



**SOCIAL, HUMANITIES
BASIC SCIENCES
ACCREDITATION and
RATING ASSOCIATION**

THE QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT COMMITTEE DIRECTIVE

1. Article: Basis and Purpose

- 1.1. This directive has been prepared in accordance with the **Operational Regulation**.
- 1.2. The purpose of this directive is to regulate the duties and operational principles of the **Quality Assurance and Continuous Improvement Committee**.

2. Article: Quality Assurance and Continuous Improvement Committee

- 2.1. The **Quality Assurance and Continuous Improvement Committee** has been established to develop an **internal and external quality assurance system** for the improvement of **evaluation and accreditation activities** and to conduct continuous improvement efforts within this scope.

3. Article: Duties of the Quality Assurance and Continuous Improvement Committee

- 3.1. Ensures the effective implementation of **quality assurance efforts**.
- 3.2. Conducts quality assurance activities in compliance with **ethical standards**.
- 3.3. Ensures **consistency** in the quality assurance processes and monitored approaches.
- 3.4. Develops and updates **quality assurance policies and processes**.
- 3.5. Implements **continuous improvement** efforts in **evaluation and accreditation activities**.
- 3.6. Ensures the preparation and updating of the **Quality Policy Directive**.
- 3.7. Facilitates the evaluation of **STAR** by an **international evaluation organization** once every five **years**.
- 3.8. Summarizes its annual activities in the **Annual Activity Report**.

4. Article: Operational Principles of the Quality Assurance and Continuous Improvement Committee

- 4.1. The **Quality Assurance and Continuous Improvement Committee** is accountable to the **STAR Board of Directors**.
- 4.2. The **Chair of the Quality Assurance and Continuous Improvement Committee** is responsible for the **functioning of the committee**.
- 4.3. The **Chair of the Quality Assurance and Continuous Improvement Committee** ensures all communications between the **committee and the STAR Board of Directors**.
- 4.4. The **Chair of the Quality Assurance and Continuous Improvement Committee** also facilitates communication among the **committee members**.
- 4.5. The **Quality Assurance and Continuous Improvement Committee** meets at least **twice a year**.

- 4.6. The **agenda, date, venue, and format** (physical or online) of the **committee meetings** are determined by mutual agreement of the **committee members**.
- 4.7. If the **committee meets physically**, the **Chair** submits the **meeting minutes** to **STAR**. If the meeting is conducted **online**, a **digital meeting record** is submitted to **STAR**.
- 4.8. The **Quality Assurance and Continuous Improvement Committee** collects **feedback** on all accreditation processes conducted for **evaluated programs**. The following forms are used in this process:

Annex 1: External Evaluation Form (FORM1)

Annex 2: Accreditation Process Feedback Form (FORM4)

Annex 3: Internal Evaluation Form (FORM2)

Annex 4: Undergraduate Program Feedback Questions After Campus Visit (FORM3)

5. **Article:** Amendments to the Directive
 - 5.1. This directive is reviewed and amended by the **STAR Board of Directors**.
6. **Article:** Enforcement
 - 6.1. This directive enters into force on the date it is **approved** by the **STAR Board of Directors**.

ANNEX-1: External Evaluation Form
(To be completed after the Campus Visit)

Undergraduate Program: :

Campus Visit Dates: :

Evaluation Criteria	Sufficient				Insufficient
	5	4	3	2	1
Technical competence of the Evaluation Team Members					
Professionalism of the Evaluation Team Members					
Level and harmony of the relationship among Evaluation Team Members					
Scope of the Campus Visit					
Selection of key work areas for the Campus Visit					
Notification of the Campus Visit scope before the evaluation					
Inclusion of your suggestions within the Campus Visit scope					
Campus Visit Performance					
Feedback on issues arising during the Campus Visit					
Adherence to the Campus Visit Schedule and Plan					
Timely submission of the Exit Statement Schedule					

Date _____

Signature _____

Faculty/Department Administrator:
 (First Name-Last Name)

ANNEX-3: Internal Evaluation Form*(To be completed separately by each team member for other team members)*

Evaluated Team Member :

Undergraduate Program :

Campus Visit Dates :

	Agree				Disagree
	5	4	3	2	1
Established timely and effective communication before the Campus Visit					
Provided relevant information about the Higher Education Institution and Undergraduate Program					
Was flexible and cooperative in determining the Campus Visit Date					
Displayed a positive and constructive attitude before the Campus Visit					
Acted impartially during the Campus Visit					
Acted in accordance with courtesy rules during the Campus Visit					
Demonstrated a positive and constructive attitude					
Worked harmoniously with the Evaluation Team					
Asked questions that helped clarify the subject					
Adhered to the Campus Visit Plan					
Provided timely feedback for the 30-day response					
Provided timely feedback for the Draft Evaluation Report					
Provided timely feedback for the Final Evaluation Report					
Maintained effective communication as a Team Member					
Possessed the required level of knowledge for this role					
Willingness to work together again on another Evaluation Team					

Evaluation Team Member:

((First Name-Last Name)

ANNEX-4: Undergraduate Program Feedback Questions After Campus

Visit (To be completed by the Team Leader)

1. Considering the overall evaluation process, what are your comments and opinions about this process? What suggestions do you have for its improvement?
2. Do you think the evaluation process was conducted and completed effectively, objectively, and professionally?
3. If you have any additional observations, opinions, or suggestions regarding the evaluation activities, programs, training sessions, or other organizational aspects, please specify them.

ANNEX-2: Accreditation Process Feedback Form
(To be completed after the entire process is finalized)

Dear Authorized Representative,

This form is designed to collect your feedback on the **accreditation process** conducted by **STAR**. It must be completed by the **Dean of the evaluated program** or the **coordinator faculty member responsible for the accreditation process** and sent to: star@star.org.tr.

Undergraduate Program: (Full name provided)

Campus Visit Dates:

5 represents the best, 1 represents the worst	5	4	3	2	1
Appropriateness of the procedures applied by STAR in the accreditation process					
Adequacy of the guides and manuals used in the process					
Scope and appropriateness of the training provided to the program during the process					
Suitability of the institutional communication level established with STAR					
Sufficiency of information sharing on the STAR corporate website					
General knowledge level of the evaluation team					
Professional attitude of the evaluation team					
Clarity of the Draft and Final Evaluation Reports					
Accuracy in identifying areas open for improvement					
Appropriateness of time management in the process					
Contribution of the STAR accreditation process to the university's quality processes					
Overall satisfaction with the accreditation service received					

Date _____

Signature_____

Name and Surname of the Person Completing the Form: