



GUIDELINES TO SELF-ACCREDITATION & CURRICULUM REVIEW PROCESSES IN INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

<i>Date</i>	<i>Addendum</i>
29/08/2023	Update Figure 4 to standardise with the updated Curriculum Review process flow.
08/11/2023	New-Cycle/PMA will be notified to MQA in Pelaporan Dwitahunan IIUM.
05/08/2024	Update Table 2.1: Following MQA circular MQA Bil.3/2024 (MQA. 100-1/3/2 (8), 20 June 2024.
06/02/2025	Update Table 2.2: Added “Major non-compliance to programme standard” criteria to the “Defer Accreditation” status.
19/12/2025	Update information in Clause 2.6 and Sub-clause 3.2.4, and some technical errors.

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Acronyms

The following abbreviations and acronyms are used in this Guideline:

AMAD	Academic Management and Admission Division
AQAC	Academic Quality Assurance Committee
AQAL	Academic Quality Assurance Liaison
AQAR	Academic Quality Assurance Regulation
BOG	Board of Governors
BOS	Board of Studies
CoS	Centre fo Studies
COPPA	Code of Practice for Programme Accreditation
CPS	Centre of Postgraduate Studies
CQI	Continual Quality Improvement
EA	External Assessor
eSisraf	Sistem Pengiktirafan Kelayakan Perkhidmatan Awam
HEP	Higher Education Provider
IA	Internal Assessor
IIUM	International Islamic University Malaysia
JBL	<i>Jumud, Beku, Lupus</i> (Winding down/Suspended, Ceasing Out, Terminated)
JPA	Jabatan Perkhidmatan Awam
JKPT	Jawatankuasa Pendidikan Tinggi
KCA	Office of Knowledge for Change and Advancement
MBOT	Malaysian Board of Technologists
MoHE	Ministry of Higher Education
MQA	Malaysian Qualifications Agency
MQF	Malaysian Qualifications Framework
MQR	Malaysia Qualifications Register
PMA	Programme Maintenance Audit
SELFCOM	Self-Accreditation Committee

1 INTRODUCTION

In February 2017, IIUM was granted the Self-Accreditation status by the MQA making it one of the nineteen (19) HEPs granted the status in Malaysia.

Under the Self-Accreditation status, IIUM is to accredit its programmes except for programmes that require accreditation and recognition of the relevant professional bodies.

In exception to the programmes under the relevant professional bodies, this Guideline outlines the details for accreditation process of programmes in IIUM. Subsumed under this process include establishment of new programmes and review of existing programmes.

This document is best to be read alongside the related flowcharts and documents*:

- i. Provisional Accreditation Process Flow
- ii. Full Accreditation Process Flow
- iii. Curriculum Review Process Flow
- iv. New-cycle Accreditation/PMA Process Flow
- v. Suspended Process Flow
- vi. Template involved in the accreditation and curriculum review processes

2 IIUM SELF-ACCREDITATION

This section describes the underlying accreditation process.

2.1 PROGRAMME ACCREDITATION PROCESS

The accreditation process only affects programme that has been approved to be offered by the CoS as endorsed by the Senate.

2.2 PROGRAMME ACCREDITATION CYCLE

Except for programme by research mode, accreditation is accorded to a programme for a maximum of up to five (5) years per cycle.

A cycle is defined as the granted accredited period.

All programmes by research mode which is accorded with accreditation status will obtain a perpetual accreditation status. However, KCA will conduct the compliance evaluation (PMA) on any of this programme **at least once in five years**. Should the audit result to be unsatisfactory, the accreditation status for that programme may be revoked. A compliance evaluation will also be conducted to programmes which obtained perpetual accreditation status by MQA (since the blanket accreditation).

The period that the CoS shall apply for programme accreditation except for programmes affected under Section 2.3 depends on the type of accreditation as detailed in Section 2.4. Appendix A and Appendix B shows the detailed process flow for Provisional Accreditation and Full Accreditation process respectively. Appendix D on the other hand is the process flow for the New-cycle Accreditation. A programme compliance evaluation (also known as Programme Maintenance Audit) will follow the flow of the New-cycle Accreditation.

2.3 DEEMED ACCREDITATION

Deemed accredited programmes refer to academic programmes that are recognised by the JPA (eSisraf) prior to the establishment of the list of the MQR.

A deemed accreditation takes place when a programme received a directive to conduct verification audit from the MQA. Under this directive, the deemed accreditation exercise is the same as full accreditation with the exclusion of Section 2.4.

2.4 SUBMISSION FOR ACCREDITATION

Submission of document to KCA shall be done timely enough for the accreditation process to take place. The submission date of the document will be the application date for the accreditation process.

The completed document will be sent to the external assessors who will be given one (1) month¹ to read it. The external assessors shall duly submit an assessment report of the document to KCA.

The following defines the various types of accreditations and indicate the deadline for applications by the Centre of Studies (CoS):

- a) Provisional accreditation of new programme: timely enough to meet the MoHE deadline prior to first student intake
- b) Full accreditation of provisionally accredited programme (first-cycle accreditation): at least six (6) months before the final examination of the first intake of students.
- c) New-cycle accreditation of accredited programme: at least six (6) months before the expiry date of the accreditation.

For a compliance evaluation or the programme maintenance audit (PMA) for programmes with perpetual accreditation status, a notification letter will be sent to the affected programme owner within the five (5) year period. The programme would then have at least six (6) months to prepare their submission document.

The dates of the accreditation visit for type (b) and (c) will be determine within one (1) month upon receiving assessment reports from the External Assessors. The visit date shall be set no later than the 7th week of the final semester of the graduating cohort.

Failure to abide by the deadline may result in a delay or a rejection of the programme from being recognised by the MQA. In the case of programmes that have received accreditation, the accreditation status may be terminated. IIUM Senate shall then recommend the programme to be suspended (JBL process).

2.5 ACCREDITATION EVALUATION

An accreditation evaluation is conducted to verify that the programme under evaluation is in compliance with its related programme standards and the requirements of the MQF observing all aspects of Good Practice as advocated through MQA's Code of Practice for Programme Accreditation 2 (COPPA 2).

