

# Manual of Accreditation for Geomatic and Land Survey (GLS) Programmes

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# **ABBREVIATIONS**

| Abbreviation | Full Form                                      |
|--------------|--|
| AC           | Appeallate Committee                           |
| AL           | Attainment Level                               |
| CAR          | Course Assessment Report                       |
| CI           | Course Information                             |
| CLO          | Course Learning Outcomes                       |
| СОРРА        | Code of Practice for Programme Accreditation   |
| CQI          | Continual Quality Improvement                  |
| FA           | Full Accreditation                             |
| GLS          | Geomatic and Land Surveys                      |
| HEP          | Higher Education Providers                     |
| ISO          | International Organization for Standardization |
| JTC          | Joint Technical Committee                      |
| KPI          | Key Performance Index                          |
| ШT           | Lembaga Jurukur Tanah                          |
| LSBM         | Land Surveyors Board Malaysia                  |
| MOHE         | Ministry of Higher Education                   |
| MPTN         | Majlis Pendidikan Tinggi Negara                |
| MQA          | Malaysian Qualifications Agency                |
| MQF          | Malaysian Qualifications Framework             |
| MQR          | Malaysian Qualifications Register              |
| OBE          | Outcome-Based Education                        |
| OSH          | Occupational Safety and Health                 |
| PA           | Provisional Accreditation                      |
| PEO          | Programme Educational Objectives               |
| PLO          | Programme Learning Outcomes                    |
| POA          | Panel of Assessors                             |
| PAR          | Programme Assessment Report                    |
| PSAR         | Programme Self Assessment Report               |
| RISM         | Royal Institution of Surveyors Malaysia        |

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#### 1. INTRODUCTION

The Land Surveyors Board Malaysia (LSBM) or the *Lembaga Juruukur Tanah Malaysia (LJT)* is the professional body that regulates the practice of geomatic and land survey (GLS) in Malaysia. Educational accreditation has long been a part of its responsibilities in controlling and ensuring a high standard of professionalism. The accreditation is exercised on Bachelor's degree GLS programmes offered and conducted by the Malaysian Higher Education Providers (HEP). LSBM also takes the responsibility to carry out a similar accreditation exercise on the foreign HEPs seeking recognition of their GLS programmes. This is in accordance with the provision under the Malaysian Quality Agency (MQA) Act 2007 (Act 679) that states all programmes of higher education institutions that lead to professional qualifications require accreditation to be done by or in close collaboration with the respective professional body (subsection 50(6)). LSBM is currently the professional body involved in accrediting GLS programmes at Bachelor's degree level only.

The aim is to ensure the graduates of the GLS accredited programmes satisfy the minimum academic requirements for the registration as a professional and sub-professional geomatician or land surveyor with the LSBM and for the admission to the graduate membership of the GLS professional association of Royal Institution of Surveyors Malaysia (RISM). Furthermore, accreditation is important to ensure that Continual Quality Improvement (CQI) is observed and practiced by the HEPs. It may also provide a mechanism to benchmark the GLS programmes offered by the Malaysian as well as by the foreign HEPs.

This manual is guided by the MQA's Code of Practice for Programme Accreditation (COPPA) and Malaysian Qualifications Framework (MQF) with an aim to provide a guideline for GLS Bachelor's degree (MQF Level 6) programmes to be accredited by the LSBM. It explains the policies, procedures, qualifying requirements and evaluation criteria to facilitate the HEPs in meeting the minimum standard stipulated for the accreditation of their existing GLS programmes or any newly proposed ones. The details described may be subjected to periodic reviews and HEPs are encouraged to visit the LSBM website for the latest updates.

#### 2. PROGRAMME ACCREDITATION

#### 2.1. Objectives of Accreditation

Accreditation gives significant value to academic programmes and qualifications. It enhances public confidence and can become a basis of recognition nationally and internationally. Thus the accreditation would enable the LSBM:

- a) To safeguard and maintain the standard and quality of the GLS profession
- b) To ensure the graduates from an accredited programme are adequately prepared to enter the practice of GLS
- c) To ensure the accountability of the HEP and programmes in order to boost public trust and confidence
- d) To promote the best practices in GLS

In achieving these objectives, the LSBM (in complying with the MQA requirement) has laid down the following seven areas to be evaluated for any GLS programme accreditation:

- 1. Programme Development and Delivery
- 2. Assessment of Student Learning
- 3. Student Selection and Support Services
- 4. Academic Staff
- 5. Educational Resources
- 6. Programme Management
- 7. Programme Monitoring, Review and Continual Quality Improvement

#### 2.2. Types of Accreditation

Programme accreditation is carried out in two stages, i.e., Provisional Accreditation and Full Accreditation.

#### 2.2.1. Provisional Accreditation

Provisional Accreditation (PA) is an accreditation exercise to determine whether a proposed (new) academic programme meets the minimum quality standards prior to its launch. The HEPs must meet the standards for the seven areas of evaluation (as stated in section 2.1), with a particular attention to Area 1: Programme Development and Delivery, Area 4: Academic Staff and; Area 5: Educational Resources.

#### 2.2.2. Full Accreditation

Full Accreditation (FA) is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a provisionally accredited programme meet the quality standards set by the LSBM and is in compliance with the MQF. The exercise is usually carried out when the first cohort of students are in their final year.

#### 3. OUTCOME BASED EDUCATION (OBE)

In line with the MQA policy, LSBM requires all GLS academic programmes to be designed and conducted based on the Outcome-Based Education (OBE) approach. OBE specifies the Programme Educational Objectives (PEO) and desirable Programme Learning Outcomes (PLO) or abilities that students should be able to demonstrate upon the completion of their educational programme. The quality of the programme is ultimately assessed by the ability of its graduates to carry out their expected roles and responsibilities in the society. This requires a clear statement of the competencies, i.e. the technical knowledge and generic (soft) skills that are expected to be achieved by the students at the end of the programme.

The emphasis of OBE is mainly to ensure:

- The programme educational objectives and programme learning outcomes are explicit and visible
- The assessments are aligned to the intended learning outcomes
- The delivery (learning activities & environments) is aligned to the intended learning outcomes
- The necessary infrastructures and support system are made available

#### 3.1. Programme Educational Objectives

Programme Educational Objectives (PEO) describe the career and professional accomplishments that a programme is preparing the graduates to achieve after they graduated. The expressed goals should:

- i. Be consistent with the vision and mission of the HEP
- ii. Be responsive to the expressed interests of the programme stakeholders
- iii. Describe the expected career and professional life of the graduates a few years after their graduation

In general, the PEOs of a GLS programme shall include the following elements which can be suited to Bachelor's Degree of GLS programme.

- i. The students should be competent and innovative in acquiring and applying knowledge towards solving GLS problems
- ii. The students should grow professionally with proficient soft skills to pursue career opportunities locally and globally
- iii. The students should be able to demonstrate high ethical values as well as sense of responsibility towards the organization and community/ society

The HEPs applying for an accreditation should publish the programme specification with a clear statement of these PEOs and illustrate their linkage with the intended Programme Learning Outcomes (PLO) (Section 3.2) together with the appropriate assessment methods and evaluation schemes.

# 3.2. Programme Learning Outcomes

Programme Learning Outcomes (PLO) are statements that describe the specific and general knowledge, skills, attitude and abilities that the graduates should demonstrate upon graduation. The graduates are expected to acquire the outcomes upon the completion of all the courses in their programme.

**Table 1** shows the expected PLOs to be attained by the students undertaking a Bachelor's degree GLS programme. This is a general guideline for the HEPs to refer and develop the PLOs of their GLS programmes. It is important to note that all PLOs must comply with the 5 MQF domains/ clusters as required by the MQA.

**Table 1:** PLO domains/ clusters and descriptors according to the study levels

| Nas  | PLO   | PLO Descriptors   |  |
|------|---|---|--|
| Nos. | Domains/ Clusters   | Bachelor's Degree   |  |
| 1.   | Knowledge and Understanding (MQF-CLUSTER 1)                                   | • Able to <b>systematically understand</b> the facts, ideas, information, principles, concepts, theories, technical knowledge, regulations, numeracy, practical skills, tools to use, processes and systems related to GLS discipline |  |
| 2.   | Cognitive Skills<br>(MQF-CLUSTER 2)   | <ul> <li>Able to demonstrate intellectual independence in the<br/>application of GLS and related knowledge by applying<br/>critical, analytical and evaluation skills</li> </ul>  |  |
|      | Functional Work Skills<br>(MQF-CLUSTER 3)                                     |   |  |
|      | i. Practical Skills   | Able to <b>correctly</b> collect, process, analyze and synthesize geospatial data for specific purposes in GLS discipline   |  |
|      | ii. Interpersonal and<br>Communication Skills                                 | Able to communicate clearly and effectively at all levels of society, both orally and in writing  |  |
| 3.   |   | Able to work collaboratively within a team towards a GLS-based business environment   |  |
|      | iii. Digital and Numeracy Skills  iv. Leadership, Autonomy and Responsibility | <ul> <li>Able to manage a broad range of data (and related<br/>processes) and to handle information system(s)<br/>associated with GLS discipline</li> </ul>   |  |
|      |   | Able to <b>use and combine</b> numerical and graphical data<br>for GLS and related works.   |  |
|      |   | Able to work <b>autonomously</b> , and show leadership and professionalism in managing responsibilities within broad GLS organizational parameters  |  |
| 4.   | Personal and Entrepreneurial Skills   | <ul> <li>Able to effectively engage in self-directed lifelong learning and GLS professional pathways</li> <li>Able to demonstrate entrepreneurial competency with GLS related project(s)</li> </ul>                                   |  |
|      | (MQF-CLUSTER 4)   | Able to <b>demonstrate</b> an appreciation of broader socio-<br>political economic and cultural issues at local (national)<br>and regional levels   |  |
| 5.   | Ethics and Professionalism<br>(MQF-CLUSTER 5)                                 | <ul> <li>Able to practice good ethics with positive values in the GLS profession</li> <li>Able to exercise GLS knowledge and skill professionally</li> </ul>  |  |

#### 4. ACCREDITATION POLICY

This section outlines the LSBM's policy underlying the accreditation process.

#### 4.1. The Accreditation Process

Accreditation of GLS programmes is undertaken by the LSBM at the request of the MQA upon receiving the application from the HEP. The process focuses on the HEP's adopted philosophy and the conduct of the programme to ensure that the graduates are adequately prepared to enter the GLS profession. It involves an audit of compliance with the standards set forth in this Manual to ensure good quality graduates are produced.

#### 4.2. The Accreditation Cycle

Accreditation to a programme is granted for a maximum period of **FIVE (5) years**. It is accorded on a full programme cycle basis, specifying the years following and including the year the approval is given. The HEP shall apply for a renewal **SIX (6) months** before the expiry date of the running accreditation period.

#### 4.3. Programmes

An HEP may offer GLS programme(s) at different locations (i.e. at the main and branch campuses) and via various modes (i.e. full-time or part-time). In such cases, the HEP shall apply for **accreditation separately** for each of the programmes.

If any one of these programmes (i.e. at a different location and/or via a different modes of delivery) fails to get accredited and the awarded degree does not differentiate with regard to the location and/or mode of delivery, LSBM may withdraw the granted accreditation of any such programmes by that HEP.

A programme shall be evaluated for accreditation based on the qualifying requirements and criteria set forth in Section 6 of this Manual [Section 6 - Qualifying Requirements and Accreditation Criteria].

# 4.4. Application and Preparation for Accreditation Visit

The HEP intending to apply for accreditation should submit the application to the MQA, together with all the necessary documents. The LSBM will proceed with the accreditation process upon receiving the request and accompanying documents from the MQA. An accreditation visit will only be scheduled after all these documents are found adequate and the qualifying requirements are met. The flow of the process is shown in Appendix A-1 (Provisional Accreditation process) and Appendix A-2 (Full Accreditation process).

#### 4.5. Accreditation Evaluation

The purpose of GLS accreditation exercise is to ensure and verify the compliance (of the GLS programme under evaluation) with the policies and standards set forth in this Manual. Observation and verification shall also include the necessary features related to the processes, mechanisms and resources that shall be appropriate and sufficient for the effective delivery of the programme.

The evaluation exercise shall be conducted by a Panel of Assessors (POA) appointed by the Joint Technical Committee (JTC) of the LSBM (refer to Appendix B-1 and B-2). The HEP shall produce all the necessary and related documents for inspection and verification by the POA during the visit. Standards covering all seven areas will be evaluated and given scores for the Attainment Level (AL) (refer to Appendix C-2). Commendation and any non-compliant remarks shall be noted and recorded to accompany the score form (Appendix C-3)

#### 4.6. Accreditation Decision

The accreditation decision shall be recommended by the POA based on the calculation of the total (weighted) score of the ALs (Appendix C-4). The recommendation may either:

- i. To grant an accreditation
  - a. Outright pass scores 100% attainment level 3 (AL3) and above with no remarks of 'Area of Concern/ Weakness/ Condition'
  - b. Conditional pass achieve 100% AL3 and above but with conditions (accreditation will only be granted when all remarks of 'Area of Concern/ Weakness/ Condition' have been rectified by the HEP)
- ii. To deny the accreditation when the standards are **not totally met at the minimum** level of AL3

#### 4.7. Appeal Procedures

In the case of refusal (denial) of the accreditation as stated in item 4.6 (ii), the HEP may submit an appeal to LSBM, through the MQA within a period of **THIRTY (30) days** upon receiving the decision, stating the basis of the appeal. The LSBM will set up an Appeallate Committee (AC) and study the application for a revised decision. The decision of the appeal shall be final and will be notified by LSBM, through the MQA to the HEP within **THREE (3) months** from the receipt of the complete documents. Any expenses incurred shall be borne by the HEP.

The flow chart of the appeal procedures can be found in <u>Appendix A-3</u> (Flow Chart For Accreditation Appeal Process).

#### 4.8. Revisions to an Accredited Programme

The HEP shall notify the LSBM of any revision made to the current accredited programme. Failure to do so may cause the granted accreditation to be withdrawn. In such a case the HEP shall be advised to apply for re-accreditation of the programme.

#### 4.9. Re-accreditation of an Expiring Accredited Programme

Application for re-accreditation shall be made by an HEP at least **SIX (6) months** before the expiry date of the current accreditation period. The HEP shall submit the application to the LSBM, through the MQA, for evaluation and recommendation.

#### 4.10. Cancellation of an Accredited Programme

The accreditation shall be cancelled if the HEP is found to have failed to continuously comply with the standards and criteria as prescribed by the LSBM. The LSBM shall advise the MQA to

serve a written notice of the intention to cancel the registration on the HEP. The notice shall specify the grounds for such cancellation and the MQA shall enter the date of cancellation into the Malaysian Qualifications Register (MQR).

#### 4.11. Conflict of Interest

Any situation or activity that may constitute a conflict of interest among any members of the LSBM, POAs, JTC and Appeallate Committee (AC) shall be identified and avoided.

### 4.12. Confidentiality

All documents in connection with the accreditation exercise shall be treated as confidential.

#### 4.13. Publication of Accreditation Status

The list of accredited GLS programmes shall be regularly updated and published on the LSBM's website.

# 4.14. Expenses

The HEP shall bear all costs incurred in carrying out the activities related to the evaluation, approval and accreditation of the applied programme.

#### 5. ACCREDITATION PROCEDURES

#### 5.1. Application for Accreditation

Application for a programme accreditation can be made by filling up and submitting the form to the MQA. The template of application form can be downloaded from the MQA website, i.e. **MQA-01** for Provisional Accreditation and **MQA-02** for Full Accreditation.

The LSBM will only proceed with the evaluation after receiving the request from the MQA and satisfying with all the accompanying documents. If the submitted documents are found to be insufficient, the HEP shall be required to provide further information within a period of **TWO** (2) weeks. The application will be deemed to have been withdrawn, if the requested information is not received after the end date of this period. For a re-accreditation application, the HEP shall apply at least SIX (6) months before the expiry date of the running (current) accreditation.

The flow charts of such process are shown in <u>Appendix A-1 (Provisional Accreditation)</u> and Appendix A-2 (Full Accreditation)

#### **5.2.** Appointment of Panel of Assessors

Upon receiving the accreditation documents, the LSBM's JTC shall appoint a Panel of Assessors (POA) to undertake the evaluation. The selection of members of the POA is mainly guided by the academic knowledge, professional expertise and experience in the GLS discipline. It consists of an academia (as the Head of Panel of Assessors) and a representative from the JUPEM (As member of Panel Assessors) (Appendix B-2).

The POA as a whole needs to be aware of the LSBM policies on accreditation as outlined in Section 4 of this Manual. The POA will assess all the accreditation criteria set forth in this Manual. The assessment includes the auditing and confirmation of all the documents submitted by the HEP. A more detailed responsibilities of the POA may be referred to in Appendix B-2.

The head of POA is the key person in an accreditation exercise who should have a prior experience as an assessor, apart from having a broad knowledge in GLS discipline. He/ she should be able to evaluate the generic programme outcomes as well as the quality systems. The assessor from JUPEM should be aware of the practicing elements and the quality of GLS professionals, both in the GLS dedicated government authority (JUPEM) and in the GLS regulatory body (LSBM).

#### 5.3. Scheduling of a Visit

A visit shall be arranged and coordinated by the LSBM on an appropriate date suitable to both the POA and the HEP. The visit shall be held promptly after the appointment of the POA. It is important that as far as possible, the agreed dates of visit are adhered to.

#### 5.4. Pre-Accreditation Visit Meeting

The POA should meet at least once before the actual accreditation visit takes place, in order to study and discuss the HEP's submitted documents, and systematically identify any shortcoming(s). The panel should strategically plan and/or request supplementary input from the HEP to fill any gap(s). This is particularly important in ensuring the core or fundamental requirements of the evaluation are fulfilled (Section 6.1).

#### 5.5. Accreditation Visit

The accreditation visit shall be scheduled for a period of one (1) or two (2) days depending on the time to complete all the necessary auditing requirements. The overall conduct of the visit shall be managed by the LSBM. The visit shall include but not limited to the following tasks:

- a) Opening meeting with the programme administrators
- b) Checking relevant documents
- c) Visiting and checking the facilities
- d) Meeting with staff members
- e) Meeting with students
- f) Meeting with external stakeholders such as alumni, employers, and industrial advisors
- g) Exit meeting with HEP's programme administrators

Meeting with all stakeholders are important as this would give an indication of their involvement in the continual quality improvement (CQI) process of the programme. It is the responsibility of the HEP to ensure the presence of these stakeholders during the accreditation visit.

In assisting the assessors to effectively do their evaluation, an instructional guide is prepared as can be found in <u>Appendix C-1. Evaluations</u> are to be made by scoring the attainment levels (AL) in the assessment form as shown in <u>Appendix C-2</u>. This form covers all the seven areas as stated in Section 2.1 and further elaborated in Section 6.2.1 through 6.2.7 of this Manual. The assessors shall provide any comments, especially on the non-compliant standards using the form as can be found in Appendix C-3. Calculation of final score can be made using the form in Appendix C-4 which comes together with the indicators for the results of the accreditation exercise.

# 5.6. Report and Recommendation

The accreditation report outlines the findings, commendations and areas of concern of the POA. The POA comes to its conclusions through its interpretation of the specific evidence it has gathered and the seriousness of the areas of concern is determined by the evidence. The template for preparing the report may be found in Appendix D. The POA shall submit the report to the LSBM secretary office within **FOUR (4) weeks** after the visit to the HEP.

#### 6. QUALIFYING REQUIREMENTS AND ACCREDITATION CRITERIA

A GLS programme shall be evaluated by LSBM to enable the graduates of the programme to register as graduate land surveyors with the LSBM and be admitted as graduate members of the RISM. Apart from the PEOs and PLOs, the assessment involves a review of qualifying requirements of the HEP and an evaluation based on the following seven areas (criteria):

- a) Area 1: Programme Development and Delivery
- b) Area 2: Assessment of Student Learning
- c) Area 3: Student Selection and Support Services
- d) Area 4: Academic Staff
- e) Area 5: Educational Resources
- f) Area 6: Programme Management
- g) Area 7: Programme Monitoring, Review and Continual Quality Improvement

These standards, the details of which may be found in Sections 6.2.1 through 6.2.7, are the minimum requirements that must be met and compliance must be demonstrated during the programme accreditation exercise. In principle, an HEP must establish that it has met all the standards for its programme to be fully accredited by providing the evidences related to each of these standards.

The evaluation process will involve two parts:

- a) Initial evaluation of qualifying requirements
- b) Detailed evaluation based on the accreditation criteria

The qualifying requirements are meant to screen out programmes that do not meet the core requirements of the evaluation criteria. Failure to meet any one of these requirements will disqualify the programme from further (detailed) evaluation.

