Procedural Manual

for Initial Institutional Licensure

Commission for Academic Accreditation
Ministry of Education
United Arab Emirates

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Introduction

In order for Higher Education (HE) qualifications in the United Arab Emirates (UAE) to be recognized by the Ministry of Education (MoE or Ministry), higher education institutions (HEIs) are required to achieve and sustain Institutional Licensure through the Commission for Academic Accreditation (CAA or Commission). The process of Initial Institutional Licensure (IIL) is described in this *Procedural Manual for Initial Institutional Licensure* (PMIL) and the periodic Renewal of Institutional Licensure (RIL) is described separately in the *Procedural Manual for Renewal of Institutional Licensure*. Maintaining Institutional Licensure is a pre-requisite for the operation of post-secondary HE study programs of one year full-time equivalent or longer (Levels 5 – 10 in the UAE's National Qualifications Framework QF*Emirates*).

Institutional Licensure applies to all of the activities and operations of the entire institution and is one of the ways through which the CAA and the MoE ensure quality assurance for post-secondary education in the UAE. The standards, policies, and procedures adopted by the Ministry to establish and operate institutions of higher learning are designed to promote high quality in institutions and to assure prospective students, their families, employers, and other interested parties that licensed institutions meet standards of quality consistent with current international practice and professional judgment.

Initial Institutional Licensure (IIL): IIL signifies that the institution has a mission appropriate to higher education and possesses the governance structure, by-laws, regulations, policies and procedures, physical, technological and financial resources, educational programs, faculty and other personnel, and quality assurance measures sufficient to accomplish its mission.

For newly established institutions, IIL is granted for three years. The process of IIL is designed to ensure that robust plans are in place to provide human and physical resources appropriate to the intended programs in a timely manner, and that essential policy and administrative structures have been developed such that programs and support units will function effectively, and the financial basis of the institution is sound. Much of this process is based on detailed documentation and plans submitted by the institution.

Renewal of Institutional Licensure (RIL): Before the expiry of the period of its IIL, an institution must apply for RIL. An analytical Self-Study is required. A review for RIL will evaluate the institution's performance in meeting the *Standards for Institutional Licensure* (*SIL)* during its period of licensure, and will require critically reflective, clear, detailed evidence and appropriate documentation that the institution is accomplishing its mission and offering and delivering educational programs of high quality, consistent with current international practice. RIL may be granted for a period of 3, 5, or 7 years from the date of expiry of the IIL.

Risk-Based Assessment

A new addition to the *Standards for Institutional Licensure and Program Accreditation 2019* (the *Standards*) is the introduction of a 'risk-based approach' to Institutional Licensure and Program Accreditation by the CAA. This context-sensitive assessment of institutional performance is determined against baseline regulatory requirements which originate from the *Standards*. The risk level of institutions is identified according to the threshold risk level, as determined by the CAA, through a two-part process. The risk levels form the basis for decisions related to the ongoing licensure and accreditation review arrangements for HEIs, on a schedule of 3-, 5-, or 7-year visit cycles. The CAA reserves the right to re-classify an institution's risk status as a sanction for violations of the *Standards*.

The introduction of the risk-based approach to Institutional Licensure acknowledges the level of importance the CAA attaches to the development of institutions, and the maintenance and continuous improvement of academic standards. The CAA risk-based approach is centred on offering a full understanding of the implications of the risk evaluation for different providers, their students and other stakeholders. For more detail on the risk-based assessment, refer to the *Supplementary Guidance to the Standards 2019*.

Risk Evaluation

The determination of risk is undertaken by the External Review Team (ERT) at the conclusion to the Licensure Review, and is based on two equally weighted elements:

Part A of the Risk Evaluation considers the extent to which the HEI (a the time of the Licensure review) has provided evidence of meeting the requirements of the *Standards.*

Part B of the Risk Evaluation evaluates the risk of strategic, operational, legal and financial, academic and international dimensions as applied to specific risk statements, which take into account the risk analysis area. The ERT will use its professional judgement in applying this structured approach to evaluate risk.

Institutional Integrity

All of the review policies and procedures of the CAA depend on the principle of institutional integrity and the conscientious application of the *Standards*. An institution is expected to be transparent in all of its transactions with the Commission, and with students, the academic and

larger communities it serves, and all its stakeholders. Evidence of withholding information, providing inaccurate information, failing to provide timely information to the Commission, or failure to conduct a candid Application in compliance with the *Standards*, and/or other similar practices, will be seen as the lack of a full commitment to integrity. Evidence of submitting material that is not substantially original to the institution and the work of the institution's officers or employees (including contract employees), shows a lack of commitment to integrity. Failure of an institution to adhere to the principle of integrity may result in the loss of Licensure.

Use of the Manual

In order to successfully achieve IIL institutions are required to demonstrate that all *SIL* are met. The last Section of this *Manual*, 'Addressing the *Standards*', provides detail of individual Stipulations that are required to be met by the *SIL*. In relation to Stipulations and their sub-sections that are not fully applicable to IIL, the entries in the Addressing the *Standards* Section indicate the specific review process in which the criteria are demonstrated to be fully satisfied. Matters of non-compliance with any of the *Standards*, as evident during the review process, may be subject to Requirements that need to be fully satisfied before IIL is obtained.

The Application

Application for IIL for a new institution is made once it has successfully completed the Pre-Approval Stage (see *Annex 6: Opening a New Institution* of the *Supplementary Guidance to the Standards 2019*).

This PMIIL is designed to outline the process to secure IIL for the institution. In summary, the process is that each institution must prepare an Application, the core of which is a set of required documents that address the *SIL* and provides the basis for initial review by the Commission. The Commission will assess the institution both through the review of documentation and, and where applicable, a campus visit.

After the Commission's review, and the receipt and processing of the report by the Commission, and after the institution has complied with Requirements contained in the report, the Commission recommends an action about the IIL to the Council of Commissioners and then to the Minister for Education for his final determination.

Licensure operates in the context of the published *Standards* (2019). The *Standards* contain Stipulations that are supported by explanations and guidance, which take account of different providers' structures, missions and levels of maturity, and of local contexts.

Any reference to the *Standards* should be considered a reference, as well, to the Stipulations and Annexes. For a copy of the latest edition of the *Standards* (2019), consult the CAA website (http://www.caa.ae) or contact the Commission.

In order to demonstrate initial compliance with the *SIL*, prospective HEIs are assessed through the preliminary stages of institutional review, which focuses on the following seven elements:
1. Governance and Management
2. Quality Assurance
3. Research and Scholarly Activities
4. Health, Safety, and Environment
5. Fiscal Resources, Financial Management, and Budgeting
6. Legal Compliance and Public Disclosure
7. Community Engagement

The CAA directs the main core elements of the IIL review to determine whether or not the institution meets the academic and educational requirements set out in the *SIL* appropriate to the nature of the program(s) it intends to offer and the targeted student body. Once an institutional review has confirmed that the *SIL* are met, the HEI will receive the MoE's license and be admitted to the National Register.

Application Process and Condition

The Institution submits a complete Application for IIL showing how the Institution meets each of the applicable *Standards* with reference to supporting documentation.

The following items are expected as part of the Application for IIL:

1. Documentation affirming Security Clearance from the UAE Government Authority (Application forms available from the CAA).

2. A Letter of Application [usually from the Chief Executive Officer, President or Chancellor or his/her designee] requesting Institutional Licensure through the CAA. The Commission considers only one campus of a proposed multi-campus institution at a time and requires a period of at least one year between the opening of two separate locations.

3. Documentation that the proposed institution has the approval of the relevant authority in the Emirate in which the institution is to be located. This might, for example, be issued from the Abu Dhabi Department of Education and Knowledge (ADEK), the Knowledge

and Human Development Authority (KHDA) in Dubai, or a comparable body from one of the other five Emirates, but specifically from the Emirate in which the campus will be located.