The accreditation evaluation also known as "accreditation audit" is usually done through site-visit audit. Online evaluation may be done **if and only if** physical audit cannot take place e.g. movement control order (MCO).

A compliance evaluation or the PMA is done on programmes that have been given perpetual accreditation status including programmes requiring immediate evaluation.

¹ This duration may be extended to no more than 2 months

2.6 APPOINTMENT OF ASSESSORS

For the accreditation evaluation process, KCA shall appoint assessors as per Table 2.1.

The appointed External Assessor shall be a recognised subject matter expert and shall serve as the Chair of the accreditation audit. In addition, an Internal Assessor* shall be appointed to act as an additional assessor for the accreditation exercise.

For programmes that are linked to the MBOT technology and technical field, at least one of the External Assessors must come from the MBOT assessor list**.

Where there are multiple programmes under the same CoS to undergo the accreditation evaluation, the same panel of assessors may be given the responsibility to assess all the concerned programmes simultaneously.

Where there are multiple programmes under the same CoS to undergo the accreditation evaluation, should it involve different panel of assessors, it is recommended to set the accreditation audit date simultaneously.

The terms of reference, selection criteria and related information for the External Assessors are elaborated in AQAR 2025.

An addition to the terms of reference for the Internal Assessor as described in AQAR 2025 is to consolidate the External Assessor reports.

**Table 2.1 SUMMARY FOR SELF-ACCREDITATION RELATED MATTERS
(NON-PROFESSIONAL BODY)**

TYPES OF ACCREDITATIONS	LEVEL	MODE	ASSESSOR		SITE AUDIT		BOG
			INTERNAL	EXTERNAL*	YES	NO	
Provisional Accreditation	UG		0	2 to 3		/	After obtained PA
	PG	Coursework	0	2 to 3		/	
		Mixed Mode	0	2 to 3		/	
		Research	0	2		/	
Full Accreditation	UG		1	2 to 3	/		NA
	PG	Coursework	1	2 to 3	/		
		Mixed Mode	1	2 to 3	/		
		Research	1	2 to 3	/		
New Cycle Accreditation	UG		1	At least 1	/		N/A
	PG	Coursework	1	At least 1	/		
		Mixed Mode	1	At least 1	/		
		Research	N/A	N/A			
Compliance Evaluation (PMA)	UG		At least 1	1	/		N/A
	PG	Coursework	At least 1	1	/		
		Mixed Mode	1	1	/		
		Research	1	Up to 1	/		

NOTE:

Programme with courses (i.e. non research-based programme) is recommended to have a minimum of two (2) External Assessors (subject matter experts).

* Priority is to select a trained AQAL. Any IIUM lecturers who are trained may also be an Internal Assessor. The role of the Internal Assessor is not as subject matter expert but more on assessing the process at programme/department/kulliyah level. Therefore, it does not have to be from the same faculty.

** This follows the technology and technical field as specified by MBOT.
(<https://www.mbot.org.my/technology-fields/what-is-mbot%E2%80%99s-recognized-technology-fields/>)

2.7 ACCREDITATION AUDIT VISIT

Subsequent to section 2.5, an accreditation audit visit shall take place after KCA received all pre-visit report(s) from the internal and external assessor(s).

The visit by the assessors will take place for a period of no more than three (3) days. The visit shall normally include but not limited to the following activities:

- a) Opening meeting with the CoS Management.
- b) Meeting with staff members.
- c) Meeting with students.
- d) Meeting with external stakeholders such as alumni², employers, and industry advisors.
- e) Visiting and checking of facilities.
- f) Checking relevant documents and evidence.
- g) Exit meeting with CoS Management.

Meetings with all stakeholders are important as this would give an indication of their involvement in the CQI process of the programme.

Section 3.2 detailed out the specific actions to be taken by the CoS for an accreditation.

2.8 ACCREDITATION RECOMMENDATION**2.8.1 Provisional Accreditation**

Following to the assessment of the MQA-01 report, the assessors shall propose any one (1) of the following decisions:

- a) To recommend for provisional accreditation without conditions; or
- b) To recommend for provisional accreditation with conditions; or
- c) To decline for provisional accreditation status.

² Not applicable to provisional accreditation

Based on the CoS assessment reports and the recommendation made by the assessors (and actions by the CoS), the SELFCOM members shall approve any one (1) of the following:

- a) To award provisional accreditation status; or
- b) To postpone the award of provisional accreditation status pending amendments; or
- c) To decline the award of provisional accreditation status.

The CoS shall take all necessary actions to address the concern(s) by providing justifications or/and evidence of the corrective action(s).

PROVISIONAL ACCREDITATION EVALUATION CRITERIA

Based on the final documentation submitted by the Centre of Study (CoS) following to the KCA summary report:

Table 2.1: Summary on Recommendation Status for the Provisional Accreditation

	Recommendation
All standards complied	Provisional accreditation granted
Most standards are complied with <u>and</u> plan of actions to address non-compliance is given	
<i>else</i>	Provisional accreditation NOT granted

2.8.2 Full Accreditation, New-cycle Accreditation and PMA

Following the site-audit and accreditation evaluation, the assessors shall propose any one (1) of the following decisions:

- a) To recommend for accreditation status without conditions; or
- b) To recommend for accreditation status with conditions; or
- c) To decline for accreditation status.

Based on the assessment reports and the recommendation made by the assessors, the SELFCOM members shall approve one of the following for the graduating cohorts:

- i. Programmes by mixed-mode and coursework only:
 - a) To grant accreditation status of five (5) years; or
 - b) To grant accreditation status of less than five (5) years; or
 - c) To postpone the award of accreditation status pending amendments; or
 - d) To decline accreditation status.

- ii. Programmes by research only:
- To grant accreditation status; or
 - To postpone the award of accreditation status pending amendments; or
 - To decline accreditation status.

The CoS shall take all necessary actions to address the concern(s) by providing evidence of such corrective action(s).

