBLICATION TRACKING LOG

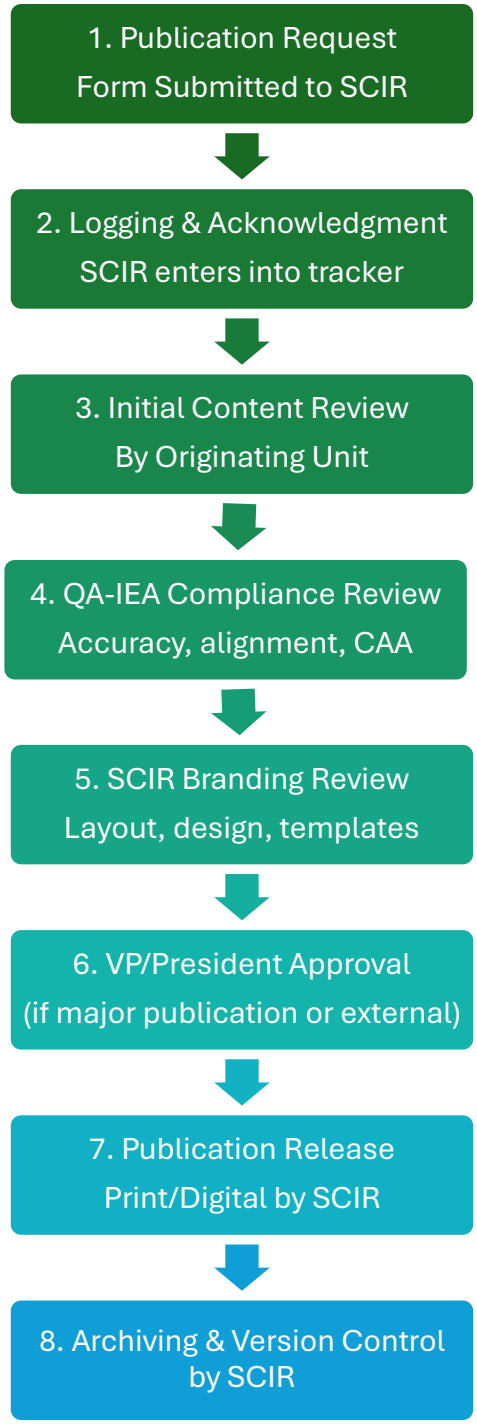
Pub. No.	Date Submitted	Unit	Type of Publication	QA-IEA Reviewed (Y/N)	SCIR Reviewed (Y/N)	Final Approval	Release Date	Status (Open/Closed)	Notes
2025-001	05/02/2025	Registrar	Catalog Update	Y	Y	President	12/02/2025	Closed	–
2025-002									
2025-003									

Tracking Instructions:

- All units must submit publications through SCIR.
- SCIR updates the tracker weekly.
- QA-IEA audits the tracker every semester.
- Archive is kept for **10 years**.

Annex F. Publication Approval Workflow Diagram

FU PUBLICATION APPROVAL WORKFLOW



Annex G. Publication Design & Branding Guidelines Summary

Code: FU-SCIR-BrandGuide-2025

FU PUBLICATION DESIGN & BRANDING GUIDELINES (SUMMARY)

These guidelines apply to all **printed and digital FU publications**.

1. Visual Identity

1.1 Official Logo

- Only SCIR-approved versions of the FU logo may be used.
- No color alteration, stretching, cropping, or shadowing.

1.2 Color Palette

- **FU Blue (Primary)**: HEX ######
- **FU Gold (Secondary)**: HEX ######
- Complementary neutral colors allowed.

1.3 Typography

- **Primary Font:** Calibri / Arial
- **Secondary Font:** Times New Roman
- Titles should be bold; body text regular.

2. Layout Requirements

- Use SCIR-provided templates only.
- Include FU logo on the top left or center.
- Use consistent margin spacing (1 inch standard).
- Images must be high resolution (300 dpi for print).

3. Mandatory Elements

All FU publications **must include**:

✓ FU name

✓ FU logo

✓ Document title

✓ Contact information

✓ Version number (if applicable)

✓ Date of publication

✓ Disclaimer (for informational content)

4. Branding for External Communication

- Press releases follow SCIR media templates.
- Social media posts must use SCIR-approved backgrounds.
- Advertising materials must align with UAE content regulations.

5. Restrictions

Publications must **NOT** include:

✗ Unauthorized or outdated FU logos

✗ Unapproved statements about accreditation/ranking

✗ Claims not verified by QA-IEA

✗ Inappropriate images or copyrighted content

✗ Unapproved program information or fees

6. Review Requirements

Area	Reviewer	Requirement
Academic Content	Registrar / Academic Affairs	Must match catalog
Fees	Finance	Must match approved fee structure
Institutional Claims	QA-IEA	Must be evidentially supported
Branding, Tone	SCIR	Must follow FU identity guide
External Distribution	President/VP	Mandatory for major publications

7. Archiving Requirements

- All publications archived for **10 years**.
- Final versions stored in SCIR's digital repository.
- Version control maintained by SCIR.

D. Policy on Teach-Out Arrangements for Academic Programs(11.D)

1. Purpose

This policy establishes the framework, principles, responsibilities, and procedures governing:

- The orderly **teach-out** of academic programs scheduled for **closure, suspension, or withdrawal**;
- Protection of students' rights and educational continuity;
- Ensuring compliance with **MoE CAA requirements**, including mandatory **CAA approval of teach-out agreements**;
- Maintaining academic integrity, institutional credibility, and regulatory compliance;
- Ensuring transparent public communication and risk-mitigation measures.

2. Scope

This policy applies to:

- All undergraduate and graduate programs, majors, and concentrations at FU;
- All modes of delivery (face-to-face, blended, online);
- All currently enrolled students, including visiting, transfer, and exchange students;
- All academic and administrative units impacted by program closure;
- All teach-out arrangements involving **partner institutions** or **alternative FU programs**.

3. Definitions

Term	Definition
Teach-Out	A structured process allowing students to complete their academic program when FU decides to close, discontinue, or suspend it.
Teach-Out Agreement	A formal, written, **MoE CAA–approved agreement** between FU and another accredited institution ensuring students can complete their program.
Teach-Out Plan	FU's internal strategy for ensuring academic continuity when a program closes.
Program Closure	The cessation of admissions and eventual termination of a program.
Continuing Students	Students active or on approved leave at the time of closure.

4. Policy Statements

4.1 Compliance with MoE CAA Requirements

- FU **must not** implement any teach-out arrangement without **prior written approval** from the MoE CAA.
- Any teach-out agreement with another licensed HEI must be **submitted to CAA for approval** before execution.

4.2 Student Protection

FU shall ensure:

- Students face **no academic disadvantage** due to program closure;
- Reasonable timelines for degree completion are guaranteed;
- Academic quality and standards remain unchanged;
- Students are fully informed of their options in writing.

4.3 Transparency and Public Disclosure

FU shall:

- Publish teach-out notices on its website, LMS, and student portals;

- Provide written communication to all affected students;
- Update the program catalog, study plan, and marketing materials immediately.

4.4 No New Admissions

Once a teach-out declaration is made:

- No new students may be admitted into the affected program.

4.5 Duration of Teach-Out

- Teach-out should normally not exceed **the maximum program completion time**, unless the CAA grants a special extension.

4.6 Financial Neutrality

- Students must **not incur additional tuition or fees** because of a teach-out arrangement.

4.7 Recordkeeping and Archiving

- QA-IEA shall securely store all teach-out documentation for a **minimum of 10 years**.

5. Procedures

5.1 Step 1: Identification of Need for Teach-Out

Triggering events:

- Strategic program discontinuation
- Declining enrollment
- Failure to meet viability thresholds
- Regulatory directives
- Major resource constraints

Responsible: President, VP, Director of Academic Affairs, QA-IEA.

5.2 Step 2: Internal Consultation & Risk Assessment

FU conducts a risk assessment that includes:

- Student numbers and progression
- Faculty availability
- Accreditation implications
- Financial sustainability
- Impact on facilities and resources
- Institutional reputation risk

Tools used:

- Program Viability Report
- OBEF KPI analysis
- QA-IEA Academic Risk Register

5.3 Step 3: Development of Teach-Out Plan

The plan must specify:

1. List of all enrolled students with expected graduation timelines
2. Courses required and semester-by-semester offerings
3. Faculty assignments and workload impact
4. Advising and academic support mechanisms
5. Special provisions for students on leave or probation
6. Procedures for transfers (if applicable)

7. Contingency strategy if students fail courses
8. Resource sufficiency (labs, clinics, facilities, LMS, library)
9. Communication strategy
10. Data reporting and monitoring measures

5.4 Step 4: Submission to MoE CAA

FU submits to CAA:

- Teach-Out Plan
- Draft Teach-Out Agreement (if partnering with another HEI)
- Program Viability Report
- Student lists
- Communication plan
- Risk mitigation plan

Teach-out cannot proceed without formal CAA approval.

5.5 Step 5: Student Notification

Within 5 working days of CAA approval:

- Office of the President issues official notice;
- Registrar updates records;
- Colleges conduct academic advising meetings;
- FAQ and support hotlines are activated.

All communication must be:

- In writing;
- Posted on official FU platforms;
- Archived.

5.6 Step 6: Implementation

For **internal teach-out** (within FU):

- Courses scheduled until the last student graduates;
- Faculty retained or replaced with qualified instructors;
- QA-IEA monitors academic integrity.

For **external teach-out** (another HEI):

- Only **CAA-approved licensed institutions** may partner;
- Tuition equivalence guaranteed;
- Records securely transferred.

5.7 Step 7: Monitoring

QA-IEA monitors:

- Course delivery quality
- Student performance
- Completion rates
- Compliance with CAA conditions
- Risk indicators

Reports are submitted:

- Each semester to QA-IEC

- Annually to the President and CAA

5.8 Step 8: Closure & Final Reporting

Once all students have completed or exited:

- Registrar permanently closes the program;
- QA-IEA conducts a post-closure evaluation;
- Final report submitted to CAA;
- Archiving completed.

6. Roles and Responsibilities

Unit	Responsibilities
President	Overall authority; approves closure; ensures compliance
Director of Academic Affairs	Leads academic planning and implementation
QA-IEA	Compliance oversight, CAA reporting, risk monitoring
Colleges & Deans	Deliver courses, faculty assignment, advising
Registrar	Student records, scheduling, notifications
Legal Affairs	Reviews agreements
Finance	Ensures no additional financial burden
SCIR	Updates all public communications

7. Non-Compliance

Non-compliance may result in:

- CAA sanctions
- Suspension of institutional license
- Loss of program accreditation
- Legal liabilities
- Student grievances/compensation claims

FU enforces internal corrective actions under QA-IE Manual.

Annex A. Teach-Out Plan Template

Document Code: FU-QA-ACAD-TOP-2025-01
Version: 1.0

FU TEACH-OUT PLAN TEMPLATE
(To be completed by the College and submitted to QA-IEA and the MoE CAA)

SECTION A — Program Information

Item	Details
Program Title	
Award Level	Bachelor / Master / Diploma
Program Code	
College	
Mode of Delivery	F2F / Online / Blended
Proposed Closure / Suspension Date	
Last Admission Term	
CAA Decision Reference (if applicable)	

SECTION B — Rationale for Teach-Out

Provide a detailed explanation of the circumstances requiring teach-out:

☐ Low enrollment

☐ Strategic realignment

☐ Resource constraints

☐ Accreditation/licensing issues

☐ Regulatory directive

☐ Other (specify)

Substantiate with evidence (data, viability analysis, risk assessment).

SECTION C — Student Impact Analysis

Item	Details
Total Number of Continuing Students	
Student List Attached?	Yes / No
Students on Leave	
Students on Probation	
Expected Graduation Timeline for Each Student	
Students Requiring Special Support (e.g., disability, international students)	

Attach: **Student Completion Mapping Table**

SECTION D — Teach-Out Course Offering Plan

Semester	Courses to Be Offered	CH	Delivery Mode	Assigned Faculty (with Qualifications)	Notes

Fall 20__					
Spring 20__					
Summer 20__					

SECTION E — Resources and Support

Resource Area	Required	Available	Notes
Faculty			
Laboratories/Studios			
Library Resources			
LMS & Digital Tools			
Advising Services			
Clinical/Practicum Sites			

SECTION F — Student Advising & Communication Plan

- Individual advising sessions (schedule, responsible advisors)
- FAQs and support hotline
- Written communication strategy (website, email, portal, meetings)
- Deadline for students to choose options (if external teach-out is applicable)

Attach: **Student Communication Letter**

SECTION G — External Teach-Out Agreement (If Applicable)

Complete only if partnering with another UAE-licensed HEI.

- Partner Institution Name
- Program Title at Partner Institution
- Accreditation Status
- Tuition Equivalence Assurance
- Transfer & Credit Mapping
- Data Protection Measures
- Student Consent Requirements

Attach: **Draft Teach-Out Agreement**.

SECTION H — Risk Assessment & Mitigation Plan

Risk	Likelihood	Impact	Mitigation Action	Responsible Unit
Inability to offer a required course	Medium	High	Hire adjunct / cross-college delivery	Director of Academic Affairs
Faculty resignation	High	High	Maintain faculty reserve list	HR + Academic Affairs
Student complaints	Medium	Medium	Advising + QA-IEA monitoring	QA-IEA
Non-compliance with CAA	Low	High	Monthly QA-IEA audits	QA-IEA

SECTION I — Monitoring & Reporting

- Semesterly reporting to **QA-IEC**, **President**, and **CAA**
- KPI tracking (completion rate, satisfaction, pass rate)
- Contingency plan if students fall behind

Final Approval

Position	Name	Signature	Date
Dean			
Director of Academic Affairs			
Executive Director, QA-IEA			
President			
MoE CAA Approval Reference			

Annex B. Teach-Out Agreement Template

Document Code: FU-QA-ACAD-TOA-2025-02
Version: 1.0

TEACH-OUT AGREEMENT
Between:
Fujairah University (FU)
and
[Partner Institution Name] (Licensed by the UAE MoE CAA)

1. Purpose
This MoE CAA–required agreement ensures that students enrolled in the [Program Name] at FU can complete their studies without academic disadvantage due to program closure/suspension.

2. Regulatory Basis
This agreement is governed by:

- CAA Standards 2019 – Standard 9
- UAE Higher Education Licensing Regulations
- HEI Inspection Framework 2023
- UAE Data Protection and Consumer Protection Laws

This agreement is **not valid** until **CAA approval is granted in writing**.

3. Responsibilities of FU
FU shall:

- Provide accurate lists of affected students
- Transfer official academic records securely
- Maintain tuition equivalency agreements
- Handle communication and advising
- Continue delivery until transfers are completed
- Cover any additional costs arising from FU's decision

4. Responsibilities of Partner Institution

The partner HEI shall:

- Accept students according to the approved mapping
- Offer equivalent courses with no loss of credit
- Maintain academic integrity and standards
- Provide support services comparable to its own students
- Submit semesterly status reports to FU and CAA

5. Student Protections

- No student shall incur additional tuition or fees
- Degree integrity must be preserved
- Timelines for completion must be guaranteed
- Students must provide written consent before transfer

6. Academic Mapping & Credit Transfer

Attach detailed articulation table:

FU Course	CH	Partner Course	CH	Transfer Rule

7. Data Protection & Confidentiality

The partner HEI must comply with:

- UAE Personal Data Protection Law
- FU Digital Records Backup Policy
- Secure transfer protocols

8. Duration

This agreement remains effective until the **last student** completes or withdraws.

9. Termination

Early termination requires **CAA approval**.

10. Signatures

Institution	Name	Title	Signature	Date
Fujairah University				
Partner Institution				
MoE CAA (Approval Required)				

Annex C. Teach-Out Student Notification Letter

Document Code: FU-ACAD-TOLetter-2025-03

OFFICIAL STUDENT NOTIFICATION LETTER — TEACH-OUT ANNOUNCEMENT

Dear [Student Name],

Fujairah University (FU) is writing to inform you that the **[Program Name]** will undergo a **formal teach-out process** effective **[Date]**, subject to **MoE CAA approval**.

Your rights are fully protected under:

- CAA Standards 2019 — Standard 9
- HEI Inspection Framework
- FU Academic Regulations

You will be provided with:

- A guaranteed pathway to complete your degree
- A personalized graduation plan
- Full academic advising
- No additional tuition or new fees
- Access to all required courses until completion

You have **two options**:

1. **Continue at FU** under the approved teach-out plan; or
2. **Transfer** to another accredited institution under the formal **CAA-approved Teach-Out Agreement** (if applicable).

