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Açıklama otomatik olarak oluşturuldu

**FIRAT UNIVERSITY**

**UNIT INTERNAL EVALUATION REPORT**

(BIDR)

…………………….[Unit Name]

**Commission Members Who Prepared the Report**

…………………….[Member Title, Name Surname, e-mail address, Position]

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**2024**

**About Fırat University Internal Unit Evaluation Report (BIDR)**

Fırat University carries out its quality management processes through Fırat University Quality Coordination Office (FÜKAK). As the university senior management, great importance is given to delegation of authority and multi-voicedness in management. With this understanding, active support is provided to the work of the commissions, and the senior management takes an ownership role in the implementation of the decisions taken and monitoring their results and operates the necessary monitoring and evaluation mechanisms.

The main basis of quality studies at our university is the Higher Education Quality Council (YÖKAK) Main Criteria. In line with these criteria, the Unit Internal Evaluation Reports (BIDR) prepared annually by academic and administrative units are evaluated by FÜKAK and the quality development of each unit is systematically monitored. This process allows units to identify their strengths and areas of development, and also helps them to analyze their own situations objectively within the framework of the relevant criteria.

The BIDRs prepared by academic and administrative units constitute an important data source for the Institutional Internal Evaluation Report (KIDR) that our university organizes every year. Thanks to these reports, our university can make a general status assessment and plan and monitor the development processes within the scope of the main and sub-criteria in the YÖKAK evaluation process in the light of the information obtained. In this cycle, continuous improvement and a sustainable development approach in quality processes are supported by the PUKÖ (Plan-Do-Check-Take Action) approach.

After the annual KİDR report is completed and sent to YÖKAK, FÜKAK experts examine the BIDRs in detail and prepare a Unit Feedback Report (BGBR) for each unit. These feedback reports enable the units to see their strengths and areas of development on a criterion basis and guide them in developing action plans for the next period.

With this approach, as Fırat University, a high-quality, transparent and sustainable management approach is adopted both on a unit basis and at the institutional level, and it is aimed for our academic and administrative units to comply with national and international standards.

**Things to Consider When Preparing a BIDR**

**Preparation Schedule**

Unit Internal Evaluation Reports are prepared by academic and administrative units between January 2nd and February 15th of each year. They are delivered to FÜKAK via Electronic Document Management System (EBYS). The task of preparing BIDR is not the responsibility of one person but of the unit quality commission with the participation and cooperation of all stakeholders, starting with the unit manager. A BIDR report that is not internalized is immediately noticeable during the field evaluation and is not welcomed at all during the evaluation process.

**Scope**

The scope of the Unit Internal Evaluation Reports is limited to the activities carried out in the previous calendar year in which it is prepared.

**My Criterion Values Shape**

Each criterion and sub-criterion should be evaluated on its own. The evidence to be used in the evaluation should be directly related to that criterion. A rubric method based on a 5-point Likert scale is used in the evaluation. In this method, you are expected to give a value between 1-5 to the relevant criterion. This evaluation should be done as explained in Figure 1.

*Figure 1. Criterion Evaluation Method*

metin, ekran görüntüsü, tasarım içeren bir resim

Açıklama otomatik olarak oluşturuldu

As seen in Figure 1, regarding the criterion we used for evaluation;

* If no action has been taken, we evaluate it with 1 (One) Point.
* If there is only Planning, we evaluate it with 2 (two) points,
* If there is planning and implementation covering the entire unit, we evaluate it with 3 (Three) Points,
* If the planning, implementation, post-implementation control and precaution-taking processes are implemented, we evaluate it with 4 (four) points.
* If there is a situation that is internalized by the unit stakeholders, can be systematically implemented and can be shown as an example, we evaluate it with 5 (five) points.

The evaluation process is briefly summarized in Figure 2.

*Figure 2. Summary of the Evaluation Process*

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Açıklama otomatik olarak oluşturuldu

**Spelling Rules**

The font used throughout the report should be Time News Roman. Headings should be 12pt bold. Numbering should be as in A.1.xxx. Body text should be 10pt. Object names such as figures, tables, and graphics should be italicized and 10pt in size above the table. If there are reference sources and citations in the text, APA 7 standard should be used. In table and figure presentations, the description should be right-justified, 10pt, and *italicized above the object* . The line spacing option should be “0 pt” before and “0.6 pt” after in the entire text.

**Evidence Presentation**

The most important part of the BIDR preparation process is the presentation of evidence. The evidence must be directly related to the criterion and provable. There are two types of presentation of evidence: presentation in the text and presentation at the end of the criterion.

Sample Display;

|  |
| --- |
| **B.1.1.Program Design and Approval** |
| In our university, principles and rules have been determined for the qualifications to be acquired according to various types of education according to field differences (OD2). Applications are carried out in line with the defined processes regarding the design and approval of programs [1\_OD3].  *Figure 1. OBS screen output.*    Some results are obtained from these applications and these results are systematically monitored with stakeholders [2\_OD4]. In this context, curriculum development studies, together with the Bologna process, have linked the course objectives, course learning outcomes, and program outcomes of all programs with TYYÇ and have been updated by taking the opinions of relevant internal and external stakeholders [3\_OD4]. |
| **Evidence:**  [1-OD3].Application Examples.pdf  [2-OD4].Evidence of Improvement.pdf  [3-OD4].Monitoring Results.docx |

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Yapay zeka tarafından oluşturulan içerik yanlış olabilir.

**CRITERIA AND EVIDENCE**

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| A.1. *The unit must have a governance model that will ensure unitary transformation, apply leadership approaches, establish internal quality assurance mechanisms and internalize the quality assurance culture.* | | | | |
| A.1.1 Governance model and administrative structure  *The unit's governance model has been established within the framework of legal regulations, shaped by traditions and preferences, and placed in a unitary structure. Decision-making processes, checks and balances, independence and pluralism of boards and representation of stakeholders have been ensured. The organization chart, job descriptions and workflow processes reflect reality, are published and known by stakeholders.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have a governance model and organizational structure that is compatible with its mission and will enable it to achieve its strategic goals. | The governance model and administrative structure that ensure the unit achieves its mission and strategic goals and is compatible with its processes have been determined. | The unit's governance model and organizational structure operate in a way that covers all units and areas. | The unit's governance and organizational structuring practices are monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Governance model and organizational chart* * *Practices/evidence that the unit implements its policy and strategic objectives in relation to governance and administrative areas* * *Evidence of monitoring and improvement of governance and organizational structuring practices* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headlines should be 12pt and bold. | | | | |
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| A.1.2 Leadership  *Deans and leaders in the unit are motivated and determined to develop a quality assurance system and culture that is sensitive to change and uncertainty. While leadership processes are managed with an agile approach, coordination and effective communication between units are ensured. Leaders manage strategies, authority sharing, relationships and unit motivation in a balanced way in line with the values of the Unit. The effectiveness of these processes is regularly evaluated and improved.* | | | | |
| 1 | **2** | **3** | **4** | **5** | |
| There is no effective leadership approach in the unit that supports the management of the quality assurance system and the internalization of the quality culture. | Leaders in the unit have ownership and motivation for the management of the quality assurance system and the internalization of its culture. | There are effective leadership practices that support the development of a quality assurance system and culture throughout the unit. | Leadership practices and their contribution to the development of the quality assurance system and culture are monitored and related improvements are made. | There are internalized, systematic, sustainable and exemplary practices. | |
| What will be considered as evidence:   * *Leadership evaluation reports (360-degree feedback analysis conducted regularly for managers, performance evaluation results.)* * *Training records (Certificates or certificates of participation in seminars, workshops and training programs attended by managers on leadership, strategic planning and quality management.)* * *Survey and interview results (Feedback surveys or one-on-one interview results received from academic and administrative staff.)* * *Improvement plans (Documents regarding leadership development programs or changes in task distribution created based on evaluation results.)* | | | | |
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| A.1.3. Unitary conversion capacity  *It has agile management competence that ensures that the Unit is ready for the future by taking into account the changes within the higher education ecosystem, global trends, national goals and stakeholder expectations. It uses approaches such as change management, benchmarking, innovation management to transform the Unit in line with the purpose, mission and goals for adaptation to the future and strengthens the Unit's originality.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no change management in the unit. | The need for change in the unit has been determined at the maturity level. | The change management approach in the unit is spread throughout the unit and is carried out holistically. | Change management practices implemented in line with the purpose, mission and objectives are monitored and measures are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Change management model (A system or approach that plans how to adapt to and manage changes in the unit. For example, the strategies the unit follows during crisis periods.)* * *Change plans, roadmaps (Detailed plans prepared by the unit for the changes it wants to make in the future. For example, a step-by-step guide for transitioning to a new technology or improving a system.)