ACCREDITATION EVALUATION CRITERIA

- In order for a programme under evaluation to be recommended for accreditation, the programme **MUST** obtained a minimal score of 50% from the *Programme Accreditation Evaluation Form*.
- NO** academic programme with a minimal score of less than 50% shall be recommended for accreditation.
- The duration of an accreditation status will be determined according to Table 2.2 and received favourable written comments from the auditors from the *Full Accreditation Assessment Report*:

Table 2.2: Summary on the Duration of the Accreditation Status

	Category A Areas	Category B Areas
5 Years	All areas score minimum of 3 and above	All areas score minimum of 3 and above
4 Years	All areas score minimum of 3 and above	Up to 3 areas score below 3
3 Years	All areas score minimum of 3 and above	All 4 areas score below 3
	or	
	If any one (1) area score below 3	
2 Years	If any one (1) area score below 3	Up to 4 areas score below 3
	or	
	If any two (2) areas score below 3	
1 Year	All areas score below 3	
Defer Accreditation	- Major non-compliance to programme standard; or	
	- Site-audit visit not completed; or	
	- All areas score below 3 with minimal possibilities for rectification to be completed within 3 months.	
Decline Accreditation	- More than 1 area score below 2	

NOTE:

- Category A Areas: Area 1, Area 2, and Area 3 of COPPA 2
- Category B Areas: Area 4, Area 5, Area 6 and Area 7 of COPPA 2
- Depending on specific conditions, a CQI audit may be suggested to the programme owner
- Excluding programme via research mode, for programme maintenance audit (PMA), any condition not satisfactorily addressed will result having a maximum accreditation period of 3 years regardless of the score in the seven (7) areas.

A further visit will be scheduled to verify the results of the corrective action(s), if deemed necessary. Failure to address the concern(s) may result in revocation of accreditation at the end of the stated period.

The accorded period is as follows:

- i. Deemed accreditation: since its first graduating cohort and the accorded period starts from the senate date.
- ii. Full accreditation: the accorded period starts since its first graduating cohort.
- iii. New-cycle accreditation: the accorded period starts since the last date of its accorded accreditation period.
- iv. Perpetual: the accorded period is indefinite. However, all accredited qualifications are subject to periodic maintenance audit to ensure continuous improvement.

2.9 APPEAL PROCEDURES

A programme which is declined an accreditation status may appeal this decision by sending a formal letter to KCA no later than two (2) weeks following the decision to terminate (JBL process) the programmes.

Figure 1 shows a summary of the appeal procedure when a programme was recommended to be suspended (*jumud*).

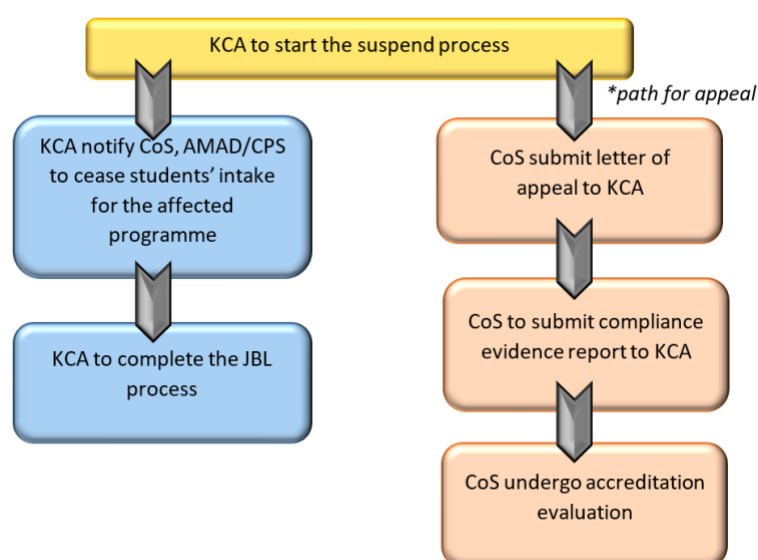


Figure 1: Two Paths after Jumud (Suspend) Process

Detail of the suspend process can be found in Appendix G.

2.10 EXPENSES

The CoS shall bear all costs incurred in carrying out the activities related to the accreditation process regardless of the outcome.

2.11 ROLES OF KCA ON ACCREDITATION AUDIT

2.11.1 Prior to the Accreditation Audit

- i. Prepare panel of assessor(s);
- ii. Forwarding of documentation to assessor(s);
- iii. When physical audit takes place, to prepare logistics for the assessor(s);
- iv. Setting the accreditation audit dates and notify the assessors and programme owner. (Programme owner is responsible on the preparation of the conduct of the audit at the Kulliyah level).

SELECTION CRITERIA OF EXTERNAL ASSESSOR (EA):

1. The EA preferably is an expert in the area of the programme being audited AND the EA:

- a. have been involved in:
 - i. Academic development in his/her institutions; or
 - ii. Internal audit process in his/her institutions; or
 - iii. External audit for programme at other institutions

OR

- b. is a retired lecturer that:
 - i. Is still actively involved directly or indirectly with development of academic programmes; or
 - ii. Has been External Assessor within the last 2 years from his/her last date of service

OR

- c. MQA approved assessors

2. Minimum of three (3) nominations for each programme before KCA selects the EA(s). Information gathered from the "Assessor Evaluation Form" by CoS may be used in the selection process.

2.11.2 After the Accreditation Audit

- i. KCA will liaise with the Internal Assessor for the consolidated report.
- ii. KCA will also advise CoS to pay honorarium as well as logistics to the assessor(s).
- iii. The CoS will prepare feedback in response to comment made by the assessors.

NOTE:

- An Executive Summary containing the consolidated report and the rating report will be sent to the CoS after Senate endorsement.
- The “Department Feedback on External Assessor’s Report” template will be used. This document is important for:
 - a. Verification by the assessor.
 - b. Submission together with the consolidated report and the rating report to the MQA.
 - c. Full accreditation, new-cycle accreditation and PMA.
 - d. Inputs for curriculum review exercise.

3 IIUM SELF-ACCREDITATION PROCEDURE

This section details the processes involved in the accreditation exercise.