You will shortly receive:

- Your personalized study completion map
- Advising appointment schedule
- FAQ and support contacts

For inquiries, contact:
teachout@fu.ac.ae
Registrar's Office
QA-IEA Office

Sincerely,
President
Fujairah University

Annex D. Teach-Out Risk Assessment Form

Document Code: FU-QA-ACAD-TO-RiskForm-2025-04

FU TEACH-OUT RISK ASSESSMENT FORM

Risk Category	Description	Likelihood	Impact	Mitigation Strategy	Responsible
Academic Delivery Risk	Inability to offer required courses	High / Med / Low	High / Med / Low	Hiring adjuncts; cross-college delivery	Academic Affairs
Faculty Availability Risk	Resignation or shortage	High	High	Reserve pool; visiting faculty	HR + Colleges
Student Attrition	Students may withdraw unexpectedly	Med	Med	Advising; personalized plans	Registrar
Accreditation Risk	Non-compliance with CAA conditions	Low	High	Monthly QA audits	QA-IEA
Financial Risk	Additional cost burden	Med	Med	Budget allocation approval	Finance
Reputational Risk	Negative perception from closure	Med	High	Clear communication plan	SCIR
Data Transfer Risk	Records transfer errors	Low	High	Secure protocols; double verification	Registrar + IT

Evaluator: _____

Date: _____

Reviewed By (QA-IEA): _____

Approved By (President): _____

E. Policy on Conflicts of Interest(11.E)

1. Purpose

This policy establishes the principles, standards, and procedures required to:

- Prevent, identify, disclose, and manage **conflicts of interest (COI)**;
- Protect FU's integrity, transparency, and accountability;
- Ensure that institutional decisions—academic, administrative, financial, or governance-related—are free from personal, familial, or financial bias;
- Comply with UAE legal requirements, MoE CAA standards, and international best practices.

2. Scope

This policy applies to:

- All employees (academic, administrative, part-time, visiting, adjunct, contractors);
- Members of governance bodies (BOT, QA-IEC, Academic Council, committees);
- All faculty involved in student assessment, graduate supervision, and hiring;
- All staff participating in procurement, budgeting, financial decisions, and recruitment;
- All associates acting on behalf of FU.

3. Definitions

Term	Definition
Conflict of Interest (COI)	A situation where personal, financial, family, or external interests may compromise, or appear to compromise, professional judgment or institutional decisions.
Actual Conflict	A direct conflict between personal interest and institutional obligations.
Perceived Conflict	A situation that may appear as a conflict even if no misconduct has occurred.
Potential Conflict	A situation that may develop into a conflict in the future.
Related Party	Spouse, parents, children, siblings, relatives up to second degree, or individuals living in the same household.
Personal Benefit	Any financial, professional, or material gain for the employee or related party.

4. Policy Statements

4.1 Institutional Integrity and Transparency

FU prohibits:

- Use of one's position for personal, familial, or financial gain;
- Decisions influenced by relationships, favoritism, or self-interest;
- Situations that compromise academic, administrative, or financial integrity.

4.2 Mandatory Disclosure of Conflicts

All employees must disclose:

- Family relationships affecting hiring, evaluation, or procurement;
- Financial interests with external vendors, contractors, or partners;

- External employment, consultancy, or ownership of educational institutions;
- Student–faculty conflicts (supervision, grading, advising);
- Acceptance of gifts exceeding AED 200 in value.

Disclosure tools:

- **Annual COI Declaration Form (FU-HR-COI-Form-2025)**
- **Event-Based COI Disclosure Form** when new conflicts arise

Disclosure must be:

- Timely
- Accurate
- Complete

4.3 Prohibited Activities

The following are strictly prohibited unless explicitly approved:

- Hiring, supervising, or evaluating close relatives;
- Participation in decisions from which the individual stands to benefit;
- Personal business deals with FU vendors or suppliers;
- Dual roles that compromise academic impartiality (e.g., instructing a spouse);
- Awarding grades or scholarships to relatives.

4.4 Management and Mitigation

Where disclosure occurs, FU may:

- Reassign responsibilities;
- Modify reporting lines;
- Require withdrawal from decision-making;
- Appoint independent reviewers or supervisors;
- Prohibit specific transactions.

4.5 Confidentiality

All disclosures and investigative processes are confidential and handled by:

- HR
- QA-IEA
- Legal Affairs (if required)

4.6 Protection Against Retaliation

Employees who disclose conflicts in good faith are protected from retaliation.

4.7 Non-Compliance

Violations may result in:

- Formal reprimand
- Removal from committees
- Reassignment
- Disciplinary action up to termination
- Referral to UAE authorities for legal action

5. Procedures

5.1 Identification of Conflict

Step	Action	Responsible
1	Identify potential or actual conflict	Employee / Supervisor
2	Report immediately to HR using approved form	Employee
3	Log conflict in HR secure registry	HR

5.2 Disclosure Procedure

Step 1 — Completion of COI Form

- Employee completes **COI Disclosure Form**.

Step 2 — Submission

- Form submitted to HR.
- Copy sent to QA-IEA for oversight.

Step 3 — Review

HR + QA-IEA evaluate:

- Nature of conflict
- Severity
- Impact on institutional operations
- Regulatory implications

Step 4 — Decision

Possible decisions:

- No conflict → proceed
- Conflict exists → mitigation required
- Severe conflict → reassignment or withdrawal required

Step 5 — Notification

Employee receives written decision.

5.3 Mitigation Procedure

Action	Responsible
Develop mitigation plan	HR + QA-IEA
Reassign supervisor / remove from decision-making	Manager
Document mitigation steps	HR
Monitor compliance	QA-IEA

5.4 Oversight, Monitoring, and Reporting

- QA-IEA conducts annual COI audits;
- HR updates registry annually;
- Summary report submitted to the President and QA-IEC;
- Major findings reported to BOT.

5.5 Appeal Procedure

Employees may appeal within **10 working days** to:

- President (administrative staff)
- Vice President for Academic Affairs (faculty)

Final decision communicated within 15 days.

6. Roles and Responsibilities

Unit	Responsibilities
HR	Maintain COI registry, manage disclosures, enforce mitigation
QA-IEA	Oversight, compliance monitoring, audit
Legal Affairs	Advise on regulatory/contractual implications
Deans/Managers	Implement mitigation plans
Employees	Full disclosure and compliance
President	Final authority for conflict decisions

7. Review and Revision

Policy reviewed every **three years** or earlier upon:

- Updates to UAE Federal Laws
- Revision of CAA Standards
- Recommendations from Internal Audit or QA-IEA

Annex A. Conflict of Interest Disclosure Form

CONFLICT OF INTEREST DISCLOSURE FORM
Form Code: FU-HR-COI-Form-2025-01
Version: 1.0

(To be completed whenever a real, potential, or perceived conflict arises.)

SECTION A — Employee Information

Field	Details
Name	
Employee ID	
Position	
College/Department	
Email	
Direct Supervisor	

SECTION B — Type of Conflict (Select all that apply)

Type of Conflict	Check
Actual Conflict – Direct conflict affecting present responsibilities	☐
Potential Conflict – Could develop in the future	☐
Perceived Conflict – May appear as a conflict to others	☐

SECTION C — Nature of Interest

Indicate the basis of the conflict (check all applicable):

Category	Example	Check
Personal Financial Interest	Business ownership benefiting from FU decisions	☐
Family Relationship	Relative applying for employment, admission, or procurement	☐
External Employment/Consultancy	Paid work at another institution	☐
Academic Conflict	Supervising or grading a relative	☐
Vendor/Procurement Conflict	Personal ties with suppliers	☐
Gifts/Honoraria	Items valued above AED 200	☐
Other	Specify	☐

If "Other", describe:

_____
_____
_____
_____

SECTION D — Description of Conflict

Provide a clear explanation:

_____
_____
_____
_____

SECTION E — Proposed Mitigation (if any)

_____
_____
_____

SECTION F — Employee Declaration

I certify that the information provided is complete and accurate. I agree to cooperate in implementing mitigation measures.

Employee Signature: _____

Date: ___ / ___ / 20__

SECTION G — Review & Decision

Reviewer	Name	Decision	Signature	Date
HR Representative		☐ No Conflict ☐ Conflict Exists ☐ Mitigation Required		
QA-IEA Representative		Comments: _____		
Final Decision (President/VP)		☐ Approved ☐ Not Approved		

Annex B. Annual Conflict Of Interest Declaration Statement

Form Code: FU-HR-COI-Form-2025-02

Version: 1.0

FU ANNUAL CONFLICT OF INTEREST DECLARATION

Employee Information

Field	Details
Name	
Position	
College/Department	

Declaration

In accordance with FU Policy on Conflicts of Interest, I hereby declare for the current academic year:

☐ **I DO NOT have any actual, potential, or perceived conflicts of interest.**

– OR –

☐ **I DO have (or may have) a conflict of interest**, as described below:

_____

_____

_____

(If yes, attach a Conflict of Interest Disclosure Form.)

Acknowledgment

I understand:

- My duty to disclose conflicts immediately when they arise;
- That non-disclosure may result in disciplinary action;
- That all information will remain confidential within FU's governance procedures.

Employee Signature: _____

Date: ___ / ___ / 20__

Reviewed by HR: _____

Reviewed by QA-IEA: _____

Annex C. Conflict Of Interest Registry Template

Registry Code: FU-HR-COI-Register-2025-03

Version: 1.0

FU CONFLICT OF INTEREST REGISTRY

(Maintained confidentially by HR and QA-IEA)

Entry No.	Employee Name	Position/College	Date of Disclosure	Type of Conflict	Description	Risk Level (L/M/H)	Mitigation Plan	Status (Open/Closed)	Reviewer (HR)	Reviewer (QA-IEA)	President /VP Decision
001				Actual / Potential / Perceived		L/M/H					
002				Actual / Potential / Perceived		L/M/H					
003				Actual / Potential / Perceived		L/M/H					

Retention Period: 10 years (in secure HR repository)

Annex D. Case Scenarios For Training

Training Code: FU-HR-COI-Training-2025-04
Version: 1.0
Below are **10 training scenarios** with **model answers** for facilitators.

Scenario 1 — Relative Applying for Employment
A faculty member's sister applies for a lecturer position in the same department.

Issue: Family relationship → conflict.
Action: Disclosure required; faculty must withdraw from hiring committee.

Scenario 2 — Faculty Grading a Nephew
A faculty member discovers mid-semester that a new student in their course is their nephew.

Issue: Academic conflict.
Action: Immediate disclosure; student reassigned to another section or independent grader appointed.

Scenario 3 — Vendor Relationship
An employee owns a business that supplies printing services. The procurement team is considering the vendor.

Issue: Financial interest.
Action: Conflict declared; employee must not participate; alternative supplier sought unless exception approved.

Scenario 4 — External Paid Consulting
A staff member works after hours for a firm that competes for FU projects.

Issue: Potential conflict; outside employment.
Action: Disclosure; HR and Legal evaluate; restrictions may apply.

Scenario 5 — Gift Acceptance
A vendor gives an FU employee an expensive gift (AED 1,000).

Issue: Exceeds acceptable limit (AED 200).
Action: Must be declared; gift returned or handed to FU.

Scenario 6 — Faculty with Dual Teaching Appointments
A faculty member teaches at FU and at another private university without disclosing.

Issue: Undisclosed dual employment.
Action: Disclosure required; possible breach of contract.

Scenario 7 — Research Conflict
A researcher's spouse owns a company that may benefit from research results.

Issue: Research integrity conflict.
Action: Disclosure to Research Ethics Committee; independent oversight required.

Scenario 8 — Conflict in Assessment
A program coordinator wants a relative to receive a scholarship and asks faculty to "adjust a grade."

Issue: Serious academic misconduct and conflict.
Action: Report to QA-IEA; disciplinary investigation initiated.

Scenario 9 — Board Member's Business Contract
A BOT member's company submits a bid for campus renovation.
Issue: Governance conflict.
Action: BOT member must recuse self from all related decisions; external auditor review required.

Scenario 10 — Supervising a Thesis of a Close Friend
Friendship may compromise objectivity.
Issue: Perceived conflict.
Action: Declare and assign a co-supervisor or alternate supervisor.

F. Policy on Anti-Corruption and Bribery(11.F)

1. Purpose

This policy establishes the institutional framework for preventing, detecting, reporting, and responding to **corruption, bribery, fraud, extortion, embezzlement, and abuse of position** at Fujairah University (FU). It aims to:

- Uphold ethical governance and transparency;
- Ensure compliance with UAE Federal anti-corruption, anti-bribery, and public integrity laws;
- Protect FU's financial, academic, and reputational integrity;
- Safeguard stakeholders from unethical practices;
- Promote institutional trust in alignment with CAA Standards and OBEF Pillar 6.

2. Scope

This policy applies to:

- All employees (faculty, staff, administrative personnel, contractors);
- Board of Trustees members, governance committees, and advisory bodies;
- Students involved in procurement or financial tasks;
- All vendors, consultants, service providers, and third-party partners;
- Any individual acting on behalf of FU.

3. Definitions

Term	Definition
Corruption	Abuse of entrusted power for personal, financial, or institutional gain.
Bribery	Offering, giving, receiving, or soliciting something of value to influence an action or decision.
Facilitation Payment	Small, unofficial payment to secure routine action—strictly prohibited.
Kickback	A return of part of a payment intended to improperly influence a transaction.
Fraud	Deliberate deception for financial or personal advantage.
Conflict of Interest	A personal or financial interest that could bias one's decisions.
Whistleblower	A person who reports unethical or illegal activity in good faith.

4. Policy Statements

4.1 Zero-Tolerance Policy

FU adopts **zero tolerance** toward:

- Bribery
- Corruption
- Kickbacks
- Extortion
- Fraud and embezzlement
- Misappropriation of funds
- Abuse of position or authority
- Unauthorized disclosure for personal gain

4.2 Prohibited Actions

Prohibited activities include:

- Offering or accepting payments, gifts, or favors to influence decisions
- Manipulating procurement, hiring, admissions, grading, or research outcomes
- Accepting gifts exceeding **AED 200**, unless declared and approved
- Steering contracts to friends, relatives, or personal businesses
- Forging receipts, invoices, or financial documents
- Providing misleading information during audits or inspections

4.3 Mandatory Disclosure

Individuals must disclose:

- Any attempt to bribe them
- Any suspicious or unethical financial activity
- Any conflict of interest or perceived conflict
- Any external employment or consultancy that may influence decisions

4.4 Procurement Integrity Requirements

All procurement decisions must follow:

- Competitive bidding
- Transparent quotation processes
- No involvement of employees with direct or indirect personal interest

Internal Audit and Finance must verify compliance.

4.5 Gifts and Hospitality

Permitted:

- Token gifts under **AED 200**
- Occasional event-based hospitality (with prior approval)

Prohibited:

- Cash or cash equivalents
- Gifts intended to influence decisions
- Frequent or high-value gifts

All gifts must be recorded in the **Gift Disclosure Log**.

4.6 Whistleblower Protection

FU guarantees:

- Confidential reporting
- Protection from retaliation
- Independent investigation by Internal Audit
- Direct reporting channel to the President and QA-IEA

4.7 Non-Compliance

Violations may result in:

- Written reprimand
- Suspension or dismissal

- Contract termination
- Blacklisting of vendors
- Legal prosecution under UAE law

5. Procedures

5.1 Reporting Suspected Corruption or Bribery

Step	Action	Responsible
1	Submit a report (written, anonymous, or through hotline)	Employee/Student/Vendor
2	Acknowledge receipt and secure confidentiality	HR / QA-IEA
3	Preliminary evidence review	Internal Audit
4	Full investigation and documentation	Internal Audit + Legal
5	Final decision	President
6	Implementation of sanctions	HR/President

Reporting Channels:

- anti-corruption@fu.ac.ae
- QA-IEA office
- HR confidential reporting line

5.2 Investigation Procedure

1. Internal Audit opens a confidential case file.
2. HR and Legal Affairs assess legal and contractual implications.
3. Witnesses are interviewed.
4. Evidence (documents, emails, financial records) is analyzed.
5. Findings reported to President.
6. Corrective and disciplinary actions implemented.

5.3 Procurement Integrity Procedure

Step	Action
1	Procurement request submitted
2	Pre-screening for conflict of interest
3	Minimum 3 quotations collected
4	Technical evaluation without supplier influence
5	Financial evaluation by Finance
6	Approval by VP for Admin & Finance
7	Internal Audit review (random or scheduled)

5.4 Gift Disclosure Procedure

1. Submit **Gift Disclosure Form** within **3 days** of receiving gift.
2. HR logs the gift in the official register.
3. HR + QA-IEA determine if acceptable.
4. Decision communicated to employee.