* * *Change-oriented analysis reports (Reports prepared by the unit by evaluating the changes occurring in its environment (e.g. legal regulations, student needs, technological developments).* * *Future scenarios (Scenarios prepared by the unit for possible situations it may encounter in the future. For example, precautions to be taken in case the number of students increases.)* * *Benchmark reports (Reports in which the Unit compares its processes and performance with other Units. For example, comparing the employment rate of its graduates with other universities.)* * *Innovation management system (The system that shows how the unit follows, implements and integrates innovations into its processes. For example, digital transformation studies.)* * *Change team documents (Meeting minutes, task distribution documents or work reports of the teams managing the change processes.)* * *Evidence of standard and unique practices (Documents regarding special solutions and projects developed by the unit according to its own needs, in addition to standard procedures. For example, a software or process developed for the special needs of a unit.)* | | | | |
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| A.1.4. Internal quality assurance mechanisms  *In the unit, processes are planned on a calendar year basis within the framework of PUKÖ cycles (Plan, Implement, Control, Take Action), flow charts and responsibilities are determined. All stages of other quality cycles that are not dependent on the calendar year are supported by evidence and applications are regularly evaluated. The unit has an accessible and updated quality assurance guide. The Quality Commission plays an active role in defining and developing processes, supports program accreditations and contributes to decision-making processes by evaluating the results of activities.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have a defined internal quality assurance system. | The unit's internal quality assurance processes and mechanisms have been defined. | The internal quality assurance system is implemented throughout the Unit in a transparent and holistic manner. | Internal quality assurance system mechanisms are monitored and improved together with relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Quality assurance guide and process documents (Unit; guides and documents that explain quality processes, policies and how they will work. These documents clearly define the responsibilities of employees and how the processes will be carried out.)* * *Work flow charts and job descriptions (Diagrams that show who will carry out the processes and in what order, and documents that clearly state the responsibilities of employees. This ensures that everyone knows who will do what.)* * *Information Management System (A system that digitally manages, shares and monitors unit processes and data. For example, a platform that provides easy access to quality-related data.)* * *Unit Risk Management Plan (A plan that describes how the unit will identify and respond to potential risks it may face (e.g. financial, academic or technical risks).* * *Feedback methods (Tools such as surveys, meetings, or digital forms used to regularly collect opinions and suggestions from employees, students, and other stakeholders.)* * *Documentation of stakeholder engagement (protocols, meeting minutes or collaboration agreements that demonstrate how the unit collaborates with students, staff, businesses and other stakeholders.)* * *Annual monitoring and improvement reports (The unit's annual evaluations and the improvement activities it develops as a result of these evaluations. For example, measures taken to correct deficiencies in processes.)* * *Original approaches and applications (Innovative solutions developed by the unit in addition to standard methods, specific to its own needs. For example, an application or project developed to increase student satisfaction.)* | | | | |
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| A.1.5. Public Information and Accountability  *The Unit has adopted informing the public as a basic principle, designed the channels and methods to be used for this purpose and announced them in an accessible manner. The Unit's web page provides accurate, up-to-date and easily accessible information; there are mechanisms to support this. Unit autonomy and accountability are implemented in a balanced manner, and internal and external accountability processes are carried out systematically. Processes are carried out within a specific calendar and clear responsibilities. The effectiveness of these processes is regularly evaluated with the feedback received. In addition, the Unit's relations with local governments, other universities, public units, non-governmental organizations, industry and local people are evaluated.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have mechanisms to inform the public and ensure accountability. | The unit has defined processes to inform the public in line with the principles of transparency and accountability. | The unit operates public information and accountability mechanisms in line with its defined processes. | The unit's public disclosure and accountability mechanisms are monitored and improved in line with stakeholder opinions. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Announcement of information steps and methods (The unit clearly introduces the rules and methods it has determined for public information and accountability and announces them in a way that everyone can access. For example, there may be a section on a web page that explains how these processes work.)* * *Updated and accessible web pages (The units' websites are organized with accurate and up-to-date information. Users can easily access the information they need from these pages. For example, contact information, process descriptions or event calendars are constantly updated.)* * *Implementation of accountability processes (The unit's internal (to staff and students) and external (to the public and stakeholders) accountability processes are defined and there is documentation of how these processes operate. For example, reports, minutes or records of regular evaluation meetings.)* * *Stakeholder feedback (Surveys or feedback reports measuring the opinions and satisfaction of internal and external stakeholders (such as students, employees, local people, business world) regarding public disclosure and accountability processes.)* * *Monitoring and improvement efforts: The functioning of public information and accountability mechanisms is regularly monitored, deficiencies are identified and efforts are made to improve them. For example, making a report easier to understand or developing a more effective information channel.* * *Original approaches and practices (In addition to standard practices, the Unit may develop special methods that suit its own needs. For example, organizing a region-specific information campaign to inform the local population or holding a special accountability meeting for employees.)* | | | | |