#### 6.1. Initial Evaluation

The most important and core part of the initial evaluation is to ensure the compliance of the programme to the MQF and the adoption of OBE approach in its curriculum design and implementation. The requirements, as shown in **Table 2**, must be there to qualify for the detailed evaluation.

**Table 2**: Qualifying requirement for initial evaluation

| Nos  | Qualifying                             | Level of Study   |
|------|--|--|
| Nos. | Requirements                           | Bachelor's Degree  |
| 1.   | Minimum number of credit hours         | 120 credit hours   |
| 2.   | Courses that constitute the curriculum | <ul> <li>10-20% General Courses</li> <li>10-20% Common GLS Core Courses</li> <li>40-60% Discipline GLS Core Courses</li> </ul> |

|     |   | • 5-10% Elective GLS Courses  |
|-----|---|---|
| 3.  | Industrial training and survey camps      | 5-15% of total credit hours   |
| 4.  | Final Year Project (FYP)/<br>Dissertation | Minimum of 6 credits (FYP/Dissertation)   |
| 5.  | Programme Educational Objectives (PEO)    | Must be stated  |
| 6.  | Programme Learning Outcomes (PLO)         | Must be stated and complied with MQF domains/ clusters                                |
| 7.  | Programme duration                        | Minimum of 4 years (8 semesters)  |
| 8.  | Full-time academic staff                  | Minimum of 5 person and 90% of them graduate from Institution that Accredited by LSBM |
| 9.  | Staff: student ratio                      | Maximum 1: 15   |
| 10. | Facility: student ratio                   | Core Equipment maximum 1:5<br>Computer maximum 1:1                                    |
| 11. | External examiner's report                | Minimum of 2 over a five-year period  |

#### Note:

- i. Academic staff is a staff responsible for teaching and learning activities in the programme leading to the award of GLS Bachelor's degree.
- ii. External examiner is a person with high academic standing in GLS field appointed by the HEP to assess overall academic programme and quality. The examiner must be totally independent from any association with the HEP.
- iii. Industrial Advisory Panel (IAP) is a panel representing the GLS industry appointed by the HEP to periodically meet with the departmental staff and provide advice and assistance on the curriculum and syllabus development in order to ensure the programme is relevant to the current industrial needs.

#### 6.2. Detailed Evaluation

The detailed evaluation assesses the standards set for each of the seven areas. This is mainly carried out during the visit to the HEP. Evidences are gathered from the documents provided by the HEP and the interviews with the programme stakeholders (students, academic and administrative staff, industrial advisors, alumni and representatives from the industry).

#### 6.2.1. Programme Development and Delivery

The general goal of higher education is to produce broadly educated graduates ready for the world of work and active citizenship through the:

- i. Provision of knowledge and practical skills based on scientific principles;
- ii. Inculcation of attitudes, ethics, sense of professionalism and leadership skills for societal advancement within the framework of the national aspiration;
- iii. Nurturing of the ability to analyse and solve problems as well as to evaluate and make decisions critically and creatively based on evidence and experience;
- iv. Development of the quest for knowledge and lifelong learning skills that are essential for continuous upgrading of knowledge and skills that are parallel to the rapid advancement in global knowledge;
- v. Consideration of other imperatives that are needed by society and the marketplace as well as those relevant to the local, national and international context

OBE specifies the desirable outcomes or abilities, as outlined above, which students should be able to demonstrate upon the completion of an educational programme. The quality of a programme is ultimately assessed by the ability of its graduates to carry out their expected roles and responsibilities in the society. This requires a clear statement of the competencies, i.e. the practical, intellectual and soft skills that are expected to be achieved by the students at the end of the programme.

Followings are the elements that need to be clearly indicated (not limited to):

- a) The programme must be consistent with, and supportive of, the vision, mission and goals of the HEP;
- b) The programme must be considered only after a need assessment has indicated that there is a need for it to be offered;
- The HEP must state its programme educational objectives, learning outcomes, learning and teaching strategies, and assessment methods, and ensure constructive alignment between them;
- d) The programme learning outcomes must correspond to the eight MQF domains (5 clusters) as described in **Section 3.2**; and
- e) Considering the stated learning outcomes, the programme must indicate the career and further-study options available to students upon the completion of it.

It is very important to note that teaching and learning can only be effective when:

- The curriculum content and programme structure are kept abreast with the most current development in its field of study (in this case GLS)
- Information on the programme is made up to date and available to all students
- Input from stakeholders (through continuous consultation and feedbacks) is always considered for the improvement of the programme

The GLS programme component shall consist of a **minimum total of 120 credit hours** for a Bachelor's Degree made up by the percentage as shown in **Table 3** (as specified by the National Higher Education Council/ *MPTN*).

Table 3: Component of courses constituting a GLS curriculum for Bachelor's Degree

| Nos.                            | Component of Courses                | Minimum Credit |
|---------------------------------|-------------------------------------|----------------|
| 1.                              | Compulsory Courses / MPU            | 12             |
| 2.                              | Common GLS Core Courses             | 12             |
| 3.                              | Discipline GLS Core Courses         | 60             |
| 4.                              | Industrial Training and Survey Camp | 6              |
| 5.                              | GLS Elective Courses                | 6              |
| Subtotal Credit                 |                                     | 96             |
| Minimum Total Graduating Credit |                                     | 120            |

<sup>\*</sup> To complete the minimum graduation credit requirement, the remaining credits can be from any of the components above.

The core, minor and elective courses shall consist of GLS fundamental science (theory and practice) and the technology as well as projects related to it. The curriculum shall cover the following GLS contents (not limited to):

- a) Surveying science, mathematics, computing, skills and tools appropriate to the discipline of study
- b) Surveying and mapping applications
- c) Integrated exposure to professional land surveying practice, including management and professional ethics
- d) Field and laboratory works to complement the science, computing and surveying
- e) Industrial training to provide exposure to the professional surveying and mapping practice in the real working environment
- f) Exposure to GLS practice through visits and guest lectures;
- g) Relevant tutorial classes to complement the lectures
- h) Final Year Project/ Topical Studies/ Dissertation

Based on these fundamental requirements, the HEPs shall ensure the Common GLS core courses (Table 4(a)), Discipline GLS core courses (Table 4(b), Elective GLS courses (Table 4(c) and not limited to), are included in their programme curriculum.

Table 4(a): The Common GLS core courses of a GLS Bachelor's Degree programme

| Nos. | Core Courses       |
|------|--------------------|
| 1.   | Cadastral Survey   |
| 2.   | Engineering Survey |

Table 4(b): The Discipline GLS core courses of a GLS Bachelor's Degree programme

| Nos. | Core Courses               |
|------|----------------------------|
| 1.   | Fundamental of Surveying & |
|      | Mapping                    |
| 2.   | Computer Programming       |
| 3.   | Geodesy                    |
| 4.   | Cartography                |
| 5.   | Field Astronomy            |
| 6.   | Hydrographic Surveying     |
| 7.   | Satellite Positioning      |

| Nos. | Core Courses                        |
|------|-------------------------------------|
| 8.   | Introduction to Geomatics           |
| 9.   | Land Law & Survey Regulation        |
| 10   | Geographic Information System (GIS) |
| 11.  | Professional Practice               |
| 12.  | Remote Sensing                      |
| 13.  | Final Year Project/ Dissertation    |

**Table 4(c):** The Elective GLS courses of a GLS Bachelor's Degree programme but not limited to.

| Nos. | Core Courses                |
|------|-----------------------------|
| 1.   | Marine Geodesy              |
| 2.   | Physical geodesy            |
| 3.   | UAV Mapping                 |
| 4.   | Underground Utility Mapping |
| 5.   | Terrestrial Laser Scanner   |
| 6.   | Law of the Sea              |
| 7.   | Islamic Astronomy           |
| 8.   | Offshore Surveying          |

| Nos. | Core Courses                  |
|------|-------------------------------|
| 12.  | Geospatial Big Data           |
| 13.  | Geospatial Data Analytics     |
| 14.  | Tidal Processing and Analysis |
| 15.  | Industrial Survey             |
| 16.  | Project Management            |
| 17.  | Airborne Survey               |
| 18.  | Law of the Sea                |
| 19.  | Geovisualization              |

| Nos. | Core Courses              |
|------|---------------------------|
| 9.   | Geospatial Innovation and |
|      | Creativity                |
| 10.  | Physical Oceanography     |

| Nos. | Core Courses                 |
|------|------------------------------|
| 20   | Others Related GLS Desipline |

On the other hand, the general courses shall include sufficient content of general education component (such as mathematics, computing, languages, general studies, management, co-curriculum, etc.) that complements the technical contents of the curriculum.

It is expected that the GLS curriculum is designed and developed by taking the following considerations:

- a) Shall strongly reflect the philosophy and approach adopted in the programme structure and the choice of the delivery and assessment methods
- b) The curricular approach, the educational content and the teaching-learning and assessment methods shall be appropriate to, consistent with, and support the attainment or achievement of the PLOs.
- c) Shall include all technical and non-technical attributes listed in the PLOs
- d) There shall be a balance between the essential elements forming the core of the programme and optional/ elective studies
- e) Shall integrate the theory with practice through adequate exposure to the field/ laboratory works and professional surveying and mapping practice

Any GLS programme has to be appropriately managed for its effective delivery. This is achievable through the allocation of adequate resources, within a conducive environment and guided by an appropriate authority in the planning and monitoring of the programme. The HEP is expected to ensure that:

- a) The students are provided with, and briefed on, the current information about the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies;
- The programme must have an appropriate full-time coordinator and a team of academic staff (e.g. a programme coordinator/ committee) with adequate authority for an effective delivery of the programme;
- c) The students are provided with a conducive learning environment;
- d) The department must encourage innovations in teaching, learning and assessment;
- e) The department must obtain feedback from the stakeholders to improve the delivery of the programme; and

f) The department must appoint Industrial Advisory Panels (IAP) from the GLS industries to monitor the delivery (and other related matters) of the programme.

#### 6.2.2. Assessment of Student Learning

Assessment of student learning is a key aspect of quality assurance and it is one of the most important measures to show the achievement of the programme learning outcomes. Hence, it is crucial that an appropriate assessment method and mechanism is in place. The methods of assessment must be clear, consistent, effective, reliable and in line with current GLS practices.

There must be a clear relationship between the assessment and the intended learning outcomes. The assessment principles, methods and practices shall be aligned to the learning outcomes of the programme and shall be systematically and regularly reviewed to ensure its effectiveness.

The student learning shall be assessed and managed by observing the following guidelines:

- i. There shall be a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies. These may include quizzes, assignments, courseworks, field/laboratory reports, presentations, tests and examinations. Three domains of Bloom's taxonomy shall be referred to in selecting the most appropriate assessment levels and methods, i.e.:
  - a) Cognitive the mental skill (knowledge, comprehension, application, analysis, synthesis and evaluation)
  - b) Psychomotor the manual and physical skill (perception, set, guided response, mechanism, complex overt response, adaptation, origination)
  - c) Affective growth in feeling; related to attitude (receive, respond, value, organize, internalize)

The linkage between the Course Learning Outcomes (CLO), targeted PLOs, Bloom's taxonomy and method of delivery shall be clearly tabulated and included in each of the Course Information (CI) of the programme.

- ii. There shall be a mechanism to ensure, and to periodically review, the validity, reliability, integrity, currency and fairness of the assessment methods
- iii. There shall be a mechanism to evaluate the achievement of the students (e.g. by statistically observing the Key Performance Indicator/ KPI for each semester) both at the course and programme levels
- iv. The frequency, methods, and criteria of student assessment (including the grading system and appeal policies) shall be documented and communicated to the students on the commencement of the programme

- v. Changes to student assessment methods shall follow the established procedures and regulations, and shall be communicated to the students prior to their implementation
- vi. The assessment results must be communicated to the students before the commencement of the new semester to facilitate progression decision
- vii. The HEP shall have appropriate guidelines and mechanisms for students to appeal for their course results
- viii. The HEP shall periodically review the management of the student assessment and act on the findings of the review, e.g. by producing Course Assessment Report (CAR) and Programme Assessment Report (PAR)

#### **6.2.3. Student Selection and Support Services**

In general, admission to a programme needs to comply with the prevailing policies of the Ministry of Higher Education (MoHE). The number of students to be admitted to a programme is determined by the capacity of the HEP and the number of qualified applicants. HEP's admission and retention policies shall not be compromised for the sole purpose of maintaining a desired enrolment. The admission and selection of students have to be conducted based on up-to-date and accurate information, and according to the published criteria and processes. The process has to be structured, objective and transparent. On the other hand, student support services and co-curricular activities facilitate learning and wholesome personal development and contribute to the achievement of learning outcomes.

The potential students with different entry qualifications shall be treated differently when they are selected.

- a) Minimum qualifications for those applying for a GLS Bachelor's degree may include:
  - i) Pass SPM or equivalent with minimum THREE (3) credits including Mathematics

**AND** 

i) Pass with honors for Malay Language in SPM/equivalent

**AND** 

iii) Pass History for SPM (since SPM 2013)

**AND** 

iv) Pass STPM with Grade C (NGMP 2.00) in two (2) subjects including General Studies with a CGPA of at least 2.00

OR

Pass STAM with minimum Grade Maqbul

OR

Pass Matriculation / Foundation in any IPTA / IPTS / permitted institutions to conduct foundation programmes with CGPA 2.00; or

OR

**Pass a Diploma** from Institute of Higher Education that is **approved** by the **Malaysian Government.** 

**AND** 

v) Malaysian University English Test (MUET) Band 1

OR

- vi) Any qualification that is approved by the Malaysian Government.
- b) Candidates may have the credit requirements for SPM level Mathematics waived if their qualification includes Mathematics topics and their achievement is equal to or greater than the credit requirements for the subject at the SPM level. The obligation of ensuring equivalent of subjects lies with HEP, therefore it is crucial for HEP to have robust internal policies and procedures in place for conducting equivalence assessments.
- c) The HEPs shall determine the appropriate minimum requirements for these selection purposes, which should include both the University's (HEP) general requirement and the specific programme requirements.
- d) The HEP shall not consider candidates with limited movement ability and vision deficiency due to the nature of the programme that needs the students to be robust in the field works (e.g. Cadastral Survey, Engineering Survey, Hydrography, etc.) and be able to differentiate colors (e.g. in Photogrammetry, Cartography, GIS and Remote Sensing courses).
- e) International students must have evidence of good oral and written English proficiency, Minimum score 5.0 scale for IELTS or its equivalent.

Another important consideration is the exemption of courses and hence the number of maximum credit transfer allowable. This is common in such cases as the GLS Bachelor's Degree students are accepted to enter the programme using their Diploma qualification (of accredited GLS-based programme) which may lead to the number of semesters necessary for them to complete. For instance they may be offered to enter into 2<sup>nd</sup> year for the reasons that the year-one courses are eligible for exemption. In such cases:

- The maximum number of credits that are transferable to the receiving GLS programme is set to be not more than 30% with each course having a similar number of credit hours and 80% match in the content or 80% of equivalent cognitive based course outcomes;
- Passing grade minimum Grade C;
- Credit transfer courses must be of accredited or recognized programmes from the LSBM;
- The HEP shall have a **clear policy** on this requirement and shall provide a mechanism in granting the transfer (e.g. by evaluating the course content and potentially interviewing the candidates).
- The HEP also needs to refer to the latest credit transfer policy as determined by MQA.

Student support services and co-curricular activities lend support to the students to help them develop and achieve success. Such services and activities include physical amenities and services such as recreation, arts and culture, accommodation, counselling, transport, safety, food, health, finance and academic advice that facilitate learning and wholesome personal development and contribute to the achievement of the learning outcomes.

The HEP shall follow the following general guidelines:

- i. The programme shall have clear, transparent and objective criteria and processes for student selection (including that of transfer students);
- ii. Student enrolment shall be related to the capacity of the HEP to effectively deliver the programme;
- iii. There must be a clear policy, and if applicable, appropriate mechanisms for appeal on student selection
- iv. The HEP shall offer appropriate developmental or remedial support to assist students to successfully follow the programme, including incoming transfer students who are in need;
- v. Students shall have access to appropriate and adequate support services such as physical, social, financial, recreational and online facilities, academic and non-academic counselling, and health services;
- vi. There shall be a mechanism that is able to identify and assist the students in need of academic, spiritual, psychological and social support;
- vii. The HEP shall have clearly defined and documented processes and procedures in handling student disciplinary cases;
- viii. Students shall be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace;
- ix. Student activities and organizations must be facilitated to encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship; and

x. The HEP must foster active linkages with alumni to develop, review and continually improve the programme.

#### 6.2.4. Academic Staff

Academic staff are staff responsible for teaching and learning activities in the programme leading to the award of GLS Bachelor's degree. Academic staff is of no doubt one of the very important components in ensuring the programme to be successfully delivered. Two important factors that need to be taken into considerations are the number and the quality. The HEP shall ensure these two requirements are met throughout the conduct of the program.

A viable GLS programme is expected to adhere to the following guidelines:

- a) To have at **least 5 academic staff who work full-time**, and **90%** of them must have graduated from a **geomatics fields** and **institution** that is **accredited** by LSBM.
- b) The number of academic staff is highly dependent on the total number of students enrolling the program which shall determine the **staff:student ratio** that is expected to be of at least **1:15** for Bachelor's Degree. The numbers recruited have to be adequate for, and appropriate to, the needs of the programme. HEP may engage part-time staff with acceptable professional qualifications in the related GLS fields. The fulltime equivalent of part-time staff shall however not exceed **40%** of the total number of the whole academic staff members, i.e. the ratio of full-time and part-time is **60:40**.

It is important for the HEP to provide a continuous development programme for its academic staff, for them to be current in their knowledge and skills, both in their chosen GLS-related discipline as well as in their pedagogical skills. It is also equally important that the HEP shall ensure a conducive environment in order to attract talented individuals to offer (and to maintain) their academic services.

In gauging the capabilities of the academic staff, evidence shall be sought in such areas as:

- Qualifications (and specialization)
- GLS field experience
- Teaching experience
- Contributions to the advancement of GLS knowledge (or relevant knowledge within the GLS industry)
- Practice and education involvement
- Participation in professional development

The HEPs must have a clear and documented academic staff recruitment policy where the criteria for selection are based on the academic merit and/or relevant experience. As a general rule, the academic staff should have an appropriate qualification depending on the level of programme.

As well as the full time academic staff, HEPs are encouraged to engage part-time or seasonal staff who are practicing professionals in GLS and related fields. This shall open up the opportunity for the practitioners to share their real world experience with the students and hence enhance the quality of teaching and learning of the programme.

As part of the focus on providing education that is directly applicable to the industry, it is required that at least 5% of the teaching staff possess a minimum of ONE (1) year of work experience in geomatics sectors. If this condition is not fulfilled, the HEP must establish an industry attachment programme. The scheme should outline a comprehensive strategy for the staff's industrial attachment, during which they will acquire one (1) year of industry experience to enhance their continuous professional development and meet the specific needs of their specialised field. HEP should ensure all qualified teaching staff to register as Sr and they must have a proper registration with the Royal Institution of Surveyors Malaysia (RISM).

Engaging with the industry is a crucial practice to guarantee that teaching personnel remain up-to-date with the latest advancements in the field. HEP should establish explicit guidelines to promote industry collaboration among teaching and technical support staff.

#### 6.2.5. Educational Resources

Adequate educational resources are necessary to support the learning and teaching activities of a programme. These shall include:

- i. Physical facilities
- ii. Information and communication technologies;
- iii. Research facilities; and
- iv. Financial ability

The physical facilities shall include:

- i. Lecture halls, tutorial and seminar rooms that shall be conducive and equipped with audio-visual and internet facilities
- ii. Laboratories
  - a) GLS equipment laboratory to store and dispense surveying instruments in supporting students' practical session (fieldworks); shall provide recent and sufficient number to support the programme needs; shall include Total Stations, Global Positioning System (GPS) receivers, Unmanned Aerial Vehicles (UAV), Underground Utility Mapping (UUM) detectors, hydrographic equipment, etc. Core equipment to student ratio expected to be of at least 1:5 and up-to-date.
  - b) Computing laboratory to facilitate the students with computers and software for GLS data processing (geodesy, photogrammetry,

- cartography, GIS, Remote Sensing, etc.) Computer to student ratio expected to be of at least 1:1 and up-to-date..
- c) Technical support there shall be sufficient, qualified and experienced technical staff to provide adequate support especially in assisting the students in doing their fieldworks; it is recommended that each technical staff shall be in charge of not more than two GLS laboratories.
- iii. Library highly desirable to maintain a well-stocked library of text and reference books, scholarly journals and periodicals; also subscriptions to electronic databases of current journals especially those related to the GLS discipline

Where appropriate, research facilities shall be included as part of educational resources because a research-active environment improves the quality of higher education. Sufficient and recent resources are to be allocated to support and sustain the research activities. A healthy research environment is an active breeding ground to develop interest in and recruit future researchers. Besides, a research culture attracts high caliber academics that engender critical thinking and inquiring minds, hence contributing further to the knowledge advancement.

Support facilities such as hostels, health centre, student centres, sport and recreational centres, and transport shall be made available and adequate to facilitate students' life on campus and to enhance their character building. The HEP shall ensure all these facilities comply with relevant laws and regulations (e.g. those related to the Occupational Safety and Health/ OSH) including care for the needs of persons with disabilities.

The HEP shall also demonstrate adequate availability of financial resources to ensure the sustainability of the programme. There must be a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the programme (e.g. to maintain and acquire surveying equipment, etc.)

#### 6.2.6. Programme Management and Leadership

In ensuring a good and effective administration of an academic institution, there should be a governance that reflects the collective leadership focusing and emphasizing on the excellence and scholarship. An appropriate programme leader is necessary for the success and sustainability of a programme. The leader must have passion, determination, creativity and dynamism in managing the programme effectively.

Alongside the good leadership quality, the HEP shall also have a set of programme management system to oversee and monitor the overall achievement of the programme objectives and the quality are continuously reviewed and improved. It must have

adequate arrangements for planning, development, delivery and review of the GLS programme together with the academic and professional development of its staff.

There shall be a quality management system to assure the achievement of programme outcomes (PLOs). The HEP shall maintain its quality management system, based on an established quality assurance standard or other benchmarks. The quality assurance processes should include, among others:

- Student admission
- Teaching and learning
- Assessment
  - examination regulations (including the criteria for pass/fail);
  - preparation and moderation processes (e.g. setting and vetting of exam questions, etc.);
  - level of assessment;
  - evaluation processes (e.g. survey camps, industrial training, final year project etc.)

Furthermore, a systematic record management is important and necessary to ensure the right handling of privacy and confidentiality. It has to be in line with the general privacy and confidentiality policy of the HEP and the government.

Followings are important points to be taken into account:

- The HEP shall clarify its management structure and function, and the relationships between them, and these shall be communicated to all parties involved based on the principles of responsibility, accountability and transparency;
- ii. The HEP shall provide accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students;
- iii. The academic board/ committee shall be an effective decision making body with an adequate degree of autonomy;
- iv. The HEP shall ensure there **exists a quality management system** to monitor and continuously improve the conduct of the programmes;
- v. The HEP shall establish **mechanisms to ensure functional integration and comparability of educational quality** for programmes conducted in different campuses or partner institutions;
- vi. The HEP shall conduct **internal and external consultations,** market needs and graduate employability analyses;
- vii. The appointed **programme leader** shall have **geomatics qualification** from an **institution accredited by LSBM**, knowledge and experiences related to the programme he/she is responsible for;
- viii. The HEP shall have a **sufficient number of qualified administrative staff** to support the implementation of the programme and related activities;

- ix. The HEP shall have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records (which shall be kept as private and confidential);
- x. The HEP shall **continually review the policies on the security of records**, including the increased use of electronic technologies and safety systems; and
- xi. The HEP shall **maintain the student records** relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.

#### 6.2.7. Programme Monitoring, Review and Continual Quality Improvement

The monitoring and review of programmes are essential processes within an HEP's internal quality assurance mechanisms which enable that responsibility to be exercised and form a fundamental part of the academic cycle. The processes of programme monitoring and programme review ensure that the HEP evaluates the student attainment of academic standards and at the same time are intended to help the HEPs to discharge their respective responsibilities and roles for setting and maintaining such standards.

Quality enhancement calls for programmes to be regularly monitored, reviewed and evaluated. These include the responsibility of the HEPs to monitor, review and evaluate the structures and processes, curriculum components as well as the student progress, performance and employability.

The HEPs should have a policy and associated procedures to assure the quality of their programmes. They should also commit themselves explicitly to the development of a culture that recognizes the importance of quality, and quality assurance, in their work. They are then expected to embrace the spirit of continual quality improvement (CQI) in all parts of the programme execution.

Followings are the mechanisms for the Programme Monitoring, Review and Continual Quality Improvement:

- i. The HEP shall have a Quality Assurance (QA) unit, with clear policies and appropriate mechanisms, to regularly monitor, review and improve the programme.
- ii. The HEP must have an internal programme monitoring and review committee with a designated head responsible for continual review of the programme to ensure its currency and relevancy.
- iii. The HEP review system must constructively engage stakeholders, including the alumni and employers as well as external experts whose views are taken into consideration to ensure the programme keeps abreast with the scientific, technological and knowledge development of the GLS discipline (and with the needs of the society). Period of reviewing curriculum must within 5 years.

iv. Various aspects of student performance, progression, attrition, graduation and employment must be analysed for the purpose of continual quality improvement.

#### 7. ACCREDITATION DOCUMENTS

This section presents the general guidelines on the documentation to be submitted for accreditation. The HEPs are expected to provide appropriate and accurate information with evidence that support and best illustrate their programme. Submission must be concise and comprehensive, easily readable and free-standing.

Upon receipt of an application, the LSBM will vet through all the required documentation before fixing a date for an accreditation visit. The LSBM's secretary shall ensure that the relevant documents are available for further process.

The accreditation submission guidelines cover all the seven areas of evaluation, as described and explained in the earlier section of this Manual. The HEP is required to provide appropriate and sufficient information with evidence to ensure a smooth process of evaluation be made. The HEP is also invited to furnish additional information that may not be specifically covered in these guidelines but useful in the evaluation. The information provided by the HEP for its submission should be truthful and concise.

#### 7.1. Documents for Provisional Accreditation

For Provisional Accreditation, the HEP must submit the MQA-01 document which requests for:

# i. Part A : General Information on the HEP

This is an institutional profile of the HEP.

#### ii. Part B: Programme Description

Part B of the MQA-01 requires the HEP to furnish information on the programme. The information required includes the name of the programme, the MQF level (this Manual is intended for MQF Level 4 and Level 6 only), the graduating credits, the duration of study, entry requirement, mode of delivery and the awarding body.

# iii. Part C: Programme Standards

Part C of the MQA-01 document requires the HEP to furnish information on all the standards in the seven areas of evaluation for quality assurance of the programme to be accredited.

Submissions for Provisional Accreditation must be accompanied with relevant attachments, appendices and supporting documents as indicated in the submission template. The latest template for MQA-01 is available on the MQA portal at <a href="https://www.mqa.gov.my">www.mqa.gov.my</a>

#### 7.2. Documents for Full Accreditation

For Full Accreditation, the HEP must submit the **MQA-02** document. This consists of updated information of Part A, B and C as described in section 7.1 earlier. However, Part C in MQA-02 requires a self-review exercise using the evaluation instrument. The Self-Review Report which is generated through the evaluation instrument should include the following items (in each of the seven areas of evaluation):

- i. Strength/Commendation;
- ii. Steps taken to maintain and enhance the strength/current practices;
- iii. Areas of Concern/Weakness/Condition
- iv. Steps taken to address the problem areas.

Submissions for Full Accreditation must be accompanied by relevant attachments, appendices and supporting documents as indicated in the submission template. The latest template for MQA-02 is available on the MQA portal at <a href="https://www.mqa.gov.my">www.mqa.gov.my</a>.

#### 7.3. Re-accreditation Documentation

The purpose of re-accreditation is to exercise the continual quality improvement (CQI) of the programme as well as to maintain its accredited status. It is an independent evaluation conducted by the LSBM through its POA who would evaluate the Programme Self Assessment Report (PSAR) submitted by the HEP. Following the re-accreditation exercise, the HEP should be able to continue the programme registration in the MQR.

In all other cases, the review documentation must be submitted before the period of accreditation has lapsed, not later than six (6) months and shall include the following documents:

## i. Part A: General Information of Programme

This is an institutional and programme profile of the HEP.

#### ii. Part B: Programme Standards

This provides information pertaining to the seven areas of evaluation and the standards in each of them.

#### iii. Part C: Programme Self Evaluation

This is a programme self-evaluation report which should include the followings:

- Strengths of the programme in meeting its goals;
- Areas of concern that need to be addressed;
- Strategies for maintaining and enhancing the strengths of the programme;
- Steps that have been taken to address the problem areas; and
- Conclusions and recommendations for improvement

# 8. LSBM LIST OF RECOGNIZED QUALIFICATIONS

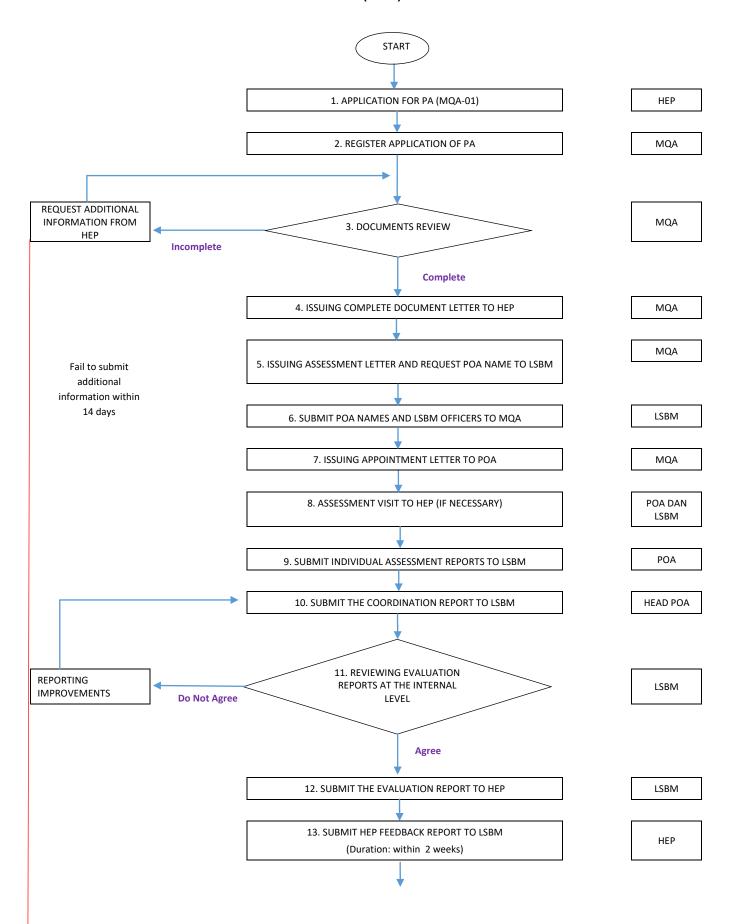
The LSBM's list of recognized programmes may be obtained from its website <a href="http://www.ljt.org.my/">http://www.ljt.org.my/</a>. A more detailed information may be found in the MQA' MQR website <a href="https://www.mqa.gov.my/mqr">https://www.mqa.gov.my/mqr</a>.

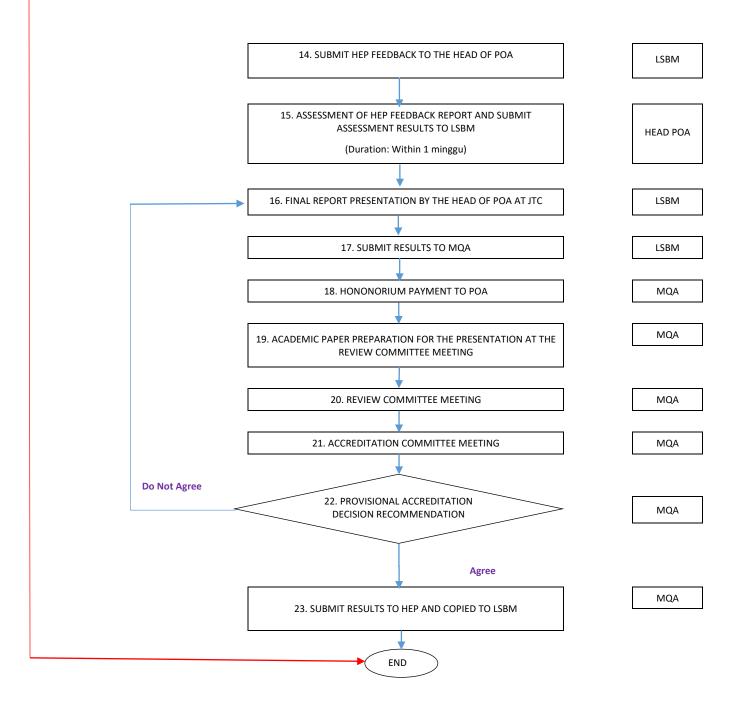
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Lampiran A-1
FLOW CHART FOR PROVISIONAL ACCREDITATION (PA) PROCESS OF GEOMATIC
AND LAND SURVEY (GLS) PROGRAMMES





HEP Higher Education Provider
MQA Malaysian Qualifications Agency
LSBM Land Surveyors Board Malaysia
POA Panel of Assessors
JTC Joint Technical Committee

# WORK PROCESS FOR PROVISIONAL ACCREDITATION (PA) PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES

| WORK PROCESS  | ACTION                    |
|---|---------------------------|
| SUBMIT APPLICATION FORM (MQA-01)  Higher Education Provider (HEP) submit applications to MQA.   | HEP                       |
| 2. REGISTER APPLICATION  • Record and provide a reference number  • Letter of acknowledgment of receipt of documents  *Five (5) copies of application documents in soft copy form   | MQA-<br>Registration Unit |
| <ul> <li>3. REVIEWING DOCUMENTS BY OFFICERS Review the document based on the COPPA Second Edition format and made one of the following decisions: <ol> <li>If no additional information is required, proceed to action 4; OR</li> <li>If additional information is required, proceed to action 4a.</li> </ol> </li> </ul> | MQA- BA(SP)               |
| NO ADDITIONAL INFORMATION REQUIRED:  Letter of acknowledgment of Document Complete and proceed to action 5.   | MQA- BA(SP)               |
| Aa. NEED ADDITIONAL INFORMATION  Letter of acknowledgment of Document Incomplete and request additional information to be provided within 14 days of the letter's date.   | MQA- BA(SP)<br>HEP        |
| <ul> <li>4b. RECEIVED ADDITIONAL INFORMATION</li> <li>If accepted and complete, return to process 4.</li> <li>If not received within 14 days, proceed to action 19.</li> </ul>  | MQA- BA(SP)               |
| ISSUING ASSESSMENT LETTER AND REQUEST POA NAME TO LSBM  Submit a letter and 2 softcopy documents to LSBM, and LSBM must provide the name of the panel of assessors (POA) who have agreed to accept the appointment and assignment as well as relevant details based on the requirements set.                              | MQA- BA(SP)               |
| 6. SUBMIT POA NAMES AND LSBM OFFICERS TO MQA  | LSBM                      |

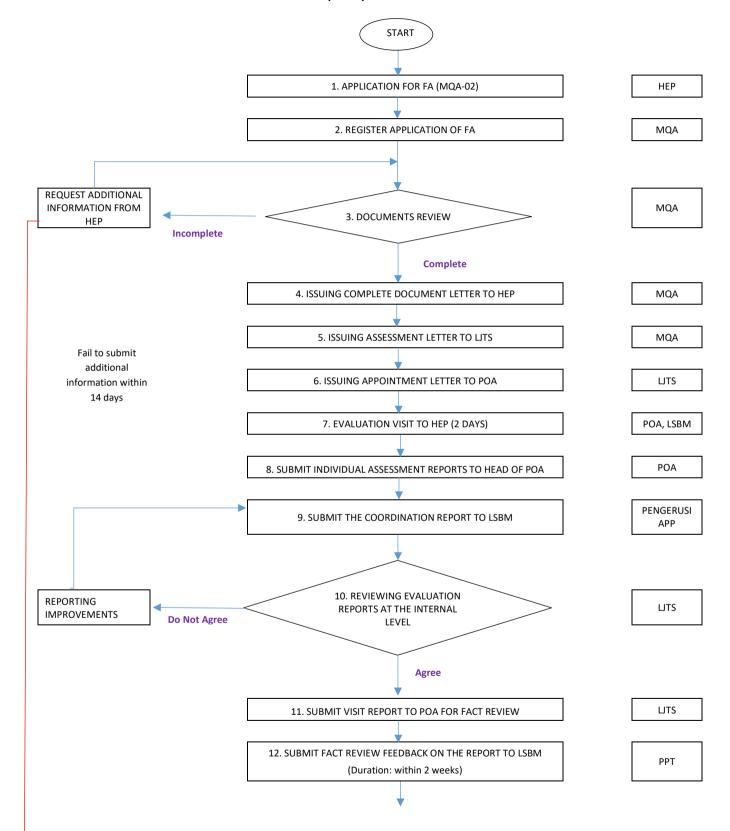
| WORK PROCESS   | ACTION      |
|--|-------------|
| LSBM submits a letter regarding the list of panels that have agreed to be appointed by MQA which includes the following: |             |
| (i) Name of POA  | MQA- BA(SP) |
| (ii) Details of POA  | MQA-DA(OI)  |
| (iii) Coordinate logistics requirements and visit dates (if relevant)  |             |
| 7. ISSUING APPOINTMENT LETTER TO POA   |             |
| Send secretariat notification letter, appointment letter and documents to Head of POA and POA.                           | LSBM<br>POA |
| 8. ASSESSMENT VISIT TO HEP (IF NECESSARY)  |             |
| Before Visit:  |             |
| Notify (advance notice) via e-mail and prepare an official letter of visit or meeting to the HEP                         |             |
| <ul> <li>Send a meeting visit notification letter to the secretariat<br/>and POA</li> </ul>                              |             |
| Prepare an Out of Office duty form (If applicable).  | MQA- BA(SP) |
| Prepare Logistics needs with Order Form  | HEP         |
| Provide a File containing:   | LSBM        |
| (a) POA and Officer Attendance Form and telephone no.  | POA         |
| (b) Tentative visits   |             |
| (c) Report (if any)  |             |
| (d) POA honorarium and travel claim form   |             |
| During Visit: One day Assessment visit   |             |
| Note: MQA Officers do not participate in Provisional Accreditation assessment visits.                                    |             |
| 9. SUBMIT INDIVIDUAL ASSESSMENT REPORTS TO LSBM  | POA         |
| POA prepares individual assessment reports and sends them to LSBM.   | LSBM        |
| 10. SUBMIT THE COORDINATION REPORT TO LSBM   | POA         |
| The Head of POA prepares a coordination report and sends it to   | LSBM        |

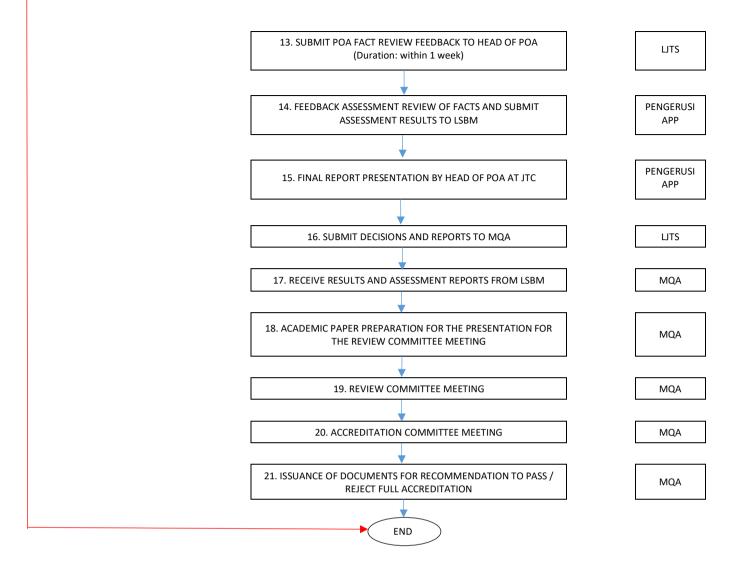
| WORK PROCESS   | ACTION      |
|--|-------------|
| LSBM.  |             |
| 11. REVIEWING EVALUATION REPORTS AT THE INTERNAL LEVEL   |             |
| LSBM will review the assessment report and take the following actions:   | POA         |
| I. If AGREE, continue to action 12; OR   | LSBM        |
| II. If DISAGREE AND NEED IMPROVEMENT OF THE REPORT, repeat to action 10.   |             |
| 12. SUBMIT THE EVALUATION REPORT TO HEP  | LSBM        |
| LSBM send the evaluation report to HEP   | HEP         |
| 13. SUBMIT HEP FEEDBACK REPORT TO LSBM   | LSBM        |
| HEP submit feedback to LSBM within two (2) weeks.  | HEP         |
| 14. SUBMIT HEP FEEDBACK TO THE HEAD OF POA   | LSBM        |
| LSBM send HEP feedback report to head of POA   | HEAD POA    |
| 15. ASSESSMENT OF HEP FEEDBACK REPORT AND SUBMITT ASSESSMENT RESULTS TO LSBM   | LSBM        |
| The Head POA makes an evaluation and sends a final report to LSBM within a period of one (1) week for the purpose of being presented at JTC. | HEAD POA    |
| 16. FINAL REPORT PRESENTATION BY THE HEAD OF POA AT JTC  | HEAD POA    |
| Head POA presents the final report to JTC  | LSBM        |
| 17. SUBMIT RESULTS TO MQA  | LSBM        |
| Submitting Results and Assessment Reports to MQA.  | LODIVI      |
| 18. HONONORIUM PAYMENT TO POA  |             |
| Make honorarium payments for the POA according to the scale fees.  | MQA- BA(SP) |
| 19. ACADEMIC PAPER PREPARATION FOR THE PRESENTATION AT THE REVIEW COMMITTEE MEETING  | MQA- BA(SP) |
| Prepare a draft recommendation to pass the Provisional   |             |

| WORK PROCESS   | ACTION      |
|--|-------------|
| Accreditation / reject the Provisional Accreditation / end the   |             |
| Provisional Accreditation process  |             |
| 20. REVIEW COMMITTEE MEETING (MJS)   | MQA- BA(SP) |
| MJS will recommend a decision.   | WQA-BA(SP)  |
| 21. ACCREDITATION COMMITTEE MEETING (MJA)  |             |
| MJA will recommend one of the following decisions:   | MQA- BA(SP) |
| i. If AGREE, proceed to action 22; OR  | MQA-BA(OF)  |
| ii. If NOT AGREE, return to process 15   |             |
| 22. PROVISIONAL ACCREDITATION DECISION RECOMMENDATION  |             |
| Issue a letter of recommendation Pass Provisional Accreditation / Reject Provisional Accreditation / End Provisional Accreditation Process | MQA- BA(SP) |
| 23. SUBMIT RESULTS TO HEP AND COPIED TO LSBM   | MQA- BA(SP) |
| MQA end the result to HEP and copied to LSBM   |             |