3.1 PROVISIONAL ACCREDITATION

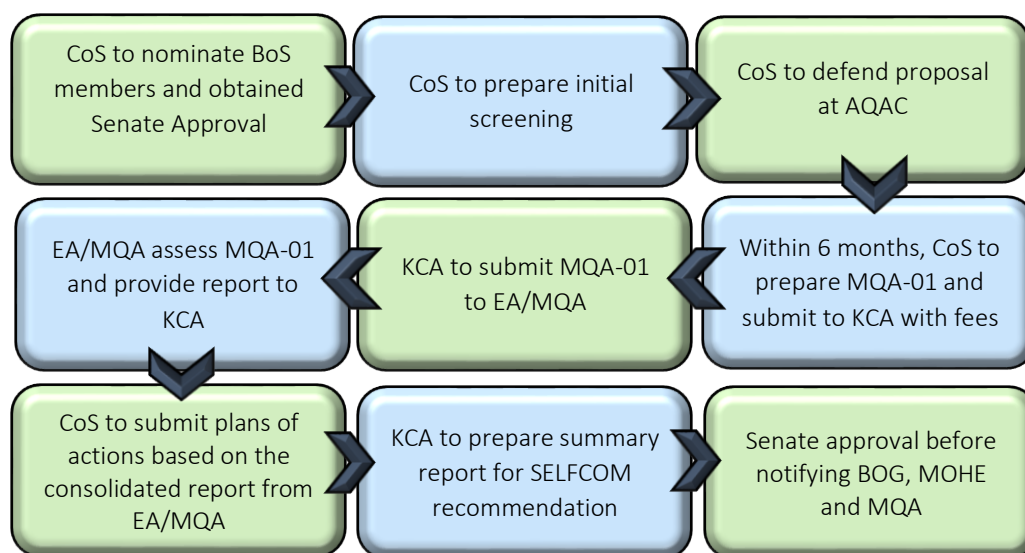


Figure 2: Summarised Process Flow for Provisional Accreditation

3.1.1 Initial Screening Proposal

An initial screening proposal is a document that contains justification on the establishment of a new programme. The proposal may include:

- i. Report on needs analysis, market survey etc
- ii. BoS report

The CoS will defend the proposal during the AQAC meeting.

For programme with MQF level of 5 & 6, the proposal must be written in English and Bahasa Malaysia.

For other MQF levels, the proposal must be prepared **only** in English.

3.1.2 MQA-01 (IIUM version) Document

The CoS has to select between three (3) templates:

- i. By research only template
- ii. Standard template
- iii. ODL template

Once completed, the MQA-01 document must be verified by the CoS's AQAL by submitting the "Template Comment for Academic Quality Assurance Liaison" prior to submission to KCA.

A final MQA-01 softcopy submission to KCA must come with one of the following checklist:

- i. Checklist for Submission of Academic Programme – MQA-01 (Others)
- ii. Checklist for Submission of Academic Programme – MQA-01 (Research)

3.1.3 Evaluation of MQA-01 Document

Except for programmes under the professional bodies, all MQA-01 document will be sent directly to the appointed External Assessor (EA).

No Internal Assessor is involved in the evaluation of MQA-01 document.

Evaluation will be based **only** on the documentation submission.

Upon receiving all "Provisional Accreditation Assessment Report" from the EAs, the office of KCA will consolidate the reports.

Should there be any special conditions that has to be addressed by the programme owner, the details will be compiled by KCA and presented in the "Executive Summary" template.

The Executive Summary will be presented in the SELFCOM meeting before being table at the Senate.

3.1.4 Submission to MQA for Provisional Accreditation

After obtaining the Senate approval, KCA will send an "Executive Summary" containing the consolidated report and the rating report to the CoS.

CoS must respond all **conditions/concerns** from the "Executive Summary" in the "Feedback and Response on Special Condition" template. Other comments must be addressed in the "Programme Feedback on Assessment Report" template.

KCA will then submit the CoS's feedback and response to the assessor in which the assessor will validate the response by filling the third column of the "Feedback and Response on Special Condition" template.

These documents will be sent to MQA along with other required forms and payment stipulated by the MQA to obtain the Provisional Accreditation MQR code.

3.1.5 Submission to MoHE

Meanwhile, CoS will also have to prepare a proposal to be submitted to the Board of Governors (BOG) for their endorsement. (*Note: This can be done in parallel to preparing submission to MQA*)

With the endorsement date, the CoS may submit the “Kertas Cadangan Permohonan Program Akademik Baharu” to Jawatankuasa Pendidikan Tinggi (JKPT), MoHE, for JKPT approval.

A representative from the CoS will attend the JKPT to defend the proposal.

If the proposal is rejected at JKPT, the CoS may submit an appeal to MOHE.

NOTE:

- All provisional programmes (or new programmes) will be given a provisional status MQR code. However, this will not appear in the MQR website.
- After a new programme submitted and recommended for full accreditation, then only the programme will be listed in the MQR website with a new MQR code.
- Since IIUM received the self-accreditation status in 2017, all programmes (except for programmes under professional bodies) accredited after that will have “MQA/PSA” and “MQA/SWA” for provisional accreditation and full accreditation respectively.

3.1.6 Offering of New Programme

Notification on the approval of the programme will be presented in the Senate. Following to this notification, CPS/AMAD will ensure that the programme will be listed in the system to receive student’s application.

The CoS **must** ensure that the new programme has registered students (enrolment) in the programme **within 24 months** from the date of the JKPT approval.

CoS may submit an appeal for an extension should there is no registered student by the 18th month but no later than the 24 month-period.

Failure to secure students’ enrolment within the stipulated period, may lead to the expiration of the accorded Provisional Accreditation status. This also mean that CoS will have to repeat the process of Establishment of New Programme before offering the new programme.