4. A completed Application Form for IIL [available on the CAA website http://www.caa.ae].

5. One hard and three electronic copies of the Application addressing the *Standards* and including the following documents:
    a. Feasibility Study including a statement of financial resources
    b. Financial Analysis and Financial Guarantee
    c. By-Laws of the Governing Body
    d. Site Approval and Architectural Plan
    e. Timed Action Plan
    f. Organization Chart
    g. Policies and Procedures Manual comprising all institutional policies.
    h. Quality Assurance Manual
    i. Catalog
    j. Student Handbook
    k. Faculty Manual
    l. Staff Manual

All documents should must be current, and consistent between documents, at the time of the submission of the Application. If the Commission finds the Application incomplete or inadequate to warrant a full review, it returns will the Application to the institution with an explanation and information about resubmission.

Tips for Submission of the Application

Application materials in hard copy are submitted in spiral bound or hard bound format. Do not send notebooks or ring-folders. In addition, the following requirements apply:

1. All documents must include Tables of Contents and are paginated.

2. Electronic copies must be on USB drives.

3. Electronic copies must be hyper-linked.

4. All documents must be current.

5. All documents must be edited to ensure consistency among documents and to be free of grammatical errors.

6. Appendices must be numbered and labelled.

Deadlines for Submission of Applications

1. Applications must be submitted at least twelve months prior to the intended enrollment to an accredited program; the Commission will typically initiate the IIL review as soon as possible after the receipt of an Application.

2. Given that there are often required responses after an IIL review, the total amount of time from application to the completion of IIL may be extended depending on the speed with which the institution responds to any follow-up queries.

3. Institutions which anticipate seeking Initial Program Accreditation (IPA) and immediate implementation of a new program once IIL and IPA is received, should submit IIL applications even earlier than the twelve months recommended above.

4. The institution is responsible for monitoring deadlines related to IIL and the subsequent RIL.

Financial Commitments

Costs for the IIL, including the application fee and costs for the ERT, are covered by the institution (see *Supplementary Guidance to the Standards 2019, Section 13*: *Financial Obligations*). The estimated cost is notified to the institution and is expected to be paid in full in advance of the campus visit.

Review Preparation and Process

1. The institution meets with the Director of the CAA or Commissioners to discuss the criteria for IIL and the application process.

2. The institutional representatives develop and submit the core documentation (see below) to the Commission.

3. The Commission checks for appropriate documentation and acknowledges receipt of the Application.

4. If required, the institution submits any additional documentation requested by the Commission and/or submits revised versions of the basic documents.

5. The institution arranges with the Commissioner assigned to assist with the IIL, for an on-site inspection by the CAA's ERT of the temporary or permanent facility for the proposed institution. The on-site inspection should include offices, classrooms, laboratories, the learning resource center and any spaces which the institution will use to offer instruction and to serve students. If the initial site is temporary, and if plans for a permanent site are underway, the institution involves the architect commissioned to design the permanent site in the visit.

6. The Commission will select several (typically at least two) international experts to constitute the ERT. The responsibility for selecting the international experts rests with the Commission. The Commission will make every effort to secure international experts who are appropriate to the review and who do not have a conflict of interest.

7. The assigned Commissioner will be a member of the ERT and will work closely with the institution to ensure that the visit to the campus is appropriately timed.

8. In the case of institutions planning to offer Joint Degrees, the Commission may visit or request teleconferencing with the collaborating institution to ensure applicable alignment with the *Standards* (see *Annex 11: Joint Degree Programs* of the *Standards*).

9. The Commissioner is responsible for establishing an itinerary for the campus visit, and ensuring logistical support for the ERT. The schedule involves institutional presentations, and meetings with relevant stakeholders. The assigned Commissioner will work closely with the institution on local arrangements including ERT transportation, computer support, food/beverage needs of the ERT, additional documentation, interview schedules, exit conferences, and more. Detail on these issues will be provided to the ERT and to the institution by the assigned Commissioner.

10. The Commission makes the ERT's travel arrangements including accommodation and transportation to and from the UAE. The institution is normally responsible for local travel arrangements and onsite catering during the onsite review.

11. The Commissioner may request that additional information be provided on site. It is the expectation of the Commission that the institution will fully comply with all requests for information. It is understood that all information provided to the Commission will be handled confidentially.

12. Institutions should avoid providing gifts (other than a relatively low-cost item identified with the institution) to the ERT.

13. The onsite review, hosted and funded by the institution, results in an evaluation report about the institution. The review of the ERT will examine the Application and determine whether the documentation and visit provides evidence that the requirements of the *Standards* are met.

14. In some cases, the Commission will arrange a further campus visit involving a review team from the Commission and, at the discretion of the Commission, an external reviewer may be included in the review team.

15. The ERT will also separately document its conclusion on evaluation of institutional risk.

16. After the conclusion of the on-site exit conference, the institution shall not contact any member of the ERT until after official approval of the Institutional Licensure. All communications should be via the CAA Office and the Commissioner.

17. The report and the Commission actions will be conveyed in writing to the institution.

Report from the Commission and Institutional Response

1. The ERT will produce a draft report on the Application prior to departing the UAE. Reports have a consistent format in that they are aligned with the sequence and section titles of the *Standards*, and present summary statements of compliance or non-compliance with the *Standards*.

   a. The report may include those matters not in compliance with the *Standards* which are addressed through 'Requirements' and will identify actions the institution must take in order for the institution to have its Institutional Licensure status confirmed.
   b. The report may also include 'Suggestions' which are advisory, but which must be addressed by the institution.
   c. The report may also include constructive narrative with ideas for improvement.

2. The ERT draft report is submitted to the Commission for approval before being sent to the institution as the Final Report. The essence of the ERT report will be shared with appropriate campus officials during the exit meeting on the last day of the site visit where the main findings of the ERT will be shared and clarified.

3. After receiving the ERT report, the institution must submit a written Response to the report. Typically, institutions have up to two months from the receipt of the report to submit the Response. Extensions on the submission of a Response are permissible but requests for extension must be made in writing (e-mail) to the Director of the Commission. Failure of the institution to submit its Response by the approved deadlines may result in denial of IIL.

4. The Response will be reviewed by the Commission. The review will likely involve further consultation with the ERT.

5. After review of the Response, the institution will be sent CAA's assessment of the Response. This document will provide an evaluation of the institution's Response and determine which Requirements are or are not met and which Suggestions have received sufficient consideration and been adopted or not. If it is determined that there are unmet or partially met Requirements, the institution will be informed of this and invited to submit a Second Response to address the outstanding matters. An institution will only be allowed an opportunity for a total of three Responses.

6. When all requirements are addressed, the Commissioner will make a recommendation to the Council of Commissioners regarding whether an institution is approved or denied its Initial Licensure. If the Council of Commissioners endorses a recommendation for IIL, this will be communicated to H.E. the Minister of Education who will make final decision on the outcome of the application.

Outline for Institutional Responses

Institutional responses to CAA reports should follow the following outline:

1. **Introduction**. This section is used to summarize the institution, the nature of the report as sent by the CAA and the nature of the response.

2. **Responses**. As in the examples below, the institution should re-state the Requirement (including number) and then offer its response. Responses should be accompanied by supporting documentation as appropriate. Documentation may be presented either in the text of the response or as appendices to the response.

Examples of Responses
Requirement 1: [Name of Institution] is required to …

Institutional Response: [Name of Institution] accepts this requirement and has taken the following steps to address the concern of the ERT. The outcome of this review and follow-up on this requirement is documented in Appendix 1 of this report.

Suggestion 1: The ERT suggests that [Name of Institution] …

Institutional Response: [Name of Institution] found this suggestion most helpful (or not) and is undertaking the following steps…

Note: Institutions are not required to adopt suggestions. It is expected, however, that institutions indicate whether or not the suggestion is adopted (with evidence of the adoption) and provide a rationale for non-adoption.