### Lampiran A-2

# FLOW CHART FOR FULL ACCREDITATION (FA) PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES





HEP Higher Education Provider
MQA Malaysian Qualifications Agency
LSBM Land Surveyors Board Malaysia
POA Panel of Assessors
JTC Joint Technical Committee

\*Hononorium for Panel of Assesors

Head Members

1. Individual Reports 1. Individual Reports

2. Head Allowance

3. Feedback report

# WORK PROCESS FOR FULL ACCREDITATION (FA) PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES

| WORK PROCES   | SS                          | ACTION             |
|---|-----------------------------|--------------------|
| 1. SUBMIT APPLICATION FORM (M   | QA-02)                      | HEP                |
| Higher Education Provider (HEP) s   | ubmit applications to MQA.  | ПЕР                |
| 2. REGISTER APPLICATION   |                             |                    |
| Record and provide a reference  | ence number                 | MQA-               |
| Letter of acknowledgment  | f receipt of documents      | Registration Unit  |
| *Five (5) copies of application do form   | cuments in soft copy        |                    |
| 3. REVIEWING DOCUMENTS BY OF  | FICERS                      |                    |
| Review the document based on the format and made one of the following   |                             |                    |
| i. If no additional information i<br>action 4; OR   | s required, proceed to      | MQA-BA(SP)         |
| ii. If additional information is re<br>4a.  | equired, proceed to action  |                    |
| 4. NO ADDITIONAL INFORMATION  | REQUIRED:                   |                    |
| Letter of acknowledgment of Docur proceed to action 5.  | ment Complete and           | MQA-BA(SP)         |
| 4a. NEED ADDITIONAL INFORMATION   | DN                          |                    |
| Letter of acknowledgment of D request additional information to be the letter's date.   | •                           | MQA- BA(SP)<br>HEP |
| 4b. RECEIVED ADDITIONAL INFORM  | ATION TO LSBM               |                    |
| If accepted and complete, return  | to process 4.               | MQA-BA(SP)         |
| If not received within 14 days, presented by the second seco | roceed to action 18.        |                    |
| 5. ISSUING ASSESSMENT LETTER  |                             | MQA- BA(SP)        |
| <ul> <li>Submitting the Payment Instruct<br/>Memo for the LSBM Full Accred<br/>to the Finance Department, MQ</li> </ul>   | litation Evaluation Process | LSBM               |

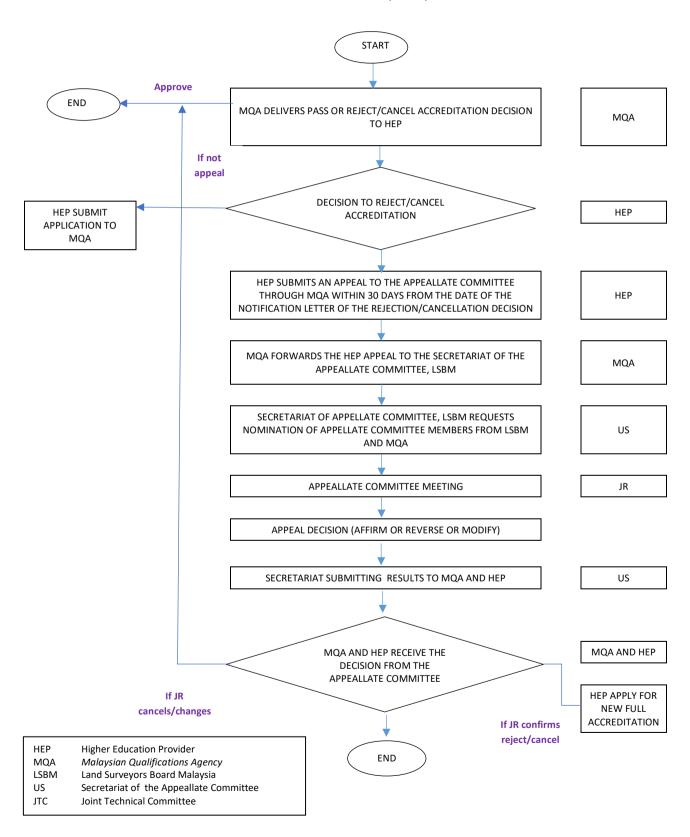
|      | WORK PROCESS  | ACTION     |
|------|---|------------|
|      | Submit a letter and four (4) softcopy documents to LSBM.                                    |            |
| 6.   | ISSUING APPOINTMENT LETTER TO POA   |            |
|      | Send secretariat notification letter, appointment letter and                                | LSBM       |
|      | documents to Head of POA and POA.   | POA        |
| 7.   | ASSESSMENT VISIT TO HEP   |            |
|      | Before Visit:   |            |
|      | Notify (advance notice) via e-mail and prepare an   |            |
|      | official letter of visit or meeting to the HEP  | MQA-BA(SP) |
|      | <ul> <li>Send a meeting visit notification letter to the<br/>secretariat and POA</li> </ul> | HEP        |
|      | <ul> <li>Prepare an Out of Office duty form (If applicable).</li> </ul>                     | LSBM       |
|      | <ul> <li>Prepare Logistics needs with Order Form</li> </ul>                                 | POA        |
|      | During Visit: Two (2) days Assessment visit   |            |
| Mata |   |            |
|      | MQA Officers do not participate in Provisional Accreditation sment visits.                  |            |
| 8.   | SUBMIT INDIVIDUAL ASSESSMENT REPORTS TO LSBM  | POA        |
|      | POA prepares individual assessment reports and sends them to LSBM.                          | LSBM       |
| 9.   | SUBMIT THE COORDINATION REPORT TO LSBM  | POA        |
|      | The Head of POA prepares a coordination report and sends it to LSBM.                        | LSBM       |
| 10.  | REVIEWING EVALUATION REPORTS AT THE INTERNAL LEVEL  |            |
|      | LSBM will review the assessment report and take the following actions:                      | POA        |
|      | I. If AGREE, continue to action 11; OR  | LSBM       |
|      | II. If DISAGREE AND NEED IMPROVEMENT OF THE REPORT, repeat to action 9.                     |            |
| 11.  | SUBMIT THE EVALUATION REPORT TO HEP   | LSBM       |
|      | LSBM send the evaluation report to HEP  | НЕР        |

|   | ACTION      |
|---|-------------|
|   |             |
| 12. SUBMIT HEP FEEDBACK REPORT TO LSBM  | LSBM        |
| HEP submit feedback to LSBM within two (2) weeks.   | HEP         |
| 13. SUBMIT HEP FEEDBACK TO THE HEAD OF POA  | LSBM        |
| LSBM send HEP feedback report to head of POA  | HEAD POA    |
| 14. ASSESSMENT OF HEP FEEDBACK REPORT AND SUBMITT ASSESSMENT RESULTS TO LSBM  | LSBM        |
| The Head POA makes an evaluation and sends a final report to LSBM within a period of one (1) week for the purpose of being presented at JTC.  | HEAD POA    |
| 15. FINAL REPORT PRESENTATION BY THE HEAD OF POA  | HEAD POA    |
| Head POA presents the final report to JTC   | LSBM        |
| 16. SUBMIT RESULTS AND ASSESSMENT REPORT TO MQA   | LSBM        |
| Submitting Results and Assessment Reports to MQA.   | LODIN       |
| 17. RECEIVE RESULTS AND ASSESSMENT REPORTS FROM LSBM  Receive results and Assessment reports from LSBM  | LSBM        |
|   |             |
| 18. ACADEMIC PAPER PREPARATION FOR THE PRESENTATION AT THE REVIEW COMMITTEE MEETING  Prepare a draft recommendation to pass the Full Accreditation / reject the Full Accreditation / end the Full Accreditation process   | MQA-BA(SP)  |
| PRESENTATION AT THE REVIEW COMMITTEE MEETING  Prepare a draft recommendation to pass the Full Accreditation  / reject the Full Accreditation / end the Full Accreditation   | MQA- BA(SP) |
| PRESENTATION AT THE REVIEW COMMITTEE MEETING  Prepare a draft recommendation to pass the Full Accreditation / reject the Full Accreditation / end the Full Accreditation process  19. REVIEW COMMITTEE MEETING (MJS)  | MQA- BA(SP) |
| Prepare a draft recommendation to pass the Full Accreditation / reject the Full Accreditation / end the Full Accreditation process  19. REVIEW COMMITTEE MEETING (MJS)  MJS will recommend a decision.  |             |
| PRESENTATION AT THE REVIEW COMMITTEE MEETING  Prepare a draft recommendation to pass the Full Accreditation / reject the Full Accreditation / end the Full Accreditation process  19. REVIEW COMMITTEE MEETING (MJS)  MJS will recommend a decision.  20. ACCREDITATION COMMITTEE MEETING (MJA) | MQA- BA(SP) |

| WORK PROCESS                                   | ACTION |
|--|--------|
| Validation Form SPS-01 Online                  |        |
| Send APPENDIX A                                |        |
| Recommendations for Reject Full Accreditation: |        |
| Issue a Reject Full Accreditation Letter       |        |
| Recommendations for End Full Accreditation:    |        |
| Issue an End Full Accreditation Letter         |        |

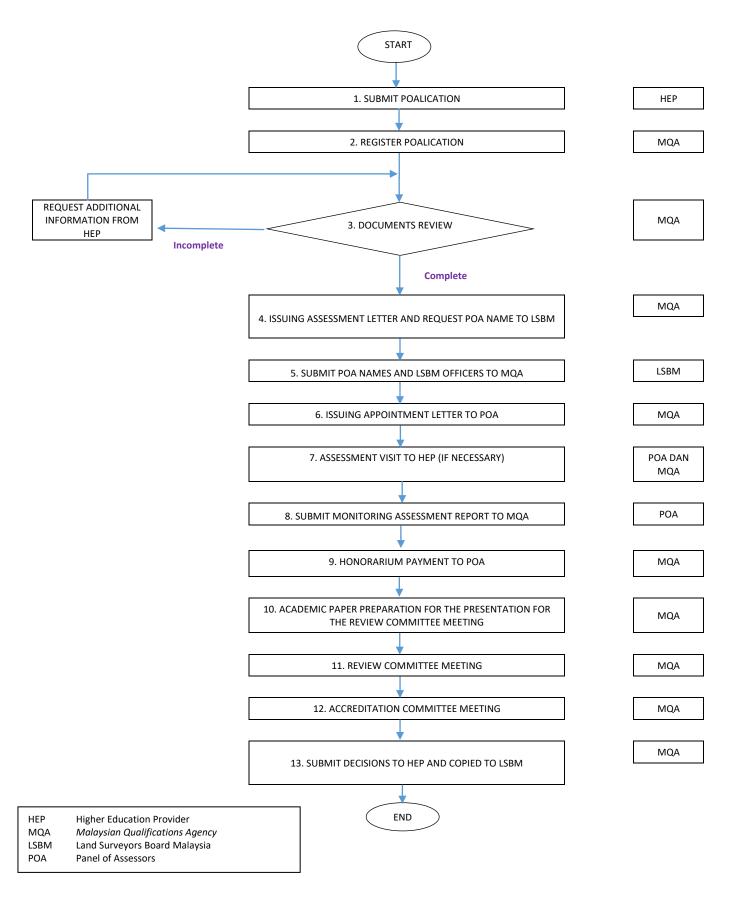
### Lampiran A-3

## FLOW CHART FOR ACCREDITATION APPEAL PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES



### Lampiran A-4

# FLOW CHART FOR PROVISIONAL ACCREDITATION MONITORING ASSESSMENT PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES



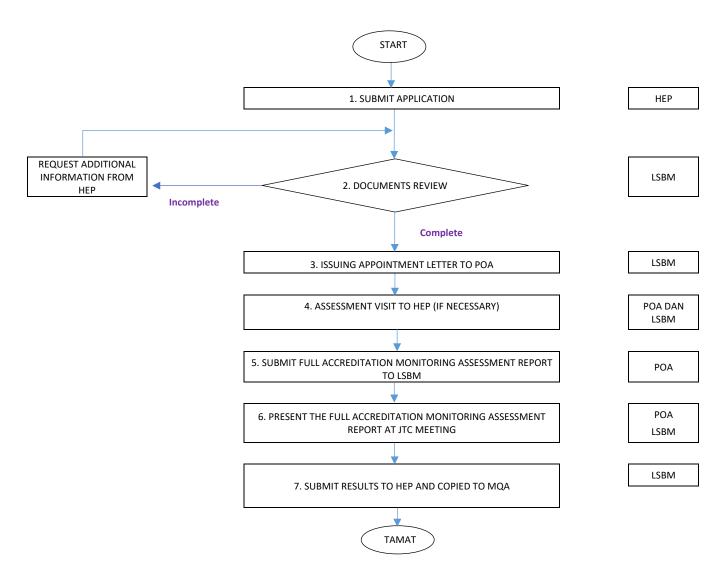
# WORK PROCESS FOR PROVISIONAL ACCREDITATION MONITORING ASSESSMENT PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES

| WORK PROCESS   | ACTION                   |
|--|--------------------------|
| SUBMIT APPLICATION FORM  Higher Education Provider (HEP) submit applications to MQA.   | HEP                      |
| 2. REGISTER APPLICATION  • Record and distribute documents to officers.  *Three (3) copies of application documents in soft copy form  | MQA- BA(SP)              |
| 3. REVIEWING DOCUMENTS BY OFFICERS  Review the document based on the COPPA Second Edition format and made one of the following decisions:  i. If no additional information is required, proceed to action 4; OR  ii. If additional information is required, proceed to action 3a.              | MQA- BA(SP)              |
| 3a. NEED ADDITIONAL INFORMATION  Letter of acknowledgment of Document Incomplete and request additional information to be provided within 14 days of the letter's date.  | MQA- BA(SP)<br>HEP       |
| 4. ISSUING ASSESSMENT LETTER AND REQUEST POA NAME TO LSBM  Submit a letter and 1 softcopy document to LSBM, and LSBM must provide the name of the panel of assessors (POA) who have agreed to accept the appointment and assignment as well as relevant details based on the requirements set. | MQA- BA(SP)<br>LSBM      |
| <ol> <li>ISSUING APPOINTMENT LETTER TO POA         Send secretariat notification letter, appointment letter and documents to Head of POA and POA.     </li> </ol>  | LSBM<br>POA              |
| SUBMIT POA NAMES AND LSBM OFFICERS TO MQA  LSBM submits a letter regarding the list of panels that have agreed to be appointed by MQA which includes the following:  (i) Name of POA   | MQA- BA(SP) HEP LSBM POA |

|                               | WORK PROCESS   | ACTION      |
|-------------------------------|--|-------------|
| (ii) Details of F             | POA  |             |
| (iii) Coordinate<br>relevant) | e logistics requirements and visit dates (if                                     |             |
| 7. ASSESSMEN                  | IT VISIT TO HEP (IF NECESSARY)   |             |
| Before Visit:                 |  |             |
| -                             | (advance notice) via e-mail and prepare an letter of visit or meeting to the HEP |             |
|                               | a meeting visit notification letter to the ariat and POA                         |             |
| Prepar                        | re an Out of Office duty form (If applicable).                                   |             |
| Prepar                        | re Logistics needs with Order Form   | POA         |
| Provide                       | e a File containing:   | LSBM        |
| (a) PO<br>no.                 | A and Officer Attendance Form and telephone                                      | LODIVI      |
| (b) Ter                       | ntative visits   |             |
| (c) Rep                       | port (if any)  |             |
| (d) PO                        | A honorarium and travel claim form   |             |
| During Visit:                 | One day Assessment visit   |             |
|                               | fficers do not participate in Provisional assessment visits.                     |             |
| 8. SUBMIT ASS<br>LSBM         | ESSMENT MONITORING REPORTS TO  | POA         |
| POA prepares<br>LSBM.         | s assessment monitoring reports and send to                                      | LSBM        |
| 9. HONONORIU                  | M PAYMENT TO POA   |             |
| Make honorar scale fees.      | ium payments for the POA according to the  | MQA- BA(SP) |
|                               | PAPER PREPARATION FOR THE ION AT THE REVIEW COMMITTEE MEETING                    | MQA- BA(SP) |
| Prepare a draft Accreditation | ft result of the Monitoring Provisional  | 2.4.5       |

| WORK PROCESS  | ACTION      |
|---|-------------|
| 11. REVIEW COMMITTEE MEETING (MJS)                      | MQA- BA(SP) |
| MJS will recommend a decision.                          |             |
| 12. ACCREDITATION COMMITTEE MEETING (MJA)               | MQA- BA(SP) |
| MJA will recommend the decisions                        | , ,         |
| 13. PROVISIONAL ACCREDITATION DECISION                  |             |
| RECOMMENDATION  | MQA- BA(SP) |
| Issue a letter for the result of Monitoring Provisional |             |
| Accreditation   |             |

Lampiran A-5 FLOW CHART FOR FULL ACCREDITATION MONITORING ASSESSMENT PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES



HEP Higher Education Provider
MQA Malaysian Qualifications Agency
LSBM Land Surveyors Board Malaysia
POA Panel of Assessors
JTC Joint Technical Committee

# WORK PROCESS FOR FULL ACCREDITATION MONITORING ASSESSMENT PROCESS OF GEOMATIC AND LAND SURVEY (GLS) PROGRAMMES

| WORK PROCESS  | ACTION                   |
|---|--------------------------|
| SUBMIT APPLICATION FORM (MQA-02)  Higher Education Provider (HEP) submit applications to LSBM and copied to MQA.  | HEP                      |
| 2. REVIEWING DOCUMENTS BY LSBM SECRETERIAT  Review the document based on the COPPA Second Edition format and made one of the following decisions:  i. If no additional information is required, proceed to action 4; OR  ii. If additional information is required, proceed to action 2a.   | MQA-BA(SP)               |
| 2a. NEED ADDITIONAL INFORMATION  Letter of acknowledgment of Document Incomplete and request additional information to be provided within 14 days of the letter's date.   | MQA- BA(SP)<br>HEP       |
| <ol> <li>ISSUING APPOINTMENT LETTER TO POA         Send secretariat notification letter, appointment letter and documents to Head of POA and POA.     </li> </ol>   | LSBM<br>POA              |
| <ul> <li>4. ASSESSMENT VISIT TO HEP</li> <li>Before Visit: <ul> <li>Notify (advance notice) via e-mail and prepare an official letter of visit or meeting to the HEP</li> <li>Send a meeting visit notification letter to the secretariat and POA</li> <li>Prepare an Out of Office duty form (If applicable).</li> <li>Prepare Logistics needs with Order Form</li> <li>Prepare file containing: <ul> <li>a) Attendance Form POA and Secretariat LSBM</li> <li>b) Visit Tentative Monitoring Full Accreditation</li> </ul> </li> </ul></li></ul> | MQA- BA(SP) HEP LSBM POA |

| WORK PROCESS   | ACTION |
|--|--------|
| c) Decision Letter and Previous Report (if any)  |        |
| During Visit: One (1) day Assessment visit   |        |
| Note: Secretariat LSBM participates in Monitoring Full Accreditation assessment visits.      |        |
| 5. SUBMIT MONITORING FULL ACCREDITATION  |        |
| ASSESSMENT REPORT TO LSBM  | POA    |
| POA prepares monitoring full accreditation assessment  | LSBM   |
| reports and send to LSBM.  |        |
| 6. MONITORING FULL ACCREDITATION ASSESSMENT  |        |
| REPORTS PRESENTATION TO JTC  | POA    |
| POA presents the monitoring full accreditation assessment result to JTC                      | LSBM   |
| 7. SUBMIT RESULTS TO HEP AND COPIED TO MQA   |        |
| Send recommendation letter of results monitoring full accreditation to HEP and Copied to MQA | LSBM   |

## **APPENDIX B-1**

Joint Technical Committee/ JTC (Jawatankuasa Teknikal Bersama/ JTB)

# THE JOINT TECHNICAL COMMITTEE/ JTC (JAWATANKUASA TEKNIKAL BERSAMA/ JTB)

#### 1. TERMS OF APPOINTMENT

The committee members are responsible:

- a) To attend and participate the JTC (JTB) meetings whenever required and necessary;
- b) To inform the secretariat and the Chairman of the meeting of any case that he/she is to withdraw from attending the meeting when a discussion is expected to be related to his/ her personal interests;
- c) To prepare and update the standard guidelines and procedures of GLS programme accreditation;
- d) To appoint Panel of Assessors/ POA (Ahli Panel Penilai/APP) for programme evaluation;
- e) To receive and assess the evaluation report, for Provisional Accreditation (PA) and Full Accreditation (FA), as prepared by the POA (APP) and hence make recommendation to the MQA;
- f) To monitor the compliance of the standard from time to time and to make a recommendation of potential withdrawal of the granted accreditation to the HEP that fails to comply to the requirements for the PA and FA;
- g) To assess and make recommendation to the MQA or Ministry of Higher Learning (MoHE) on matters related to any changes or revision made to the programme such as name, curriculum, etc.;
- h) To provide advisory and consultancy services to any stakeholders on the new development, practice and other GLS related information;
- i) To make recommendation to the Board Meeting on JTC (JTB) decision and findings.