3.2 FULL ACCREDITATION AND NEW-CYCLE ACCREDITATION

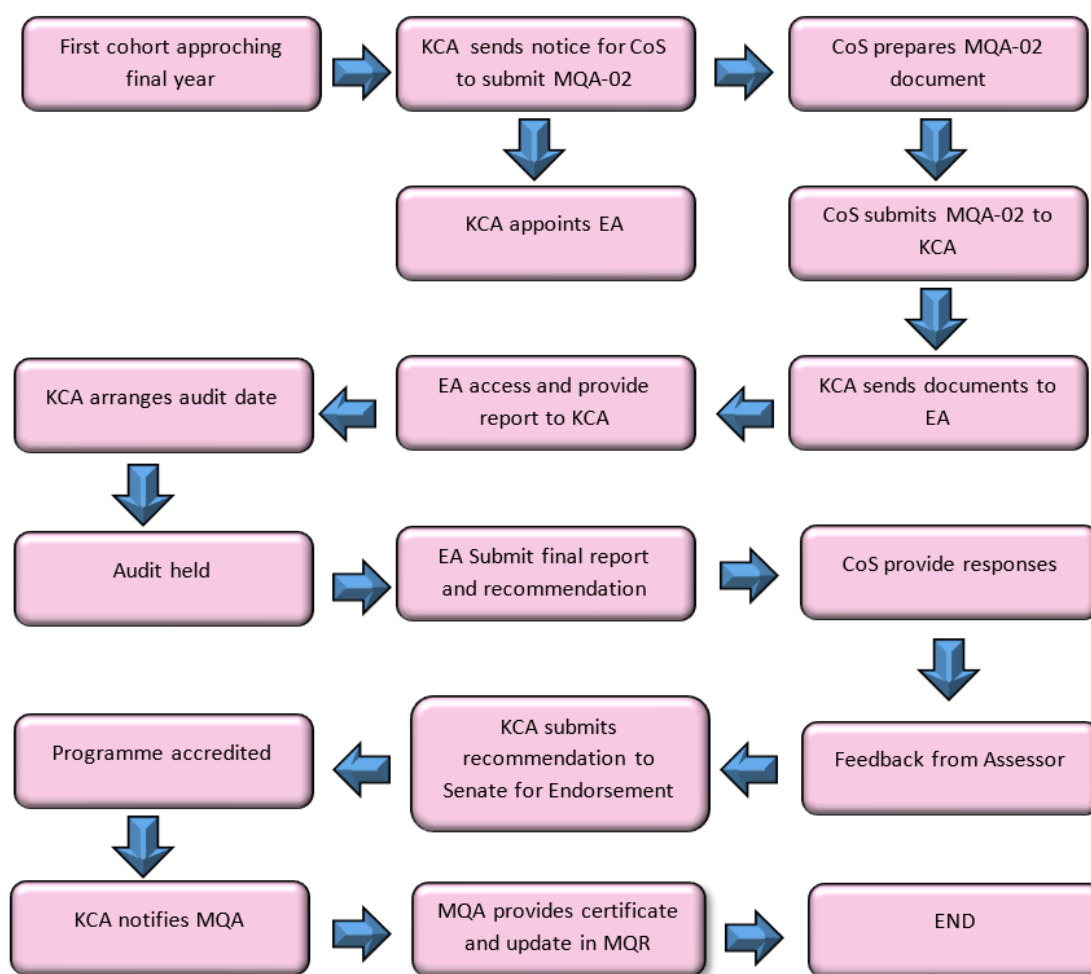


Figure 3: Summarised Process Flow for Full Accreditation. A new-cycle accreditation starts when the programme's accreditation is due.

For a compliance evaluation (PMA), the summarised process flow is similar to the process in Figure 3 with the exception of MQA involvement after "Programme accredited".

3.2.1 Accreditation (IIUM version) Document

3.2.1.1 MQA-02

The MQA-02 is for obtaining full accreditation status. The CoS has to select among the following templates:

- i. By research only template
- ii. Standard template
- iii. ODL template

The preparation of the MQA-02 document is similar to MQA-01 with the additional section of Part D on self-assessment i.e. "Part D of "IIUM MQA-02 (Self-Review)"".

template. The Part D of IIUM MQA-02 (self-review) template should elaborate the programme strength, weakness and opportunity for improvement.

Once completed, the MQA-02 document must be verified by the CoS's AQAL by submitting the "Template Comment for Academic Quality Assurance Liaison" prior to submission to the KCA office.

A final MQA-02 softcopy submission to KCA must come with one (1) of the following checklist:

- i. Checklist for Submission of Academic Programme – MQA-02 (Others)
- ii. Checklist for Submission of Academic Programme – MQA-02 (Research)

3.2.1.2 MQA-04

The IIUM MQA-04 document template will be used for New-cycle Accreditation and Compliance Evaluation (Programme Maintenance Audit).

The preparation of the MQA-04 document following a Full Accreditation exercise requires at least the following:

- i. Feedback and Response on Special Conditions
- ii. Programme Feedback on Audit Report
- iii. Curriculum review related document

The preparation of the MQA-04 document following a new-cycle or PMA requires at least the following:

- i. Programme Feedback on Audit Report
- ii. Curriculum review related document

Once completed, the MQA-04 document must be verified by the CoS's AQAL by submitting the "Template Comment for Academic Quality Assurance Liaison" prior to submission to KCA.

A final MQA-04 softcopy submission to KCA must come with the Checklist for Submission of Academic Programme – MQA-04.

NOTE:

- For programme which had completed a curriculum review exercise within the accreditation evaluation period, the MQA-02 or the MQA-04 document should include information on all active programme structures for the specific accreditation evaluation period.

3.2.2 Evaluation of Accreditation Document (Pre-Accreditation Audit)

3.2.2.1 MQA-02

With reference to Section 2.6, for the Full Accreditation, the KCA will prioritise the assessors that have evaluated the programme's MQA-01 document i.e. to appoint the same assessor to evaluate the MQA-02 document.

Upon receiving all the "Full Accreditation Assessor Report" from the assessor(s), the accreditation audit will be arranged by the KCA as described in Section 2.11.

3.2.2.2 MQA-04

Upon receiving all the "MQA-04 Accreditation Assessor Report" from the assessor(s), the accreditation audit will be arranged by the KCA as described in Section 2.11.

3.2.3 Checklist for CoS in Conducting Accreditation Audit Meeting

The main purpose of an accreditation audit is for the assessor(s) to verify information declared in the document and validate the conduct of the programme. Preparation at the CoS level may include but not limited to the following:

Table 3.1: Sample of checklist prior to the accreditation audit meeting

No	Item	Tick (✓)
1.	Appoint liaison officers	
2.	Gather related documents	
3.	Invitation to current students from different level	
4.	Invitation to alumni/industrial advisor/board of studies/external reviewer/etc	
5.	Prepare presentation slides	
6.	Set meeting room	
7.	Set panel private room	
8.	Set evidence/course files/related documents in the meeting room	
9.	Book parking spaces for assessors	
10.	Prepare transport to visit University facilities	
11.	Prepare CoS labs/facilities	
12.	Contact and notify Library/Mahallah/Sport's facilities liaison person	

NOTE:

- In the event of online audit, evidence, and other supporting materials should be prepared and made available online.
- Video for virtual visit of lab/facilities/Mahallah/etc may be used. However, in the case of the assessor(s) requested for a live online tour, then the CoS **must** organised the live online tour.