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| A.2. Mission and Strategic Objectives  *The unit should plan and implement its strategic goals and objectives, which it has established in line with its policies, in order to achieve its vision, mission and purpose, and should monitor and evaluate its results within the scope of performance management and share them with the public.* | | | | |
| A.2.1 Mission, vision and policies  *The unit's mission and vision have been defined, adopted by employees and provide guidance for a sustainable future. The quality assurance policy has been prepared by taking the opinions of stakeholders, is known by employees and is expressed in a simple and concrete way. The policy clearly defines the structure and operation of the quality assurance system. In addition, education-training, research, social contribution, governance and internationalization policies have been determined and these policies have concrete results reflected in the practices.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no defined mission, vision and policies in the unit. | The Unit has a defined and Unit-specific mission, vision and policies. | The unit operates public information and accountability mechanisms in line with its defined processes. | The practices implemented in line with the mission, vision and policies are monitored and evaluated together with the stakeholders and measures are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Mission and vision (Expressions that specify the unit's goals and future plans, adopted by employees and stakeholders.)* * *Policy documents (Documents that explain the unit's approaches in areas such as education and training (including distance education), research, community service and internationalization.)* * *Stakeholder engagement documents (meeting minutes, survey results or other documents showing that the views of stakeholders (such as students, employees, alumni) were taken into account during the preparation of policy documents.)* * *Examples of holistic relationships (statements and practices in policy documents that explain how different areas are interconnected.)* * *Monitoring and evaluation of policies (Reports or analyses showing that the implementation of policy documents is regularly monitored and their results are evaluated.)* * *Original approaches and practices (Examples of innovative and different methods developed by the unit in accordance with its own needs. For example, developing a special platform for distance education or applying an original model in community service projects.)* | | | | |
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| A.2.2.Strategic goals and objectives  *Strategic Plan; has culture and tradition, covers the current period, has short/medium long term goals, targets, sub-goals, actions and their timing, prioritization, responsible persons, financial resources, has been prepared by taking the opinions of all stakeholders (especially strategic stakeholders). While preparing the current strategic plan, a detailed evaluation of the previous one was made and used; annual realization is followed, discussed in the relevant boards and necessary measures are taken.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have a strategic plan. | The unit has a declared strategic plan. | The unit has a strategic plan that is holistic, adopted by all units and known by its stakeholders, and practices that are compatible with this plan. | The unit monitors the strategic plan it has implemented and evaluates it with relevant stakeholders, which is then reflected in future plans. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Documents that are announced to the public and contain the strategic goals and objectives of the unit (strategic plan, strategy document, etc.) and the development process of the document.* * *Evidence of internal and external stakeholder participation in the unit's strategic plan during planning, implementation, control and action-taking stages* * *Evidence of alignment of strategic plans and goals with the United Nations Sustainable Development Goals* * *Performance reports that include annual monitoring of the indicators included in the Strategic Plan and suggestions for improvement.* * *Improvement reports that analyze the results of the applications, including requests, complaints, etc. from stakeholders within the scope of strategic goals and objectives.* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.2.2.Strategic goals and objectives  *The unit's performance management mechanisms are handled with a holistic approach. These mechanisms help the unit to continuously improve and prepare for the future in line with its strategic goals. Performance management is supported by information systems to ensure that it is accurate and reliable. Performance management, which reflects the unit's strategic perspective, is process-oriented and maintained with stakeholder participation. Unit-based (general, key, distance education, etc.) performance indicators covering all basic activities are defined and shared. How performance indicators are associated with the internal quality assurance system is defined and written. There are examples of reflection on decisions. How it has changed over the years is monitored, the results of this monitoring are written, and there is evidence that it is used as needed.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no performance management in the unit. | Performance indicators and performance management mechanisms have been defined in the unit. | There are performance management practices spread throughout the unit. | The functioning of performance indicators and performance management mechanisms are monitored in the unit and improvements are made according to the monitoring results. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Documentation of performance management procedures* * *Performance indicators and key performance indicators* * *Evidence of how the performance management process works* * *Performance program report* * *Evidence that performance management mechanisms are being monitored and improved* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headings should be 12pt and bold. | | | | |
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| A.3.Management Systems  *The unit must have a system to manage its financial, human and information resources and processes in order to ensure the achievement of its strategic objectives in terms of quality and quantity.* | | | | |
| \*\*Note: Management systems (A.3.1) criterion will be filled in by the Digital Transformation and Software Office Coordination.  A.3.1.Management Systems  *Data on the important activities and processes of the unit are collected, analyzed, reported and used for strategic management. The Information Management System used by academic and administrative units is integrated and feeds quality management processes. Security, confidentiality and reliability of the Information Management System are ensured.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no information management system in the unit. | Information management systems have been established in the unit to support the acquisition, storage, use, processing and evaluation of unitary information. | An integrated information management system is operated that supports core processes (education and training, research and development, social contribution, quality assurance) across the unit. | The integrated information management system is monitored and improved in the unit. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Information Management System and evidence regarding its functions* * *Processes and practices regarding the processing of personal data* * *Evidence of monitoring and improvement of the Information Management System* * *Processes and practices to ensure information security and reliability* * *Risk, penetration testing and related improvements for cyber threats* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.3.2. Human resources management  *There are rules and processes regarding human resources management. These processes, which are carried out transparently, are known by everyone in the Unit. Education and merit are the primary criteria and increasing competencies is the main goal. Methods and mechanisms developed to determine and monitor employee (academic-administrative) satisfaction, complaints and suggestions are implemented and their results are evaluated and improved.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no defined processes regarding human resources management in the unit. | The unit has defined processes for human resources management that are compatible with its strategic objectives. | Throughout the unit, practices are carried out in accordance with defined processes in line with human resources management. | Human resources management practices in the unit are monitored and improved by evaluating with relevant internal stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Human resources policy and objectives and related practices (Competence, recruitment, in-service training, incentives and rewards, etc.)* * *Employee (academic and administrative) satisfaction surveys, application systematics and survey results* * *Evidence of monitoring and improvement of human resources management practices* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headlines should be 12pt and bold. | | | | |
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| A.3.3.Financial management  *Key revenue and expense items are defined and tracked over the years. Total Current Budget (income) = State education contribution (all incomes coming from the central budget and not related to activities in the research and development category) + student incomes (all incomes whose source is students: 1st and 2nd education, non-thesis master's degree, summer school, services/fees, food-accommodation fee, etc.) + research incomes (coming from the state within the central budget + national allocation -non-competitive projects-) + national competitive research supports + international research supports [special account, revolving fund, coming from foundation or accounted for in another way] + social contribution incomes (medicine, dentistry, etc.) faculties' health service income [revolving fund or accounted for in another way] + engineering, architecture, etc. faculties' knowledge and technology transfer/projects/applications income [revolving fund or accounted for in another way] + adult education/lifelong education incomes + rental incomes + laboratory/experiment/measurement etc. incomes [special account, revolving fund, coming from foundation or accounted for in another way] [otherwise accounted for] + donations (non-governmental, conditional or unconditional resources transferred to the university) are tracked in detail and associated with the Unit profile.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no defined processes for the management of financial resources in the unit. | The unit has defined processes for the management of financial resources that are compatible with strategic objectives. | Practices regarding the management of financial resources throughout the unit are carried out in accordance with defined processes. | The management processes of financial resources are monitored and improved in the unit. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined processes and practices regarding the management of financial resources (resource distribution, effective and efficient use of resources, resource diversity)* * *Documents showing the compliance of the planning, use and monitoring practices of financial resources with the Unit's strategic plan.* * *Monitoring reports and analyses of financial resources management processes and evidence of improvement* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headlines should be 12pt and bold. | | | | |