#### 2. MEETING

#### 2.1. Quorum

- a) A board member of LSBM (State Chief Surveyor) the Chairman
- b) A representative from JUPEM (Grade 54)
- c) A representative from University (not the University applying for the accreditation)
- d) A representative from MQA
- e) The LSBM Secretary

## 2.2. Frequency

Meetings will be held whenever required and necessary.

### 2.3. Management

The secretariat and JTC (*JTB*) Management of Meetings are under the responsibility of the LSBM. As such the LSBM is responsible to issue the appointment or termination letters to the committee members.

## **APPENDIX B-2**

Panel of Assessors/ POA (Ahli Panel Penilai/ APP)

# THE PANEL OF ASSESSORS/ POA (AHLI PANEL PENILAI/ APP)

#### 1. TERMS OF APPOINTMENT

The POA is responsible:

- a) To attend and participate the POA meetings whenever required and necessary;
- b) To inform the secretariat and the Chairman of the meeting of any case that he/she is to withdraw from attending the meeting when a discussion is expected to be related to his/ her personal interests;
- c) To audit and assess the programme of an HEP applying for accreditation (Provisional Accreditation or Full Accreditation) to Malaysian Qualifications Agency (MQA);
- d) To prepare an assessment report on the audited programme and make recommendation to the Joint Technical Committee (JTC) for an approval by the Board

The JTC, by the approval of the Board, is responsible to appoint any qualified and experienced GLS individuals as the member of the POA.

#### 2. MEETING

The quorum of the meeting should comprise of

- a) A representative from University (not the university applying for the accreditation) the **Head of POA**
- b) A representative from JUPEM (Grade 44-52) assessor

#### 3. FREQUENCY OF ASSESSMENT

Assessment exercise is to be carried out when there is an application made by an HEP either for the Provisional Accreditation (PA) or Full Accreditation (FA).

#### 4. MANAGEMENT

The secretariat and APP Management of Meetings are under the responsibility of the LSBM. As such the LSBM is responsible for billing the assessment task to the APP.

## 5. TRAINING

LSBM has no expertise to provide training to the POA. It is expected that such training can be jointly organized with the MQA.

## **APPENDIX B-3**

Appeallate Committee /AC (Jawatankuasa Rayuan/ JR)

# THE APPEALLATE COMMITTEE /AC (JAWATANKUASA RAYUAN/ JR)

#### 1. TERMS OF APPOINTMENT

The committee members are responsible:

- a) To attend and participate the AC (JR) meetings whenever required and necessary;
- b) To inform the secretariat and the Chairman of the meeting of any case that he/she is to withdraw from attending the meeting when a discussion is expected to be related to his/ her personal interests;
- c) To study the appeal application by the HEP on the earlier decision of the accreditation
- d) To study the evaluation report for Full Accreditation (MQA/FA), as prepared by the POA as well as the recommendation made by JTC to the MQA;
- e) To monitor the compliance of the standard from time to time and to make a recommendation of potential withdrawal of the granted accreditation to the HEP that fails to comply to the requirements for the FA;
- f) To make recommendation to the Board Meeting on AC (JR) findings and decision (for approval).

#### 2. MEETING

#### 2.1. Quorum

- a) The Deputy Chairman of LSBM (JUPEM's Deputy Director General II) the Chairman
- b) A representative from JUPEM (Grade JUSA C or above)
- c) Two (2) representatives from University (not the university applying for the accreditation)
- d) A representative from MQA
- e) The LSBM Secretary secretariat

#### 2.2. Frequency

Meetings will be held whenever required and necessary.

### 2.3. Management

The secretariat and AC (*JR*) Management of Meetings are under the responsibility of the LSBM. As such the LSBM is responsible to issue the appointment or termination letters to the committee members.

#### 3. APPEAL POLICY

- a) Any decision to reject/cancel accreditation, PPT has the right to either submit a new application or submit an appeal for the decision based on Section 82, MQA Act 2007 (Act 679).
- b) Appeal applications against the full accreditation decision must be submitted through MQA to the Appeallate Committee established by LSBM.

# **APPENDIX C-1**

**Evaluation Guide** 



#### **APPENDIX C-1**

### Instruction:

#### 1. The Evaluation Schedule

POA shall conduct the evaluation with an aim to verify all the evidences prepared by the HEP including the printed documents, feedbacks from interviews and visual observations. It has to be properly scheduled to ensure all the necessary information is made available when the evaluation report is prepared. A typical visit itinerary to the HEP is shown in **Table 1** below.

Table 1: A typical schedule for an evaluation visit

| Day   | Time        | Activity                                | Person Involved                        |
|-------|-------------|---|--|
| •     | 0900 – 0930 | POA Coordination Meeting                | • POA                                  |
|       |             | -                                       | HEP Liaison Officer                    |
|       | 0930 – 1030 | POA Briefing To The HEP                 | • POA                                  |
|       |             | HEP Briefing To The POA                 | HEP Senior                             |
|       |             | J T                                     | Management Staff                       |
|       |             |   | Programme Staff                        |
|       | 1030 – 1300 | Document Review                         |  |
|       |             | Programme Development and Delivery      | • POA                                  |
|       |             | Assessment of Student Learning          | HEP Assistant                          |
| Day 1 |             | Student Selection and Support Service   |  |
|       |             | Academic Staff                          |  |
|       | 1300 – 1400 | Break for Lunch & Prayer                |  |
|       | 1400 – 1600 | Document Review                         |  |
|       |             | Educational Resources                   | • POA                                  |
|       |             | Programme Management                    | HEP Assistant                          |
|       |             | Programme Monitoring and Continual      |  |
|       |             | Quality Improvement (CQI)               |  |
|       | 1600 – 1700 | Meeting (Interview) With Academic Staff | • POA                                  |
|       |             |   | Academic Staff                         |
|       | 1           | I                                       | T                                      |
|       | 0900 – 1000 | Tour To Laboratories                    |  |
|       |             | Survey Equipment Store                  | • POA                                  |
|       |             | Computing/ Data Processing              | Laboratory Support                     |
|       |             | Laboratory                              | Staff                                  |
|       | 1000 – 1030 | Meeting (Interview) With Laboratory     | POA                                    |
|       | 1000 1030   | Support Staff                           | <ul> <li>Laboratory Support</li> </ul> |
| Day 2 |             | Support Starr                           | Staff                                  |
|       | 1030 – 1130 | Tour To Other Facilities                |  |
|       |             | HEP's Library                           | • POA                                  |
|       |             | Student Support Service (Health         | Librarian                              |
|       |             | Centre, Recreational Facilities, etc.)  | Support Service Staff                  |
|       | 1130 – 1300 | Meeting (Interview) With Students and   | • POA                                  |
|       |             | Other Stakeholders                      | Selected Students and                  |
|       |             |   | Other Stakeholders                     |



| Day | Time        | Activity                                | Person Involved |                  |  |  |
|-----|-------------|---|-----------------|------------------|--|--|
|     | 1300 – 1400 | Break for Lunch & Prayer                |                 |                  |  |  |
|     | 1400 – 1600 | POA Meeting (To Discuss Issues and To   | POA             |                  |  |  |
|     |             | Prepare Draft Report)                   |                 |                  |  |  |
|     | 1600 – 1700 | Exit Meeting With HEP Senior Management | •               | POA              |  |  |
|     |             | Staff                                   | •               | HEP Senior       |  |  |
|     |             |   |                 | Management Staff |  |  |

#### 2. The Evaluation Standards

Evaluation is to be made on the seven areas, each of which is divided into a number of sub-areas as shown in **Table 2**. Each sub-area has its own aspects (standards) that need to be evaluated by the POA.

Table 2: Area, Sub-Area and Number of Standards

| Area   | Sub-Area   | Number of Standards |  |  |  |  |  |
|--------|--|---------------------|--|--|--|--|--|
| AREA 1 | PROGRAMME DEVELOPMENT AND DELIVERY   |                     |  |  |  |  |  |
|        | 1.1: Statement of Educational Objectives of Academic Programme and Learning Outcomes     | 5                   |  |  |  |  |  |
|        | 1.2: Programme Development: Process, Content, Structure and Teaching-<br>Learning Method | 6                   |  |  |  |  |  |
|        | 1.3 Programme Delivery   | 6                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 17                  |  |  |  |  |  |
| AREA 2 | ASSESSMENT FOR STUDENT LEARNING  |                     |  |  |  |  |  |
|        | 2.1: Relationship between Assessment and Learning Outcomes                               | 2                   |  |  |  |  |  |
|        | 2.2: Assessment Method   | 4                   |  |  |  |  |  |
|        | 2.3 Management of Student Assessment   | 5                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 11                  |  |  |  |  |  |
| AREA 3 | STUDENT SELECTION AND SUPPORT SERVICES   |                     |  |  |  |  |  |
|        | 3.1: Student Selection   | 5                   |  |  |  |  |  |
|        | 3.2: Articulation and Transfer   | 2                   |  |  |  |  |  |
|        | 3.3 Student Support Services   | 8                   |  |  |  |  |  |
|        | 3.4: Student Representation and Participation  | 4                   |  |  |  |  |  |
|        | 3.5: Alumni  | 1                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 20                  |  |  |  |  |  |
| AREA 4 | ACADEMIC STAFF   |                     |  |  |  |  |  |
|        | 4.1: Recruitment and Management  | 8                   |  |  |  |  |  |
|        | 4.2: Service and Development   | 7                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 15                  |  |  |  |  |  |
| AREA 5 | EDUCATIONAL RESOURCES  |                     |  |  |  |  |  |
|        | 5.1 Physical Facilities  | 4                   |  |  |  |  |  |
|        | 5.2: Research and Development  | 3                   |  |  |  |  |  |
|        | 5.3: Financial Resources   | 3                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 10                  |  |  |  |  |  |
| AREA 6 | PROGRAMME MANAGEMENT   |                     |  |  |  |  |  |
|        | 6.1 Programme Management   | 6                   |  |  |  |  |  |
|        | 6.2: Programme Leadership  | 3                   |  |  |  |  |  |
|        | 6.3: Administrative Staff  | 3                   |  |  |  |  |  |
|        | 6.4: Academic Records  | 4                   |  |  |  |  |  |
|        | Sub-total Sub-total  | 16                  |  |  |  |  |  |



| Area   | Sub-Area  |    |  |  |
|--------|---|----|--|--|
| AREA 7 | PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT                    |    |  |  |
|        | 7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement | 9  |  |  |
|        | Sub-total Sub-total   | 9  |  |  |
|        | Grand Total   | 98 |  |  |

#### 3. Scale of Score

Please give your evaluation of each of the standards (in the **Evaluation Score Form – Appendix C-2**) by circling the score number of Attainment Level (AL) based on the following scales:

1 Very Poor 2 Poor 3 Adequate 4 Strong 5 Very Strong

These scores will be referred to as AL1 for score number 1, AL2 for score number 2 and so on.

#### 4. Comments/Remarks

POA is required to provide comments for each evaluated standard, if there is any. The comments may be on one or more of the followings:

- i. AL Descriptor (overall comment)
- ii. Strength/Commendation [AL4/AL5]
- iii. Steps taken to maintain and enhance the strength/ practices [AL3/ AL4/ AL5]
- iv. Areas of Concern/ Weaknesses/ Condition [AL1/ AL2/ AL3/ AL4]
- v. Steps taken to address the problem areas [AL1/ AL2/ AL3]

It is very important to note that

- i. Any score given as AL1 and/ or AL2 will result in an outright refusal of the accreditation
- ii. Any remark(s) under "Area of Concern/ Weaknesses/ Condition" will be taken as conditions that require the HEP to rectify the stated shortcomings (in a given period of time) in order to be granted the accreditation

Comments may be manually written or digitally filled up in the attached form (**Reflection Form – Appendix C-3**).

#### 5. Calculation of Scores

The scores are to be counted for the total of each AREA (of evaluation) according to their ALs (please refer to **Score Calculation Form – Appendix C-4**). Each AL is given weighted score points and so is the AREA.

### 5.1 Weightage

- a) The score points, shown in the brackets, for the ALs are: AL5 (5); AL4 (4); AL3 (3); AL2 (2) and AL1 (1)
- b) The weightage for the evaluated AREA is shown in **Table 3** below:



Table 3: Weightage for assessment of each AREA

| Area   | PA  | FA  |
|--------|-----|-----|
| AREA 1 | 40% | 25% |
| AREA 2 | 10% | 15% |
| AREA 3 | 5%  | 10% |
| AREA 4 | 15% | 15% |
| AREA 5 | 15% | 15% |
| AREA 6 | 10% | 10% |
| AREA 7 | 5%  | 10% |

#### 5.2 Score Table

The score table (please refer to **Appendix C-4**), with a sample of entered scores, is shown in **Table 4** 

**Table 4:** The score table (with a sample of entered scores)

| No.             |    | No. of STD achieved for each AL |     |     |     |     |  | Score |     |       |       | Max | Actual | PA (% | FA (%  |        |
|-----------------|----|---------------------------------|-----|-----|-----|-----|--|-------|-----|-------|-------|-----|--------|-------|--------|--------|
| AREA of STD     | _  | AL5                             | AL4 | AL3 | AL2 | AL1 |  | AL5   | AL4 | AL3   | AL2   | AL1 | Score  | Score | score) | score) |
| AREA1           | 17 | 2                               | 0   | 15  | 0   | 0   |  | 10    | 0   | 45    | 0     | 0   | 85     | 55    | 25.88  | 16.18  |
| AREA2           | 11 | 0                               | 1   | 10  | 0   | 0   |  | 0     | 4   | 30    | 0     | 0   | 55     | 34    | 6.18   | 9.27   |
| AREA3           | 20 | 0                               | 20  | 0   | 0   | 0   |  | 0     | 80  | 0     | 0     | 0   | 100    | 80    | 4.00   | 8.00   |
| AREA4           | 15 | 0                               | 15  | 0   | 0   | 0   |  | 0     | 60  | 0     | 0     | 0   | 75     | 60    | 12.00  | 12.00  |
| AREA5           | 10 | 0                               | 10  | 0   | 0   | 0   |  | 0     | 40  | 0     | 0     | 0   | 50     | 40    | 12.00  | 12.00  |
| AREA6           | 16 | 0                               | 15  | 1   | 0   | 0   |  | 0     | 60  | 3     | 0     | 0   | 80     | 63    | 7.88   | 7.88   |
| AREA7           | 9  | 0                               | 9   | 0   | 0   | 0   |  | 0     | 36  | 0     | 0     | 0   | 45     | 36    | 4.00   | 8.00   |
| TOTAL SCORE (%) |    |                                 |     |     |     |     |  |       |     | 71.94 | 73.32 |     |        |       |        |        |

The explanation of each column of the table is as below:

### i. AREA

This column refers to the seven areas of evaluation

#### ii. No of STD

This is the total number of standards for each area as described earlier in Section 2 of this Appendix (**Table 2**). This is a fixed column, thus the POAs are not required to fill in.

#### iii. No. of STD achieved for each AL

This is the total count of the evaluated standards for each AL of an AREA. For example, in AREA 1, where there are 17 evaluated standards, 2 scores are given for AL5 and 15 scores for AL3.

#### iv. Score

- The score is calculated by multiplying the number of standards achieved with the allocated points for each AL [AL5 = 5 points; AL4 = 4 points; AL3 = 3 points; AL2= 2 points and AL1 = 1 point]
- Example:

In AREA 1, the score for AL5 is 10 which is calculated from 2 x 5 points. Similarly for AL3, the score is 45 which is obtained from 15 x 3 points



#### v. Max Score

- This is the highest score for each AREA
- Example:

In AREA 1, the max score is 85. This is obtained by multiplying the total number of standards for this area (17) with the highest allocated points, i.e. for AL5 (5 points). Similarly with AREA2, the max score is 55 because the total number of standards is 11, thus  $11 \times 5$  points.

• This is a fixed column, thus the POAs are not required to fill in

#### vi. Actual Score

- This is the sum of all scores achieved for each AREA
- Example:
   In AREA1, the achieved scores are 10 for AL5 and 45 for AL3 (as shown in the Score column), thus the sum is 55.

#### vii. PA (% Score)

- This is the percentage of weighted score for PA (Provisional Accreditation).
   Please refer to the weightage for each area in Table 3.
- Example:
  In AREA 1, the value is 25.88%. This is obtained from [Actual Score/Max Score]\*weightage, i.e. [55/85]\*40%

#### viii. FA (% Score)

- This is the percentage of weighted score for FA (Full Accreditation), similar to PA but with different weightage (Table 3)
- Example: In AREA 1, the value is 16.18%. This is obtained from [Actual Score/Max Score]\*weightage, i.e. [55/85]\*25%

#### ix. Total Score (%)

This is the sum of the weighted scores, both for PA and FA respectively. The percentage indicates the level of compliance of all standards. It is the basis for the POA to recommend the decision for the accreditation of the programme.

The calculation may be made manually using the printed table or alternatively using MS-Excel, as attached.

#### 6. Making Decision for Recommendation

Accreditation of a programme shall only be considered if all standards (aspects) are scored with AL3 and above. Achieving any AL1 and/ or AL2 results in an outright denial of accreditation and warrants serious attention of the institution on the viability of the programme. In such a case, POA is required to provide a non-compliance statement for the institution to improve and possibly resubmit the application.

Indicators, as shown in **Table 5**, are the guidelines for the POA to make a decision for the recommendation of the accreditation, i.e. either to grant or to refuse. This is based on the total score achieved after all the standards are evaluated (**Table 4**).