3.2.4 Accreditation Audit Meeting

A sample of schedule for the accreditation audit meeting is as given in Table 2. The timetable may change during the accreditation audit. This, however, must be with the agreement of the External Assessor(s).

Table 3.2: Sample of schedule to be presented to the Assessor

Date	Time	Activities	
Day 1	08:30 – 09:00	Breakfast	
	09:00 – 09:30	Coordination Meeting of External Assessors	Internal Assessor will lead the “coordination meeting”
	09:30 – 10:00	Briefing by the Kulliyyah management: Background of the Kulliyyah and audited programme.	
	10:00 – 10:20	Interview Session: Management Team	E.g.: Dean, Academic Affairs, Students Affairs, Head of Departments, etc.
	10:25 – 10:45	Interview Session: Academic staff of the department	4 - 7 senior lecturers
	10:45 – 11:00	Tea break	
	11:00 – 11:20	Interview Session: Academic staff of the department	4 - 7 non-senior lecturers
	11:20 – 11:45	Interview Session: Students representatives	3 – 5 student representatives
	11:45 – 12:20	Interview Session: Students	4 - 7 Level 1 and Level 2 students based on different achievement levels in terms of CGPA
	12:20 – 12:40	Interview Session: Students	4 - 7 Level 3 and Level 4 students based on different achievement levels in terms of CGPA
	12:40 – 14:00	Lunch, Solat and break	
	14:00 – 15:00	Classroom observation Strong room Laboratory/Workshop/etc. Resource Centre/Library Others	The department will identify one or two in-session classes to be observed by auditors
	15:00 – 17:00	Reviewing of documentations/evidences	The department to ensure all related documents are made available in the venue
		End of Day 1	
Date	Time	Activities	
Day 2	08:30 – 09:00	Breakfast	
	09:00 – 11:00	Continue reviewing of documentations/evidences	The department to ensure all related documents are made available in the venue
	11:00 – 13:00	Assessors prepare report	
	13:00 – 14:00	Exit Meeting and Closing Lunch	
		End of Accreditation Audit	

COORDINATION MEETING:

- During the coordination meeting, the KCA representative shall brief all assessors on their respective roles and responsibilities, namely those of the Internal Assessor (IA) and the External Assessor (EA):
- The External Assessor (EA) shall be responsible for the following duties and functions:
 - a) To serve as the Chair of the accreditation audit.
 - b) To deliver the opening and closing remarks of the accreditation audit session.
 - c) To submit the individual assessment report, in both Word and Excel formats, directly to the KCA and not to the Centre of Studies (CoS).
- The Internal Assessor (IA) shall be responsible for the following duties and functions:
 - a) To explain to the External Assessor(s) the process of consolidating individual assessment reports into a single Assessor Accreditation Assessment Report in both Word and Excel formats.
 - b) To inform the External Assessor(s) that their confirmation is required for the final consolidated reports.
 - c) To submit both the individual and consolidated assessment reports, in Word and Excel formats, directly to the KCA and not to the Centre of Studies (CoS).
- Any change in the timetable may be proposed by the assessors, discussed and agreed upon during this meeting.

3.2.5 Post-Accreditation Audit

3.2.5.1 Evaluation of MQA-02

After the accreditation audit, the assessors will each submit a post-visit “Full Accreditation Assessment Report” which has been updated.

The update will be at the **Result of Site/Virtual Audit** section of the report.

The appointed Internal Assessor will then consolidate all of the reports.

Should there be any special condition that has to be addressed by the programme owner, the details will be compiled by KCA and presented in the “Executive Summary” template.

The Executive Summary will be presented in the SELFCOM meeting before being table at the Senate.

3.2.5.2 Evaluation of MQA-04

After the accreditation audit, the assessors will each submit a post-visit “MQA-04 Accreditation Assessment Report” which has been updated.

The update will be at the **Result of Site/Virtual Audit** section of the report and the **Verification of Action taken by Programme Owner** as shown in Table 3.3. Since the evaluation of MQA-04 is more on compliance of the programme owner, any items marked as “partial evidence” or “no evidence” may lead to condition(s) as the programme owner failed to provide evidence that CQI has been done to address the issues or weaknesses or conditions.

Table 3.3: Verification table to be filled by assessor(s)

Items	Sufficient	Partial evidence	No evidence	Remarks

The appointed Internal Assessor will then consolidate all of the reports.

Should there be any special condition that has to be addressed by the programme owner, the details will be compiled by KCA and presented in the “Executive Summary” template.

The Executive Summary will be presented in the SELFCOM meeting before being table at the Senate.

3.2.6 **Submission to MQA for Full Accreditation**

After obtaining the Senate approval, KCA will send an “Executive Summary” containing the consolidated report and the rating report to the CoS.

CoS must respond all **conditions/concerns** from the “Executive Summary” in the “Feedback and Response on Special Condition” template. Other comments must be addressed in the “Programme Feedback on Audit Report” template.

KCA will then submit the CoS’s feedback and response to the assessor in which the assessor will validate the response by filling the third column of the “Feedback and Response on Special Condition” template.

These documents will be sent to MQA along with other required forms and payment stipulated by the MQA to update the accreditation status of the programme.

Updates by MQA will be reflected on the MQR website.

4 IIUM CURRICULUM REVIEW

This section describes the underlying processes for curriculum review.

4.1 PROGRAMME REVIEW CYCLE

The programme review cycle depends on the relevant programme standards.

The review cycle should not go beyond five (5) years from the last review unless otherwise stated in the programme standards document.

The responsibility of initiating a programme review process rests on the CoS. Appendix C shows the detailed process flow for the curriculum review process.

In the case of CoS not initiating and/or completing the process, KCA may send a warning letter to the CoS and the programme is at risk to be suspended (*jumud*).