Tips for Completing Responses
1. Be sure to respond to each and every Requirement and Suggestion.

2. Supply appropriate documentation and clearly identify which documentation supports which institutional response.

3. Be aware of deadlines.

4. Submit one hard (paper) and three soft copies (flash drives) of the report.

5. Send the report to the CAA Director.

Evaluation of the Response

The Commission's evaluation of the response will be organized in terms of the Requirements and Suggestions. Those requirements which are satisfactorily addressed will be indicated as "Requirement Met." Those that are not satisfactorily addressed will be indicated as "Not Met" or "Partially Met" with a narrative or action statement to indicate what is still needed. A decision of "In Progress to be Met" can also be made where there is sufficient evidence that plans are in place to meet the Requirement, but the plans have not yet been fully enacted, and the CAA has sufficient confidence that institution will implement the plans. In such circumstances, it is normal for the Response Report to place a requirement for a future report on progress or monitoring. Suggestions which have been addressed will be indicated as "Suggestion Adopted", "Suggestion Partially Adopted", or "Suggestion Not Adopted".

Follow-Up Responses

After the review of the first response by the Commission, there may be a need for further information, documentation or another response. Institutions will be notified on the requirements that need further response. An institution will only be allowed an opportunity for three separate follow-up Responses. Institutions should use the format described above for these follow-up responses. Institutions are urged to follow-up on only those Requirements where a response is requested in the Commission's evaluation report.

Actions by the Commission

The applicant institution will be notified in writing of the actions of the Commission as follows:

Approved: Institutional Licensure is granted normally for a period of three years and the institution is entered in the National Register.

Deferred: The decision on Institutional Licensure is delayed until the institution rectifies an identified problem or provides additional information. If the institution fails to do this within six months following notification it will be denied IIL.

Denied: The institution will not be recommended by CAA for IIL.

Appeal on CAA Actions

An institution may challenge a negative action by the Commission by directing its appeal to the Director of the CAA. The decisions which are subject to appeal include probation, or denial/revocation of Institutional Licensure. For more detail, refer to *Section 12 of* the *Supplementary Guidance to the Standards 2019*.

Conditions of Approval

1. If the institution fails to offer programs and enroll students within three full academic years of obtaining IIL, its Institutional Licensure will be revoked.

2. Once the official IIL is sent by the Ministry to the institution, the "Licensure Status" will be noted on the CAA website (http://www.caa.ae).

3. An Initially Licensed Institution is required to identify its status as Initially Licensed by the Ministry in all documents and advertising.

4. A licensed institution must comply with the Commission's requirement for reporting data and submitting other required reports typically on a semi-annual basis.

5. Institutional Licensure does not imply the Accreditation of any programs. Program Accreditation is a separate process; each academic program must be Accredited before the institution may admit students to it or offer its curriculum. IIL does not imply that all currently offered programs of the institution are Accredited through the CAA

6. The institution may receive unscheduled visits from the staff of the Commission during the period of Licensure, to ensure that it meets the requirements of the *Standards*. Failure to meet the *Standards* may result in loss of Licensure, as determined by the Minister.

7. The Commission may conduct notified audits on specified areas of institutional activity at intermediate points during the period of IIL.

8. As the period for IIL comes to an end, the institution must then apply for RIL before the IIL expires (see *Procedural Manual for Renewal of Institutional Licensure*).

9. Representation of Institutional Licensure status**:** The Ministry recognizes only CAA Accredited academic programs at Licensed institutions. The Ministry makes known to the public, government agencies, and interested international parties those institutions that are included in the UAE National Register and publishes their names on its website. Institutions that are denied Institutional Licensure may not state or imply in any of their materials, official or unofficial, that they are either licensed or recognized by the Ministry. Only licensed institution may state or imply in their publications and advertisements that they are recognized in the UAE by the Ministry. When an institution's License is approved, it may refer to its status as "Licensed" by the Ministry of Education. It must note its status in the Catalog, prospectus, the institution's website and other publications intended for the public, using this statement:

   [Name of Institution] located at [address], is officially Licensed from [day, month, year] to [day, month, year] by the Ministry of Education of the United Arab Emirates to award qualifications in higher education.

Requirements for the Application

Documents Required for Initial Institutional Licensure

The Commission requires that an application for IIL to include all the documents described below. While, for purposes of IIL, these documents may be submitted in draft form, they should nevertheless be complete documents addressing, to the extent possible, all of the required areas as described below.

All documents should be clear, factually accurate, and current. Each document must include the policies, procedures, topics, or specific information required by the Commission, as noted in the relevant sections.

All documents should be specific to the applicant institution. The documents called for in this *Manual* are common to almost all institutions of higher education. It is often the case that an institution will incorporate ideas from a parent or collaborating campus or from another institution (*i.e.* the parent institution's Faculty Manual, the Student Handbook or the Catalog). In such cases the source of information should be acknowledged. It is important, however, that the submitted documents be reflective of the institution as it is proposed to operate in the UAE.

Guidance on Document Contents

a. Feasibility Study

In determining whether to grant IIL to a new institution, among the most important questions for reviewers and the Commission are whether the mission and programs proposed by the institution meet a need in the community and the UAE, and whether a sufficient number of prospective students is interested in those programs and available to sustain them. A well-designed feasibility study, often conducted by a professional entity, is therefore a key document in the proposal for IIL (see *Stipulation 2: Feasibility Study, Financial Analysis, and Timed Action Plan*). At the very least the study should provide evidence in the form of market data and other studies that demonstrate the following:

- The need for the program/s proposed by the institution, based on market survey of prospective students and of prospective employers of graduates.
- The potential student profile, including numbers, origin, backgrounds, and other pertinent information.
- Identification of competing institutions offering comparable programs in the same geographic

area.

- The likely motivation of students to select the proposed institution or program rather than its competitors.
- The need for graduates who have the learning outcomes the programs propose to provide.

b. Financial Analysis and Financial Guarantee

Another major consideration in licensing new institutions is whether the institution has the financial resources to sustain the institution over time, particularly should the forecast of student numbers prove overly optimistic (see Standard 9 and Stipulation 2: Feasibility Study, Financial Analysis and Timed Action Plan). The proposing institution submits documentation of how it will provide the required financial guarantee – in escrow account or bank guarantee. *Annex 6: Opening a New Institution* of the *Supplementary Guidance on the Standards 2019* provides more information.

The required financial analysis covers at least four years of operation, including the sources of anticipated revenues and all anticipated expenses. The analysis should offer at least three different revenue forecasts - maximum, expected and minimal - based on planned student intake, which in turn should be based on the analysis of the potential market and the competition within it.

If the applicant institution is receiving support from another institution, a sponsor, a government entity or from another source, the document should include a statement (usually in the form of a letter) indicating the source and the amount of funding to be provided on a year to year basis.

c. By-Laws of the Governing Body

The governing body (the Board) is responsible for the By-Laws of the institution. The By-Laws of the Board regulate its responsibilities and procedures. A clear distinction is drawn between the policy-making and fiduciary responsibilities of the Board and the responsibility of the administration and faculty to administer and implement policy and to manage the institution on a day-to-day basis; this distinction must be evident both in the By-Laws and in the operation of the Board.

These By-Laws should be written in accord with the *Standards*, particularly Standard 1.3 and Stipulation 1: By-Laws of the Governing Body.

Some institutions choose to make their By-Laws a part of the Policy and Procedures Manual in which case the institution need not make a separate submission. Others make the By-Laws a separate publication.

d. Site Approval and Architectural Plan

It is important for the Commission to evaluate the site and proposed facilities (buildings, grounds, classrooms, laboratories, offices, *etc*.) where the programs will be offered. Standards 7 and 8 serve to identify many of the core requirements for assignment of space and Standard 6 indicates many of the student support services that require accommodation. Other facilities will depend on the specialist programs to be offered and modes of instruction.

At the time of an application for IIL, it is often the case that the site of the institution is temporary or under construction.

The site approval document should:

- Identify the spaces which are in use or will be used as the institution begins operations, along with architectural drawings or floor plans. Minimal descriptive information should include the number of offices and the functions of those offices, the number of classrooms including their capacity, the provisions for library services, and the provisions for support services including student services, information technology (labs), specialized laboratories, *etc*.

- If a more permanent site is already planned, this document should include enough detail on the permanent site, such that the Commission can determine the viability of the proposed permanent location for the purposes envisioned in the proposed mission and the initial licensure documents of the institution. If the location of the permanent site or campus is already determined, that should be indicated in the Application.

- For those campuses in a temporary site, the target date to move into a permanent campus should be presented.

Note: If an institution is located in temporary quarters during the IIL process, and if IIL is granted before the permanent site is completed, the Commission may choose to visit the permanent site as it is progressing toward completion and prior to any application for RIL. While such visits may occur in the context of an IIL process, such visits may also be unannounced which is in keeping with the *Standards*.

e. Timed Action Plan

Applicants for IIL submit a timed action plan, which is a plan that documents step-by-step, with dates and deadlines, everything necessary to realize the institution's mission and the delivery of its proposed programs. The 'Timed Action Plan' should cover the first four years of operation. The plan includes:

- Faculty and staff position required to plan, organize, and operate the campus and its programs.
- Dates of planned appointments.
- A listing of all academic programs the institution intends to offer in the first four years of its operation, and programs to be offered at the time the campus initiates operations. These programs must be granted Initial Program Accreditation before they can be offered.
- Timetable for submitting academic programs for Initial Program Accreditation.
- Each of the steps to be taken such that the necessary facilities, infrastructure, programs, LRC/library, major items of equipment, instructional technology, services, and other resources are in place prior to the intended date of enrolling students.

f. Organization Chart

Organization charts provide a convenient way to visualize and understand the official relationships within an organization in terms of rank and function. A good organization chart outlines the reporting structure of the institution's major units and offices. For example, the Board, the offices of the CEO, the Chief Academic Officer, the Chief student Affairs Officer, the Chief Finance Officer, the Deans, and the Department Chairs (see Standard 1.2).

The organization chart indicates hierarchical relationships and lateral relationships between different units. The organization chart should identify all offices and personnel responsible for the major activities of the institution, such as the office responsible for quality assurance. An organization chart is, however, most effective as a tool when it is not too cluttered with detail and enables those unfamiliar with the institution to understand readily who is responsible for which functions. For the purposes of the Commission's review the chart should indicate those positions that are already filled and those that are unfilled.

g. Policies and Procedures Manual

The institution must maintain a Policies and Procedures Manual that contains **all** of the official policies and procedures of the institution required to fulfil its mission. The institution is expected to operate in accordance with its policies and procedures at all times. It must also adhere to all Ministry and Commission requirements as indicated in the *Standards* (see Standard 1.3 and Stipulation 3: Policies and Procedures Manual).

The policies and procedures must be clearly written and consistent with good practice in institutions of higher education, and they must be approved by the appropriate institutional bodies, usually the Board. When these policies, procedures, and regulations are worded for a specific audience, for example, as published in the Faculty Manual or in the Student Handbook (see Stipulation 13: Faculty Manual and Stipulation 16: Student Handbook), they are consistent and complete. All policies are expected to be distributed, either electronically or in print, to those affected by them.

Depending on the size of the institution and the nature of institutional programs, several of these policies might appear as one in a Policy and Procedures Manual and/or in separate publications. What is most important is not so much the format in which these are published but the fact that the institution has the full range of policies in place, has received approval from the Board for these policies, and has disseminated the policies to the appropriate stakeholders of the institution.

For a complete listing of required policies and procedures, see Stipulation 3: Policies and Procedures Manual.

h. Quality Assurance Manual

Quality Assurance (QA) or Institutional Effectiveness is essential to maintaining and improving institutional quality. The Commission therefore requires institutions to have an organized, ongoing process for assessment that is documented in a written Quality Assurance Manual (see Standard 2.1 and Stipulation 4: Quality Assurance Manual).

The Quality Assurance Manual describes the quality assurance system and defines what is to be assessed, by whom, when, and how. For each area of the institution, it describes the type of evidence to be collected and analyzed to evaluate effectiveness, the instruments to be used to collect that data, and the ways in which the results will be evaluated and incorporated in institutional and program enhancement.

The Quality Assurance Manual fully documents the quality assurance system that the institution operates. The QA system relates to institutional planning and the Manual identifies the institution's planning leadership, committee structure, and time-frame, and the ways in which the analysis of data from institutional research relates to short-term and long-term planning and the setting of budget priorities. The QA system specifies how analyzed data from all institutional research will be used to further the mission of the institution and improve the student experience, the faculty experience, all units, functions, and services, and how plans will be executed, and their implementation is assessed.

A Director of the quality assurance unit is responsible for the operation, periodic assessment, and revision of the system and is supported by sufficient resources—financial, physical, and human— for efficient and effective operation (see Standard 2.3). The system describes an annual cycle and appropriately phased timetable for all data gathering, assessment, evaluation and planning activities, listing the assessment tools and methods of analysis (see Standards 2.1 and 2.2).

Because a concern for quality assurance is central to maintaining and improving institutional quality, the QA system offers a system for analysis of the institution from multiple perspectives to determine whether institutional goals, program and course learning outcomes, and the objectives of service and administrative units are met.

i. Catalog

The Catalog is the basic reference document about the institution and its programs for prospective and enrolled students and should be readily available either on-line or in print (or both). The Catalog is considered as an implied contract between the institution and its students such that the academic rules, regulations, and degree requirements in effect at the time of a student's initial enrollment remain consistent to graduation, assuming normal, and typically uninterrupted, progress to program completion. The Catalog will typically have the elements as listed in Stipulation 17: Catalog. Some institutions have a University-wide catalog which is inclusive of all programs, and also College-level bulletins which are specific to only the college programs. For those institutions with graduate programs, there are often separate undergraduate and graduate catalogs.

j. Student Handbook

Written for and directed to students, the Student Handbook comprises information that is essential to them. The institution publishes a Student Handbook that includes such material as it deems necessary for its students, but ensures that it covers the rules and regulations governing academic

programs and courses, campus life, the opportunities available to students, the support services they can access, the facilities provided - such as the learning resource center/library, learning support centers, computer laboratories, recreation areas, dining services—and the expectations for their academic performance and behavior on campus.

The Student Handbook contains information regarding student rights and responsibilities, including academic integrity and a definition of plagiarism, and a clear description of the nature, extent, and availability of all student services, organizations and activities. It details the way in which students may access academic advisors, career counselors and placement services, alumni services, and the health facilities.

The Student Handbook should go beyond the presentation of rules and policies which are applicable to students. Student Handbooks are often made more "user friendly" and may take the form of a calendar for the academic year which will include guidance on studying, stress reduction, getting ready for mid-terms, reminders of deadlines and more. For more information, see Stipulation 16: Student Handbook.

k. Faculty Manual

Written for and directed towards the institution's faculty (and staff when combined), the Faculty Manual compiles information that is essential to the faculty. The institution publishes such material specific to the institution's mission as it deems necessary for its faculty; it also ensures that the manual covers the rules and regulations, practices, expectations, and responsibilities that pertain to the faculty. The Faculty Manual is most effective when it acknowledges that faculty, like others entering a workplace, need both policy information and "how to do it" information, including everything from accessing electronic resources to receiving mail to ordering supplies to proposing new programs to ordering library materials. The Faculty Manual is distributed to all the institution's faculty members and either the full Faculty Manual or a specially designed part-time faculty manual should be distributed to all part-time faculty as well. It is typical for a Faculty Manual or a Staff Manual (see below) to incorporate policies that are separately included and published in a Policies and Procedures Manual. The inclusion of these policies may be as an Appendix to the Faculty and/or Staff Manual. For more information see Standards 5.1 and 5.2, and Stipulations 13: Faculty Manual and Stipulation 14: Staff Manual).

l. Staff Manual

When not included in the Faculty Manual or in a Human Resources Handbook, information essential for the institution's staff should be compiled into a Staff Manual. Written for and

distributed to the staff, the Manual includes those rules and regulations, practices, expectations, and responsibilities that pertain to staff members and is specific to its mission. For more information, see Standard 5.2 and Stipulation 14: Staff Manual.