Table 5: Indicators for accreditation recommendation

| TOTAL SCORE (%)  | GRADE   | RECOMMENDATION                                |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 80 and above<br>(Achieve 100% AL3, AL4 and AL5)                      | A   | Pass FA                                       |  |  |  |  |  |
| 70-79<br>(Achieve 100% AL3, AL4 and AL5)                             | B <sup>+</sup>  | Pass FA                                       |  |  |  |  |  |
| 60-69<br>(Achieve 100% AL3, AL4 and AL5)                             | C <sup>+</sup>  | Pass FA                                       |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| 70-79<br>(Achieve 100% AL3 only - without conditions)                | В   | Pass FA                                       |  |  |  |  |  |
| 70-79<br>(Achieve 100% AL3 only - with conditions)                   | Grade not given until the conditions are met          | FA is considered after all conditions are met |  |  |  |  |  |
| 60-69<br>(Achieve 100% AL3 only - without conditions)                | С   | Pass FA                                       |  |  |  |  |  |
| 60-69<br>(Achieve 100% AL3 only - with conditions)                   | Grade not<br>given until the<br>conditions are<br>met | FA is considered after all conditions are met |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Not achieving 100% AL3 and above                                     | <b>F</b> Refuse FA                                    |   |  |  |  |  |  |
| "Condition" means any standard is given a score but with a remark of |   |   |  |  |  |  |  |

"Area of Concern/ Weaknesses/ Condition"

### **APPENDIX C-2**

**Evaluation Score Form** 



#### **APPENDIX C-2**

#### **AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY**

| Standard   | Aspect  |   | Attainn | nent Lev | vel (AL) |   |
|--|---|---|---------|----------|----------|---|
|  | of Educational Objectives of ramme and Learning Outcomes  |   |         |          |          |   |
| vision, m  Must have Must de outcome assessment outcome Framewood. | in consistent with, and supportive of, the hission and goals of the HEP. We needs analysis.  fine its educational objectives, learning es, learning and teaching strategies, and ent.  prespond to the Malaysian Qualification ork (MQF)  dicate the career and further study   |   |         |          |          |   |
| 1.1.1  | The programme must be consistent with, and supportive of, the vision, mission and goals of the HEP.  1. Not consistent and supportive at all 2. Poorly consistent and supportive 3. Consistent and supportive 4. Very consistent and supportive 5. Very highly consistent and supportive  | 1 | 2       | 3        | 4        | 5 |
| 1.1.2  | The programme must be considered only after a need assessment has indicated that there is a need for the programme to be offered.  1. Not indicated at all 2. Poorly indicated 3. Adequately indicated 4. Strongly indicated 5. Very strongly indicated   | 1 | 2       | 3        | 4        | 5 |
| 1.1.3  | The department must state its programme educational objectives, learning outcomes, teaching and learning strategies, and assessment, and ensure constructive alignment between them.  1. Not stated and not aligned 2. Poorly stated, not aligned 3. Adequately stated and aligned 4. Well stated and aligned 5. Very well stated and aligned | 1 | 2       | 3        | 4        | 5 |
| 1.1.4  | The programme learning outcomes must correspond to an MQF level descriptor and the five clusters of MQF learning outcomes domains  1. Not corresponded at all   | 1 | 2       | 3        | 4        | 5 |

| Standard | Aspect   |   | Attainn | nent Lev | vel (AL) |   |
|----------|--|---|---------|----------|----------|---|
|          | <ol> <li>Poorly corresponded</li> <li>Adequately corresponded</li> <li>Highly corresponded</li> <li>Very highly corresponded</li> </ol>  |   |         |          |          |   |
| 1.1.5    | Considering the stated learning outcomes, the programme must indicate the career and further-study options available to the students on completion of the programme.  1. Not indicated at all 2. Poorly indicated 3. Adequately indicated 4. Strongly indicated 5. Very strongly indicated | 1 | 2       | 3        | 4        | 5 |

## 1.2: Programme Development: Process, Content, Structure and Teaching-Learning Method

- Must have sufficient autonomy.
- Must have an appropriate process.
- Must consult the stakeholders including education experts.
- Must fulfil the requirements of the discipline of study.
- Must have appropriate learning and teaching methods.
- Must have co-curricular activities.

| 1.2.1 | The department must have sufficient autonomy to design the curriculum and to utilise the allocated resources necessary for its implementation.  1. Does not have autonomy 2. Insufficient autonomy 3. Sufficient autonomy 4. High degree of autonomy 5. Very high degree of autonomy | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
| 1.2.2 | The department must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP.  1. Process not appropriate at all 2. Poorly appropriate 3. Adequately appropriate 4. Highly appropriate 5. Very highly appropriate  | 1 | 2 | 3 | 4 | 5 |
| 1.2.3 | The department must consult the stakeholders in the development of the curriculum including educational experts as appropriate.  1. Not consulted at all 2. Poorly consulted 3. Adequately consulted   | 1 | 2 | 3 | 4 | 5 |

| Standard | Aspect  |   | Attainn | nent Lev | vel (AL) |   |
|----------|---|---|---------|----------|----------|---|
|          | Highly consulted     Very highly consulted  |   |         |          |          |   |
| 1.2.4    | The curriculum must fulfil the requirements of the discipline of study, taking into account the appropriate programme standards, professional and industry requirements as well as good practices in the field.  1. Not fulfilled at all 2. Poorly fulfilled 3. Adequately fulfilled 4. Well fulfilled 5. Very well fulfilled | 1 | 2       | 3        | 4        | 5 |
| 1.2.5    | There must be appropriate teaching and learning methods relevant to the programme educational objectives and learning outcomes.  1. Not appropriate at all 2. Poorly appropriate 3. Adequately appropriate 4. Highly appropriate 5. Very highly appropriate   | 1 | 2       | 3        | 4        | 5 |
| 1.2.6    | There must be co-curricular activities to enrich student experience, and to foster personal development and responsibility.  1. Not activities at all 2. Very little activities 3. Adequate activities 4. Ample activities 5. Abundant activities   | 1 | 2       | 3        | 4        | 5 |

#### 1.3 Programme Delivery

- Must ensure the effective delivery of programme learning outcomes.
- Must provide current information of the programme.
- Must have appropriate full-time coordinator and a team of academic staff.
- Must provide a conducive learning environment.
- Must encourage innovations.
- Must obtain feedback from stakeholders.

| 1.3.1 | The department must take responsibility to ensure the effective delivery of the programme learning outcomes.  1. Does not have a line of responsibility and authority at all  2. Poor line of responsibility and authority | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
|       | <ul> <li>3. Adequate line of responsibility and authority</li> <li>4. Clear line of responsibility and authority</li> <li>5. Very clear line of responsibility and authority</li> </ul>                                    |   |   |   |   |   |
| 1.3.2 | Students must be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes,  | 1 | 2 | 3 | 4 | 5 |



| Standard | Aspect   |   | Attainn | nent Lev | vel (AL) |   |
|----------|--|---|---------|----------|----------|---|
|          | and methods of assessment of the programme at the commencement of their studies.  1. Briefing on current information not given at all 2. Briefing on current information poorly provided 3. Briefing on current information adequately provided 4. Briefing on current information well provided 5. Briefing on current information very well provided   |   |         |          |          |   |
| 1.3.3    | The programme must have an appropriate full-time coordinator and a team of academic staff (e.g., a programme committee) with adequate authority for the effective delivery of the programme.  1. Not appropriate and inadequate 2. Appropriate but inadequate number 3. Appropriate and adequate number 4. Highly appropriate and adequate number 5. Very highly appropriate and adequate number | 1 | 2       | 3        | 4        | 5 |
| 1.3.4    | The department must provide students with a conducive learning environment.  1. Not conducive at all 2. Poorly conducive learning environment 3. Conducive learning environment 4. Very conducive learning environment 5. Highly conducive learning environment  | 1 | 2       | 3        | 4        | 5 |
| 1.3.5    | The department must encourage innovations in teaching, learning and assessment.  1. Not encouraged at all 2. Poorly encouraged 3. Adequately encouraged 4. Well encouraged 5. Very well encouraged   | 1 | 2       | 3        | 4        | 5 |
| 1.3.6    | The department must obtain feedback from stakeholders to improve the delivery of the programme outcomes.  1. Does not obtain feedback at all 2. Obtain feedbacks but use them rarely 3. Obtain feedbacks and use the information 4. Obtain many feedbacks and use the information regularly 5. Obtain extensive feedbacks and use the information extensively                                    | 1 | 2       | 3        | 4        | 5 |



#### **AREA 2: ASSESSMENT FOR STUDENT LEARNING**

| Standard                       | Aspect  |   | Attainr | nent Lev | el (AL) |   |
|--------------------------------|---|---|---------|----------|---------|---|
| 2.1: Relation                  | onship Between Assessment and Learning  |   |         |          |         |   |
|                                | ments st be aligned to and consistent with MQF. st be regularly reviewed to ensure effectiveness.   |   |         |          |         |   |
| 2.1.1                          | Assessment principles, methods and practices must be aligned to the learning outcomes of the programme, consistent with the levels defined in the MQF.  1. Not aligned at all 2. Poorly aligned 3. Aligned 4. Well aligned 5. Very well aligned   | 1 | 2       | 3        | 4       | 5 |
| 2.1.2                          | The alignment between assessment and the learning outcomes in the programme must be systematically and regularly reviewed to ensure its effectiveness.  1. Not reviewed at all 2. Not systematically and regularly reviewed 3. Systematically and regularly reviewed 4. Very systematically and regularly reviewed 5. Very systematically and constantly reviewed | 1 | 2       | 3        | 4       | 5 |
| Key Eler  Mu  Mu  reli  Mu  Mu | ments st have a variety of methods and tools. st have mechanisms to ensure and review validity, ability, integrity, currency and fairness. st be documented and communicated to students. st follow established procedures and regulations for inges.   |   |         |          |         |   |
| 2.2.1                          | There must be a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies.  1. Not varied at all 2. Poorly varied 3. Adequately varied 4. Well varied 5. Very well varied  | 1 | 2       | 3        | 4       | 5 |
| 2.2.2                          | There must be mechanisms to ensure, and to periodically review, the validity, reliability, integrity, currency and fairness of the assessment methods.  1. No mechanism at all  | 1 | 2       | 3        | 4       | 5 |



|       | Poor mechanisms     Adequate mechanisms     Well mechanisms     Very well mechanisms  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 2.2.3 | The frequency, methods, and criteria of student assessment— including the grading system and appeal policies—must be documented and communicated to students on the commencement of the programme.  1. Not documented and communicated at all 2. Poorly documented and communicated 3. Documented and communicated 4. Well documented and communicated 5. Very well documented and communicated   | 1 | 2 | 3 | 4 | 5 |
| 2.2.4 | Changes to student assessment methods must follow established procedures and regulations and be communicated to students prior to their implementation.  1. Procedures not established and not communicated to students 2. Procedures poorly followed and not fully communicated to students 3. Procedures followed and communicated to students 4. Procedures well followed and communicated to students 5. Procedures very well followed and communicated to students | 1 | 2 | 3 | 4 | 5 |

#### 2.3: Management of Student Assessment

- Must have adequate level of autonomy for department and staff.
- Must have mechanisms to ensure and review validity, reliability, integrity, currency and fairness.
- Must communicate to students before the commencement of a new semester.
- Must have mechanisms for students to appeal.
- Must be periodically reviewed.

| 2.3.1 | The department and its academic staff must have adequate level of autonomy in the |   |   |   |   |   |
|-------|---|---|---|---|---|---|
|       | management of student assessment.   |   |   |   |   |   |
|       | Does not have autonomy at all   | 1 | 2 | 3 | 4 | 5 |
|       | 2. Poor autonomy  |   |   |   |   |   |
|       | 3. Adequate autonomy  |   |   |   |   |   |
|       | 4. High degree of autonomy  |   |   |   |   |   |
|       | <ol><li>Very high degree of autonomy</li></ol>                                    |   |   |   |   |   |
| 2.3.2 | There must be mechanisms to ensure the  |   |   |   |   |   |
|       | security of assessment documents and records.                                     |   |   |   |   |   |
|       | 1. No mechanism at all  | 4 | _ | _ |   | _ |
|       | 2. Poor mechanisms  | 1 | 2 | 3 | 4 | 5 |
|       | 3. Adequate mechanisms  |   |   |   |   |   |
|       | Good mechanisms   |   |   |   |   |   |
|       | <ol><li>Very good mechanisms</li></ol>  |   |   |   |   |   |



| 2.3.3 | The assessment results must be communicated to students before the commencement of a new semester to facilitate progression decision.  1. Not communicated at all 2. Poorly communicated 3. Adequately communicated 4. Well communicated 5. Very well communicated   | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
| 2.3.4 | The department must have appropriate guidelines and mechanisms for students to appeal their course results.  1. No guidelines and mechanisms 2. Inadequate guidelines and mechanisms 3. Guidelines and mechanisms documented 4. Guidelines clear and mechanisms well documented 5. Guidelines very clear and mechanisms very well documented | 1 | 2 | 3 | 4 | 5 |
| 2.3.5 | The department must periodically review the management of student assessment and act on the findings of the review.  1. Not reviewed and acted on at all 2. Irregularly reviewed and acted on 3. Periodically reviewed and acted on 4. Regularly reviewed and acted on 5. Very regularly reviewed and constantly acted on                    | 1 | 2 | 3 | 4 | 5 |



#### **AREA 3: STUDENT SELECTION AND SUPPORT SERVICES**

| Standard    | Aspect   |   | Attainr | ment Lev | el (AL)  |   |
|-------------|--|---|---------|----------|----------|---|
| 3.1: Studer | nt Selection   |   |         |          |          |   |
| Key Elei    | ments  |   |         |          |          |   |
|             | st have clear criteria and processes.  |   |         |          |          |   |
| • Mu        | st be transparent and objective.   |   |         |          |          |   |
|             | st relate enrolment to the capacity of the department.                               |   |         |          |          |   |
|             | st have a clear policy and appropriate mechanisms for                                |   |         |          |          |   |
|             | peal (if applicable).  |   |         |          |          |   |
|             | st offer appropriate developmental or remedial oport.                                |   |         |          |          |   |
| 340         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |         |          |          |   |
| 3.1.1       | The programme must have clear criteria and   |   |         |          |          |   |
|             | processes for student selection (including that                                      |   |         |          |          |   |
|             | of transfer students) and these must be  |   |         |          |          |   |
|             | consistent with applicable requirements.   |   |         |          |          | _ |
|             | Unclear criteria and processes     Poor criteria and processes                       | 1 | 2       | 3        | 4        | 5 |
|             | 3. Clear criteria and processes  |   |         |          |          |   |
|             | 4. Very clear criteria and processes   |   |         |          |          |   |
|             | Well documented and very clear criteria and processes                                |   |         |          |          |   |
| 3.1.2       | The criteria and processes of student selection                                      |   |         |          |          |   |
|             | must be transparent and objective.   |   |         |          |          |   |
|             | Not transparent and objective at all     Not quite transparent and objective         | 1 | 2       | 3        | 4        | 5 |
|             | Transparent and objective  |   |         |          |          |   |
|             | Very transparent and objective     Very transparent and very objective               |   |         |          |          |   |
| 3.1.3       | Student enrolment must be related to the   |   |         |          |          |   |
|             | capacity of the department to effectively  |   |         |          |          |   |
|             | deliver the programme.   |   |         |          |          |   |
|             | 1. Not related at all  | 1 | 2       | 3        | 4        | 5 |
|             | Poorly related     Related   |   |         |          |          |   |
|             | 4. Well related  |   |         |          |          |   |
| 3.1.4       | 5. Very well related  There must be a clear policy, and if applicable,               |   |         |          |          |   |
| 3.1.4       | appropriate mechanisms, for appeal on student  |   |         |          |          |   |
|             | selection.   |   |         |          |          |   |
|             | No policy and mechanism at all   | 1 | 2       | 3        | 4        | 5 |
|             | Poor policy and mechanism     Clear policy and appropriate mechanism                 |   |         |          |          |   |
|             | 4. Clear policy and substantial mechanism  4. Clear policy and substantial mechanism |   |         |          |          |   |
| 2.1.7       | 5. Very clear policy and correct mechanism   |   |         |          |          |   |
| 3.1.5       | The department must offer appropriate  |   |         |          |          |   |
|             | developmental or remedial support to assist  |   |         |          |          |   |
|             | students, including incoming transfer students who are in need.                      | 1 | 2       | 3        | 4        | 5 |
|             | 1. No remedial support at all  |   |         |          |          |   |
|             | Poor developmental and remedial support  |   |         |          |          |   |
|             | Appropriate developmental and remedial support                                       |   |         |          | <u> </u> |   |



|             | Ample developmental and remedial support     Abundant developmental and remedial support   |   |     |   |     |     |
|-------------|--|---|-----|---|-----|-----|
| .2 : Articı | ulation and Transfer   |   |     |   |     |     |
| Key Ele     | ements   |   |     |   |     |     |
|             | ust have well-defined policies and mechanisms to   |   |     |   |     |     |
|             | cilitate student mobility.   |   |     |   |     |     |
| • Mu        | ust ensure that the incoming transfer students have  |   |     |   |     |     |
| the         | e capacity to successfully follow the programme.   |   |     |   |     |     |
| 3.2.1       | The department must have well defined  |   |     |   |     |     |
|             | policies and mechanisms to facilitate student  |   |     |   |     |     |
|             | mobility, which may include student transfer   |   |     |   |     |     |
|             | within and between institutions as well as   |   |     |   |     |     |
|             | cross-border.  |   |     |   |     |     |
|             | No policy and mechanism at all     Poorly, defined, and discominated, policies, and  | 1 | 2   | 3 | 4   | 5   |
|             | Poorly defined and disseminated policies and mechanisms  |   |     |   |     |     |
|             | 3. Well defined and effectively disseminated policies and  |   |     |   |     |     |
|             | mechanisms  4. Very well defined and effectively disseminated  |   |     |   |     |     |
|             | policies and mechanisms  |   |     |   |     |     |
|             | <ol> <li>Very well defined and very effectively disseminated policies and mechanisms</li> </ol>  |   |     |   |     |     |
| 3.2.2       | The department must ensure that the incoming   |   |     |   |     |     |
|             | transfer students have the capacity to   |   |     |   |     |     |
|             | successfully follow the programme.   |   |     |   |     |     |
|             | No mechanism at all  | 1 | 2   | 3 | 4   | 5   |
|             | Poor mechanisms     Adequate mechanisms  |   |     |   |     |     |
|             | 4. Ample mechanisms  |   |     |   |     |     |
|             | 5. Abundant mechanisms   |   |     |   |     |     |
| 3 Studer    | nt Support Services  |   |     |   |     |     |
| Key Ele     |  |   |     |   |     |     |
|             | ust have access to appropriate and adequate support  |   |     |   |     |     |
|             | rvices.  |   |     |   |     |     |
|             | ust have a designated administrative unit.   |   |     |   |     |     |
|             | ust have an effective induction programme. ust have academic, non-academic and career  |   |     |   |     |     |
|             | unselling services.  |   |     |   |     |     |
|             | ust have mechanisms that actively identify and assist  |   |     |   |     |     |
|             | udents.  |   |     |   |     |     |
|             | ust have clear processes and procedures for  |   |     |   |     |     |
|             | sciplinary cases.  |   |     |   |     |     |
|             | ust have an active mechanism for students to voice   |   |     |   |     |     |
|             | eir grievances.  |   |     |   |     |     |
| • Mu        | ust be evaluated regularly.  |   |     |   |     |     |
| 3.3.1       | Students must have access to appropriate and   |   |     |   |     |     |
| - · - · -   | The state of the s | _ | l _ | _ | I . | l _ |

adequate support services, such as physical,

social, financial, recreational and online

|       | facilities and are a second of  |          |   |          |   |   |
|-------|---|----------|---|----------|---|---|
|       | facilities, academic and non-academic   |          |   |          |   |   |
|       | counselling and health services.  |          |   |          |   |   |
|       | No support services at all  |          |   |          |   |   |
|       | 2. Poor support services  |          |   |          |   |   |
|       | Appropriate and adequate support services     Appropriate and ample support services  |          |   |          |   |   |
|       | 5. Very appropriate and abundant support services   |          |   |          |   |   |
| 3.3.2 | There must be a designated administrative   |          |   |          |   |   |
| 3.3.2 | _   |          |   |          |   |   |
|       | unit, with a prominent organisational status in   |          |   |          |   |   |
|       | the HEP, responsible for planning and   |          |   |          |   |   |
|       | implementing student support services staffed   |          |   |          |   |   |
|       | by individuals who have appropriate   |          |   |          |   |   |
|       | experience.   |          |   |          |   |   |
|       | No unit for planning and implementing student   |          |   |          |   |   |
|       | support services at all   | _        |   |          |   | _ |
|       | A unit for planning and implementing student support  | 1        | 2 | 3        | 4 | 5 |
|       | services  |          |   |          |   |   |
|       | <ol> <li>A designated administrative unit responsible for and<br/>staffed by individuals who have appropriate</li> </ol>      |          |   |          |   |   |
|       | experience  |          |   |          |   |   |
|       | 4. A designated administrative unit responsible for and   |          |   |          |   |   |
|       | staffed by qualified individuals who have appropriate   |          |   |          |   |   |
|       | experience  |          |   |          |   |   |
|       | <ol> <li>A designated administrative unit solely responsible for<br/>and staffed by qualified individuals who have</li> </ol> |          |   |          |   |   |
|       | appropriate experience  |          |   |          |   |   |
| 3.3.3 | An effective induction to the programme must  |          |   |          |   |   |
| 3.3.3 | be available to new students with special   |          |   |          |   |   |
|       | •   |          |   |          |   |   |
|       | attention given to out of state and international   |          |   |          |   |   |
|       | students as well as students with special needs.  | 1        | 2 | 3        | 4 | 5 |
|       | No induction programme made available   |          |   |          |   |   |
|       | Induction programme is available     An effective induction programme is available  |          |   |          |   |   |
|       | A very effective induction programme is available   |          |   |          |   |   |
|       | 5. A highly effective induction programme is available  |          |   |          |   |   |
| 3.3.4 | Academic, non-academic and career   |          |   |          |   |   |
|       | counselling must be provided by adequate and  |          |   |          |   |   |
|       | qualified staff.  |          |   |          |   |   |
|       | Not provided at all   | _        |   | _        |   | _ |
|       | Provided but by inappropriate staff   | 1        | 2 | 3        | 4 | 5 |
|       | Provided by adequate and qualified staff  |          |   |          |   |   |
|       | Provided by adequate and well qualified staff   |          |   |          |   |   |
|       | 5. Provided by ample, well qualified and experienced staff  |          |   |          |   |   |
| 3.3.5 | There must be mechanisms that actively  |          |   |          |   |   |
| 5.5.5 | <u> </u>  |          |   |          |   |   |
|       | identify and assist students who are in need of   |          |   |          |   |   |
|       | academic, spiritual, psychological and social   |          |   |          |   |   |
|       | support.  | 1        | 2 | 3        | 4 | 5 |
|       | No mechanism at all   | <b>±</b> |   |          | - | , |
|       | 2. Poor mechanisms  |          |   |          |   |   |
|       | 3. Adequate mechanisms  |          |   |          |   |   |
|       | Ample mechanisms     Abundant mechanisms  |          |   |          |   |   |
| 3.3.6 | The HEP must have clearly defined and   |          |   |          |   |   |
| 3.3.0 | _   |          |   |          |   |   |
|       | documented processes and procedures in  |          |   |          |   |   |
|       | handling student disciplinary cases.  | 1        | 2 | 3        | 4 | 5 |
|       | Unclear processes and procedures  |          |   |          |   |   |
|       | Poorly defined and documented processes and   |          |   |          |   |   |
|       | procedures  |          |   | <u> </u> |   |   |



|       | Clearly defined and documented processes and procedures     Very clearly defined and documented processes and procedures     Very clearly defined and very well documented processes and procedures  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
| 3.3.7 | There must be an effective mechanism for students to voice their grievances and seek resolution on academic and non-academic matters.  1. No mechanism at all 2. Poor mechanisms 3. Adequate mechanisms 4. Ample mechanisms 5. Very effective mechanism and confidentiality highly secured | 1 | 2 | 3 | 4 | 5 |
| 3.3.8 | Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.  1. Not evaluated at all 2. Rarely evaluated 3. Regularly evaluated 4. Periodically evaluated 5. Constantly evaluated   | 1 | 2 | 3 | 4 | 5 |

#### 3.4: Student Representation and Participation

- Must have well-disseminated policies and processes for active student engagement.
- Must have adequate student representation and organisation.
- Must facilitate student linkages with external stakeholders and participation in relevant activities.
- Must facilitate students' character building.

| 3.4.1 | There must be well-disseminated policies and processes for active student engagement |   |   |   |   |   |
|-------|--|---|---|---|---|---|
|       | especially in areas that affect their interest and                                   |   |   |   |   |   |
|       | welfare.   |   |   | • |   | _ |
|       | <ol> <li>No policies and processes at all</li> </ol>                                 | 1 | 2 | 3 | 4 | 5 |
|       | Poorly disseminated policies and processes   |   |   |   |   |   |
|       | Well disseminated policies and processes   |   |   |   |   |   |
|       | 4. Well defined and disseminated policies and processes                              |   |   |   |   |   |
|       | 5. Very well defined and very effectively disseminated                               |   |   |   |   |   |
| 2.4.2 | policies and processes   |   |   |   |   |   |
| 3.4.2 | There must be adequate student   |   |   |   |   |   |
|       | representation and organisation at the   |   |   |   |   |   |
|       | institutional and departmental levels.   |   |   |   |   |   |
|       | 1. Not adequate at all   |   |   | _ |   | _ |
|       | 2. Inadequate  | 1 | 2 | 3 | 4 | 5 |
|       | 3. Adequate  |   |   |   |   |   |
|       | 4. Highly adequate   |   |   |   |   |   |
|       | 5. Very highly adequate  |   |   |   |   |   |
|       |  |   |   |   |   |   |
| 3.4.3 | Students must be facilitated to develop  | _ | _ | _ |   | _ |
|       | linkages with external stakeholders and to   | 1 | 2 | 3 | 4 | 5 |
| 1     | lilikages with external stakeholders and to  |   |   |   |   |   |



|       | participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.  1. Not facilitated at all 2. Poorly facilitated 3. Facilitated 4. Well facilitated 5. Very well facilitated  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 3.4.4 | Student activities and organisations must be facilitated to encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.  1. Not facilitated at all 2. Poorly facilitated 3. Facilitated 4. Well facilitated 5. Very well facilitated | 1 | 2 | 3 | 4 | 5 |

#### 3.5: Alumni

#### **Key Element**

 Must foster active linkages with alumni to develop, review and continually improve the programme.

| 3.5.1 | The department must foster active linkages with alumni to develop, review and continuously improve the programme.  1. No linkages fostered | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
|       | Linkages poorly fostered   |   |   |   |   |   |
|       | <ol><li>Active linkages fostered</li></ol>   |   |   |   |   |   |
|       | <ol> <li>Active linkages well fostered</li> </ol>  |   |   |   |   |   |
|       | 5. Active linkages very well fostered  |   |   |   |   |   |

## **APPENDIX C-3**

**Reflection Form** 



**APPENDIX C-3** 

#### **REFLECTION FORM**

This form is provided for the assessor(s) to note their observation on the **Areas of Concern** that need to be improved by the HEP.

Name of Higher Education Provider

Assessor

| (HEP)                 |   |
|-----------------------|---|
| Name of Programme     | : :   |
| Name of Assessor      | :   |
| Date of Visit         | :   |
| Area of Concern       | Area 1 Programme Development and Delivery                                   |
| – please check        | Area 2 Assessment of Student Learning                                       |
| the box               | Area 3 Student Selection and Support Service                                |
|                       | Area 4 Academic Staff   |
|                       | Area 5 Educational Resources  |
|                       | Area 6 Programme Management   |
|                       | Area 7 Programme Monitoring, Review and Continual Quality Improvement (CQI) |
| Standard and          |   |
| Score Achieved        |   |
| (e.g. 1.1.2 – AL3)    |   |
| Comments              |   |
| Proposed<br>Action(s) |   |
| Signature of          |   |

#### **AREA 4: ACADEMIC STAFF**

| Standard                         | Aspect   |   | Attainr | ment Lev | el (AL) |   |
|----------------------------------|--|---|---------|----------|---------|---|
| 4.1: Recrui                      | tment and Management   |   |         |          |         |   |
| nee  Mu  Mu  Mu  Mu  Mu  res  Mu | ments ust have clearly defined plan for academic manpower eds. ust have clear and documented recruitment policy. ust maintain appropriate staff—student ratio. ust have adequate and qualified academic staff. ust have policy reflecting equitable distribution of ponsibilities. ust seek diversity among the academic staff. ust have clear, transparent and merit-based policies diprocedures for recognition. |   |         |          |         |   |
|                                  | ust have national and international linkages to enhance rning and teaching.  |   |         |          |         |   |
| 4.1.1                            | The department must have a clearly defined plan for its academic manpower needs consistent with institutional policies and programme requirements.  1. No defined plan 2. Poorly defined plan 3. Clearly defined plan 4. Very clearly defined plan 5. Highly defined plan  | 1 | 2       | 3        | 4       | 5 |
| 4.1.2                            | The department must have a clear and documented academic staff recruitment policy where the criteria for selection are based primarily on academic merit and/or relevant experience.  1. No policy at all 2. Unclear and poorly documented policy 3. Clear and documented policy 4. Clear and well documented policy 5. Very clear and very well documented policy   | 1 | 2       | 3        | 4       | 5 |
| 4.1.3                            | The staff–student ratio for the programme must be appropriate to the teaching-learning methods and comply with the programme standards for the discipline.  1. Inappropriate to and not complying with 2. Appropriate to but not complying with 3. Appropriate to and comply with 4. Very appropriate to and comply with 5. Highly appropriate and exceeded  | 1 | 2       | 3        | 4       | 5 |
| 4.1.4                            | The department must have adequate and qualified academic staff responsible for implementing the programme.  The expected ratio of full-time and part-time academic staff is 60:40  | 1 | 2       | 3        | 4       | 5 |

|       | Inadequate academic staff   |   |   |   |   |   |
|-------|---|---|---|---|---|---|
|       | Adequate but unqualified academic staff   |   |   |   |   |   |
|       | Adequate and qualified academic staff   |   |   |   |   |   |
|       | Adequate and well qualified academic staff     Ample and well qualified, experienced academic staff   |   |   |   |   |   |
| 4.1.5 | 5. Ample and well qualified, experienced academic staff The policy of the department must reflect an  |   |   |   |   |   |
| 4.1.3 | equitable distribution of responsibilities among  |   |   |   |   |   |
|       | the academic staff.   |   |   |   |   |   |
|       | 1. Not reflected at all   | 1 | 2 | 3 | 4 | 5 |
|       | 2. Poorly equitable   | _ |   | 3 | _ |   |
|       | 3. Adequately equitable   |   |   |   |   |   |
|       | 4. Well equitable   |   |   |   |   |   |
| 4.4.6 | 5. Very well equitable  |   |   |   |   |   |
| 4.1.6 | The recruitment policy for a particular   |   |   |   |   |   |
|       | programme must seek diversity among the   |   |   |   |   |   |
|       | academic staff in terms of experience,  |   |   |   |   |   |
|       | approaches and backgrounds.   |   |   |   |   |   |
|       | No defined policies and procedures  | 1 | 2 | 3 | 4 | 5 |
|       | Poorly defined policies and procedures     Clear and transparent policies and procedures              |   |   |   |   |   |
|       | 4. Clear, transparent and well documented policies and  |   |   |   |   |   |
|       | procedures  |   |   |   |   |   |
|       | 5. Very clear, transparent and well documented policies   |   |   |   |   |   |
| 4.1.7 | and procedures  Policies and procedures for recognition   |   |   |   |   |   |
| 7.1.7 | through promotion, salary increment or other  |   |   |   |   |   |
|       | remuneration must be clear, transparent and   |   |   |   |   |   |
|       | based on merit.   |   |   |   |   |   |
|       | <ol> <li>No defined policies and procedures</li> </ol>  | 1 | 2 | 3 | 4 | 5 |
|       | Poorly defined policies and procedures  | _ | _ |   |   |   |
|       | Clear and transparent policies and procedures     Clear, transparent and well documented policies and |   |   |   |   |   |
|       | procedures  |   |   |   |   |   |
|       | 5. Very clear, transparent and well documented policies   |   |   |   |   |   |
| 4.1.0 | and procedures  |   |   |   |   |   |
| 4.1.8 | The department must have national and   |   |   |   |   |   |
|       | international linkages to provide for the   |   |   |   |   |   |
|       | involvement of experienced academics,   |   |   |   |   |   |
|       | professionals and practitioners in order to   |   |   |   |   |   |
|       | enhance teaching and learning in the  | 1 | 2 | 3 | 4 | 5 |
|       | programme.  |   |   |   |   |   |
|       | 1. No linkages at all   |   |   |   |   |   |
|       | Poorly linked     Adequately linked   |   |   |   |   |   |
|       | 4. Well linked  |   |   |   |   |   |
|       | 5. Very well linked   |   |   |   |   |   |

#### 4.2 : Service and Development

- Must have policies addressing matters related to service, development and appraisal.
- Must provide opportunities on areas of expertise. Must have clear policies on conflict of interest and professional conduct.
- Must have mechanisms and processes for periodic student evaluation.



- Must have development programme for new staff and continuous professional enhancement.
- Must provide opportunities to participate in professional, academic and other relevant activities at national and international levels.
- Must encourage to play an active role in community and industrial engagements.

|       | I  |   | 1 | I | I |   |
|-------|--|---|---|---|---|---|
| 4.2.1 | The department must have policies addressing   |   |   |   |   |   |
|       | matters related to service, development and  |   |   |   |   |   |
|       | appraisal of the academic staff.   |   |   |   |   | _ |
|       | No defined policies  | 1 | 2 | 3 | 4 | 5 |
|       | <ul><li>2. Poorly defined policies</li><li>3. Clear policies</li></ul>                       |   |   |   |   |   |
|       | Clear and well documented policies   |   |   |   |   |   |
|       | 5. Very clear and well documented policies   |   |   |   |   |   |
| 4.2.2 | The department must provide opportunities  |   |   |   |   |   |
|       | for academic staff to focus on their respective  |   |   |   |   |   |
|       | areas of expertise.  |   |   |   |   |   |
|       | No opportunities provided  | 1 | 2 | 3 | 4 | 5 |
|       | 2. Inadequate opportunities provided   |   |   |   |   |   |
|       | <ul><li>3. Adequate opportunities provided</li><li>4. Ample opportunities provided</li></ul> |   |   |   |   |   |
|       | 5. Abundant opportunities provided   |   |   |   |   |   |
| 4.2.3 | The HEP must have clear policies on conflict of  |   |   |   |   |   |
|       | interest and professional conduct, including   |   |   |   |   |   |
|       | procedures for handling disciplinary cases   |   |   |   |   |   |
|       | among academic staff.  |   |   |   |   |   |
|       | No policy at all   | 1 | 2 | 3 | 4 | 5 |
|       | Unclear policies and procedures  |   |   |   |   |   |
|       | Clear policies and procedures  |   |   |   |   |   |
|       | Very clear policies and procedures     Very clear and well documented policies and           |   |   |   |   |   |
|       | procedures   |   |   |   |   |   |
| 4.2.4 | The HEP must have mechanisms and processes   |   |   |   |   |   |
|       | for periodic student evaluation of the academic  |   |   |   |   |   |
|       | staff for quality improvement.   |   |   |   |   |   |
|       | No mechanism and process   | 1 | 2 | 3 | 4 | 5 |
|       | Inadequate mechanism and process   |   |   |   |   |   |
|       | Appropriate mechanism and adequate process     Ample mechanisms and documented process       |   |   |   |   |   |
|       | 5. Abundant mechanisms and well documented process   |   |   |   |   |   |
| 4.2.5 | The department must have a development   |   |   |   |   |   |
|       | programme for new academic staff and   |   |   |   |   |   |
|       | continuous professional enhancement for  |   |   |   |   |   |
|       | existing staff.  |   |   |   | _ | _ |
|       | No development programme at all  | 1 | 2 | 3 | 4 | 5 |
|       | Inadequate development programme   |   |   |   |   |   |
|       | Adequate development programme   |   |   |   |   |   |
|       | Ample development programme     Abundant development programme                               |   |   |   |   |   |
| 4.2.6 | The HEP must provide opportunities for   |   | 1 |   |   |   |
| 7.2.0 | · · · · · · · · · · · · · · · · · · ·  |   |   |   |   |   |
|       | academic staff to participate in professional,   | 1 | 2 | 3 | 4 | 5 |
|       | academic and other relevant activities, at   |   |   |   |   |   |
|       | national and international levels to obtain  |   |   |   |   |   |



|       | professional qualifications to enhance  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
|       | teaching-learning experience.   |   |   |   |   |   |
|       | <ol> <li>No opportunities provided</li> <li>Inadequate opportunities provided</li> <li>Adequate opportunities provided</li> <li>Ample opportunities provided</li> </ol> |   |   |   |   |   |
|       | 5. Abundant opportunities provided  |   |   |   |   |   |
| 4.2.7 | The department must encourage and facilitate  |   |   |   |   |   |
|       | its academic staff to play an active role in  |   |   |   |   |   |
|       | community and industry engagement   |   |   |   |   |   |
|       | activities.   | 1 | 2 | 3 | 4 | 5 |
|       | <ol> <li>Not encouraged and facilitated at all</li> </ol>   | _ |   | , | _ |   |
|       | <ol><li>Poorly encouraged and facilitated</li></ol>   |   |   |   |   |   |
|       | <ol><li>Encouraged and facilitated</li></ol>  |   |   |   |   |   |
|       | <ol> <li>Well encouraged and facilitated</li> </ol>   |   |   |   |   |   |
|       | <ol><li>Very well encouraged and facilitated</li></ol>  |   |   |   |   |   |

#### **AREA 5: EDUCATIONAL RESOURCES**

| Standard                   | Aspect  |   | Attainr | nent Lev | el (AL) |   |
|----------------------------|---|---|---------|----------|---------|---|
| 5.1: Physical              | al Facilities   |   |         |          |         |   |
| edu<br>• Mu<br>• Mu<br>and | ments Ist have sufficient and appropriate physical facilities and acational resources. Ist comply with the relevant laws and regulations. Ist have adequate and up-to- date reference materials a qualified staff in the library or resource centre. Ist maintain and periodically review.  | d |         |          |         |   |
| 5.1.1                      | The programme must have sufficient and appropriate physical facilities and educational resources to ensure its effective delivery, including facilities for practical-based programmes and for those with special needs.  1. Insufficient and inappropriate 2. Sufficient but inappropriate 3. Sufficient and appropriate 4. Ample and appropriate 5. Abundant and appropriate  | 1 | 2       | 3        | 4       | 5 |
| 5.1.2                      | The physical facilities must comply with the relevant laws and regulations.  1. Not complied at all 2. Poorly complied 3. Adequately complied 4. Well complied 5. Very well complied  | 1 | 2       | 3        | 4       | 5 |
| 5.1.3                      | The library or resource centre must have adequate and up-to-date reference materials and qualified staff that meet the needs of the programme and research amongst academic staff and students.  1. Inadequate and outdated reference materials and inappropriate staff 2. Adequate but outdated reference materials and inappropriate staff 3. Adequate and up-to-date reference materials and qualified staff 4. Ample and up-to-date reference materials and well qualified staff 5. Abundant and most current reference materials and very well qualified staff | 1 | 2       | 3        | 4       | 5 |
| 5.1.4                      | The educational resources, services and facilities must be maintained and periodically reviewed to improve the quality and appropriateness.  1. Not reviewed and not maintained 2. Irregularly reviewed and maintained 3. Periodically reviewed and maintained 4. Regularly reviewed and periodically maintained 5. Consistently reviewed and constantly maintained   | 1 | 2       | 3        | 4       | 5 |



#### 5.2: Research and Development

#### **Key Elements**

- Must have research policy with adequate facilities and resources.
- Must show interaction between research and learning in the curriculum.
- Must periodically review research resources and facilities.

| 5.2.1 | The department must have a research policy with adequate facilities and resources to sustain them.  1. Does not have research policy at all 2. Has a poorly documented policy 3. Has a documented policy 4. Has a well documented policy 5. Has a very well documented policy  | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
| 5.2.2 | The interaction between research and learning must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research, scholarship and development.  1. Not reflected at all 2. Poorly reflected 3. Adequately reflected 4. Well reflected 5. Very well reflected | 1 | 2 | 3 | 4 | 5 |
| 5.2.3 | The department must periodically review its research resources and facilities and take appropriate action to enhance its research capabilities and to promote a conducive research environment.  1. Not reviewed at all 2. Irregularly reviewed 3. Periodically reviewed 4. Regularly reviewed 5. Consistently reviewed  | 1 | 2 | 3 | 4 | 5 |

#### **5.3 Financial Resources**

- Must demonstrate financial viability and sustainability.
- Must have a clear line of responsibility and authority for budgeting and resource allocation.
- Must have clear procedures to ensure that financial resources are sufficient.

| 5.3. | The HEP must demonstrate financial viability     |   |   |   |   |   |
|------|--|---|---|---|---|---|
|      | and sustainability for the programme.            | 1 | 2 | 3 | 4 | 5 |
|      | <ol> <li>Not viable and unsustainable</li> </ol> | _ | _ |   |   |   |
|      | 2. Viable but unsustainable                      |   |   |   |   |   |



|       | Viable and sustainable     Very viable and sustainable     Very viable and highly sustainable   |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 5.3.2 | The department must have clear procedures to ensure that its financial resources are sufficient and managed efficiently.  1. No procedures at all 2. Procedures poorly defined 3. Procedures sufficiently defined 4. Procedures well defined 5. Procedures very well defined  | 1 | 2 | 3 | 4 | 5 |
| 5.3.3 | The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the department.  1. No defined responsibility and authority 2. Poorly defined responsibility and authority 3. Adequately defined responsibility and authority 4. Well defined responsibility and authority 5. Very well defined responsibility and authority | 1 | 2 | 3 | 4 | 5 |