5.5 Training & Awareness

- Annual mandatory anti-corruption training for all employees
- Procurement integrity workshops
- Student orientation module on ethics and integrity
- Internal Audit seminars on fraud prevention

6. Roles and Responsibilities

Unit	Responsibilities
President	Ultimate authority; approves sanctions; ensures compliance
Internal Audit Unit	Investigation, audit checks, fraud monitoring
QA-IEA	Oversight, risk reporting, policy compliance
HR	Receiving disclosures, enforcing sanctions, training
Finance	Monitoring financial integrity and vendor compliance
Legal Affairs	Advising on legal risks
Employees & Students	Full compliance; immediate reporting
Vendors	Comply with procurement integrity rules

7. Policy Review

This policy is reviewed every **three (3) years** or earlier based on:

- Changes in UAE Federal Law;
- MoE CAA directives;
- OBEF governance updates;
- Findings from Internal Audit and QA-IEA.

Annex A. Anti-Corruption & Bribery Reporting Form

Form Code: FU-HR-ACBR-Form-2025-01
Version: 1.0

FU ANTI-CORRUPTION & BRIBERY REPORTING FORM
Confidential — Submitted to HR / Internal Audit / QA-IEA

SECTION A: Reporter Information
(Anonymous submissions are accepted; however, contact information is helpful for follow-up.)

Field	Details
Reporter Name (optional)	
Employee/Student ID (optional)	
Department/College (if applicable)	
Email/Phone (optional)	

SECTION B: Type of Misconduct (Select all that apply)

Type	Check
1. Bribery (offering/accepting value to influence an action)	☐
2. Attempted Bribery	☐
3. Fraud/Financial Misconduct	☐
4. Embezzlement/Misappropriation	☐
5. Abuse of Position/Authority	☐
6. Extortion/Coercion	☐
7. Kickback Schemes	☐
8. Procurement Corruption	☐
9. Conflict of Interest	☐
10. Record/Data Falsification	☐
11. Other (Specify)	☐: _____

SECTION C: Description of Incident
Provide detailed information:

- What happened?
- Who was involved?
- Dates and times
- Location
- Evidence available

Detailed Description:

_____
_____
_____
_____

If more space is needed, attach additional pages.

SECTION D: Evidence Provided

Evidence Type	Attached?
1. Emails	☐ Yes ☐ No
2. Messages/Chats	☐ Yes ☐ No
3. Financial Documents	☐ Yes ☐ No
4. Audio/Video	☐ Yes ☐ No
5. Photographs	☐ Yes ☐ No
6. Witness List	☐ Yes ☐ No
7. Other (Specify): _____	☐ Yes ☐ No

SECTION E: Reporter Declaration

☐ I declare that this report is made in good faith and is accurate to the best of my knowledge.

☐ I understand that FU prohibits retaliation for good-faith reporting.

Signature (if not anonymous): _____

Date: ___ / ___ / 20__

SECTION F: For Internal Audit / HR / QA-IEA Use Only

Field	Details
Case Number	
Reviewer	HR / Internal Audit / QA-IEA
Initial Assessment	
Risk Level	Low / Medium / High
Recommended Action	
Final Decision (President)	
Status	Open / Closed
Date Closed	

Annex B. Gift Disclosure Log Template

Register Code: FU-HR-GIFT-Register-2025-02
Version: 1.0

FU GIFTS & HOSPITALITY DISCLOSURE LOG

Entry No.	Employee Name	Position/Dept	Date Received	Description of Gift	Estimated Value (AED)	Source (Person/Company)	Justification	Accepted/Declined	Decision by HR & QA-IEA	Notes
001										
002										
003										

Retention Period: 10 years
Confidential Access: HR, QA-IEA, Internal Audit only

Annex C. Anti-Bribery & Anti-Corruption Training Module

Training Code: FU-HR-ACB-Training-2025-03
Format: Slide Outline (PowerPoint-ready)

TRAINING MODULE OUTLINE: Anti-Corruption & Bribery Prevention at FU

Slide 1 — Title Slide
Anti-Corruption & Anti-Bribery Training
Fujairah University (FU)
Presented by: HR • Internal Audit • QA-IEA

Slide 2 — Training Objectives
Participants will learn:

- UAE legal foundations for anti-corruption
- FU zero-tolerance policy
- Definitions (bribery, fraud, kickbacks, extortion)
- How to identify red flags
- How to report concerns safely
- Whistleblower protections
- Case studies and role-play scenarios

Slide 3 — UAE Federal Legal Framework

- UAE Federal Penal Code (Anti-Bribery Articles)
- Decree-Law on Combating Corruption, Abuse of Position
- UAE Anti-Money Laundering and Counter-Terrorist Financing Regulations
- UAE Government Integrity Charter

Slide 4 — FU Anti-Corruption Policy Overview

- Zero tolerance
- No facilitation or "speed" payments
- Standard of impartiality in procurement, hiring, and grading
- Gifts limit: **AED 200**
- Mandatory disclosure rules

Slide 5 — What Constitutes Bribery?
Examples:

- Cash payments for admissions decisions
- Gifts/hospitality aimed to influence procurement
- "Special favors" in exchange for grades
- Kickback schemes between staff and vendors

Slide 6 — Procurement Integrity Rules

- Three-quotation rule
- No personal relationships with vendors

- Conflict-of-interest declarations
- Restrictions on sole sourcing

Slide 7 — Red Flags & Detection

Indicators:

- Unexplained wealth
- Altered invoices
- Vendors who repeatedly "win" without justification
- Staff resisting audit reviews
- Dual roles or side businesses connected to procurement

Slide 8 — Reporting Misconduct

Channels:

- Anti-corruption hotline
- Confidential email
- Reporting via HR or QA-IEA
- Anonymous dropbox

Slide 9 — Whistleblower Protection

FU guarantees:

- No retaliation
- Confidential interviews
- Protection of identity
- Right to appeal against reprisal

Slide 10 — Case Studies (Realistic Scenarios)

1. Vendor offers expensive gifts
2. Faculty requests "payment" for revising grades
3. Staff steering procurement toward relatives
4. Contractor offering kickback for contract award
5. Student offering money for a visa or enrollment letter

Each includes facilitator notes & model answers.

Slide 11 — Responsibilities

- **Employees:** Report, refuse bribes, protect integrity
- **Supervisors:** Prevent opportunities for corruption
- **Internal Audit:** Investigate
- **HR:** Enforce discipline
- **QA-IEA:** Oversight and compliance monitoring

Slide 12 — Assessment Quiz

Examples:

- "Which of the following is considered a bribe?"
- "What is the maximum acceptable gift value?"
- "Who must you report to first?"

Slide 13 — Closing Remarks
Commitment to integrity = institutional sustainability.

Annex D. Code of Ethics — Anti-Corruption & Integrity Section

Manual Code: FU-HR-Ethics-Section-2025-04
To be inserted into the **FU Code of Conduct** or **HR Policy Manual**.

FU CODE OF ETHICS — ANTI-CORRUPTION & INTEGRITY SECTION

1. Ethical Governance Commitment

FU is committed to ethical conduct, transparency, and integrity across all academic, financial, and operational activities.

2. Core Ethical Principles

- **Integrity:** Do what is right even when unobserved.
- **Accountability:** All decisions must be traceable and documented.
- **Transparency:** Avoid secrecy in financial and academic processes.
- **Fairness:** Treat all students, staff, and vendors equitably.
- **Compliance:** Uphold UAE federal laws and accreditation standards.

3. Prohibitions

Employees and students shall not:

- Offer, request, or accept bribes of any form;
- Engage in kickbacks, side payments, or facilitation fees;
- Falsify records, exams, evaluations, research, or financial documents;
- Favor relatives or friends in admissions, hiring, or procurement decisions;
- Use institutional assets for personal benefit;
- Influence grades, research, or services in exchange for personal gain.

4. Gifts & Hospitality Rules

- Token gifts under **AED 200** permitted if disclosed.
- Cash gifts strictly forbidden.
- Gifts must not influence institutional decision-making.
- All gifts logged in **Gift Disclosure Register**.

5. Reporting Responsibilities

Individuals must immediately report:

- Attempts at bribery
- Observed fraud or corruption
- Suspicious activities in hiring, grading, or financial systems
- Conflicts of interest
- Procurement irregularities

Whistleblowers are protected by FU and UAE law.

6. Disciplinary Actions

Violations may result in:

- Written warnings
- Suspension
- Dismissal
- Contract termination
- Vendor blacklisting
- Legal referral to UAE authorities

7. Commitment Statement

All employees shall sign an **Ethical Conduct & Anti-Corruption Acknowledgment** at the time of hire and annually thereafter.

G. Policy on Cooperative Agreements and Contractual Relationships(11.G1)

1. Purpose

This policy establishes a governance framework for the creation, evaluation, approval, monitoring, renewal, and termination of **cooperative agreements and contractual relationships** between Fujairah University (FU) and external partners.

It ensures:

- Legal and regulatory compliance;
- Academic integrity and operational alignment with FU mission;
- Safeguarding of financial, reputational, and academic interests;
- Transparent, documented, and quality-assured partnership processes;
- Compliance with MoE CAA standards on external relations and public information.

2. Scope

This policy applies to all cooperative arrangements, including but not limited to:

- Memoranda of Understanding (MoUs)
- Academic collaboration agreements
- Internship or practicum placement agreements
- Clinical affiliation agreements
- Industry training agreements
- Joint research collaborations
- Consultancy agreements
- Vendor/supplier contracts
- Technology and digital services agreements
- Facility usage agreements
- International partnerships and exchange relationships

It covers **all colleges, administrative units, centers, institutes, and employees** involved in initiating or managing partnerships.

3. Definitions

Term	Definition
Cooperative Agreement	A formal written agreement between FU and another organization to collaborate on academic, research, or operational activities.
Contractual Relationship	A legally binding agreement involving obligations, deliverables, and rights enforceable under UAE law.
Partner Organization	Any external entity—government, private sector, academic, NGO, or international institution—entering into an agreement with FU.
MoU	Non-binding framework for cooperation expressing intent.
MoA/Contract	Legally binding document specifying duties, liabilities, and deliverables.
Due Diligence	Systematic evaluation of legal, financial, academic, and reputational aspects of a potential partnership.

4. Policy Statements

4.1 Alignment with FU Mission and Strategic Plan

All cooperative agreements must:

- Support FU's mission, vision, and values;
- Align with FU Strategic Plan 2025–2030 and OBEF Pillar 6;
- Enhance academic quality, student experience, or operational capabilities.

4.2 Legal and Regulatory Compliance

- All agreements must comply with **UAE Federal Laws**, **CAA Standards**, **HEI Inspection Framework**, and **international regulations** where applicable.
- No agreement is valid unless vetted by the Office of Legal Affairs.

4.3 Approval Authority

Only the **President** (or formally delegated authority) may sign:

- MoUs, MoAs
- Academic cooperation agreements
- Research or consultancy contracts
- Vendor contracts exceeding approved thresholds

Faculty, staff, or departments **may not** independently commit FU.

4.4 Mandatory Quality Assurance Oversight

QA-IEA shall:

- Review agreements for alignment with institutional policies;
- Ensure academic quality for external academic collaborations;
- Monitor implementation and evaluate outcomes annually.

4.5 Financial Integrity Requirements

- Financial commitments must be reviewed by the **Finance Department**.
- Agreements may not expose FU to unsanctioned risks.
- Revenue-sharing arrangements require VPFA approval.

4.6 Data Protection & Confidentiality

All agreements must:

- Comply with UAE Data Protection Law;
- Ensure secure handling of student, faculty, and institutional data;
- Include confidentiality and non-disclosure provisions.

4.7 Conflict of Interest

Partnerships involving related parties or personal interests must be disclosed and handled per **FU Conflict of Interest Policy**.

4.8 Transparency and Public Information

SCIR ensures:

- Accurate public representation of agreements;
- No unauthorized claims of partnership or endorsement.

5. Procedures

5.1 Initiation of Cooperative Agreements

Step	Action	Responsible
1	Identify need or opportunity	College/Unit
2	Conduct initial academic/operational assessment	College/Unit
3	Submit Concept Note	Initiating Unit
4	Preliminary review	QA-IEA + Legal + Finance
5	Approval to draft agreement	President/VP

5.2 Due Diligence

Due diligence must assess:

- Legal standing of partner
- Accreditation status (for academic collaborations)
- Financial stability
- Reputational risks
- Capacity for delivering obligations
- Data protection practices

Legal Affairs prepares a Due Diligence Report.

5.3 Drafting and Review of Agreement

Step	Action	Responsible
1	Prepare draft using FU standard templates	Legal Affairs
2	Academic review (if applicable)	Academic Affairs
3	Financial review	Finance
4	QA and compliance review	QA-IEA
5	Final legal vetting	Legal Affairs
6	Submission for approval	President/VP

5.4 Approval and Signing

- Only President (or authorized delegate) may sign.
- After signature, the document is automatically binding unless otherwise noted.

5.5 Implementation

The responsible unit must:

- Maintain communication with partner;
- Execute planned activities;
- Track deliverables and KPIs;
- Manage correspondence and documentation.

5.6 Monitoring and Evaluation

QA-IEA conducts annual:

- Compliance monitoring

- KPI evaluation
- Risk review
- Contribution to OBEF institutional effectiveness reporting

Findings submitted to QA-IEC and President.

5.7 Renewal or Termination

Renewal:

- Based on performance indicators and need assessment
- Requires Legal Affairs review
- President approval required

Termination:

- Allowed if obligations unmet, risks increase, or strategic relevance declines
- Must follow contractual termination clauses
- Must be communicated formally to all stakeholders

6. Roles and Responsibilities

Unit	Responsibilities
President	Final approval and signing authority
Legal Affairs	Drafting, legal vetting, due diligence
QA-IEA	Compliance, monitoring, reporting
Finance	Financial review, risk assessment
SCIR	External communication, branding accuracy
Colleges/Units	Initiate, coordinate, implement agreements
Internal Audit	Audit of financial and governance risks

7. Non-Compliance

Violations of this policy may result in:

- Nullification of unauthorized agreements
- Disciplinary action
- Financial liability
- Formal investigation by Internal Audit
- Referral to UAE authorities for legal violations

8. Policy Review

This policy is reviewed every **three years**, or earlier if:

- UAE federal laws change;
- CAA or OBEF issues new requirements;
- Legal Affairs or QA-IEA recommends revision.

Annex A. Cooperative Agreement Templates (MoU & MoA)

A. Memorandum of Understanding (MoU) Template *(Non-binding)*

****FU–[Partner Name]**

Memorandum of Understanding (MoU)**
Reference No.: FU-MOU-2025-___

1. Purpose
This MoU establishes a framework for cooperation between **Fujairah University (FU)** and **[Partner Institution]** in areas of mutual benefit.

2. Areas of Cooperation
Examples include:

- Student internships / placements
- Training programs
- Joint research activities
- Faculty exchanges
- Resource sharing
- Community engagement

3. Nature of Agreement

- This MoU is **non-binding**.
- It expresses joint intention to cooperate; no financial or legal obligations arise unless a specific contract (MoA) is executed.

4. Responsibilities

Party	Roles / Responsibilities
FU	Identifies units to coordinate collaborative activities
Partner	Provides facilities, expertise, or services as agreed
Both	Uphold ethical, legal, and academic standards

5. Confidentiality
Both parties agree to protect confidential information and comply with UAE Data Protection laws.

6. Validity

- Effective from date of signature.
- Valid for three (3) years unless terminated earlier.

7. Amendments
Amendments must be written and signed by both parties.

8. Termination
Either party may terminate with 30 days' written notice.

9. Signatures
FU President
Partner Authorized Representative

Annex B. Memorandum of Agreement (MoA) Template

(Legally Binding Contract)

****FU–[Partner Name]**
Memorandum of Agreement (MoA)****
Reference No.: FU-MOA-2025-___

1. Purpose
This binding agreement specifies the deliverables, obligations, and legal responsibilities of both parties.

2. Scope of Work
Detailed description of services, training, placements, collaborative research, or operational activities.

3. Deliverables

Deliverable	Responsible Party	Deadline
[Specify]	FU	[Date]
[Specify]	Partner	[Date]

4. Financial Provisions

- Costs, revenue-sharing, payments, and invoicing.
- UAE VAT compliance if applicable.
- Clear statement of financial liability.

5. Regulatory Compliance

- UAE Federal Law
- MoE/CAA Standards
- HEI Inspection Framework
- Institutional policies

6. Confidentiality & Data Protection

- FERPA-equivalent protections
- UAE Personal Data Protection Law compliance
- Confidentiality and cybersecurity clauses

7. Intellectual Property
Rules for jointly developed materials, publications, inventions, and research outputs.

8. Quality Assurance

FU QA-IEA monitors compliance:

- KPI review
- Impact analysis
- Annual performance evaluation

9. Duration

Start & end dates.