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| A.3.4. Process management  *Processes and sub-processes for all activities (including distance education) are defined. Responsible parties, workflow, management, and ownership in the processes are written and internalized by the Unit. There is evidence that process management is successful. A continuous process improvement cycle has been established.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Processes regarding education and training, research and development, social contribution and management system are not defined in the unit. | Education and training, research and development, social contribution and management system processes and sub-processes are defined in the unit. | Defined processes are managed throughout the unit. | Process management mechanisms are monitored in the unit and improved by evaluating with relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Process management model and/or Process Management Handbook* * *Process Guides and Process Manager Training Documents* * *Process management applications (including distance education)* * *Evidence of stakeholder engagement* * *Evidence on monitoring and improving process management mechanisms* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headlines should be 12pt and bold. | | | | |
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| A.4.Stakeholder Participation  *The unit must create and manage the necessary systems to receive, respond to and use feedback from internal and external stakeholders in decisions to ensure their participation in strategic decisions and processes.* | | | | |
| A.4.1. Internal and external stakeholder participation  *The participation mechanisms of internal and external stakeholders in decision-making, governance and improvement processes have been defined. The effectiveness, unity and continuity of the participation are examined. Application examples, especially student and external stakeholder participation and effectiveness in the internal quality assurance system are available. The results are evaluated and related improvements are carried out.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no mechanisms to ensure stakeholder participation in the unit's internal quality assurance system. | The unit includes plans to ensure stakeholder participation in the PUKÖ layers of quality assurance, education and training, research and development, social contribution, management system and internationalization processes. | There are mechanisms spread throughout the Unit to ensure stakeholder participation at all levels of PUKÖ in all processes. | The functioning of stakeholder participation mechanisms is monitored and related improvements are carried out. | There are no mechanisms to ensure stakeholder participation in the unit's internal quality assurance system. |
| What will be considered as evidence:   * *Evidence of stakeholder prioritization with internal and external stakeholder lists specific to the unit's processes* * *Data collection tools and methods used in the process of obtaining stakeholder opinions (Surveys, focus group meetings, workshops, information management system, etc.)* * *Documents showing that stakeholder participation is ensured in decision-making processes* * *Evidence of monitoring and improvement of the functioning of stakeholder engagement mechanisms* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.4.2. Student feedback  *Student opinions (course, course instructor, diploma program, service and general satisfaction level, etc.) are systematically and through various means, used effectively and the results are shared. It has been ensured that the methods used are valid and reliable, and the data is consistent and representative. There are various channels for student complaints and/or suggestions, they are known by the students, and it is checked that they work fairly and effectively.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no mechanisms in the unit to receive student feedback. | Principles and rules have been established regarding receiving student feedback regarding teaching processes in the unit (course, course instructor, program, student workload, etc.). | Student feedback is received throughout the programs (at the end of each semester or each academic year). | In all programs, practices regarding student feedback are monitored and improved based on student participation. Feedback results are reflected in decision-making processes. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Principles and rules for obtaining student feedback* * *Evidence showing the type, method and variety of student feedback mechanisms identified (including distance/blended learning)* * *Practices regarding improvements made within the scope of student feedback* * *Examples of student participation in decision-making mechanisms* * *Evidence for monitoring and improving student feedback mechanism* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.4.3. Alumni relations management  *Employment information of graduates such as job placement, education continuation, income level, employer/graduate satisfaction are collected systematically and comprehensively, evaluated and used in Unit development strategies.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no graduate tracking system in the unit. | There is a plan for a graduate tracking system to examine whether the aims and objectives of the programs have been achieved. | Graduate tracking systems are implemented throughout the programs in the unit. | Graduate tracking system applications are monitored and updates are made to the programs in line with the needs. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Features of the graduate tracking system* * *The level of satisfaction with the competencies of graduates and the achievement of the program's goals and objectives.* * *Update studies carried out in the programs within the scope of the graduate tracking system* * *Alumni feedback* * *In addition to standard practices and legislation; Evidence of the unique approaches and practices developed in line with the needs of the Unit.* | | | | |
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| \*\*Note: The 3 criteria for internationalization will be filled out only by the Foreign Relations Unit Coordinator.  A.5.Internationalization  *The unit should manage its processes in line with its internationalization strategy and goals, establish its organizational structure, and periodically monitor and evaluate its results.* | | | | |