#### **AREA 6: PROGRAMME MANAGEMENT**

| Standard                                  | Aspect  |   | Attainr | nent Lev | el (AL) |   |
|---|---|---|---------|----------|---------|---|
| 6.1: Progra                               | nmme Management   |   |         |          |         |   |
| rela  Mu abo acc  Mu reg  Mu ade  Mu inte | ments ast clarify the structure and function, and the ationships between them. ast provide accurate, relevant and timely information but the programme which are easily and publicly ressible, especially to prospective students. ast have policies, procedures and mechanisms for gular review and updating. ast have an effective decision-making body with an equate degree of autonomy. ast establish mechanisms to ensure functional regration and comparability of educational quality for agrammes. ast conduct internal and external consultations, market reds and graduate employability analyses. |   |         |          |         |   |
| 6.1.1                                     | The department must clarify its management structure and function, and the relationships between them, and these must be communicated to all parties involved based on the principles of responsibility, accountability and transparency.  1. Not clarified and communicated 2. Poorly clarified and communicated 3. Adequately clarified and communicated 4. Well clarified and communicated 5. Very well clarified and communicated   | 1 | 2       | 3        | 4       | 5 |
| 6.1.2                                     | The department must provide accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.  1. Inaccurate, irrelevant and untimely information 2. Relevant but untimely information and not easily accessible 3. Accurate, relevant and timely information 4. Very accurate, relevant and timely information and easily accessible 5. Very accurate, relevant and timely information and very easily accessible  | 1 | 2       | 3        | 4       | 5 |
| 6.1.3                                     | The department must have policies, procedures and mechanisms for regular review and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement.  1. No documented policies, procedures and mechanisms 2. Poorly documented policies and procedures, and inappropriate mechanisms  | 1 | 2       | 3        | 4       | 5 |



|       | Documented policies and procedures, and appropriate mechanisms     Well documented policies and procedures, and ample mechanisms     Very well documented policies and procedures, and abundant mechanisms  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 6.1.4 | The academic board of the department must be  |   |   |   |   |   |
|       | an effective decision-making body with an   |   |   |   |   |   |
|       | adequate degree of autonomy.  1. Futile decision-making body with very little degree of autonomy  2. Ineffective decision-making body with inadequate degree of autonomy  3. Effective decision-making body with adequate degree of autonomy  4. Effective decision-making body with high degree of autonomy  5. Very dynamic decision-making body with high degree of autonomy | 1 | 2 | 3 | 4 | 5 |
| 6.1.5 | Mechanisms to ensure functional integration   |   |   |   |   |   |
|       | and comparability of educational quality must   |   |   |   |   |   |
|       | be established for programmes conducted in different campuses or partner institutions.  1. Not established at all 2. Poorly established 3. Established 4. Well established 5. Very well established   | 1 | 2 | 3 | 4 | 5 |
| 6.1.6 | The department must conduct internal and external consultations, market needs and graduate employability analyses.  1. Not conducted at all 2. Poorly conducted 3. Conducted 4. Well conducted 5. Very well conducted   | 1 | 2 | 3 | 4 | 5 |

#### 6.2: Programme Leadership

- Must clearly state the criteria for the appointment and the responsibilities of the programme leader.
- Must have appropriate qualification, knowledge and experiences related to the programme.
- Must have mechanisms and processes for communication between the programme leader, department and HEP.

| 6.2.1 | The criteria for the appointment and the responsibilities of the programme leader must be clearly stated.  |   |   |   |   |   |
|-------|--|---|---|---|---|---|
|       | <ol> <li>No defined statements</li> <li>Poorly defined statements</li> <li>Clearly defined statements</li> <li>Very clearly defined statements</li> <li>Highly defined statements</li> </ol> | 1 | 2 | 3 | 4 | 5 |
| 6.2.2 | The programme leader must have appropriate qualification, knowledge and experiences  | 1 | 2 | 3 | 4 | 5 |



|       | related to the programme he/she is responsible for.  1. Held by those with inappropriate qualifications and no experience 2. Held by those with inappropriate qualifications with little experience 3. Held by those with appropriate qualifications and sufficient experience 4. Held by those with right qualifications and experience 5. Held by those with right qualifications and ample experience  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 6.2.3 | There must be mechanisms and processes for communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.  1. No mechanism and processes 2. Mechanisms and processes 3. Mechanisms and processes adequate and documented 4. Mechanisms ample and processes documented 5. Mechanisms abundant and processes well documented | 1 | 2 | 3 | 4 | 5 |

#### **6.3 Administrative Staff**

- Must have sufficient number of qualified administrative staff
- Must conduct regular performance review.
- Must have appropriate training scheme for career advancement and to fulfil programme needs.

| 6.3.1 | The department must have sufficient number of qualified administrative staff to support the implementation of the programme and related activities.  1. Insufficient at all 2. Inadequate, very little number 3. Adequate 4. Ample staff 5. Abundant staff  | 1 | 2 | 3 | 4 | 5 |
|-------|---|---|---|---|---|---|
| 6.3.2 | The HEP must conduct regular performance review of the administrative staff of the programme.  1. No performance review conducted 2. Performance review irregularly conducted 3. Performance review regularly conducted 4. Performance review very regularly conducted 5. Performance review constantly conducted | 1 | 2 | 3 | 4 | 5 |
| 6.3.3 | The department must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.  1. No training scheme at all 2. Inappropriate training scheme  | 1 | 2 | 3 | 4 | 5 |



| 3. | Appropriate training scheme      |  |  |  |
|----|----------------------------------|--|--|--|
| 4. | Right and proper training scheme |  |  |  |
| 5. | Very dedicated training scheme   |  |  |  |

#### 6.4: Academic Records

- Must have appropriate policies and practices concerning the nature, content and security of academic records.
- Must maintain student records in such form as is practical and preserve these records for future reference.
- Must implement policies on the rights of individual privacy and the confidentiality of records.
- Must continually review policies on the security of records.

| 6.4.1 | The department must have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records.  1. No policy and practice at all 2. Inappropriate policies and practices 3. Appropriate policies and practices 4. Well documented policies and good practices 5. Very well stated and documented policies and good practices | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
| 6.4.2 | The department must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.  1. Not maintained at all 2. Incorrectly maintained 3. Appropriately maintained 4. Well and properly maintained 5. Very well structured and properly maintained                               | 1 | 2 | 3 | 4 | 5 |
| 6.4.3 | The department must implement policies on the rights of individual privacy and the confidentiality of records.  1. Not implemented at all 2. Poorly implemented 3. Adequately implemented 4. Well implemented 5. Very well implemented   | 1 | 2 | 3 | 4 | 5 |
| 6.4.4 | The department must continually review policies on the security of records, including the increased use of electronic technologies and safety systems.  1. No review conducted 2. Review irregularly conducted 3. Review regularly conducted 4. Review very regularly conducted 5. Review consistently conducted   | 1 | 2 | 3 | 4 | 5 |



#### AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

| Standard                                      | Aspect  |   | Attainr | ment Lev | el (AL) |   |
|---|---|---|---------|----------|---------|---|
|   | anisms for Programme Monitoring, Review and<br>Quality Improvement  |   |         |          |         |   |
| Mu Mu Mu Mu Mu Sta Mu cor Mu And Mu HE Mu qua | ust have clear policies and appropriate mechanisms. Ust have a Quality Assurance unit. Ust have an internal monitoring and review committee. Ust engage stakeholders in programme review. Ust make the programme review report accessible to akeholders. Ust analyse student performance for the purpose of intinual quality improvement. Ust share the responsibilities of programme monitoring direview with partner in collaborative arrangements. Ust present the findings of programme review to the                             |   |         |          |         |   |
| 7.1.1   | The department must have clear policies and appropriate mechanisms for regular monitoring and review of the programme.  1. No policy and mechanism at all 2. Poor policies and mechanisms 3. Clear policies and appropriate mechanisms 4. Clear policies and substantial mechanisms Very clear policies and correct mechanisms  | 1 | 2       | 3        | 4       | 5 |
| 7.1.2   | The department must have a Quality Assurance (QA) unit or personnel for internal quality assurance of the department to work hand-in-hand with the QA unit of the HEP.  1. Does not have QA unit or personnel 2. Has general QA personnel 3. Has QA unit 4. Has highly dedicated QA unit 5. Has highly specialized and designated QA unit   | 1 | 2       | 3        | 4       | 5 |
| 7.1.3   | The department must have an internal programme monitoring and review committee with a designated head responsible for continual review of the programme to ensure its currency and relevancy.  1. Does not have monitoring and review committee 2. Has general monitoring and review committee 3. Has internal monitoring and review committee with designated head 4. Has dedicated monitoring and review committee with designated head 5. Has external and dedicated internal monitoring and review committee with designated head | 1 | 2       | 3        | 4       | 5 |

review committee with designated head



|       | <u> </u>  |   |   |   |   |   |
|-------|---|---|---|---|---|---|
| 7.1.4 | The department's review system must constructively engage stakeholders, including the alumni and employers as well as the external experts, whose views are taken into consideration.  1. Stakeholders not engaged at all 2. Stakeholders inadequately engaged 3. Stakeholders adequately engaged 4. Stakeholders well engaged 5. Stakeholders very well engaged  | 1 | 2 | 3 | 4 | 5 |
| 7.1.5 | The department must make the programme review report accessible to stakeholders.  1. Not accessible at all 2. Poorly accessible 3. Adequately accessible 4. Well accessible 5. Highly accessible  | 1 | 2 | 3 | 4 | 5 |
| 7.1.6 | Various aspects of student performance, progression, attrition, graduation and employment must be analysed for the purpose of continual quality improvement.  1. Not analysed at all 2. Poorly analysed 3. Adequately analysed and given attention for quality improvement 4. Periodically analysed and the results used for quality improvement 5. Extensively analysed and the results used for quality improvement | 1 | 2 | 3 | 4 | 5 |
| 7.1.7 | In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.  1. Not shared at all 2. Poorly shared 3. Adequately shared 4. Regularly shared 5. Constantly shared   | 1 | 2 | 3 | 4 | 5 |
| 7.1.8 | The findings of a programme review must be presented to the HEP for its attention and further action.  1. Not presented at all 2. Irregularly presented 3. Regularly presented 4. Very regularly presented 5. Constantly presented  | 1 | 2 | 3 | 4 | 5 |
| 7.1.9 | There must be an integral link between the departmental quality assurance processes and the achievement of the institutional purpose.  1. No link established 2. Poorly linked 3. Adequately linked 4. Well linked 5. Very well linked  | 1 | 2 | 3 | 4 | 5 |

## APPENDIX C-4 Score Calculation Form



#### **APPENDIX C-4**

#### **SCORE CALCULATION FORM**

| ۸۵۲۸  | No. of | No. o | f STD a | chieved | d for ea | for each AL |  |     |     | Score |     |     | Max      | Actual  | PA (%  | FA (%  |
|-------|--------|-------|---------|---------|----------|-------------|--|-----|-----|-------|-----|-----|----------|---------|--------|--------|
| AREA  | STD    | AL5   | AL4     | AL3     | AL2      | AL1         |  | AL5 | AL4 | AL3   | AL2 | AL1 | Score    | Score   | score) | score) |
| AREA1 | 17     |       |         |         |          |             |  |     |     |       |     |     | 85       |         |        |        |
| AREA2 | 11     |       |         |         |          |             |  |     |     |       |     |     | 55       |         |        |        |
| AREA3 | 20     |       |         |         |          |             |  |     |     |       |     |     | 100      |         |        |        |
| AREA4 | 15     |       |         |         |          |             |  |     |     |       |     |     | 75       |         |        |        |
| AREA5 | 10     |       |         |         |          |             |  |     |     |       |     |     | 50       |         |        |        |
| AREA6 | 16     |       |         |         |          |             |  |     |     |       |     |     | 80       |         |        |        |
| AREA7 | 9      |       |         |         |          |             |  |     |     |       |     |     | 45       |         |        |        |
|       |        |       |         |         |          |             |  |     |     |       |     |     | TOTAL SC | ORE (%) |        |        |

#### INDICATORS FOR RECOMMENDATION

| INDICATORS FOR RECOMMENDATION                         |   |   |  |  |  |
|---|---|---|--|--|--|
| TOTAL SCORE (%)                                       | GRADE   | RECOMMENDATION                                |  |  |  |
| 80 and above<br>(Achieve 100% AL3, AL4 and AL5)       | Α   | Pass FA                                       |  |  |  |
| 70-79<br>(Achieve 100% AL3, AL4 and AL5)              | B <sup>+</sup>  | Pass FA                                       |  |  |  |
| 60-69<br>(Achieve 100% AL3, AL4 and AL5)              | C <sup>+</sup>  | Pass FA                                       |  |  |  |
|   |   |   |  |  |  |
| 70-79<br>(Achieve 100% AL3 only - without conditions) | В   | Pass FA                                       |  |  |  |
| 70-79<br>(Achieve 100% AL3 only - with conditions)    | Grade not given<br>until the<br>conditions are<br>met | FA is considered after all conditions are met |  |  |  |
| 60-69 (Achieve 100% AL3 only - without conditions)    | С   | Pass FA                                       |  |  |  |
| 60-69<br>(Achieve 100% AL3 only - with conditions)    | Grade not given until the conditions are met          | FA is considered after all conditions are met |  |  |  |
|   |   |   |  |  |  |
| Not achieving 100% AL3 and above                      | F   | Refuse FA                                     |  |  |  |
| "Condition" means any standard "Area of Concern/      | d is given a score but<br>Weaknesses/ Conditi         |   |  |  |  |

| Grade     | •      |
|-----------|--------|
|           |        |
| Docommone | ation. |

## APPENDIX D Accreditation Report Template



#### **APPENDIX D**

#### **ACCREDITATION EVALUATION REPORT**

| Name of Programme         | :          |   |
|---------------------------|------------|---|
| Reference Number          | :          | Date of site visit:                       |
| Name of HEP               | :          |   |
| Address of HEP            | :          |   |
|                           |            |   |
| Dranarad by               |            |   |
| Prepared by               | •          |   |
| Memorandum                |            |   |
| To : Malaysian Qual       | lification | ns Agency                                 |
| From : Land Surveyors     |            |   |
| is pleased to provide the | followi    | ng report of its findings and conclusion. |
| Signature                 |            |   |
| Name of Assessor 1 (Hea   | ıd)        |   |
| University - Faculty      |            |   |
| Signature                 |            |   |
| Name of Assessor 2        |            |   |
| JUPEM – Division/ Section | n          |   |
|                           | ·          |   |
| Signature                 |            |   |
| Name of MQA Represent     | tative     |   |
| MQA - Section             |            |   |



#### PROGRAMME BACKGROUND

| 1.                              | Name of Programme (as in the scroll to be awa   |               | :   |                        |   |                     |                        |
|---------------------------------|---|---------------|---|------------------------|---|---------------------|------------------------|
| 2.                              | MQF Level 6   |               | :   |                        |   |                     |                        |
| <ul><li>3.</li><li>4.</li></ul> | Field of Study as<br>Education Code (NEC<br>Mode of Study (Full T                       | C)            |   |                        |   |                     |                        |
| 5.                              | Mode of Delivery  a. Conventional (tradition blended learning)  b. Open and Distance Le | onal/ online/ | :   |                        |   |                     |                        |
| 6.                              | Mode of Offer a. Coursework b. Industry Mode (2u2i)                                     |               | :   |                        |   |                     |                        |
| 7.                              | Language of Instruct  | ion           | :   |                        |   |                     |                        |
| 8.                              | Method of Learning and Teaching   |               | l<br>ork/ Laboratory<br>ial Training<br>r |                        | Work Based<br>Problem Bas<br>Service Learn<br>Blended Lean<br>MOOCs<br>Teaching Res | ed Learning<br>ning | TRN)                   |
| 9.                              | Graduating Credit   | Others.       |   |                        |   |                     |                        |
| 10.                             | Implementation Mer<br>a. Self-governing (own)<br>b. Collaborative (e.g.<br>Franchised)  | thod          |   | a.                     | warding Bod<br>Own<br>Others (please<br>specify)                                    |                     |                        |
| 12.                             | Duration of Study   |               |   |                        |   |                     |                        |
|                                 |   |               | Full Time                                 |                        |   | Part Time           |                        |
|                                 |   | Long Sem      | Short Sem                                 | Industrial<br>Training | Long Sem  | Short Sem           | Industrial<br>Training |
| No                              | of Weeks*   |               |   |                        |   |                     |                        |
|                                 | of Semesters  |               |   |                        |   |                     |                        |
| No                              |   |               |   |                        |   |                     |                        |
|                                 | of Years  |               |   |                        |   |                     |                        |
| 13.                             | of Years e: Number of weeks shoul Address of Programi Location (if applicab             | me's<br>le)   |   |                        |   |                     |                        |



Report on the Programme in Relation to the Criteria and Standards for Programme Accreditation

Evaluation on Area 1: Programme Development and Delivery

| 1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes  |
|---|
| Commendation  |
|   |
|   |
|   |
|   |
| Affirmation   |
| Affirmation   |
|   |
|   |
|   |
|   |
| Condition   |
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|   |
|   |
|   |
|   |
| 1.2. Programme Development: Process, Content, Structure and Teaching-Learning Methods |
| Commendation  |
|   |
|   |
|   |
|   |
| Affirmation   |
|   |
|   |
|   |



| Condition     |                       |                 |              |      |
|---------------|-----------------------|-----------------|--------------|------|
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              | <br> |
|               | <del></del>           |                 |              | <br> |
| 1.3. Program  | me Delivery           |                 |              |      |
| Commendatio   | on                    |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
| Affirmation   |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
| Condition     |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              | <br> |
|               |                       |                 |              |      |
| uation on Are | ea 2: Assessment of S | tudent Learning | Z            |      |
| 2.1. Relation | ship between Assessr  | ment and Learni | ing Outcomes |      |
| Commendation  | n                     |                 |              |      |
|               |                       |                 |              |      |
|               |                       |                 |              |      |
| İ             |                       |                 |              |      |



| Affirmation            |
|------------------------|
|                        |
|                        |
|                        |
| Condition              |
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|                        |
|                        |
| 2.2. Assessment Method |
| Commendation           |
|                        |
|                        |
|                        |
| Affirmation            |
|                        |
|                        |
|                        |
| Condition              |
|                        |
|                        |
|                        |



#### 2.3. Management of Student Assessment

| Affirmation    |               |                    |  |  |
|----------------|---------------|--------------------|--|--|
|                |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
| Condition      |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
|                |               |                    |  |  |
| luation on Are | a 3: Programm | ne Deliverv        |  |  |
|                | a 3: Programm | <u>ne Delivery</u> |  |  |
| 3.1. Student S | Selection     | <u>ne Delivery</u> |  |  |
|                | Selection     | <u>ne Delivery</u> |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |
| 3.1. Student S | Selection     | ne Delivery        |  |  |



| Condition                      |
|--------------------------------|
|                                |
|                                |
|                                |
|                                |
| 3.2. Articulation and Transfer |
| Commendation                   |
|                                |
|                                |
|                                |
| Affirmation                    |
|                                |
|                                |
|                                |
|                                |
| Condition                      |
|                                |
|                                |
|                                |
|                                |
| 3.3. Student Support Services  |
| Commendation                   |
|                                |
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| ffirmation                                  |
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| 4. Student Representation and Participation |
| ommendation                                 |
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| ffirmation                                  |
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| Commendation                         |                  |     |  |  |
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| Affirmation                          |                  |     |  |  |
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| Condition                            |                  |     |  |  |
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| uation on Area 4                     |                  |     |  |  |
|                                      | t and Manageme   | nt  |  |  |
| 4.1. Recruitment                     | t and Manageme   | ent |  |  |
|                                      | t and Manageme   | nt  |  |  |
| 4.1. Recruitment                     | t and Manageme   | nt  |  |  |
| 4.1. Recruitment                     | t and Manageme   | nt  |  |  |
| 4.1. Recruitment                     | t and Manageme   | nt  |  |  |
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| 4.1. Recruitment                     | t and Manageme   | nt  |  |  |
| <b>4.1. Recruitment</b> Commendation | t and Manageme   | nt  |  |  |
| <b>4.1. Recruitment</b> Commendation | t and Manageme   | nt  |  |  |
| <b>4.1. Recruitment</b> Commendation | t and Manageme   | ent |  |  |



| Service and Development nendation  nation  ition  n on Area 5: Educational Resources  Physical Facilities |  |
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| nation  ition  n on Area 5: Educational Resources  Physical Facilities                                    |  |
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| Affirmation                   |
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| Condition                     |
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| 5.2. Research and Development |
| Commendation                  |
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| Affirmation                   |
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| Condition                     |
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# 5.3. Financial Resources Commendation Affirmation Condition **Evaluation on Area 6: Programme Management 6.1. Programme Management** Commendation Affirmation



| Condition                 |
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| 6.2. Programme Leadership |
| Commendation              |
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| Affirmation               |
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| Condition                 |
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| 6.3. Administrative Staff |
| Commendation              |
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| Affirmation           |
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| Condition             |
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| 6.4. Academic Records |
| Commendation          |
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| Condition             |
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#### **Evaluation on Area 7: Programme Monitoring, Review and Continual Quality Improvement**

| Commendatio   | sms for Programm<br>on |       |      |      |
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| sion on the S | tatus of Accredita     | ition |      |      |
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