Renewal options.

10. Dispute Resolution

- UAE law applies
- Arbitration venue: Fujairah, UAE

11. Termination

- Mutual agreement
- Breach of contract
- Force majeure

12. Signatures

FU President

Partner Authorized Representative

Annex C. Cooperative Agreement Review Checklist

(Used by QA-IEA, Legal Affairs, and Finance)

I. Cooperative Agreement Compliance Checklist

Document Ref: FU-QA-EXTREL-CHK-2025-01

Check Item	Yes/No	Notes	Responsible Unit
Alignment with FU Mission and Strategic Plan			Initiating Unit
Clear academic/operational benefit			Initiating Unit
Legal due diligence completed			Legal Affairs
Partner accreditation verified (if academic)			Academic Affairs
Financial commitments reviewed			Finance
Data protection clauses included			IT / Legal
Confidentiality clauses included			Legal
IP clauses reviewed			Legal
QA-IEA compliance review complete			QA-IEA
Risk assessment completed			Internal Audit
President approval required			Office of the President
Public communication reviewed			SCIR

Annex D. Due Diligence Assessment Form

****FU Due Diligence Assessment Form**
(FU-LGL-DD-Form-2025-01)**

A. Partner Information

- Name of institution/company
- Country of registration
- Website
- Contact person

B. Legal Evaluation

Item	Yes/No	Notes
Valid operating license		
Accreditation recognized by UAE MoE (if HEI)		
No legal cases/penalties		
Not blacklisted internationally		

C. Financial Evaluation

Item	Yes/No	Notes
Financial statements reviewed		
No insolvency risk		
No history of fraud		

D. Reputational Evaluation

Item	Yes/No	Notes
Positive industry reputation		
No adverse media reports		
Previous credible partnerships		

E. Risk Rating

- Low
- Medium
- High
  (Attach justification)

F. Recommendation

- Approve
- Approve with Conditions
- Reject

Annex E. Annual Partnership Evaluation Report Template

****FU Annual Partnership Evaluation Report**
(FU-QA-PART-EVAL-2025-01)**

1. Partnership Overview

- Partner name
- Duration
- Type of agreement (MoU/MoA)
- Start–end date

2. KPI Evaluation

KPI	Target	Achieved	Evidence	Rating
Student placements				
Research outputs				
Faculty participation				
Community engagement				
Cost-effectiveness				
Satisfaction (students/faculty)				

3. Risk & Compliance Review

Area	Status	Notes
Academic quality		
Financial compliance		
Data protection		
Legal compliance		
Reputational risk		

4. Overall Performance Rating

- Excellent / Good / Satisfactory / Poor

5. Recommendation

- Renew
- Renew with revisions
- Terminate
- Terminate immediately (risk-based)

Annex F. Summary Flowchart — Cooperative Agreement Lifecycle



H. Policy and Procedures Governing the Institutional Website (10.H-CAA-CI-11.)

1. Purpose

This policy ensures that FU maintains an official Website that is **accurate, publicly accessible, up-to-date, CAA-compliant, and approved** as required under **Compliance Indicator 11: Website**. The Website serves as a verified, authoritative source of information for prospective and enrolled students, parents, faculty, staff, government authorities, accreditation bodies, employers, and the general public.

2. Scope

This policy applies to:

- **All official FU Web domains and online information systems;**
- **All colleges, departments, programs, units, centers, and student services;**
- **All forms of Website content including text, multimedia, downloadable files, catalogues, manuals, and policy repositories.**

3. Definitions

Term	Definition
Website	Official public institution website serving as the primary verified information source.
Content Owner	The College/Unit responsible for accuracy of posted content.
Website Unit (UWU)	Unit responsible for maintaining, publishing, updating, and archiving Website content.
Mandatory Information	All 44 elements listed under CAA Compliance Indicator 11.
Update Cycle	Required maximum update interval: monthly review, quarterly validity audit, immediate critical updates.

4. Policy Statements

FU shall:

4.1 Maintain a Website that includes all Mandatory CAA Website Requirements, including:

9.1.1. **ACADEMIC, GOVERNANCE & POLICY INFORMATION**
(Items 1–17)

1. **Academic calendar (teaching, assessment, holiday periods)**
2. **Institutional overview**
3. **Vision & Mission**
4. **Goals & Objectives**
5. **Governing body details**
6. **Senior management profiles**
7. **Organizational chart**
8. **Academic Catalogue**
9. **Student Manual**
10. **10–15) Full Admissions Requirements:**
11. **EmSAT/English language minimum scores**
12. **Admission policies & deadlines**

13. **Verified Secondary School Certificates requirements**
14. **Transfer credits policy**
15. **Remedial courses policy**
16. **Graduate Admissions Policy**
17. **General Education program details**

9.1.2. **STUDENT SERVICES INFORMATION**
(Items 18–24)

18. **Student orientation program**
19. **Learning support services**
20. **Academic counseling/advising**
21. **Personal counseling**
22. **Career development / internship placement**
23. **Computer workspaces**
24. **Health services**

9.1.3. **ACCOMMODATION & CAMPUS LIFE**
(Items 25–28)

25. **Student accommodation (male/female/PoD support)**
26. **Dining services/facilities**
27. **Recreational facilities**
28. **Prayer rooms**

9.1.4. **COMMUNICATION, LOCATION, LICENSURE**
(Items 29–34)

29. **Activities and institutional news**
30. **Branch campus details (if applicable)**
31. **Location & contact information**
32. **Latest Website update disclosure**
33. **MoE CAA licensure & program accreditation details + expiry**
34. **International accreditation(s) (if applicable)**

9.1.5. **PROGRAM-LEVEL INFORMATION**
(Items 35–44)

35. **Chair/Coordinator contacts**
36. **Program learning outcomes**
37. **Curriculum structure & credit hours**
38. **Study plan**
39. **Course descriptions**
40. **Total program cost / tuition and fees**
41. **Faculty teaching each program (Name, Highest Qualification, Specialization)**
42. **FTE faculty: student ratio**
43. **International student information (living costs, visas, healthcare, insurance)**
44. **Graduation, attendance, retention, dropout programs & statistics**

5. Procedures

5.1 Website Content Governance Roles

Role	Responsibility
UWU	Publishes/updates content; maintains design, security, archives
Content Owners (colleges/units)	Submit and verify updates
QA-IEA	Audits for accuracy, compliance, and data validity
DSCIR	Public communication quality and branding
VPAA/VPAFA	Final approval authority for academic/admin changes
President	Approval of institutional-level content

5.2 Update and Audit Procedure

Stage	Action	Responsible
1	Identify required update	College/Unit
2	Draft content and attach evidence	Content Owner
3	Submit Website Update Request Form	Content Owner
4	Review for compliance and accuracy	QA-IEA
5	Verify branding & language style	DSCIR
6	Publish update on Website	UWU
7	Record update in Website Change Log	UWU
8	Quarterly and Annual Compliance Audit	QA-IEA

5.3 Required Update Frequency

Content Group	Maximum Update Interval
Academic programs, tuition, catalog	Immediately when approved / Within 5 working days
Student services, contacts, faculty listings	Monthly
Accreditation/licensure details	Within 48 hours of change
News & activities	Weekly
Website update timestamp	With every content change

6. Monitoring & Compliance

QA-IEA maintains:

- **Website Compliance Dashboard (OBEF reporting)**
- **Quarterly Website Audit Report**
- **Annual Website CAA Evidence Repository**

Non-compliance may result in:

- Corrective Action Plan (CAP)
- Escalation to President
- Accreditation risk mitigation protocols

7. Security, Accessibility & Data Protection

FU ensures that the Website complies with:

✓ UAE Data Protection Law

✓ Cybersecurity Standards

✓ Accessibility for People of Determination (WCAG AA level)

8. Forms & Tools (Issued Separately)

Code	Tool/Form
FU-WEB-REQ-2025-01	Website Update Request Form
FU-WEB-LOG-2025-02	Website Change & Audit Log
FU-WEB-MAP-2025-03	Website Content Location Master Map
FU-WEB-COM-2025-04	CAA Compliance Indicator 11 Audit Checklist

9. Approval

This policy becomes effective immediately upon approval, and all FU units shall comply.

Annex A. Website Update Request Form

Code: FU-WEB-REQ-2025-01

Format: Can be exported to Word / PDF / Google Form

Field	Required Information
Request Reference Number	Auto-generated by UWU
Date of Request	DD/MM/YYYY
Requesting College/Unit	Academic / Administrative Unit
Content Owner (Name & Position)	
Contact Email & Internal Extension	
Type of Request	☐ New Content ☐ Content Update ☐ Content Removal ☐ Correction
Reason for Update	☐ CAA/HEI compliance ☐ Academic change ☐ Policy change ☐ Personnel change ☐ Student services update ☐ Accreditation/licensure updates ☐ Other (specify)
Web Page/URL to be Updated	
Description of Requested Update	
Submission of Supporting Evidence	☐ Approved Policy/Decision ☐ Minutes/Resolution ☐ Organizational Chart ☐ Accreditation Letter ☐ PDF/Doc Upload ☐ Other
Branding/Media Requirements	☐ Photo ☐ Graphics ☐ Video ☐ Translation needed: ☐ Arabic ☐ English
Requested Completion Deadline	DD/MM/YYYY
Content Owner Confirmation	Signature/Date
QA-IEA Compliance Verification	Signature/Date
DSCIR Content/Brand Review	Signature/Date
UWU Implementation Approval	Signature/Date
Date Published	DD/MM/YYYY
Published by (UWU Staff)	
Change Logged in FU-WEB-LOG-2025-02	☐ Yes

Annex B. Website Change & Audit Log

Code: FU-WEB-LOG-2025-02

Format: Excel/Google Sheets/SharePoint list

Log ID	Date Changed	URL/Section Updated	Update Summary	Type of Update	Requesting Unit	QA-IEA Validation	Published By	Evidence File Link	Notes
2025-001	10/02/2025	/about/mission	Updated Vision/Mission 2025–2030	Mandatory CAA	QA-IEA	Yes	UWU	SharePoint Link	
2025-002	15/02/2025	/academics/programs/BBA	Study Plan (6th Ed.) updated	Catalogue update	College of Business	Yes	UWU	Link	
2025-003	20/02/2025	/accreditation	Updated CAA licensure expiry	Licensure update	President Office	Yes	UWU	Link	

Annex C. Website Content Location Master Map

Code: FU-WEB-MAP-2025-03

Format: Word/Excel/Diagram

🔷 **High-Level Site Architecture (Required for Accreditation Evidence)**

Category	Required Item(s) (Aligned with Indicator 11)	Website Location
Institutional Profile	Overview, Vision/Mission, Goals/Objectives	About → Overview / Vision & Mission
Governance	Governing body, Senior leadership, Organizational Chart	About → Leadership & Governance
Catalogue & Student Handbook	Approved PDF + online version	Academics → Academic Catalogue / Students → Student Handbook
Admissions	Admission policies, deadlines, EmSAT scores, transfer, remedial, graduate criteria, program cost	Admissions → Undergraduate / Graduate
Program Information	Coordinator, PLOs, Curriculum, Study Plan, Course Descriptions, Total Fees	Academics → Colleges → Program Pages
Student Services	Orientation, Counseling, Career, Health, Learning Support	Campus Life → Student Services

Accommodation & Facilities	Housing, Dining, Recreation, Prayer rooms	Campus Life → Accommodation / Facilities
International Students	Visa, living cost, insurance	Admissions → International Students
Accreditations	MoE CAA licensure, program accreditation, international accreditations	About → Accreditation
News & Activities	Events, announcements, achievements	News & Media
Contact Information	Maps, phone, email, campus locations	Contact Us

Annex D. Website CAA Compliance Dashboard (OBEF-linked)

Code: FU-WEB-DASH-2025-04
Format: Power BI / Google Looker Studio / Tableau

Dashboard KPIs (Mandatory)

KPI	Definition	OBEF Reference
Website Compliance Score	% of required 44 items updated, accurate, and approved	Pillar 6 – Governance
Update Timeliness	Avg. days between approval and publication	Pillar 6 – Institutional Efficiency
Evidence Availability Index	% of website items with documented evidence/approvals	Pillar 6 – Risk/QA Monitoring
Student Information Accuracy Rating	Accuracy verification audit outcome	Pillar 2 – Student Success
Accreditation Disclosure Score	Completeness of licensure and accreditation listings	Pillar 4 – Research/Compliance Strength
International Student Information Completion	Availability of 4 required components	Pillar 6 – Compliance

Suggested Dashboard Visuals

Visual	Measure
Gauge chart	Overall Website Compliance Score (%)
Heat map	Status of 44 required items (Green/Amber/Red)
Trend line	Update timeliness over last 12 months
Bar chart	Compliance by category (governance/admission/programs/etc.)
Table view	All items with last update timestamp

Annex E. Website CAA Compliance Audit Checklist

Code: FU-WEB-COM-2025-05
Format: Excel/Forms/Checklist App

Each of the **44 compliance requirements** must be verified as:

✓ Present
✓ Approved
✓ Up-to-date
✓ Evidence archived
✓ URL recorded

Indicator Requirement	Status	URL	Last Update	Evidence File	Checked By
Academic Calendar	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
Vision & Mission	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
Admissions Policy & EmSAT Requirements	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
Program Curriculum & Study Plan	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
CAA Licensure & Accreditation Details	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
Program Tuition & Total Cost	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
International Student Requirements	☐Compliant ☐Partially ☐Non-compliant				QA-IEA
Accommodation, Dining, Prayer Rooms	☐Compliant ☐Partially ☐Non-compliant				QA-IEA

A full version includes all 44 items ready for accreditation submission.

XI. Community Engagement

A. Policy on Relationships with External Stakeholders(12.A)

(Community, Government, Industry, Employers, Schools, NGOs, Professional Bodies)

1. Purpose

This policy establishes a comprehensive governance framework for managing Fujairah University's relationships with external stakeholders, including:

- Government agencies
- Industry partners and employers
- Schools and community organizations
- Professional bodies and accreditation agencies
- NGOs and international organizations

The purpose is to ensure:

- Strategic alignment with FU's mission and vision
- Stakeholder engagement that strengthens employability, innovation, and community impact
- Compliance with national and international regulatory standards
- Transparency, accountability, and documented institutional effectiveness

2. Scope

This policy applies to:

- All FU Colleges, Departments, and Administrative Units
- All academic and non-academic external collaborations
- All external stakeholders engaged in partnerships, events, research, community service, or professional activities

3. Definitions

Term	Definition
External Stakeholders	Individuals or organizations outside FU that influence or are influenced by FU's academic, administrative, or community operations.
Engagement	Any structured interaction including collaboration, consultation, partnership, feedback, research involvement, or knowledge-sharing.
Partnership	A formal, purposeful relationship governed by an MoU, MoA, or contract.
Community Engagement	Activities directly benefiting society aligned with the Emirate of Fujairah's development goals and UAE Vision 2031.
Industry Engagement	Structured interactions with employers and industry entities supporting curriculum relevance, internships, placements, and employability.

4. Policy Statements

4.1 Strategic Alignment

All external stakeholder engagements must contribute to:

- Graduate employability and future skills
- Research productivity and innovation
- Community engagement and societal impact
- Internationalization
- FU's Strategic Plan (2025–2030)
- OBEF Pillars 1, 3, 4, 5, and 6

4.2 Governance and Compliance

All engagements must comply with:

- UAE MoE CAA Standards (institutional and program-level)
- UAE federal laws & data protection regulations
- HEI Inspection Framework
- International best practices

No unit may enter into commitments without authorization.

4.3 Transparency and Documentation

All engagements must be documented, reviewed, and archived.