Addressing the Standards

Institutional Licensure applies to the entire institution and all of its activities. In order to be licensed and included on the National Register of Licensed HEIs, the HEI must meet the requirements of the *SIL*, which contains seven *Standards* and their Stipulations that cover the way in which the HEI operates and is managed.

The Application for IIL should demonstrate the ways in which the institution will meet the *SIL*. Each Standard, Stipulation, and Annex should be addressed and backed with clear, detailed evidence and appropriate supporting documentation. An outline of what is expected in an Application is provided below in the form of listing of the Stipulations for each Standard, but institutions are reminded that each Standard, Stipulation, and Annex should be addressed. The outline follows the numbering and sequence of the *SIL*.

Section 1: Governance and Management (Standard 1)

1.1   Vision and Mission

The institution:

1.1.1   has a vision statement that articulates the long-term aspirations of the institution;

1.1.2   has a mission statement that:
    a. describes the institution accurately, including its distinguishing characteristics, the students and other stakeholders it seeks to serve, and its relationship to the wider community;
    b. is approved by the governing body;
    c. is periodically re-evaluated to assess its currency and its usefulness in providing overall institutional direction;
    d. provides overall direction to institutional planning;
    e. is widely disseminated to the institution's constituencies;

1.1.3   involves relevant internal and external stakeholders in the review of the mission statement;

1.1.4   has institutional goals and institutional objectives; the objectives are derived from the goals and are measurable;

1.1.5   includes its approved vision and mission statements, institutional goals and institutional objectives in appropriate publications and on the institution's website.

1.2   Organization

1.2.1   The organization of the institution employs a sufficient number of appropriately qualified faculty, administrative staff, and technical staff to meet all requirements of its programs, services, and activities which support the achievement of its mission, and facilitates its effective and efficient operation in line with its institutional vision.

1.2.2   The organization of the institution is expressed in an organization chart that clearly delineates current lines of authority and institutional relationships, and is published in appropriate documents and on the institution's website.

1.2.3   Significant changes to the organization of the institution are referred to the Commission for approval (see *Annex 1: Substantive Change at Institutional Level*).

1.3   Governance

The governing body provides leadership and strategic direction to the institution and operates under By-Laws which comply with the requirements specified in *Annex 2: By-Laws of the Governing Body.*

1.4   Policies and Procedures

1.4.1   The institution maintains a *Policies and Procedures Manual* that contains all the policies and procedures of the institution and meets specific Commission requirements, as included in *Annex 3: Policies and Procedures Manual*.

1.4.2   The institution has clearly delegated responsibilities for policy development, document control, review, and dissemination.

1.4.3   The *Policies and Procedures Manual* includes a record of dates of modifications to policies and procedures. Such modifications are communicated to relevant stakeholders.

1.4.4   The institution maintains the following key documents: Institutional *Catalog* (discussed in *Annex 4*), *Faculty Manual* (*Annex 5*), *Staff Manual* (*Annex 6*), and *Student Handbook* (*Annex 7*).

1.4.5   The institution provides all stakeholders with information on how to access the *Policies and Procedures Manual*, either online or in hard copy form.

1.5   Institutional Planning

The institution:

1.5.1   develops, periodically reviews, and updates both long-term strategic and short-term operational plans, which are mission-driven; include goals, objectives, key performance indicators, time frames for action, and targets; are linked to the institutional budget; and are regularly reviewed by the governing body;

1.5.2   includes in its planning processes the principles of innovation and sustainability;

1.5.3   documents its planning policies and processes to include, among others, specific strategic plans and operational plans for research, community engagement, and sustainability;

1.5.4   ensures that the results of institutional research and risk management are used to guide planning, budgeting and resource allocation;

1.5.5   involves stakeholders, advisory panels, and international practitioners in its planning, where appropriate;

1.5.6   includes in its strategic planning a plan for institutional and program international accreditation/reaccreditation, and affiliations with international institutions, as appropriate.

1.6   Risk Management

The institution:

1.6.1   has a detailed risk management plan which defines various sources of risk, such as natural disasters, failure of information technology infrastructure, loss of key personnel, financial risks arising from insufficient enrolment, loss of access to learning resources, or cessation or insufficiency of access to clinical training sites;

1.6.2   assesses the severity of specific risks, and identifies strategies to monitor, avoid, reduce, or ameliorate them;

1.6.3   has clearly delegated responsibilities for risk management;

1.6.4   has appropriate levels of insurance coverage for liability and other potential losses, or designated financial resources to provide adequate replacement protection for its physical facilities and equipment and to cover the potential liability of personnel;

1.6.5   ensures that its risk management plan is approved and monitored by the governing body on a regular basis.

1.7   Institutional Management and Administration

1.7.1   The chief executive officer has responsibility for the day-to-day operation of the institution.

1.7.2   Neither owners nor investors in the institution, nor relatives or members of their immediate families, hold administrative positions in the institution (e.g., President, Vice President, Provost, Dean) or are involved in its day-to-day operations.

1.7.3   Neither owners nor investors in the institution, nor relatives or members of their immediate families, maintain offices within the premises of the institution.

1.7.4   The chief executive officer is qualified by an appropriate level of academic preparation and administrative experience to direct the institution.

1.7.5   The chief academic officer is qualified by an appropriate level of academic preparation and experience to direct the academic affairs of the institution.

1.7.6   Administrative officers possess credentials, experience, and demonstrated competence appropriate to their areas of responsibility.

1.7.7   Academic units are effectively managed by appropriately qualified professionals.

1.7.8   Academic administrators hold appropriate credentials and are qualified for appointments at faculty rank.

1.7.9   Faculty members have sufficient opportunity to participate in decision-making on matters related to program development, curriculum, assessment, faculty recruitment, academic integrity, and quality enhancement.

1.7.10 Students have the opportunity to participate in the decision-making processes within the institution; this should include formal representation on appropriate committees related to both academic and non-academic matters.

1.7.11 All administrators and academic officers, including the chief executive officer, are periodically evaluated and are provided feedback on those evaluations.

1.7.12 Institutions maintain a record of all significant changes in the administration and operation of the institution, its services and programs, including minutes of committee meetings, memorandums and other documents that include notifications of modifications to policies and procedures.

1.7.13 Institutions record progress in meeting the goals of their short- and long-term plans, document modifications to programs, and prepare summaries of deliberations related to curricular changes.

1.7.14 All institutional personnel demonstrate the highest level of integrity, fairness and ethical conduct in all activities and operations.

1.8   Multiple Campus Institutions within the UAE

1.8.1   The governance structure, faculty and other personnel, learning resources, facilities, services, and educational programs of multiple-campus institutions ensure that students attending any campus receive an equivalent educational experience and can achieve the same learning outcomes.

1.8.2   Institutions wishing to operate at an additional location in the UAE receive approval from the Commission before commencing operations (see *Annex 1: Substantive Change at Institutional Level*).

1.8.3   An institution with multiple campuses has a manual, which may be maintained in electronic or hard copy form, for coordination of activities across its campuses.

1.8.4   The institution demonstrates that it has effective academic management for its branch campus or campuses.

1.8.5   The institution develops and implements policies and procedures to ensure effective and regular meetings between faculty members and administrators based at different campuses.

1.9   Campuses of UAE Institutions in Other Countries

1.9.1   A licensed institution based in the UAE that establishes a branch campus in a foreign country obtains approval from the Commission prior to establishing the campus.

1.9.2   The branch campus complies with the requirements of these *Standards* and is expected to comply with requirements of relevant authorities in the host country.

1.10   Branch Campuses of Foreign Institutions

A branch campus established in the UAE by an institution of higher education based outside the UAE is required to:

1.10.1 comply with applicable laws and regulations of the UAE;

1.10.2 comply with the requirements for Institutional Licensure and Program Accreditation of the Commission;

1.10.3 demonstrate that the parent institution has recognized accreditation in its country of origin;

1.10.4 provide evidence that any accredited programs at the UAE branch campus are also delivered in the country of origin;

1.10.5 provide an educational experience that ensures the achievement of learning outcomes comparable to those of the parent institution;

1.10.6 demonstrate that the governing body of the parent institution has approved the establishment of the branch campus;

1.10.7 establish a local advisory board to include representatives of the UAE community, who will advise the senior administrators of the branch campus and the senior administrators of the parent institution;

1.10.8 have local administrators who are accountable directly to the central administration of the parent institution and, ultimately, the governing body of the parent institution;

1.10.9 operate under the same name as the parent institution, with additional identification of the local branch;

1.10.10 publish a student handbook, faculty and staff manuals, and other policies and procedures, appropriately tailored for the branch campus and its location;

1.10.11 provide the Commission with a financial guarantee for the operation of the institution, including a plan for and support of a 'teach-out' arrangement should the branch campus be forced to close, or a program be discontinued;

1.10.12 provide the Commission access to the accreditation (institutional and programmatic) documents of the parent institution, as applicable;

1.10.13 work with the Commission as necessary in developing joint visits and partnerships with the accrediting bodies of the parent institution.

1.10.14 ensure that where academic credit is gained by UAE-based students through study at a non-UAE licensed HEI, it cooperates and facilitates visits by the Commission to assure the quality of the academic provision at the non-UAE licensed institution.

Section 2: Quality Assurance (Standard 2)

2.1   Quality Assurance System

The institution:

2.1.1   has a quality assurance manual that clearly sets out all quality assurance policies, procedures and activities and shows how they are integrated into a single system to continually appraise and improve the institution as a whole and its programs, services, and operations, including any joint programs. Normal contents of such a manual are set out in *Annex 8: Quality Assurance Manual*;

2.1.2   implements a system for maintaining full control of all aspects of its educational program(s), ensuring that it has primary responsibility for awarding any degree, and for the integrity, rigor, outcome, and management of its educational programs;

2.1.3   has a mechanism whereby the quality assurance unit regularly engages all relevant stakeholders in the evaluation process;

2.1.4   has clearly defined policies and procedures for the scrupulous, systematic and effective use of demonstrably independent academic and professional advisers;

2.1.5   compiles an annual summary of institutional research data, e.g. a Fact Book, to be used for monitoring performance, reporting, and institutional planning, and for reporting to the CAA;

2.1.6   uses the results of internal evaluations to inform the process of producing Self-Studies required by the CAA for Institutional Licensure or Program Accreditation, as per the requirements of the *Procedural Manuals;*

2.1.7   produces an annual evaluation report on the effectiveness of its quality assurance system, and the performance and effectiveness of its quality assurance unit.

2.2   Continuous Quality Enhancement

2.2.1   The institution has a well-designed quality assurance system that uses institutional research data to monitor, review, evaluate and continuously improve the quality of its programs and its academic, student, and administrative support units. The institution documents, in an annual effectiveness report or equivalent, improvements resulting from these regular evaluations and shows how these improvements are used in institutional planning and budgeting.

2.2.2   The institution benchmarks its quality and performance against best local and international practices, wherever possible.

2.2.3   Improvements to programs and support systems are routinely monitored and evaluated for their effectiveness.

2.3   Quality Assurance Unit

The institution has:

2.3.1   a separate quality assurance unit, that is responsible for implementing the institution's internal quality assurance system. The quality assurance unit is directed by an appropriately qualified and experienced individual reporting directly to the institution's senior management;

2.3.2   a director/manager of the quality assurance unit whose time and effort are directed principally to the work of the unit, with other academic responsibilities (e.g., teaching, advising, thesis supervision) representing a small minority of his/her overall workload;

2.3.3   adequate human and other resources to support its organizational research and quality assurance systems, and professional development opportunities for the staff of the quality assurance unit.

Section 3: Research and Scholarly Activities (Standard 4)

3.1 Strategy and Policies

3.1.1 The institution has a clearly articulated and detailed strategy for research, scholarly activity and innovation, in keeping with its mission, and developed with input from faculty and other relevant constituencies, which details its strategic direction, priorities, available resources, key performance indicators, target levels and timelines for implementation. It publicizes this strategy in appropriate documents.

3.1.2 The institution has:
  a. policies that define its understanding of the nature and purpose of research, and a research strategy with KPIs and target levels that is approved, monitored and reviewed by the governing body;
  b. policies that define its understanding of the nature and scope of scholarly activity, including professional development in relevant vocational domains, the maintenance of academic and professional currency, and the development of learning and teaching approaches appropriate to higher education;
  c. policies and procedures relating to the institution's support for research, scholarly activity, creative activity and innovation, that are communicated clearly to faculty and staff;
  d. policies that make explicit reference to the promotion of research that integrates and demonstrates principles of sustainability;
  e. policies related to ethical considerations in research, including, as appropriate, the use of human and animal subjects;
  f. a policy governing intellectual property rights conforming to UAE laws and regulations;
  g. policies to encourage and recognize the involvement of students in research, as appropriate to the level of study.

3.2 Support for Research and Scholarly Activity

The institution supports research and scholarly activity by:

3.2.1 developing a detailed plan to ensure that faculty are engaged in research and/or scholarly activity;

3.2.2 budgeting a minimum of 5% of the total operational expenditure to support faculty research, innovation, creative and scholarly activities on an annual basis in undergraduate-level

institutions, and budgeting a higher amount of funding in institutions offering graduate-level programs, and providing evidence that funds are used for that purpose;

3.2.3   establishing a clear set of procedures for securing research support;

3.2.4   ensuring that all faculty are regularly informed of research opportunities;

3.2.5   providing appropriate administrative support, equipment and facilities to support research for programs offered at an advanced level.

3.3   Collaborative Research and Scholarly Activity

As appropriate, the institution encourages collaborative relationships for research, scholarship, and creative activity with external entities.

3.4   Expectations for Research and Scholarly Activity

The institution defines its expectations for faculty research and scholarly activity, and embodies these in appointment criteria, faculty performance evaluations and criteria for promotion.

3.5   Research and Scholarly Activity Outputs

3.5.1   Research output from institutions is well documented, and includes a record of external grants and contracts awarded, the number and quality of peer reviewed international journal articles and conference papers published, and patents issued.

3.5.2   The results of faculty and postgraduate student research are applied to the development and revision of curricula, and are utilized in serving the community and in support of national goals.

3.5.3   The institution regularly evaluates the output of its research, scholarly activity, creative activity and innovation, in relation to the institution as a whole and in terms of program activity, and takes any necessary action to develop and enhance the quality of its research and scholarship.