4.2 APPOINTMENT OF ASSESSORS

For the curriculum review process, CoS shall nominate at least one (1) Internal Assessor and one (1) External Assessor each. CoS are required to nominate the candidate for Internal and external Assessors through a proposal to the Senate.

The terms of reference, selection criteria and related information for the Internal and External Assessors are elaborated in AQAR 2025.

All processes involved in the appointment of assessor(s) for the curriculum review exercise will be done by the CoS.

NOTE:

- Programme that has just gone through an accreditation audit process that is less than two years from the commencement of the curriculum review date, may use the report(s) from the External Assessor(s) produced during the accreditation exercise.

4.3 AUDIT VISIT MEETING

For the curriculum review process, a site-visit shall take place after receiving the Self-review Report prepared by the CoS. The visit by the assessors will take place for a period of **no more than two (2) days**. The visit shall normally include but not limited to the following activities:

- a) Opening meeting with the CoS Management.
- b) Visiting and checking of facilities.
- c) Checking relevant documents and evidence.
- d) Exit meeting with CoS Management.

Section 5.3 detailed out the specific actions to be taken by the CoS.

In the case where physical meeting is not permissible due to certain circumstances (e.g. MCO, CMCO), an online meeting may be held.

4.4 CURRICULUM REVIEW DECISION

Upon receiving the reports from the assessors, the CoS is to produce a Curriculum Revision Proposal in which it will be presented and defended by the Dean of the CoS to the AQAC.

The AQAC shall recommend one of the following:

- a) Recommended for endorsement at the Senate.
- b) Recommended with minor corrections: CoS to update proposal and liaise with KCA prior to submission for Senate endorsement.
- c) Recommended with major corrections: CoS to update the proposal and to re-table at AQAC.
- d) Recommended CoS to maintain existing curriculum.
- e) Not recommended.

Failure to obtain the “Recommended” status from the AQAC will result in the programme to be suspended.

4.5 EXPENSES

The CoS shall bear all costs incurred in carrying out the activities related to the curriculum review process.

5 CURRICULUM REVIEW PROCEDURES

This section details the processes involved in the curriculum review exercise.

The main difference between the accreditation process and the curriculum review process is, the CoS is in charge of organising the exercise including appointing external assessor, setting site-visit and etc.

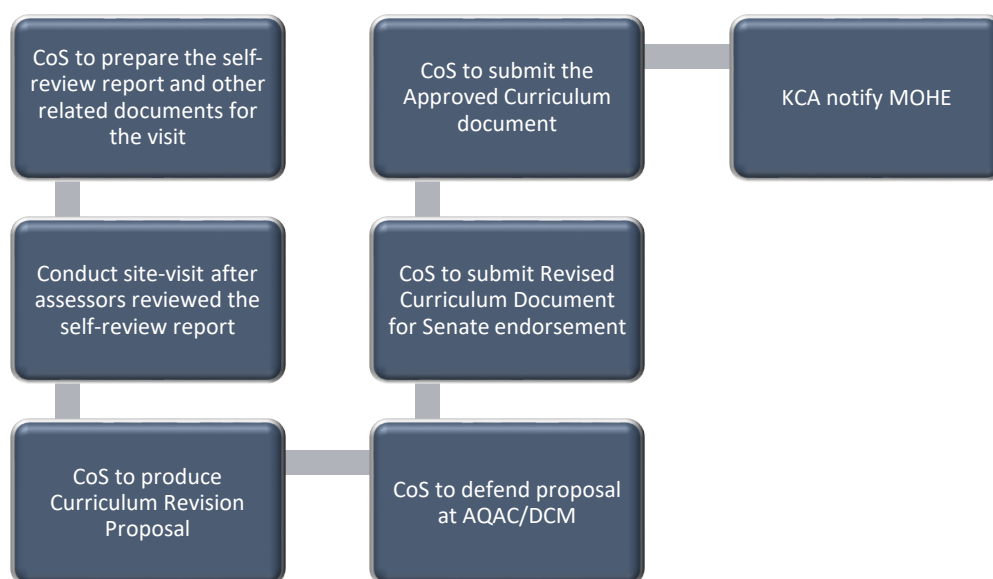


Figure 4: Summarised Process Flow for Curriculum Review

5.1 TIMELINE SUBMISSION

Upon CoS initiation, CoS will notify KCA by submitting a tentative timeline for the curriculum review process. The timeline should include the following:

Table 5.1: Some of the important dates to be submit to KCA

No	Item	Date
1.	Appointment of Internal Assessor	
2.	Appointment of External Assessor	
3.	Preparation of the Self-review Report	
4.	Submission of the Self-review Report	
5.	Site-visit	
6.	Preparation of Curriculum Revision Proposal to AQAC	
7.	Defend proposal at AQAC	
8.	Preparation of Revised Curriculum Document to Senate	
9.	Submission to Senate	

5.2 APPOINTING ASSESSORS

For the External Assessor(s), CoS will have to submit a Senate proposal containing details of the EA(s) for the appointment of the EA(s). The “*IIUM CV*” template **must** be used in the proposal.

Upon approval by the Senate, Cos shall prepare the appointment letters accordingly.

Letter to the Internal Assessor will be signed by the Deputy Rector (Academic and Internationalisation) while for External Assessors, letters will be signed by the Rector.

NOTE:

- In producing the appointment letter(s) to the selected assessor(s) for the Curriculum Review exercise, CoS will produce a draft for the appointment letter(s) and send the letter(s) to the authorised Offices as mentioned above.

5.3 GUIDELINE TO SELF-REVIEW REPORT

A self-review report is a platform for the programme owner to evaluate their objective, strength, and weaknesses among others. A sample of the key items to be included in the report are as the following:

1. Introduction of the Programme
2. Student Profile of the Programme
 - Graduate Employability Rate
 - Number of Intake
3. Programme Review
 - National needs
 - Projection of student intake
 - May include feedback from alumni, industry panel, benchmarking visit, board of studies, previous assessors comments
4. Summary of Changes
 - Elaborate and highlight on the changes. May be presented in comparison table
5. Conclusion

A self-review report template is made available at the KCA official website that can be used by programme owner.