Acceptable documents include:

- Meeting minutes
- Partnership proposals
- MoUs/MoAs
- Community or industry reports
- Internship agreements
- Feedback reports

4.4 Conflict of Interest and Ethical Conduct

External engagements must avoid:

- Undisclosed conflicts of interest
- Political or ideological bias
- Financial improprieties
- Favoritism or discriminatory practices

4.5 Sustainability and Inclusiveness

Engagements must support:

- Environmental sustainability
- Social inclusion and equal opportunity
- UAE sustainability mandates

4.6 Quality Assurance & Institutional Effectiveness

QA-IEA conducts:

- Annual evaluation of stakeholder partnerships
- KPI tracking (OBEF indicators)
- Risk assessments
- Impact measurement (employability, research, community outreach)

5. Procedures

5.1 Initiating External Engagement

Step	Action	Responsible
1	Identify need for partnership/engagement	College/Unit Head
2	Prepare concept note & expected outcomes	Initiating Unit
3	Submit for preliminary review	Director for Academic Affairs or VP-AFA
4	Register proposal with QA-IEA	Initiating Unit

5.2 Due Diligence

Step	Action	Responsible
1	Legal, accreditation, and financial due diligence	Legal Affairs, Finance, QA-IEA
2	Partner verification (accreditation, reputation, compliance)	QA-IEA / Academic Affairs
3	Risk analysis	Internal Audit / QA-IEA
4	Approval to proceed to drafting stage	President's Office

5.3 Partnership Formation

Step	Action	Responsible
1	Draft MoU/MoA	Legal Affairs
2	Review & QA compliance check	QA-IEA
3	Final approval	President
4	Signing ceremony and registration	SCIR + President's Office
5	Upload to partnership registry	QA-IEA

5.4 Implementation & Monitoring

Step	Action	Responsible
1	Initiate activities with partner	Lead Unit
2	Track KPIs (OBEF Pillars 1,3,4,5)	Lead Unit
3	Submit quarterly progress reports	Lead Unit
4	QA-IEA review and institutional effectiveness reporting	QA-IEA

5.5 Annual Evaluation & Renewal

Step	Action	Responsible
1	Conduct annual partnership evaluation	QA-IEA
2	Assess performance, risks, and KPIs	QA-IEA + Lead Unit
3	Provide recommendation (renew/modify/terminate)	QA-IEA
4	Final decision	President
5	Update partnership registry	QA-IEA

5.6 Termination of Engagement

Termination may occur for:

- Non-performance
- Legal or accreditation concerns

- Ethical breaches
- Partner request
- Institutional restructuring

Termination Procedure:

1. Written recommendation (Lead Unit)
2. QA-IEA evaluation
3. Legal Affairs review
4. President approval
5. Official Notice to Partner
6. Archiving of all records

6. Responsibilities

Unit	Responsibilities
Office of the President	Final approval; oversight
External Relations Office	Execution, liaison, communications
QA-IEA	Compliance, monitoring, evaluation, KPIs
Legal Affairs	Contract drafting & legal due diligence
Finance	Financial risk and sustainability review
Academic Affairs	Academic relevance and curriculum alignment
Colleges & Departments	Initiation, implementation, reporting
Internal Audit	Risk and compliance verification

7. Non-Compliance

Non-compliance may result in:

- Invalidation of partnerships
- Disciplinary action
- Financial or legal penalties (UAE law)
- Reporting to MoE CAA if regulatory standards are breached

8. Policy Review

Reviewed every three (3) years or earlier upon:

- Updates to CAA Standards
- OBEF revisions
- UAE Federal regulatory changes
- Recommendations from QA-IEA or President's Office

Annex A. External Stakeholder Partnership Registry Template

(Master Register – Maintained by QA-IEA)

Field	Details to Enter
Partnership Reference Number	FU-EXTREL-YYYY-XXX
Partner Name	Official name
Sector Category	Government / Industry / School / NGO / Professional Body / Research
Country	UAE / International
Contact Person & Details	Name, Email, Phone
Type of Agreement	MoU / MoA / Contract / Informal Engagement
Start Date	DD-MM-YYYY
End Date	DD-MM-YYYY
Responsible FU Unit	College / Department / Office
Scope of Partnership	Internships, Research, Training, Community Work, Consultancy, etc.
KPIs Associated	OBEF P1, P3, P4, P5 indicators
Annual Performance Rating	Excellent / Good / Moderate / Poor
Renewal Status	Renew / Modify / Terminate
Supporting Documents	Upload links or file numbers

I. FU External Stakeholder Engagement Plan Template

A. Introduction

- Purpose of the engagement
- Strategic alignment with FU Vision, Mission, and FU Strategic Plan 2025–2030
- OBEF Pillar relevance (P1 Employability, P3 Employability-Industry, P4 Research, P5 Internationalization, P6 Governance)

B. Stakeholder Categories

Category	Examples	Engagement Approaches
Government	Ministries, MOHESR, MOE, Fujairah Entities	Consultation, approvals, joint initiatives
Industry	Employers, Companies	Internships, placements, curriculum updates
Community	NGOs, schools	Outreach, volunteering, joint projects
Professional Bodies	Legal, engineering, HR bodies	Accreditation, professional exams
International	Foreign universities, agencies	Academic exchange, dual awards

C. Engagement Objectives

Objective	KPI	Timeline	Responsible Unit

Strengthen curriculum relevance	Employer feedback response rate	Annual	Academic Affairs
Increase internship opportunities	No. of internships (OBEF 3.1)	Per semester	Career Services
Improve research collaboration	Joint research outputs	Annual	CRISL/Faculty
Enhance community impact	CE events held	Annual	Community Engagement Office

D. Engagement Activities

Examples:

- Employer Advisory Board meetings
- Annual Industry Forum
- School outreach roadshows
- Joint seminars and training workshops
- Career fairs
- MoU/MoA initiatives

E. KPI Monitoring

- Tracked by: **QA-IEA**
- Reporting frequency: **Quarterly & Annual**

II. FU Stakeholder Communication Protocol

Purpose

To ensure consistent, ethical, and professional communication with external stakeholders.

A. Principles

- Transparency
- Accuracy
- Confidentiality
- Respect for cultural and institutional values
- Compliance with UAE laws and FU policies

B. Communication Channels

Channel	Examples	Authorized Users
Official Email	@fu.ac.ae emails	Employees only
Official Websites	FU website, LMS	SCIR
Social Media	LinkedIn, X, Instagram	SCIR
Official Letters	MoU/MoA drafts, invitations	President's Office
Meetings & Events	Advisory boards, workshops	Relevant Units

C. Approval Requirements

Communication Type	Requires Approval From
Public announcements	SCIR + QA-IEA

Partnership announcements	SCIR + President
MoU/MoA signing events	President + External Relations
Legal commitments	Legal Affairs

D. Records Management

All communication must be archived:

- Emails
- Minutes of meetings
- Communications logs
- Letters

QA-IEA maintains the evidence repository for audit and accreditation.

IV. FU Annual External Stakeholder Report Template

A. Executive Summary

- Key achievements
- Strategic impact
- Alignment with OBEF and FU KPIs

B. Stakeholder Engagement Overview

Type of Engagement	Number	Notes
Industry		
Community		
Government		
Professional Bodies		
International		

C. Key Achievements

- New partnerships
- Successful internships/placements
- Research collaborations
- MOUs/MOAs established

D. KPI Report (OBEF-Aligned)

KPI Area	Indicator	Target	Achieved	Evidence	Rating
Employability	Employment Rate	80%			
Industry Engagement	Work Placement Participation	60%			
Research	Joint Publications	10			
Internationalization	Global Partnerships	20			
Community Engagement	CE Activities Conducted	30			

E. Risks Identified

- Compliance risks

- Financial risks
- Reputational risks
- Partnership underperformance

F. Recommendations

- Renew / Modify / Terminate partnerships
- Scale-up activities
- Introduce new strategic initiatives

5. Stakeholder Mapping Matrix (Bonus)

Stakeholder	Influence	Interest	Priority Level	Engagement Strategy
Government Ministries	High	High	Priority 1	Regular reporting, compliance
Industry Employers	High	Medium	Priority 2	Advisory boards, internships
Community Schools	Medium	Medium	Priority 3	Outreach, community programs
NGOs	Low	Medium	Priority 4	Events, CE projects
Professional Bodies	High	High	Priority 1	Accreditation alignment

6. External Partnership Risk Register (Bonus)

Risk Category	Risk Description	Likelihood	Impact	Mitigation	Responsible
Legal	Unlicensed partner	Medium	High	Due diligence, license verification	Legal Affairs
Financial	Unfunded commitments	Low	High	Finance approval	Finance
Academic	Low-quality training sites	Medium	Medium	Site visits	Academic Affairs
Data	Breach of confidential info	Low	High	NDA, cybersecurity	IT & Legal
Reputational	Controversial partner	Low	High	Research, social media scan	QA-IEA

B. Policy on Social Engagement Activities (12.B)

1. Purpose

This policy establishes the governance framework for the planning, implementation, monitoring, and evaluation of **social engagement activities** conducted by Fujairah University (FU). It ensures:

- Strong engagement with the Fujairah community and the wider UAE;
- Support for national priorities (UAE Vision 2031, Fujairah Plan 2040);
- Enhancement of students' civic responsibility and applied learning;
- Ethical, sustainable, and safe execution of social engagement activities;
- Compliance with CAA Standards, HEI Inspection Framework, and OBEF indicators.

2. Scope

This policy applies to all social engagement activities including:

- Community service projects
- Outreach and volunteer activities
- School engagement initiatives
- NGO collaboration
- Cultural programs
- Student-led social responsibility initiatives
- Government and non-profit engagement projects

It covers **students, faculty, staff, colleges, and administrative units**.

3. Definitions

Term	Definition
Social Engagement	Structured activities that contribute to societal development, well-being, community capacity-building, and civic participation.
Community Partner	Any government entity, school, NGO, private sector organization, or community organization collaborating with FU.
Volunteerism	Unpaid participation in activities contributing to community welfare.
Community Project	A planned initiative that addresses a community need through FU resources.
OBEF Pillar 6 KPI	Indicators measuring community engagement events, participation, and societal impact.

4. Policy Statements

4.1 Alignment with Mission and National Priorities

Social engagement activities must align with:

- FU Vision & Mission
- FU Strategic Plan 2025–2030
- UAE Vision 2031
- Fujairah Plan 2040

UN SDGs (particularly SDG 3, 4, 5, 8, 10, 17)

4.2 Governance and Accountability

All activities must be approved by:

- Community Engagement Office (CEO)
- Director for Academic Affairs (for academic-linked projects)
- President (for external collaborations or high-impact programs)

Unauthorized activities are not permitted.

4.3 Student, Faculty, and Staff Participation

Participation must be:

- Inclusive
- Voluntary (unless part of curriculum)
- Supervised by FU personnel
- Free from discrimination or coercion

4.4 Ethical and Legal Compliance

Activities must avoid:

- Political, ideological, or religious advocacy
- Any violation of UAE federal laws
- Safety hazards or misuse of institutional identity

4.5 Safety, Risk, and Well-being

FU ensures:

- Risk assessments before activities
- Health & safety measures
- Supervision for off-campus events
- Emergency procedures and insurance coverage when applicable

4.6 Documentation and QA Requirements

Each activity must include:

- A project proposal
- A signed partnership form (if applicable)
- Attendance records
- Impact assessment reports
- Photos and evidence for accreditation

QA-IEA reviews activities annually for OBEF KPI reporting.

5. Procedures

5.1 Activity Proposal and Approval

Step	Action	Responsible
1	Identify community need or activity concept	Faculty/Student/Unit
2	Prepare Community Engagement Proposal Form	Initiating Unit
3	Review for relevance & feasibility	Community Engagement Office
4	Conduct risk assessment & compliance check	CEO + QA-IEA
5	Obtain approval	Director for Academic Affairs / President
6	Register activity in CE database	CEO

5.2 Implementation of Activities

Step	Action	Responsible
1	Mobilize participants and resources	CEO / Initiating Unit
2	Coordinate with community partner	CEO
3	Ensure safety & supervision	CEO + Unit
4	Conduct activity	All participants
5	Collect evidence (attendance, photos, survey)	Activity Lead

5.3 Monitoring & Evaluation

Step	Action	Responsible
1	Administer participant feedback	CEO
2	Conduct impact assessment	CEO + QA-IEA
3	Evaluate success against KPIs	QA-IEA
4	Submit report to President and QA-IEC	CEO
5	Archive documentation	QA-IEA

5.4 Annual Reporting (OBEF-Aligned)

- CEO compiles all activities each academic year.
- QA-IEA analyzes alignment with OBEF (Pillar 5).
- Annual report is submitted to:
  - QA-IEC
  - President
  - VP for Administrative & Financial Affairs

5.5 External Partnership Requirements

For collaborations with external stakeholders:

- MoU/MoA is required for recurring activities
- Legal review mandatory for contracts
- Activities must be scheduled in coordination with SCIR and QA-IEA

6. Responsibilities

Unit	Responsibilities
Community Engagement Office (CEO)	Lead, coordinate, approve, evaluate all CE activities
QA-IEA	KPI assessment, impact evaluation, accreditation compliance
Academic Affairs	Integration with curricular components
Colleges & Departments	Initiative generation and implementation
SCIR	Publicity, branding, communication
Office of the President	Final approval for external engagement
Students	Respect guidelines and participate responsibly

7. Non-Compliance

Non-compliance may result in:

- Activity cancellation

- Disciplinary action
- Removal of unsanctioned external communications
- Reporting to the VP or President
- Accreditation reporting if violations affect quality or safety

8. Review of Policy

This policy is reviewed **every three (3) years** or earlier upon:

- Changes in UAE CAA Standards
- Updates to OBEF indicators
- Changes to HEI Inspection Framework
- Recommendations from QA-IEA or President

Annex A. Community Engagement Proposal Form

FU-CE-Form-2025-01

FU COMMUNITY ENGAGEMENT PROPOSAL FORM
Form Code: FU-CE-Form-2025-01
Version: 1.0
Effective Date: AY 2025–2026
Managed by: Community Engagement Office (CEO)
Reviewed by: QA-IEA

A. Basic Information

Field	Details
Title of Activity	
Proposed Date(s)	
Type of Activity	☐ Outreach ☐ Volunteerism ☐ NGO Initiative ☐ School Engagement ☐ Health Campaign ☐ Awareness Program ☐ Other: ____
Proposed Location	On-campus / Off-campus (Specify)
Lead College/Unit	
Activity Lead(s)	Name, Position, Email, Phone
Expected Number of Participants	Students: ___ Faculty: ___ Staff: ___ Partners: ___

B. Partner Information

Field	Details
Partner Organization	
Sector	☐ Government ☐ NGO ☐ School ☐ Industry ☐ Community Group
Contact Person	Name, position, contact details
Partnership Agreement Required?	☐ Yes (MoU/MoA) ☐ No

C. Purpose of the Activity

1. Describe the community need or issue addressed:
   _____
2. Alignment with FU Mission and Vision:
   _____
3. Alignment with OBEF Pillar 5 – Community Engagement KPI(s):
   - ☐ 5.1 Community Events
   - ☐ 5.2 CE Participation Rate
   - ☐ 5.3 CE Satisfaction Rating
   - ☐ 5.4 Societal Impact Score

D. Activity Description

- Describe planned activities:

  _____

- Agenda / Program Flow (attach if needed)
- Required resources (venue, equipment, transportation, etc.)