Section 4: Health, Safety and Environment (Standard 7)

4.1   Occupational Health and Safety

The institution's buildings, grounds and facilities include sufficient space designed for educational purposes to meet administrative, operational, program, health and welfare needs at all relevant levels. In making this provision, the institution:

4.1.1   ensures that health, welfare and safety concerns are addressed in all stages of operational planning and implementation;

4.1.2   ensures that its facilities provide a healthy, safe and secure environment for the campus community, and meet UAE legal requirements for health and safety;

4.1.3   ensures that its facilities and physical resources enable students or employees with special needs (People of Determination), as required by UAE law, to access services and programs;

4.1.4   provides health and safety orientation and periodic training for the campus community that addresses safety measures, and regularly tests emergency evacuation procedures;

4.1.5   designs facilities that are safe and accessible to all users, and ensures that appropriate safety equipment is available in workshops, laboratories and other areas where hazardous materials are used;

4.1.6   makes appropriate provision for the safe storage, distribution, use and disposal of any hazardous materials used in laboratories, workshops, patient care clinics or elsewhere on campus;

4.1.7   assesses health and safety risks in relevant areas of its operations such as laboratory practical classes, workshop activities, patient care clinics, internships and off-campus placements;

4.1.8   ensures that there is sufficient signage to warn all faculty, staff, students, visitors, and patients of potential dangers and risks, which complies with local and federal UAE laws;

4.1.9   provides first aid training for instructors and students as appropriate;

4.1.10 designates a trained Health and Safety Officer as the responsible person for implementing health and safety policies;

4.1.11 publishes and disseminates to all faculty and staff a *Health and Safety Manual* that includes all health and safety policies and procedures;

4.1.12 ensures that the health services that it maintains are available for a sufficient number of hours to address any student, faculty or staff issues that may occur.

4.2 Facilities

The institution has:

4.2.1 sufficient space designed for educational purposes in its buildings and grounds to meet administrative, operational and program needs at all relevant levels;

4.2.2 core facilities in its buildings and grounds consistent with student needs, which may include adequate parking, classrooms, social, recreational and sports facilities, general offices, appropriately configured faculty and staff offices, computer laboratories, technical and specialized laboratories, studios, workshops, learning centres, prayer rooms, and effective first aid facilities;

4.2.3 for institutions that offer programs or courses through e-learning, adequate facilities to support the programs' teaching and learning, and student assessment (see *Annex 15: Courses Taught Through e-Learning*);

4.2.4 facilities that recognize and accommodate the special needs of both male and female students;

4.2.5 sufficient human and physical resources for the effective operation and maintenance of facilities;

4.2.6 adequate access of students and faculty to facilities and services outside of core hours, e.g. where there is evening or weekend use;

4.2.7 policies that integrate the principles and practice of sustainability into all its operations related to campus facilities;

4.2.8 long-range and annual planning and budgeting that include routine, preventive, planned and deferred maintenance of all property.

4.3 Residence Halls

If the institution has residence halls, whether operated by itself or outsourced to an external provider, it has policies and procedures governing residence halls to ensure that students are provided with:

4.3.1   a healthy, safe, and secure living environment that includes special consideration for female students;

4.3.2   a healthy, safe, and secure living environment that includes special consideration for People of Determination;

4.3.3   a learning environment in the residence halls that supports the educational mission of the institution;

4.3.4   services appropriate for residential facilities such as health services, laundry and catering facilities;

4.3.5   the support of a sufficient number of suitably trained operational and administrative staff.

4.4   Technology Infrastructure

The institution has:

4.4.1   equipment and appropriate licensed software that is current and of sufficient capacity to support administrative, operational, student services and educational program activities, and includes an electronic Learning Management System (LMS);

4.4.2   for institutions with multiple campuses in separate locations, video communication facilities across all campuses to facilitate interaction and distance meetings;

4.4.3   adequate access for all students, faculty, and staff to Wi-Fi;

4.4.4   classrooms and workshops/laboratories that are equipped with current technology and equipment, software, and educational media appropriate to the type and level of the programs they support;

4.4.5   a reliable and secure network infrastructure accessible to all administrative and professional staff, faculty and students;

4.4.6   an off-site electronic database backup system capable of storing essential student and institutional records securely, and which performs the backup function regularly;

4.4.7   appropriate security measures that protect the integrity and confidentiality of instructional systems, administrative systems and institutional networks;

4.4.8   published policies and procedures governing the use of technological resources;

4.4.9   a policy and an implementation plan to maintain and upgrade hardware and software to keep them consistent with current technology;

4.4.10 a policy and an implementation plan to maintain and upgrade equipment and other resources in specialist teaching areas such as workshops, studios and laboratories.

Section 5: Fiscal Resources, Financial Management and Budgeting (Standard 9)

5.1   Fiscal Resources

The institution has fiscal resources, held in its own accounts, to fund both capital and operating expenditures, and sustain all of its services, operations and programs.

5.2   Student Protection Plan/Teach-out Reserve

The institution has in place a bank financial guarantee as an indemnity against it ceasing to operate, as determined by the Minister of Education.

5.3   Organization and Administration

5.3.1   Financial functions are centralized in an office headed by an appropriately qualified chief finance officer.

5.3.2   The institution has a clear organizational structure and systems for ensuring regular and accurate reporting of financial transaction data from those with delegated authority for expenditures to the chief finance officer.

5.4   Budgeting

5.4.1   The annual budget involves input from all key constituencies and is approved by the governing body.

5.4.2   The annual budget reflects short and longer-term institutional planning and studies of institutional and program effectiveness, and is based on demonstrably prudent estimates of enrolment and other sources of revenue.

5.4.3   The institution's overall budget accurately reflects individual program and departmental budgets.

5.4.4   The annual budget is transparent and presented in a standard accounting format, including itemized details of revenues and expenditures for individual units, and contingency funding.

5.4.5   All budgets, both short- and long-term, are based on realistic income projections and staff hiring plans, and an assessment of the human and physical resources needed to support each activity.

5.4.6   The institution has long-range and annual planning and budgeting that include routine, preventive, planned and deferred maintenance of all its education-related premises, whether owned or rented.

5.4.7   The institution has a formal process for regular expenditure monitoring against plan, for revising the budget if necessary, and for approving and modifying allocations.

5.5   Expenditures

5.5.1   Overall institutional responsibility for approving and controlling expenditures rests with the CEO or equivalent.

5.5.2   The institution operates within its policies and procedures that ensure control over purchasing and inventory management, including consideration of sustainability, and disposal of assets.

5.5.3   Authority for specific expenditures within the approved budget for the unit is delegated to unit heads.

5.6   Financial Management

5.6.1   The institution maintains financial accounts in its own name at a UAE-based financial institution.

5.6.2   Adequate policies and procedures exist for the receipt, deposit and safeguarding of the institution's funds.

5.6.3   The institution's fees collection and refund policy adheres to generally accepted practices in the education community and is published in relevant documents. The institution actively informs students of these policies.

5.6.4   The institution publishes a list of tuition and all other fees in its *Catalog*/student guide or equivalent, and in other relevant publications (see *Annex 4: Catalog*). Students must be informed of all fees. The published fee schedule must include a maximum annual limit for any fee increases.

5.6.5   The institution strictly adheres to its published fee schedules, including the limits on any annual increases to fees.

5.6.6   Income-generating activities operated by or for the institution such as bookstores, residence halls, food service operations, printing and duplicating services, child care, and transportation services, adhere to the same budget and reporting practices as the rest of the institution.

5.6.7   Revenues and costs related to auxiliary enterprises are accounted for separately and included in regular financial reporting.

5.6.8   Revenues in excess of expenses for auxiliary services are used in a manner consistent with the institution's policies to improve student and training services, such as scholarships and support for student activities.

5.6.9   The institution has a detailed framework to define, assess, and manage its risks, including programmatic and financial risks.

5.6.10 The institution manages its financial risks by evaluating them, developing strategies to avoid or reduce them, obtaining appraisals of facilities and equipment, and insuring them.

5.7   Accounting and Auditing

5.7.1   The accounting and auditing system is administered by appropriately qualified personnel, and follows generally accepted principles and practices for accounting.