An addition to the self-review report, the programme will also have to complete the “*Programme Curriculum Review SWOT Analysis*” (excel file). This is to be submitted together with the self-review report to the assessors before the site-visit.

5.4 CHECKLIST FOR COS IN CONDUCTING SITE-VISIT

Preparation at the CoS level may include but not limited to the following:

Table 5.2: Sample checklist for site-visit

No	Item	Tick (✓)
1.	Appointing liaison officers	
2.	Gather related documents	
3.	Prepare presentation slides	
4.	Set meeting room	
5.	Set evidence/course files/related documents in the meeting room	
6.	Book parking spaces for assessors	
7.	Prepare facilities	

On top of this preparation, CoS must prepare the logistics for the External Assessor(s) such as hotel booking, transportation and etc.

5.5 AUDIT VISIT MEETING

As per section 4.3, the duration of the curriculum review exercise is up to the CoS. A sample of schedule for a one-day meeting is as the following:

Table 5.3: Sample of site-visit schedule that will be given to the Assessor

Date	Time	Activities	
Day 1	08:30 – 09:00	Breakfast	
	09:00 – 09:30	Coordination Meeting of External Assessors	KCA representative will lead the coordination meeting
	09:30 – 10:00	Briefing by the Kulliyah management Background of the Kulliyah and audited programme.	
	10:00 – 11:00	Reviewing of documentations/evidences	The department to ensure all related documents are made available in the venue
	10:45 – 11:00	Tea break	
	11:00 – 13:00	Continue reviewing of documentations/evidences	The department to ensure all related documents are made available in the venue
	13:00 – 14:30	Lunch, Solat and break	
	14:30 – 15:30	Strong room Laboratory/Workshop/etc. Resource Centre/Library Others	
	15:30 – 12:40	Strong room Laboratory/Workshop/etc. Resource Centre/Library Others	
	12:40 – 14:30	Lunch, Solat and break	
	14:30 – 15:30	Exit Meeting and Closing	
		End of Site-Visit Meeting	

NOTE:

- Although it is not a requirement for IIUM curriculum review to have interview session(s) with stakeholders during the audit visit, programme owner is encouraged to include it in the meeting where possible.

5.6 SUMMARY REPORT

The Internal and External Assessor will submit a report using the “Assessor Summary Report for Curriculum Review” template that is based on the seven (7) areas stated in the COPPA 2.

A reporting template for more elaborated report from the assessor(s) on the seven (7) areas for the curriculum exercise is made available at the KCA official website.

5.7 CURRICULUM REVISION PROPOSAL

Upon receiving reports from the assessors, KCA will forward the feedback to the CoS for the preparation of the Curriculum Revision Proposal that will be tabled at the AQAC meeting.

The Dean of CoS shall present and defend the proposal on any changes/updates to the programme in the AQAC meeting.

The proposal should detail mainly on the following:

- i. Plan of actions for the programme based on the comments that was given by the assessors.
- ii. Details of the elements that have been changed from the original curriculum.
- iii. Tables that compare the original and the revised curriculum.
- iv. Justifications that the changes do not exceed 30% of the original (course outline endorsed in Senate), if such is the case.
- v. Strategic planning of the CoS.

NOTE:

- Preparation of Curriculum Revision Proposal to the AQAC meeting should be done after receiving comments from the audit visit.
- This proposal does not require the full course outline for the reviewed programme structure. However, the proposal must include an appendix containing:
 - o course code
 - o course title
 - o synopsis
- Information of the new course code and the course title is required to allow CoS to update new course outlines into the e-CURE system.

5.8 REVISED CURRICULUM DOCUMENT

Once approval has been obtained for the Curriculum Revision Proposal, the CoS is to produce their Revised Curriculum Document for Senate endorsement.

It is important that the CoS utilised the e-CURE system to update the course outlines. All course outlines may be printed from the system.

Endorsed curriculum will be submitted to BOG by the CoS.

NOTE:

The preparation of the Revised Curriculum Document for the Senate meeting must include:

- o Improvement based on the comments/feedbacks during the AQAC meeting
- o submission of full course outlines

5.9 SUBMISSION TO MOHE

This process is critical especially when the curriculum review involved major changes such as the following:

- i. change of nomenclature
- ii. change in total credit hour
- iii. change of NEC
- iv. change involving more than 30% of the curriculum content

CoS is then to submit Dokumen Semakan to JKPT, MOHE via KCA. Programme owner is to comply with additional requirements of MoHE from time to time.

Upon obtaining the approval from JKPT, KCA will send it to MQA. MQA will reflect any changes in the MQR website.

6 GUIDELINES ON DETERMINING ACCREDITATION STATUS

There are three (3) types of scoring used in determining academic programmes' accreditation status in IIUM Self-Accreditation exercise:

1. The overall performance of the audited programme in all seven (7) areas (refer to "*IIUM Programme Accreditation Evaluation Form*")
2. The performance of the audited programmes in each of the seven (7) areas
3. The qualitative report of the auditors given in the *IIUM Programme Accreditation Evaluation Form* and the *Full Accreditation Assessment Report*

6.1 THE RATING SCALE

In order to make critical decisions concerning the quality of a programme, a specific rating scale is constructed to determine the strengths and weaknesses of the programme in each of seven (7) areas being audited. The 6-point rating scale serves as a guide to determine if a programme can be recommended for accreditation and for how long the accreditation will be effective.

Below is the description of the rating scale:

Table 6.1 The performance indicator

Rating	Description
0	Unacceptable The quality of the process and documentation is unacceptable. The indication of the implementation of the action plans and the relevant supporting evidence could not be found.
1	Poor The quality of the process and documentation is poor. The implementation of the action plans is not clearly indicated and not accompanied by complete evidence.
2	Weak The quality of the process and documentation is weak. The implementation of the action plans is vaguely indicated and accompanied by partially complete relevant evidence.
3	Average The quality of the process and documentation is average. The implementation of the action plans is almost clearly indicated and accompanied by some complete relevant evidence.
4	Good The quality of the process and documentation is good. The implementation of the action plans is clearly indicated and accompanied by most complete relevant evidence.

5	<p>Excellent</p> <p>The quality of the process and documentation is excellent. The implementation of the action plans is very clearly indicated and accompanied by all complete relevant evidence.</p>
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