E. Safety & Risk Requirements

Risk Area	Yes/No	Notes
Off-campus activity		
Travel required		
High-risk groups involved		
Health risks		
Weather/environmental risks		
Legal or reputational risks		

(If any *Yes* → attach Risk Assessment Form)

F. Budget Requirements

Cost Item	Estimated Amount (AED)	Funding Source
Transport		
Materials		
Refreshments		
Printing		
Other		

Approved funding: ☐ YES ☐ NO

Finance Signature: _____

G. Approval Workflow

Role	Name / Signature	Date
Activity Lead		
Community Engagement Office (CEO)		
QA-IEA		
Director for Academic Affairs		
President (if external partner involved)		

Annex B. Post-Activity Evaluation Form

FU-CE-EVAL-Form-2025-02

FU COMMUNITY ENGAGEMENT POST-ACTIVITY EVALUATION FORM
Form Code: FU-CE-EVAL-Form-2025-02
Version: 1.0

A. Activity Details

Field	Details
Title of Activity	
Date(s)	
Location	
Lead Unit	
Partner Organization	

B. Participation Summary

Group	Planned	Actual
Students		
Faculty		
Staff		
Community Participants		

C. Activity Evaluation (1 = Poor → 5 = Excellent)

Evaluation Criteria	1	2	3	4	5
Relevance to community need					
Quality of implementation					
Coordination with partner					
Student learning impact					
Safety and logistics					
Overall effectiveness					

D. Qualitative Feedback

1. What went well?

   _____

2. What could be improved?

   _____

3. Community partner feedback summary:

   _____

4. Impact on students (skills, sense of civic responsibility, etc.):

   _____

E. Evidence Attached

☐ Attendance sheet

☐ Photos

☐ Partner letter/feedback

☐ Media posts / announcements

☐ Other (specify): _____

F. Final Signatures

Role	Signature	Date
Activity Lead		
Community Engagement Office		
QA-IEA		

Annex C. Annual Community Engagement KPI Dashboard

FU-CE-KPI-Dashboard-2025

(Excel style — ready for integration into institutional KPI systems)

A. Summary Dashboard (OBEF Pillar 5)

KPI Code	KPI Description	Target	Achieved	%	Status	Evidence
CE-KPI-1	Number of Community Engagement Events				● OK / ● At Risk / ● Critical	Reports
CE-KPI-2	Student Participation Rate (%)					Attendance
CE-KPI-3	Community Partner Satisfaction					Surveys
CE-KPI-4	Societal Impact Score (Qual/Quant)					Impact Report
CE-KPI-5	Faculty Involvement					Reports
CE-KPI-6	Alignment with National Priorities					Documentation

B. Activity-Level KPI Table

Activity Title	Date	Lead Unit	OBEF KPI Mapped	Target	Actual	Evidence	Comments
			5.1 / 5.2 / 5.3 / 5.4				

C. Annual Impact Analysis

1. Quantitative

- Total CE activities conducted:

- Total participants:
- Community beneficiaries served:
- Partnerships activated:

2. Qualitative Themes

- Societal need areas served
- Community feedback themes
- Student learning transformation

D. Annual Recommendations

- _____
- _____
- _____
- _____

Annex D. Social Engagement Risk Assessment Form

FU-CE-RISK-Form-2025-03

FU COMMUNITY ENGAGEMENT RISK ASSESSMENT FORM
Form Code: FU-CE-RISK-Form-2025-03
Version: 1.0

A. Activity Identification

Item	Detail
Activity Title	
Activity Date	
Location	On-campus / Off-campus (specify)
Partner Organization	
Lead Person	

B. Risk Categories and Assessment
Risk Levels:
Likelihood: Low / Medium / High
Impact: Minor / Moderate / Major / Critical

1. Operational Risks

Risk Item	Likelihood	Impact	Control/Mitigation
Transport/Logistics			
Equipment failure			
Venue limitations			

2. Health and Safety Risks

Risk Item	Likelihood	Impact	Control/Mitigation
Medical emergencies			
Physical injury			
Weather hazards			

3. Legal & Compliance Risks

Risk Item	Likelihood	Impact	Control/Mitigation
Unapproved partner			
Data/privacy breach			
Lack of MoU/MoA			

4. Reputational Risks

Risk Item	Likelihood	Impact	Control/Mitigation
Misrepresentation on social media			
Partner controversy			
Safety incident			

5. Financial Risks

Risk Item	Likelihood	Impact	Control/Mitigation
Unplanned expenses			
Damage to equipment			
Liability claims			

C. Overall Risk Rating

- ☐ Low
- ☐ Medium
- ☐ High

(Attach justification)

D. Approval

Role	Signature	Date
Activity Lead		
Community Engagement Office		
QA-IEA		
Director for Academic Affairs		

Annex E. Standard Operating Procedure (SOP)

FU Community Engagement Activities
SOP Code: FU-CE-SOP-2025-01
Version: 1.0
Effective Date: AY 2025–2026

1. Purpose

This Standard Operating Procedure (SOP) outlines the **step-by-step workflow** for initiating, approving, implementing, documenting, and evaluating all Community Engagement (CE) activities at Fujairah University. It ensures:

- Compliance with CAA and HEI Inspection Framework
- Alignment with OBEF KPIs (P5: CE activities, participation, impact)
- Accountability, safety, and risk management
- Proper reporting and documentation

2. Scope

This SOP applies to:

- Colleges, departments, and all administrative units
- Students, faculty, staff, and project teams
- All activities involving external communities, schools, NGOs, industries, or government agencies

3. References

- FU Policy on Social Engagement Activities
- OBEF v10.21 Pillar 5
- CAA Standards 2019 (3.7 Community Engagement)
- HEI Inspection Framework (Standards 7–8)
- FU External Partnership Policy
- FU Safety and Risk Management Policy

4. Definitions

Term	Definition
CE Activity	A structured project, outreach, event, or initiative benefiting external communities.
CEO	Community Engagement Office
QA-IEA	Quality Assurance & Institutional Effectiveness Affairs
Risk Assessment	A documented evaluation of potential safety, legal, or operational risks.

5. Roles & Responsibilities

Unit	Responsibilities
Community Engagement Office (CEO)	Lead coordination, approvals, monitoring, reporting
QA-IEA	KPI monitoring, evaluation, impact analysis
Colleges/Departments	Propose and implement activities

President / Academic Affairs	Final approvals for external engagement
SCIR	Communications, branding, media facilitation
Finance	Budget support (if required)
Health & Safety	Risk mitigation oversight

6. SOP Workflow

Step 1: Activity Identification & Concept Submission

6.1.1 Initiating Unit (faculty, staff, or student group):

- Identifies a community need or engagement opportunity.
- Completes **Community Engagement Proposal Form (FU-CE-Form-2025-01)**.
- Prepares supporting documents:
    - Concept note
    - Draft agenda
    - Partner details (if any)

6.1.2 Submission

- Proposal submitted to **Community Engagement Office (CEO)**.

Step 2: Review of Proposal

6.2.1 CEO Reviews for:

- Relevance to mission and strategy
- Feasibility (time, resources, logistics)
- Ethical considerations
- Partner suitability
- Alignment with OBEF Pillar 5 KPIs

6.2.2 If external partner involved:

- Legal Affairs verifies documentation
- QA-IEA checks regulatory compliance

Outcome: Proposal **accepted**, **returned for revision**, or **declined**.

Step 3: Risk Assessment & Safety Clearance

6.3.1 Initiating Unit completes:

- **Risk Assessment Form (FU-CE-RISK-Form-2025-03)**
- Includes: safety, logistics, legal, reputational, environmental risks

6.3.2 Health & Safety Unit reviews risk controls.

Step 4: Approval Process

4-level approval pathway:

Approval Level	Required When	Approved By
Level 1	All CE activities	CEO
Level 2	Activities involving academic components	Director for Academic Affairs
Level 3	External partner collaboration	President
Level 4	Financial commitments	VP-AFA / Finance

Upon approval → Activity is **registered in CE Activity Log**.

Step 5: Implementation of Activity

6.5.1 CEO coordinates:

- Venue booking
- Partner communication
- Logistics & transportation
- SCIR coordination for publicity (if required)

6.5.2 Activity Lead ensures:

- Participant supervision
- Safety compliance
- Attendance documentation
- Evidence collection (photos, materials, media)

Step 6: Post-Activity Evaluation

6.6.1 Activity Lead submits:

- **Post-Activity Evaluation Form (FU-CE-EVAL-Form-2025-02)**
- Partner and participant feedback

6.6.2 CEO compiles CE outcomes:

- Attendance
- Participation data
- Qualitative feedback
- Impact analysis

Step 7: QA-IEA Review & KPI Reporting

6.7.1 QA-IEA performs:

- KPI mapping (OBEF 5.1 – 5.4)
- Impact assessment (quantitative + qualitative)
- Risk analysis and mitigation for future activities
- Consolidation of annual CE performance

6.7.2 Evidence archived for audits and accreditation.

Step 8: Annual CE Reporting & Strategic Planning

6.8.1 CEO prepares Annual CE Report including:

- Number of CE events
- Total participants
- Partner organizations
- Societal impact score
- Alignment with FU Strategy
- Challenges and recommendations

6.8.2 Submission to:

- QA-IEC
- President
- VP Academic Affairs

7. Non-Compliance

Examples of violations:

- Conducting unapproved CE events
- Failure to submit required documentation
- Misuse of FU name or identity in external activities
- Safety or legal breaches

Consequences:

Warnings → Activity suspension → Disciplinary review → Reporting to CAA (if compliance risk occurs)

8. Records Management

All CE records must be archived for **minimum 7 years**, including:

- Proposals
- Risk assessments
- Attendance lists
- Evidence (photos, video, media)
- Evaluation forms
- Annual KPI reports

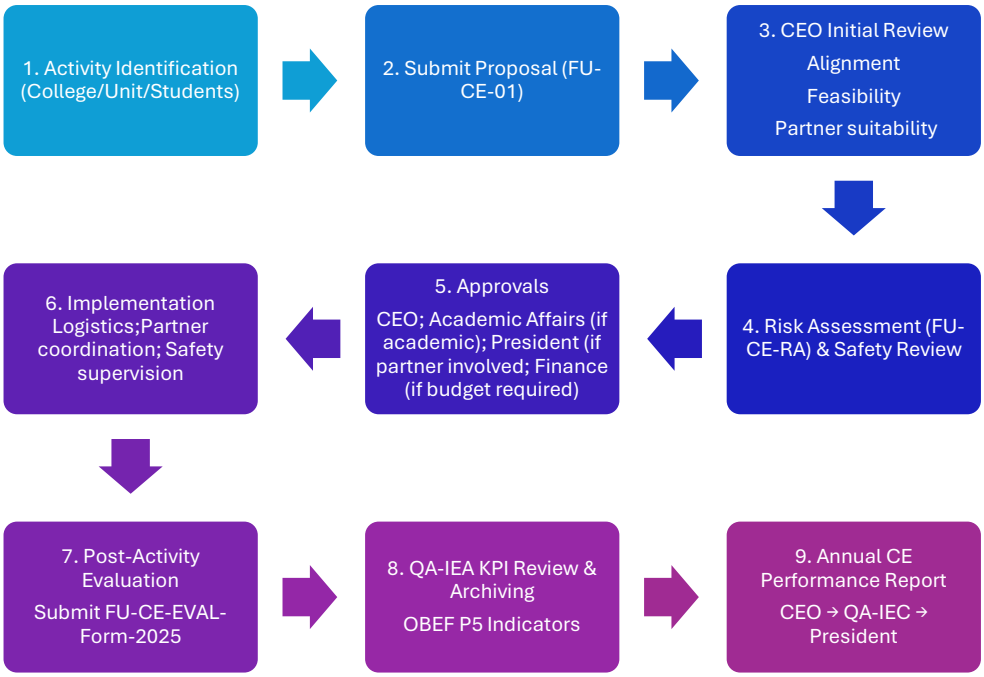
QA-IEA maintains permanent digital evidence repositories.

9. Review of SOP

Reviewed every **three years** or earlier upon changes in:

- CAA Standards
- HEI Inspection Framework
- OBEF indicators
- National laws or institutional strategy

Annex F. Community Engagement SOP Flowchart



C. Policy on Advisory Boards and Committees (12.C)

1. Purpose

This policy establishes the governance structure, functions, and operational procedures of Fujairah University's advisory boards and committees. It ensures that:

- Advisory bodies contribute expert, evidence-based guidance;
- Academic and administrative decision-making is informed by external and internal expertise;
- Governance complies with UAE MoE CAA, OBEF, and HEI Inspection requirements;
- Stakeholder engagement is strategic, transparent, and impactful.

2. Scope

This policy applies to all FU advisory bodies, including:

- Program Advisory Boards (PABs)
- Industry Advisory Boards
- College Advisory Committees
- Research & Innovation Advisory Committees
- Community Engagement Advisory Groups
- Institutional Advisory Committees (e.g., QA-IEC, CEI Board)

It covers **establishment, membership, functions, meetings, documentation, and evaluation**.

3. Definitions

Term	Definition
Advisory Board/Committee	A body of internal and/or external experts providing recommendations to support FU's academic quality, employability, research, community engagement, and governance.
External Member	Representative from industry, government, NGOs, schools, or other HEIs invited for expert input.
Internal Member	FU faculty, staff, or administrators appointed based on role and expertise.
Quorum	Minimum number of members required to conduct official business.
Terms of Reference (ToR)	Document defining the responsibilities, structure, and operating procedures.

4. Policy Statements

4.1 Establishment

- Advisory boards/committees must be established based on clear institutional needs and relevant accreditation standards.
- Each board must have an approved **Terms of Reference (ToR)**.
- Boards may be permanent or ad hoc.

4.2 Membership Requirements

- Membership must reflect appropriate diversity (sector, expertise, gender, discipline).
- External members must represent employers, industry leaders, community organizations, research entities, or professional bodies.
- Internal members must include relevant FU administrators or faculty.

4.3 Independence and Integrity

Members must:

- Declare conflicts of interest;
- Uphold ethical and professional standards;
- Maintain confidentiality of proceedings.

4.4 Function and Authority

Advisory boards provide **recommendations**, **not executive decisions**.

Their roles include:

- Program relevance and market alignment;
- Curriculum review feedback;
- Employability insights;
- Research and innovation strategy advice;
- Societal engagement guidance;
- Risk assessments and quality improvement recommendations.

4.5 Meeting Requirements

- Minimum **two meetings per academic year**.
- Minutes must be taken, approved, and archived.
- Attendance must meet quorum.

4.6 Documentation and Reporting

Every advisory board must maintain:

- Agenda
- Minutes
- Attendance sheets
- Recommendations
- Action plan tracking
- Annual performance evaluation (QA-IEA)

4.7 Quality Assurance and Evaluation

- QA-IEA evaluates advisory board effectiveness annually.
- Recommendations are integrated into program/functional improvement plans.
- Evidence is used for accreditation submissions (CAA/ABET/AACSB/etc.).

5. Procedures

5.1 Establishing an Advisory Board

Step	Action	Responsible
1	Identify need (e.g., curriculum feedback, industry alignment)	College Dean/Unit Head
2	Draft Terms of Reference	Unit + QA-IEA
3	Nominate members	Dean/Director
4	Verify qualifications and relevance	QA-IEA
5	President approves final membership	President

6	Register the board in FU Governance Registry	QA-IEA

5.2 Membership Appointment

Step	Action	Responsible
1	Issue invitation	Dean/Director
2	Receive acceptance	Member
3	Sign confidentiality & COI form	Member
4	Add to membership roster	QA-IEA

Membership Terms:

- External members: **2-year renewable term**
- Internal members: **role-based (ex officio)**

5.3 Meeting Management

Step	Action	Responsible
1	Schedule meeting & send invitations	Board Secretary
2	Prepare agenda	Chairperson
3	Circulate materials (1 week prior)	Secretary
4	Conduct meeting	Chairperson
5	Document minutes and attendance	Secretary
6	Obtain approval of minutes	Chairperson + Members
7	Submit to QA-IEA for archival	Secretary

5.4 Recommendations Follow-up

Step	Action	Responsible
1	Extract recommendations	Secretary
2	Refer to relevant department/college	Dean/Director
3	Prepare Action Plan	Responsible Unit
4	Monitor implementation	QA-IEA
5	Report progress at next meeting	Unit

5.5 Annual Evaluation

Conducted by QA-IEA:

Evaluation Area	Method	Evidence
1. Contribution to program quality	KPI & Curriculum Review Analysis	Evidence sheets
2. Impact on employability	Employer feedback; internship KPIs	Survey data
3. Alignment to OBEF	KPI analysis	Annual CE/Industry report
4. Member participation	Attendance logs	Minutes
5. Effectiveness	Committee self-evaluation	Evaluation forms

Results included in FU's **Institutional Effectiveness Report**.

6. Responsibilities

Unit	Responsibilities
President	Approves board establishment and membership

Director for Academic Affairs	Ensures academic alignment
Deans	Operational oversight and implementation of recommendations
Board Chairperson	Leads meetings; ensures compliance
Secretary	Documentation and communication
QA-IEA	Impact assessment, evidence management, quality monitoring

7. Non-Compliance

Non-compliance may result in:

- Removal from membership
- Board suspension
- Administrative investigation (if serious)
- Reporting to CAA if affecting accreditation compliance

8. Records Management

Documents retained for **7 years**, including:

- ToR
- Member lists
- Minutes
- Recommendations
- Evaluation reports
- Evidence files

All uploaded to the FU Governance Evidence Repository.

9. Review of Policy

Reviewed every **three years** or earlier upon:

- Changes in CAA Standards
- Revisions to OBEF indicators
- Updates to HEI Inspection Framework
- Institutional restructuring

Annex A. Advisory Board Terms of Reference (ToR) Template

FU-ADV-ToR-2025-01

FU ADVISORY BOARD – TERMS OF REFERENCE (ToR)
Document Code: FU-ADV-ToR-2025-01
Version: 1.0
Effective Date: AY 2025–2026

1. Purpose

The Advisory Board provides expert, external, and internal guidance to support the quality, relevance, and continuous improvement of academic programs, research priorities, industry alignment, and community engagement activities.

2. Objectives

- Ensure program relevance to industry, national priorities, and future skills.
- Guide employability and graduate-market alignment.
- Advise on curriculum enhancement and emerging trends.
- Support research, innovation, and knowledge transfer.
- Strengthen community engagement and societal impact.
- Provide risk and quality improvement advice.

3. Functions

The board shall:

1. Review program performance, KPIs, and graduate outcomes.
2. Advise on curriculum updates and market relevance.
3. Provide feedback on internship and training sites.
4. Facilitate partnerships for research and community engagement.
5. Identify emerging technologies, skills, and sector needs.
6. Support accreditation readiness through expert input.
7. Review institutional reports when requested.

4. Composition

Category	Members
External Members	Industry experts, employers, NGOs, government, professional bodies
Internal Members	Dean, Program Chair, senior faculty, QA-IEA representative
Total Size	7–12 members

5. Membership Criteria

External members must:

- Have expertise relevant to the discipline;
- Possess recognized industry or community leadership;
- Commit to at least two meetings annually.