5.7.2   The institution has the necessary information technology tools to maintain accurate accounts and generate timely reports.

5.7.3   The institution maintains revenue/expenditure reports, either independently certified in the audit report, or included as supplemental data in the audit report.

5.7.4   The chief finance officer prepares regular financial reports for organizational officers, the governing body, and, if requested, the MoE or the CAA.

5.7.5   The institution demonstrates that it has an effective process of internal auditing and financial control that complements the accounting system and the annual external audit.

5.7.6   Independent, certified public accountants, chartered accountants, or registered auditors appointed by the governing body, and not associated personally or professionally with the institution, conduct an annual, fiscal year audit and provide a management letter, which is submitted to the governing body.

5.7.7   The institution ensures freedom from interference or intrusion into the auditing process by officials of the institution or others.

5.7.8   The institution is proactive in ensuring that its financial transactions are free of all forms of bribery and corruption, and operates a strategy of zero tolerance for any such offences.

5.8   Financial Reporting to the MoE

The institution provides the MoE or the CAA, as requested, with all budgets, financial statements, reports and external audits, and prepares additional financial reports if requested.

5.9   Insurance

The institution has appropriate levels of indemnity and insurance cover for liability and other potential losses, or designated financial resources to provide adequate replacement protection for its physical facilities and equipment and to cover the potential liability of personnel.

Section 6: Legal Compliance and Public Disclosure (Standard 10)

6.1   Institution Name and Program Titles

6.1.1   The institution's name accurately reflects its status, scope, and affiliations.

6.1.2   Programs have titles which are appropriate and consistent with the QF*Emirates* and with international norms for naming programs. Program titles are specified in both Arabic and English.

6.2   Legal Compliance and Contracts

6.2.1   The institution meets all legal requirements of the UAE and of the Emirate or Emirates in which it is located.

6.2.2 In developing contractual relationships, the institution's representatives take responsibility for anything undertaken in its name. It ensures that the range of activities that may form the basis of a contract meet the *SIL*. Such activities may include: co-operation in planning and developing programs, courses and teaching and learning material; delivering such programs, courses or teaching and learning materials; exchange of faculty and professional staff, students and administrators; co-operation in consultancy and research activities, and internship opportunities; or receiving services.

6.2.3 The institution submits any prospective contract or memorandum of understanding that will impact on its programs of study to the CAA for review and approval before signing it.

6.2.4 Notwithstanding any given contract, the institution maintains full control of all aspects of its educational programs and services, ensuring that it has primary responsibility for awarding any certificate, diploma or degree recognized in the UAE and for the integrity, rigor, outcome and management of the educational program, and its compliance with the *SPA*.

6.2.5 Notwithstanding any outsourcing of services, the institution remains responsible for the quality and timeliness of the services provided, for protecting confidentiality, and for ensuring that such services meet the requirements of the *SIL*.

6.2.6 If a contractual relationship involves an educational organization as a partner, the institution offers evidence of the partner organization's quality, ensuring that it is either licensed in the UAE or respected internationally.

6.2.7 The institution regularly evaluates its contractual relationships for effectiveness and uses the results of the evaluation for improvement.

6.2.8 Institutions associated with separately incorporated entities such as radio or television stations, foundations, hospitals, businesses, corporations, trusts or governmental organizations provide details of the nature of the relationship, describing the benefits and obligations of each party, particularly the ways in which the association furthers the institution's mission.

6.2.9 In health programs with clinical components, the institution has a written agreement with approved teaching hospital(s)/health care unit(s) in the UAE that offer clinical experiences for students.

6.2.10 Teaching hospitals comply with particular requirements for higher education in medicine and health professions (see *Annex 21: Criteria for Teaching Hospitals/Healthcare Units within the UAE*).

6.3   Public Information

In the management of its public information, the institution:

6.3.1   ensures that all print and electronic publications are internally consistent, consistent with one another and accurately portray the institution;

6.3.2   ensures that its recruiting activities, print and electronic publications, and advertisements accurately and truthfully portray the institution, its licensed and registered status, its programs and their accreditation status, and the program fees, so that students and their families may make informed decisions about enrolment;

6.3.3   maintains an active web presence that includes essential, accurate and up-to-date information about the institution and all its activities (see *Annex 22: Website Content*);

6.3.4   maintains a *Catalog* or equivalent publication which is available online or in hardcopy (or both).

6.4   Integrity and Transparency

In the interests of integrity and transparency, the institution:

6.4.1   makes no unsubstantiated claims for itself, for the employment prospects of students who pursue its educational programs, or for its relationships with other institutions, agencies, or employers, or otherwise portrays itself in ways that are other than clear, truthful and substantiated by evidence;

6.4.2   takes all reasonable measures to foster academic honesty and ethical behaviour in its policies and practices, including the determination and reporting of student grades;

6.4.3   demonstrates through its policies and practices its commitment to the free pursuit and dissemination of knowledge, consistent with the institution's mission and goals;

6.4.4   implements its policies and procedures on matters such as conflict of interest, research ethics, intellectual property, and grievances, and publishes these in relevant documents that are readily accessible;

6.4.5   ensures it complies with copyright provisions related to its licenses for software and other proprietary systems, textbooks and other copyrighted material.

6.5   Relationship with the MoE

In order to maintain an appropriate relationship with the MoE, the institution:

6.5.1   provides the CAA, and other departments of the MoE as appropriate, access to information as requested including enrolment figures, faculty and professional staff data, budgets, personnel information, and all reports of its operations; and accurate information about the institution including proposed contracts or MOUs, and reports from any licensure, auditing, external reviews or other accrediting agencies;

6.5.2   co-operates with the CAA in preparing for and conducting site visits or other meetings;

6.5.3   facilitates, at its expense, on-site visits by a panel of experts when requested by, and under the supervision and direction of, the CAA; these may include visits to related facilities such as clinical training locations or internship placements;

6.5.4   fosters an open, co-operative, and collegial relationship with the CAA.

Section 7: Community Engagement (Standard 11)

7.1   Community Engagement Strategy

7.1.1   In accordance with its mission, the institution develops a strategic plan specifically directed at its chosen areas of community engagement, including initiatives aimed to enhance the environment and address issues of sustainability. The plan should involve appropriate stakeholders in its development.

7.1.2   The institution defines and evaluates its mechanisms for developing and maintaining productive relationships with the community.

7.1.3   The institution has policies and procedures governing external relationships.

7.2　Relationships with Employers

7.2.1　The institution has advisory committees for its fields of study, and incorporates the needs of employers and professional bodies in its curriculum development process in order to contribute to local economic growth and to society as a whole. The advisory committees may also provide input on the availability of internships and opportunities for practical experience, and advise on career pathways. The institution assesses the effectiveness of its advisory committees.

7.2.2　The institution seeks to develop other informal and formal relationships with employers and details the nature of these relationships, describing the benefits and obligations of each party, particularly the ways in which the association furthers the institution's mission.

7.3　Relationships with other Education Providers

Where applicable, the institution seeks to establish relationships with schools, TVET providers, and other institutions of higher learning, for instance to provide opportunities for progression into higher education and to further studies upon graduation. Such relationships that contribute to the mission of the institution are formalized where possible, and agreements are evaluated for their effectiveness at appropriate intervals.

7.4　Relationships with Alumni

Institutions establish clear lines of communication with their alumni. This should include updating of an alumni database, appropriate allocations of staff time in alumni relationship development, alumni professional development, organizing events, development of an alumni networking infrastructure, and assessing the employability of graduates.

7.5　Continuous Education

Institutions are required to have a policy on continuous education and lifelong learning as part of the *Policies and Procedures Manual*.

7.6　Evaluation

In all cases the effectiveness of community relationships is evaluated periodically, through surveys and any appropriate direct measures, to ensure that mutual benefits result.