Internal members must:

- Hold academic or administrative oversight;

- Demonstrate knowledge of program operations.

6. Chairperson

- Appointed by the Dean/President.
- Leads meetings, approves agendas, and ensures compliance with ToR.

7. Secretary

- Appointed by the Dean.
- Maintains minutes, records, evidence, and communication.

8. Meetings

- **Minimum two meetings per academic year**.
- Quorum: **50% + 1** of total members.
- Hybrid/virtual meetings permitted.

9. Reporting

The board reports to:

- Dean / Director
- Director of Academic Affairs
- QA-IEC (through QA-IEA)

10. Term of Membership

- External members: **2-year renewable term**.
- Internal members: **Ex officio; role-based**.

11. Confidentiality

All proceedings, documents, and communications are confidential.

12. Conflict of Interest

Members must submit a **Conflict of Interest Declaration Form** annually.

13. Review of ToR

Reviewed every 3 years by QA-IEA.

Annex B. Advisory Board Meeting Agenda Template

FU-ADV-AGENDA-2025-01

Fujairah University
Advisory Board Meeting Agenda
Template Code: FU-ADV-AGENDA-2025-01

Meeting Title: Advisory Board Meeting – [Program/College]
Date: ___ / ___ / 20__
Time: _____
Location: On-campus / Virtual (link: _____)
Chairperson: _____
Secretary: _____

AGENDA

Item No.	Agenda Item	Presenter	Time
1	Welcome and Opening Remarks	Chairperson	
2	Approval of Previous Minutes	Chairperson	
3	Review of Action Items	Secretary	
4	Program Updates (Admissions, KPIs, OBEF, Accreditation)	Dean/Program Chair	
5	Industry/Community Trends and Feedback	External Members	
6	Curriculum Review and Alignment	Academic Affairs Representative	
7	Internship, Work Placement, and Employability Discussion	Career Services	
8	Research, Innovation & Partnerships Opportunities	CRISL	
9	Community Engagement Initiatives	CE Office	
10	Recommendations of the Board	Chairperson	
11	Any Other Business (AOB)	Board Members	
12	Closing Remarks & Next Meeting Date	Chairperson	

Annex C. Advisory Board Minutes of Meeting (MoM) Template

FU-ADV-MOM-2025-01

Fujairah University
Advisory Board – Minutes of Meeting
Template Code: FU-ADV-MOM-2025-01
Version: 1.0

Meeting Details

Field	Information
Program/College	
Meeting Type	Regular / Special
Date	
Time	
Location	
Chairperson	
Secretary	

Attendance

Name Designation Internal/External Present/Absent

(Attach signed attendance sheet)

1. Opening and Welcome

Summary: _____

2. Approval of Previous Minutes

Decision: ☐ Approved ☐ Approved with corrections ☐ Not Approved

---

3. Review of Previous Action Items

Action Item	Responsible	Due Date	Status	Notes

4. Discussion Items

4.1 Program Performance Review (OBEF indicators):

Notes: _____

4.2 Industry/Community Insights:

Notes: _____

4.3 Curriculum Revision Feedback:

Notes: _____

4.4 Internship & Employability Updates:

Notes: _____

4.5 Research & Innovation Inputs:

Notes: _____

4.6 Community Engagement Contributions:

Notes: _____

5. Recommendations

Recommendation	Responsible Unit	Deadline	Remarks

6. Any Other Business

Notes: _____

7. Closing Remarks

Summary: _____

8. Signatures

Role	Name	Signature	Date
Chairperson			
Secretary			

Annex D. Annual Advisory Board Evaluation Form

FU-ADV-EVAL-2025-01

Fujairah University
Annual Advisory Board Evaluation Form
Code: FU-ADV-EVAL-2025-01

A. Basic Information

Field	Entry
College / Program	
Board Name	
Academic Year	
Chairperson	

B. Evaluation Areas

Rate each criterion on a **5-point scale**
(1 = Very Poor, 5 = Excellent)

1. Board Composition & Expertise

Criteria	1	2	3	4	5
1. Appropriate balance of internal/external members					
2. Diversity of expertise					
3. Relevance to discipline					

2. Meeting Effectiveness

Criteria	1	2	3	4	5
1. Frequency of meetings					
2. Member attendance					
3. Quality of discussion					
4. Timeliness of minutes					

3. Quality of Recommendations

Criteria	1	2	3	4	5
1. Relevance and usefulness					
2. Evidence-based recommendations					
3. Impact on program improvement					

4. Contribution to Strategic Goals (OBEF)

Criteria	1	2	3	4	5
Support to employability (Pillar 1 & 3)					
Contribution to research & innovation (P4)					
Strengthening community partnerships (P5)					
Support to governance & sustainability (P6)					

C. Overall Performance

Overall rating:

☐ Excellent

☐ Good

☐ Satisfactory

☐ Needs Improvement

☐ Poor

D. Narrative Summary

Strengths:

_____

Areas for Improvement:

_____

Recommendations:

_____

E. Signatures

Role	Name	Signature	Date
Dean/Director			
QA-IEA Reviewer			

D. Policy on Alumni Relations and Engagement(12.D)

1. Purpose

This policy establishes the framework governing FU's relationship with alumni to ensure:

- Sustained engagement and lifelong connection with the university
- Alumni participation in employability initiatives and industry partnerships
- Collection of accurate graduate destination data for OBEF and accreditation
- Opportunities for alumni professional development, mentoring, and networking
- Institutional reputation-building and community contribution
- Compliance with UAE regulations on data protection and reporting

2. Scope

This policy applies to:

- All FU graduates (undergraduate, graduate, diploma, and continuing education)
- All alumni engagement activities, communications, events, and services
- All administrative and academic units that collaborate with alumni
- Data collection and reporting related to alumni outcomes

3. Definitions

Term	Definition
Alumni	Any individual who completed a program at FU (degree, diploma, or certificate).
Alumni Relations Office (ARO)	The unit responsible for engagement, networking, communication, events, and alumni services.
GDS (Graduate Destination Survey)	A mandated survey under OBEF Pillar 1 to capture employment and further study outcomes.
Engagement	Structured involvement of alumni in events, advisory boards, mentoring, or university initiatives.
Lifetime Record	The permanent alumni database maintained for communication and institutional reporting.

4. Policy Statements

4.1 Alumni as Strategic Stakeholders

Alumni are key contributors to FU's mission and are partners in:

- Career development and employability for current students
- Industry networking and internship opportunities
- Research collaboration
- Community engagement initiatives
- Program enhancement and curriculum relevance

4.2 Data Protection & Confidentiality

FU ensures:

- Alumni data collected is protected under UAE data protection laws
- Data is used only for official institutional purposes
- Alumni consent is obtained for communication and data use

- Secure systems are used for storing alumni records

4.3 Alumni Engagement

FU shall:

- Organize structured engagement activities annually
- Maintain a digital alumni portal
- Provide networking and continuous education opportunities
- Involve alumni in employer advisory boards and program reviews
- Encourage alumni participation in mentorship programs

4.4 Alumni Representation

Alumni may serve on:

- Program Advisory Boards
- QA-IEC subcommittees
- Community engagement groups
- Career fairs and internship committees
- Graduation ceremonies and institutional events

4.5 Graduate Outcome Tracking

FU must:

- Conduct Graduate Destination Surveys (GDS) at 6 months and 12 months post-graduation
- Achieve compliance with OBEF Pillar 1 employment KPIs
- Ensure data accuracy through QA-IEA validation

4.6 Reporting & Institutional Effectiveness

- ARO submits a **Quarterly Alumni Engagement Report**
- QA-IEA integrates findings into:
    - OBEF reporting
    - Annual Institutional Effectiveness Report
    - Program reviews and accreditations

5. Procedures

5.1 Alumni Registration & Database Management

Step	Action	Responsible
1	Collect graduate data from Registrar	ARO
2	Verify personal and contact details	ARO
3	Create/update alumni record	ARO
4	Ensure consent for communication	ARO
5	Secure storage and annual update	ARO + IT

5.2 Graduate Destination Survey (GDS) Process

Step	Action	Responsible
1	Prepare and distribute GDS (email/SMS/portal)	ARO

2	Conduct follow-up campaigns	ARO
3	Validate responses	QA-IEA
4	Analyze employment-related KPIs	QA-IEA
5	Submit GDS Report	QA-IEA → President & QA-IEC
6	Archive evidence	QA-IEA

5.3 Alumni Engagement Activities

Step	Action	Responsible
1	Plan activities (networking sessions, reunions, seminars)	ARO
2	Coordinate with SCIR for announcements	ARO + SCIR
3	Implement events	ARO / Colleges
4	Record attendance & satisfaction	ARO
5	Evaluate impact	QA-IEA
6	Archive under CE/IE evidence	QA-IEA

5.4 Alumni Participation in University Governance

Participation Area	Process	Responsible
1. Advisory Boards	Invite → Confirm → COI → Appoint	Dean + QA-IEA
2. Curriculum Review	Engage alumni via surveys & focus groups	Colleges
3. Internships/Employability	Alumni as employer partners	Career Services
4. Community Engagement	Alumni volunteers or leaders	CE Office

5.5 Communication Protocols

- Alumni updates are shared via:
  - Email newsletters
  - FU website
  - Alumni portal
  - Social media
  - Official FU events
- Only SCIR or authorized ARO staff may issue mass communications.

5.6 Complaint Handling / Requests from Alumni

Step	Action	Responsible
1	Receive request or complaint	ARO
2	Register in Alumni Relations Log	ARO
3	Forward to responsible unit	ARO / Relevant Unit
4	Respond within 5 working days	Responsible Unit
5	Close case & archive evidence	ARO

6. Responsibilities

Unit	Responsibilities
ARO	Alumni engagement, communication, GDS, event management
QA-IEA	KPI reporting, data validation, impact analysis
SCIR	Branding, communication, event promotion

Colleges	Academic engagement with alumni
Career Services	Linking alumni to internships/employment
Registrar	Providing accurate alumni data
IT	Maintaining alumni system and data protection

7. Non-Compliance

Could result in:

- Data privacy breaches
- Accreditation compliance issues
- Loss of stakeholder trust
- Disciplinary action under FU HR Policies

8. Records Management

- Alumni records retained **permanently**
- GDS data retained **for 7 years**
- Event evidence retained **for 3 years**
- All stored securely in FU's digital systems

9. Policy Review

This policy shall be reviewed:

- Every 3 years
- Or earlier upon changes in UAE regulations, CAA Standards, OBEF KPIs, or institutional needs

Annex A. Alumni Relations SOP (Standard Operating Procedure)

Standard Version for Institutional Use

FU-ALM-ENG-SOP-2025-01
Standard Operating Procedure: Alumni Relations and Engagement

1. Purpose
To operationalize the FU Alumni Relations Policy by defining step-by-step processes for managing alumni data, engagement, communication, reporting, and contribution to institutional effectiveness.

2. Scope
Applies to:

- Alumni Relations Office (ARO)
- Strategic Communications & IRL
- QA-IEA
- Colleges and Programs
- Career Services
- Registrar

3. SOP Workflow (Summary)

A. Alumni Data Management

1. Extract graduate list from Registrar
2. Validate contact details
3. Update alumni database
4. Send welcome message
5. Link alumni to FU portals/services

B. Graduate Destination Survey Administration

1. Prepare GDS
2. Disseminate via multi-channel method
3. Follow-up (three-cycle reminders)
4. Validate and analyze data
5. Report to QA-IEC and CHEDS/OBEF dashboards

C. Alumni Engagement Activities

1. Draft annual plan
2. Coordinate logistics
3. Promote events
4. Conduct activities
5. Evaluate impact and archive evidence

D. Alumni as Advisory Inputs

1. Identify needed alumni experts

2. Send formal invitations
3. Collect Conflict-of-Interest forms
4. Appoint to Advisory Boards
5. Include in curriculum/industry panels

E. Communication Protocols

1. Monthly newsletter
2. Emergency or priority announcements
3. Alumni portal updates

F. Recordkeeping

All records archived in QA-IEA repository for:

- Accreditation (CAA)
- OBEF reporting
- Program Review

4. Detailed SOP Steps (Tabular Format)

4.1 Alumni Data Collection & Validation

Step	Description	Responsible
1	Receive graduate list	Registrar
2	Clean and validate data	ARO
3	Acquire consent	ARO
4	Upload to Alumni Database	IT / ARO
5	Send welcome messages	SCIR

4.2 Graduate Destination Survey (GDS)

Step	Description	Responsible
1	Design and update GDS	QA-IEA + ARO
2	Disseminate GDS	ARO
3	Follow-up reminders	ARO
4	Validate responses	QA-IEA
5	Analyze data	QA-IEA
6	Report to QA-IEC & President	QA-IEA
7	Archive	QA-IEA

4.3 Alumni Engagement Activities

Step	Action	Responsible
1	Prepare annual CE & Alumni Plan	ARO / SCIR
2	Organize events	ARO
3	Promote via website/email	SCIR
4	Deliver event	ARO / Colleges
5	Conduct evaluation survey	ARO
6	Prepare post-activity report	ARO + QA-IEA

4.4 Alumni Participation in Advisory Boards

Step	Action	Responsible
1	Identify suitable alumni	College Deans
2	Invite and confirm	College / SCIR
3	COI Disclosure	Alumni / QA-IEA
4	Appointment letter	Academic Affairs
5	Documentation	QA-IEA

4.5 Engagement Recordkeeping

All evidence retained for **5 years**, following FU Data Retention Policy.

Annex B. Alumni Engagement Plan (2025–2030)

Strategic Goals, Annual Activities, KPIs

Strategic Goal 1 — Strengthen Alumni Connections

Objective	Initiative	KPI
Build permanent alumni links	Launch alumni digital portal	Portal launched 2026
Maintain updated database	Annual data audit	95% accuracy

Strategic Goal 2 — Enhance Employability & Industry Integration (OBEF Pillar 1 & 3)

Objective	Initiative	KPI
Improve job-placement rates	Alumni-led employer webinars	4/year
Strengthen workforce readiness	Alumni mentorship program	100 mentees/year

Strategic Goal 3 — Foster Community & Social Engagement (OBEF Pillar 6)

Objective	Initiative	KPI
Alumni leadership in CE	CE–alumni partnerships	10 per year
Promote volunteerism	Alumni volunteer registry	200 volunteers

Strategic Goal 4 — Increase Alumni Contribution to Governance

Objective	Initiative	KPI
Improve curricular relevance	Alumni involvement in advisory boards	1–2 alumni per board

Strategic Goal 5 — Strengthen Institutional Reputation

Objective	Initiative	KPI
Promote alumni success	Alumni success stories published	30 per year

Annex C. Annual FU Alumni Dashboard (OBEF Pillar 1 KPIs)

KPI Category	Indicator	Target	Source
GDS Completion KPI	GDS Response Rate	≥ 60%	GDS Database
Employment KPI	Employment Rate	≥ 80%	OBEF Pillar 1
Relevant Jobs KPI	Employment in Major-Related Fields	≥ 70%	OBEF
Alumni Engagement KPI	Number of Engagement Events	12/year	ARO
Advisory Participation	Alumni on Advisory Boards	25 annually	Academic Affairs

Annex D. Alumni Database Template (Permanent Record)

Field	Description
1. Alumni ID	System-generated
2. Full Name	—
3. Email	—
4. Phone	—
5. Program Completed	—
6. Graduation Year	—
7. Employment Status	—
8. Employer	—
9. Job Title	—
10. Participation (Advisory, CE, Mentoring)	—
11. Last Verified	—

Annex E. Alumni Communication & Branding Guidelines

5.1 Principles

- Professional
- Ethical
- Transparent
- Aligned with UAE data laws
- Reflect FU brand identity

5.2 Communication Modes

- Official email
- Alumni portal
- Social media (via SCIR)
- Website announcements
- Mobile notifications

5.3 Branding Requirements

- Use FU logo as per brand manual
- Standardized alumni email formats
- Approved messaging templates
- Consistent tone: *professional, inclusive, positive*

E. Policy on Lifelong Learning (4.G)

1. Purpose

This policy establishes the institutional framework for Lifelong Learning (LLL) at Fujairah University to:

- Promote learning across the lifespan for individuals and society
- Provide flexible and diverse learning pathways
- Support national workforce development and future-skills priorities
- Enable recognition of non-traditional learning achievements
- Enhance employability and socioeconomic contribution of graduates
- Ensure quality assurance for all LLL initiatives

2. Scope

Applies to:

- Continuing education & professional development programs
- Executive education & leadership development
- Short courses, workshops, seminars, micro-credentials
- Online, blended, and flexible learning formats
- Community-based training & outreach programs
- Industry-collaborative learning initiatives

Does not replace regulations governing academic degree programs.

3. Policy Statement

FU is committed to fostering a **lifelong learning ecosystem** through:

- Accessible and flexible learning offerings
- Recognition of prior learning and micro-credentials
- Partnerships with industry, government & community
- Assurance of academic and training quality
- Sustainable delivery models aligned with national and global standards

4. Guiding Principles

Principle	Description
Access & Inclusivity	Open learning opportunities for all eligible learners
Relevance & Employer Engagement	Industry-aligned skills & competencies
Outcome-Based Learning	Competencies aligned with NQF & OBEF
Quality Assurance	QA for design, delivery, assessment
Flexibility	Online, hybrid, evening/weekend options
Learner Support	Academic & administrative support
Recognition	Certificates, micro-credentials, CPD points
Ethics & Governance	Integrity, fairness, transparency

5. Program Types Under Lifelong Learning

Category	Description
Professional courses	Skills upgrading (short courses/workshops)
Executive programs	Leadership & governance training
Community education	Public literacy & social training
Micro-credentials	Stackable units aligned to NQF
Industry/licensure programs	Vendor certifications, technical training
Corporate training	Tailored programs for employers

6. Governance and Responsibilities

Role	Responsibility
President	Strategic oversight
Director Acad Affairs	Academic quality oversight
Head— CEELL	Operational management & implementation
Deans	Approve subject-expert faculty & resources
QA-IEA	Quality monitoring, evaluation & reporting
Finance	Costing, pricing, and revenue compliance
Registrar	Credential issuance & learner record
Industry Advisory	Review alignment with workforce needs

7. Admission & Enrollment

- Simplified admission for non-degree learners
- Identity verification required
- Pre-requisites applied when applicable
- Registration via CEELL and Registrar systems

8. Assessment & Certification

- Assessments required where competencies defined
- Certificates issued only after meeting learning outcomes
- Certificates include:
    - FU seal
    - Program name
    - Learning hours / CE credits
    - Learning outcomes achieved
    - Delivery mode
    - Unique certificate ID

Micro-credentials documented in student record & potentially stackable toward degrees (subject to approval).

9. Recognition of External Learning (Optional)

External training and professional experience may be recognized via:

- **Recognition of Prior Learning (RPL)**
- **Credit Transfer Assessment**
- **Portfolio Evaluation**
- **Competency-Based Testing**

(subject to program approval & CAA conditions)

10. Quality Assurance & Evaluation

Area	Mechanism
Curriculum approval	CEELL → QA-IEA → VPAA
Trainer qualification	Verified academic or industry competence
Learner feedback	Mandatory post-training survey
Employer feedback	For corporate programs
Learning outcome attainment	Assessment & performance data
Annual review	Included in OBEF Pillar 3 & 5 reports
Certification audit	QA-IEA + Registrar cross-verification

Procedures

A. Process Overview Workflow

1. Proposal submission to CEELL
2. Academic & QA review
3. Market & industry needs evaluation
4. Financial approval
5. Course promotion & registration
6. Delivery & learner support
7. Assessment (if applicable)
8. Certification issuance
9. Post-evaluation & reporting
10. Annual review & improvement plan

B. Documentation & Records

Document	Responsibility
Program proposal	CEELL
Instructor CV & approval	Dean / QA-IEA
Attendance & records	CEELL / Registrar
Assessment & results	Instructor / CEELL
Learner feedback report	CEELL
Annual report	CEELL → QA-IEA → VPAA

Retention period: **5 years**

C. Risk Management

Risk	Mitigation
Low enrollment	Market analysis & flexible delivery
Quality breach	QA monitoring & audits
Accreditation non-compliance	Alignment with CAA & OBEF
Industry relevance gap	Advisory consultations

D. Review & Continuous Improvement

- Annual performance review by QA-IEA
- KPI monitoring:
    - Enrollment numbers
    - Completion rates
    - Progression pathways
    - Student/employer feedback
    - Return learner ratio
    - Community impact metrics

Document Control

Field	Value
Version	1.0
Status	Approved
Effective Date	AY 2025–2026
Next Review	2028
Policy Owner	VPAA
Administrator	CEELL Director
Monitoring Body	QA-IEA
Cross-References	CAA Standards 2019; OBEF v10.21; ISO 21001; HR Policy; Academic Affairs Manual

Annex A. Lifelong Learning Program Proposal Template

Document Code: FU-CEELL-PROPOSAL-LLL-2025**

Unit: Center for Executive Education & Lifelong Learning (CEELL)

Version: 1.0

1. Program Information

Field	Details
Program Title	
Program Category	☐ Professional Development ☐ Executive Education ☐ Micro-credential ☐ Community Program ☐ Corporate Training
Delivery Mode	☐ On-campus ☐ Online ☐ Hybrid
Target Audience	☐ Professionals ☐ Students ☐ Community Members ☐ Industry Partners
Duration (Hours/Days)	
Proposed Delivery Dates	
Maximum Participants	
Minimum Participants	
Program Fee	
Certificate Issued	☐ Yes ☐ No

2. Program Rationale

2.1 Purpose & Strategic Fit

Explain how this program supports:

- ✓ UAE Workforce & Future Skills
- ✓ Fujairah & UAE development priorities
- ✓ FU's mission & strategic plan
- ✓ OBEF Pillar 3 (Research & Innovation) & Pillar 5 (University for Society)

Program Rationale:

_____

_____

2.2 Industry / Market Demand Evidence

Sources used (check):

Source	Check
Employer request	☐
Labor market research	☐
Industry trends reports	☐
Professional association demand	☐
Competitor benchmarking	☐
Government directive	☐

Link/Paste supporting research:

_____

---

3. Learning Outcomes & Competencies

3.1 Learning Outcomes

(Aligned with NQF & professional competencies where applicable)

Code	Learning Outcome	Competency Domain	NQF Level (if applicable)
LO1			
LO2			
LO3			

4. Curriculum & Delivery Plan

4.1 Content Outline

Module/Topic	Hours	Delivery Method	Instructor

4.2 Instructional Resources

Resource Type	Required	Notes
Classroom / venue	☐	
Online platform (LMS/Zoom)	☐	
Software/tools	☐	
Industry speaker/collaborator	☐	

5. Trainer Information

Field	Details
Name	
Title / Position	
Affiliation	FU ☐ External ☐
Qualifications	
Experience & Expertise	
CV Attached	☐ Yes
Professional Certificates Attached	☐ Yes

6. Assessment & Certification Plan

Item	Details
Assessment Type	☐ Quiz ☐ Practical ☐ Project ☐ Presentation ☐ None
Competency verification method	
Certificate Title	
Certificate Criteria	Completion attendance %, assessment pass %, etc.

7. Budget & Resource Requirements

Cost Item	Details	Amount
Trainer Honorarium		
Materials & Supplies		
Venue/Tech Costs		
Marketing & Promotion		

Certification / Printing		
Other		
Total Cost		**AED _____**

Proposed Fee per Participant | AED _____

Minimum Enrollment to Break Even | _____ learners

8. Evaluation & QA Plan

Evaluation Item	Method
Participant Feedback	☐ Survey ☐ Interview
Employer / Industry Feedback	☐ Survey ☐ Consultation ☐ N/A
Learning Outcome Achievement	
QA Reviewer	
Improvement Plan Required	☐ Yes ☐ No

9. Compliance Checklist

Requirement	Yes	No
Aligned to FU Strategic Plan	☐	☐
Aligned to UAE Future Skills & Workforce needs	☐	☐
Supports OBEF Pillars 3 & 5	☐	☐
Instructor qualified & approved	☐	☐
Budget approved	☐	☐
Assessment & certificate model approved	☐	☐
QA checklist completed	☐	☐

10. Approvals

Role	Name	Signature	Date
Proposal Lead / CEELL			
Dean (if academic collaboration)			
QA-IEA Review			
Finance Clearance			
VPAA Approval			
President (if strategic/industry program)			

Document Control

Field	Entry
Owner	CEELL
Reviewer	QA-IEA
Approval	Academic Council
Review Cycle	3 years

Annex B. Continuing Education — Certificate of Completion Template

Document Code: FU-CEELL-CERT-2025**
Version: 1.0

Fujairah University
(University logo centered with UAE flag footer strip)

CERTIFICATE OF COMPLETION

This is to certify that

$$FullName$$

has successfully completed the approved continuing education program

"$Course/ProgramTitle$"

delivered by the **Center for Executive Education & Lifelong Learning (CEELL)**
Fujairah University

Program Details

Field	Entry
Program Duration	___ hours / ___ days
Delivery Mode	☐ Online ☐ On-campus ☐ Hybrid
Completion Date	____ / ____ / ____
Program Category	☐ Professional Development ☐ Executive ☐ Community Learning ☐ Corporate Training
Award Type	Certificate of Completion
Certificate ID	FU-CEELL-YYYY-XXXX

Learning Outcomes Achieved

- LO1: _____
- LO2: _____
- LO3: _____

(Attach detailed transcript or competency sheet when applicable)

Signatories

Role	Signature	Name	Date
CEELL Director	_____	_____	_____
Dean / Academic Partner (if applicable)	_____	_____	_____
Vice-President for Academic Affairs	_____	_____	_____

This certificate is issued in accordance with Fujairah University CEELL standards and UAE CAA continuing education guidelines.
(FU Seal & security pattern)

Annex C. Micro-Credential / Digital Badge Certificate Template

Title: Micro-Credential in $Skill/CompetencyName$

Awarded To: $ParticipantName$

for successfully demonstrating competencies in:

- ✓ $Competency1$
- ✓ $Competency2$
- ✓ $Competency3$*(if applicable)*

Program delivered by: **Fujairah University – CEELL**

Duration	Delivery	Level
__ Hours	Online / Hybrid / F2F	Foundational / Intermediate / Advanced

Verification Code: **FU-MICR-**$Year\text{-}Batch\text{-}ID$

Digital Validation Link: **verify.fu.ac.ae/credentials/**

Authorized by:

Head, CEELL

Badge Elements Included for Digital Issue:

- FU logo
- Program name
- Competency icons
- QR code to verification
- Issue date & certificate number
- Metadata (LOs, hours, issuer, expiry date, level, skills tags)

Security & Integrity Features

- Unique certificate number & QR-based verification
- Digital signature overlay for e-certificate
- FU seal watermark
- Blockchain-ready metadata (for future upgrade)

Issuance Rules

Requirement	Standard
Attendance	≥ 80%
Assessment (if any)	≥ Pass threshold
Verification	ID check & enrollment record
Record Storage	5 years minimum
Issuing Authority	CEELL + Registrar certification

Annex D. CEELL — Participant Evaluation Form

Document Code: FU-CEELL-EVAL-PART-2025**

To be completed immediately after program completion

Program Details

Item	Entry
Program Title	
Date	
Instructor(s)	
Delivery Mode	☐ Classroom ☐ Online ☐ Hybrid

Evaluation Scale

Rating	Meaning
5	Excellent
4	Very Good
3	Satisfactory
2	Needs Improvement
1	Poor

Section A — Program Quality

Statement	1	2	3	4	5
The program content was relevant and useful	☐	☐	☐	☐	☐
Learning outcomes were clear and achieved	☐	☐	☐	☐	☐
Training materials were adequate	☐	☐	☐	☐	☐
Program logistics/organization were satisfactory	☐	☐	☐	☐	☐

Section B — Instructor Evaluation

Statement	1	2	3	4	5
Instructor knowledge and expertise	☐	☐	☐	☐	☐
Instructor communication and delivery	☐	☐	☐	☐	☐
Interaction and engagement	☐	☐	☐	☐	☐
Responsiveness to questions and feedback	☐	☐	☐	☐	☐

Section C — Learning Environment

Statement	1	2	3	4	5
Platform/classroom environment was conducive	☐	☐	☐	☐	☐
Technology and facilities supported learning	☐	☐	☐	☐	☐

Open-Ended Questions

1. What did you like most about this program?

   _____

2. Suggestions for improvement:

   _____

3. Would you recommend this program to others?
   ☐ Yes ☐ No

4. Would you enroll in another FU-CEELL course?
   ☐ Yes ☐ No

Annex E. Employer / Corporate Client Feedback Form

Document Code: FU-CEELL-EVAL-EMP-2025**

Statement	1	2	3	4	5
Program addressed company skills needs	☐	☐	☐	☐	☐
Participants improved job-related competence	☐	☐	☐	☐	☐
Program logistics and coordination	☐	☐	☐	☐	☐
Likelihood of future collaboration	☐	☐	☐	☐	☐

Trainer Performance Evaluation

Criterion	Rating (1–5)	Notes
Content mastery		
Instructional effectiveness		
Use of methods and technology		
Engagement & support		
Punctuality & professionalism		
Overall rating		

Program Impact Scorecard (Internal Use)

KPI	Target	Result	Source
Participant satisfaction	≥ 85%		Survey
Achievement of LOs	≥ 80%		Assessment
Completion rate	≥ 90%		Attendance
Repeat participant rate	≥ 30%		CEELL CRM
Employer satisfaction (if applicable)	≥ 85%		Employer survey
Return on training investment	Positive		Finance
Community reach	Increasing		Annual report

Follow-Up Outcome Survey (3–6 Months)

Question	Response
Have you applied the skills learned?	☐ Yes ☐ No
Improvement in job performance?	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Did this program help in job advancement?	☐ Promotion ☐ New role ☐ Pay increase ☐ No
Would you pursue extended study/training in this field?	☐ Yes ☐ No

Annex F. CEELL Registration Form

Document Code: FU-CEELL-REG-2025**

Field	Details
Program Name	
Program Dates	
Participant Name	
Emirates ID / Passport	
Address	
Institution / Employer	
Designation	
Email	
Phone	
Disability or support needs	☐ Yes (specify) ___ ☐ No

1) Payment

Method	Check
Bank Transfer	☐
Online	☐
Cash	☐
Invoice to Company	☐

Signature: _____

Date: _____

2) Attendance Sheet

Program	:	
Date	:	
Instructor	:	

Session	Time	Participant Name	Signature
1			
2			

Requirement: **80% attendance for certificate**

3) CEU / CPD Credit Log

Program	Hours	CEUs (Hours/10)	Certified By	Notes

Formula shown: CEUs = Hours ÷ 10 (*modifiable to UAE standard if required*)

4) Payment & Invoice Log

Participant	Fee	Paid	Method	Receipt No	Date

5) Learner & CRM Database Sheet

Name	Email	Phone	Sector	Past Programs	Interest Tags	Corporate Contact	Follow-up Date

Tags examples: *leadership, healthcare, finance, AI, soft skills, community*

6) KPI & Dashboard Structure

Program KPIs

Metric	Target	Source
Enrollment	Increasing	Registry
Completion Rate	≥ 90%	Attendance
Satisfaction	≥ 85%	Survey
Corporate Repeat Clients	≥ 30%	CRM
Community Engagement Span	Growth	CEELL annual report

Dashboard

- Bar chart: programs vs enrollment
- Heatmap: competencies delivered vs demand
- Line chart: participant growth
- KPI cards: CEUs granted, repeat learners, corporate clients

7) Corporate Training Needs Assessment Form

Company	Contact
Name	
Designation	
Email/Phone	
Question	**Response**
Skills gaps identified	
Preferred training areas	
Preferred delivery method	☐ Onsite ☐ Online ☐ Hybrid
Preferred schedule	
Success measures	

8) Corporate Training Agreement Template

Agreement for Executive & Professional Training Services

Between

Fujairah University (CEELL)

and

$$CompanyName$$

Includes:

- Scope of services
- Deliverables
- Faculty/trainers
- Fees & payment terms
- Confidentiality & data protection
- IP and materials usage
- Compliance & ethics
- Dispute resolution (UAE jurisdiction)

(Signature blocks provided at end)

9) Digital Credential Metadata + QR Log

Credential ID	Name	Program	Date	Skills Tags	Verification URL

Metadata tags example

issuer: Fujairah University CEELL
credential: Micro-credential in Cybersecurity Awareness
skills: ["risk assessment","cyber hygiene"]
level: Foundation
hours: 12
evidence: CLO report + assessments
verify: https://fu.ac.ae/verify/ID

10) CEELL SOP Pack (Summary)

A. Pre-Program

Step	Responsibility
Market demand validation	CEELL
Trainer vetting	Dean + QA
Budget authorization	Finance / VPAA
Marketing request	CEELL

B. Delivery Stage

Step	Responsibility
Attendance verification	Instructor
Assessment administration	Instructor / QA
LMS shell activation	CEELL IT

C. Post-Program

Step	Responsibility
Certificate issuance	CEELL + Registrar
Feedback collection & analysis	QA-IEA
Program review report	CEELL
Impact report every 6 months	CEELL + QA-IEA