| A.5.1. Management of internationalization processes  *The management and organizational structure of the internationalization processes are unitized. It is compatible with the internationalization policy of the unit. The functioning and effectiveness of the management and organizational structure are examined.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have a managerial and organizational structure regarding internationalization processes. | There are plans regarding the management and organizational structure of the unit's internationalization processes. | The organizational structure regarding the management of internationalization processes in the unit has been completed and operates in a transparent, inclusive and participatory manner. | The managerial and organizational structuring of internationalization processes is monitored and improved. | The unit does not have a managerial and organizational structure regarding internationalization processes. |
| What will be considered as evidence:   * *Management and organizational structure of internationalization processes* * *Evidence from practice on the management of internationalization processes* * *Evidence of monitoring and improvement of management and organizational structure* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.5.2. Internationalization resources  *The resources allocated to internationalization (financial, physical, human power) have been determined, shared, and unitized. These resources are monitored and evaluated in terms of quantity and quality.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are not enough resources for the unit to continue its internationalization activities. | The unit has plans to create physical, technical and financial resources of appropriate quality and quantity to sustain its internationalization activities. | The unit's internationalization resources are managed by considering the balance between units. | The distribution of internationalization resources in the unit is monitored and improved. | There are not enough resources for the unit to continue its internationalization activities. |
| What will be considered as evidence:   * *Evidence of planning resources to sustain the unit's internationalization activities* * *Documents regarding the management of resources allocated for international studies (such as the usage rate of budgets such as Erasmus, EU project budget management, and documents regarding the management of resources realized within the scope of bilateral protocols)* * *Evidence on monitoring and improving the allocation of international resources* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| A.5.3. Internationalization performance  *Internationalization performance is monitored. Monitoring mechanisms and processes are well-established, sustainable, and there is evidence of improvement steps.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no internationalization activity in the unit. | The unit has plans for activities compatible with the internationalization policy. | There are internationalization activities spread throughout the unit. | Internationalization activities are monitored and improved in the unit. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Performance indicators regarding strategic plan and internationalization policy* * *Internationalization activities (organized meetings within the international scope, participated in programs, activities within the scope of protocols, etc.)* * *Mechanisms established to monitor whether internationalization targets are achieved* * *Annual self-assessment reports and improvement studies on internationalization processes* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| B.1. Program Design, Evaluation and Update  *The unit should design its curriculum in line with the Turkish Higher Education Qualifications Framework; in line with the educational objectives and learning outcomes; and evaluate and update it periodically to ensure that it meets the needs of students and society.* | | | | |
| B.1.1. Design and Approval of Programs  *The objectives and learning outcomes (gains) of the programs have been established, their compliance with the TYÇ has been specified, and they have been announced to the public. The mission-vision of the Unit has been taken into consideration when determining program qualifications. Course information packages have been prepared by taking into account the national core program, if any, and criteria (e.g. accreditation criteria, etc.), if any. The expression of the achievements clearly indicates the anticipated cognitive, affective, and motor level. A plan has been made on how to monitor the realization of program outcomes, and in particular, the method and process of examining the common (generic) outcomes of the unit are specified in detail. There are principles and rules on a departmental basis in structuring learning outcomes and necessary teaching processes. The actions through which qualifications can be gained at the program level (qualification-course-teaching method matrices) have been determined. It has been defined in which types of education (formal, mixed, distance) qualifications can be gained according to field differences. In the design of the programs, physical and technological opportunities are taken into account (access, social distance, etc.).* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Processes for the design and approval of programs in the unit are not defined. | The unit has defined processes regarding the design and approval of programs, including principles, methods, compliance with the TQF and stakeholder participation. | In line with defined processes; Programs designed and approved throughout the Unit are carried out in accordance with the objectives and learning outcomes of the programs. | The design and approval processes of the programs are systematically monitored and improved by evaluating them together with the relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined Processes (Documents that show the defined processes used for program design and approval (documents such as handbooks, guides, procedures and principles that are compatible with education policy).* * *Managerial and Organizational Structure (Evidence showing how the program design and approval processes are managed and organized (such as committees, process officers, process flow charts).* * *Evidence of Compliance with the Turkish Qualifications Framework (TQF) (documents showing that the program objectives and outcomes are compatible with the Turkish Qualifications Framework (TQF) (e.g. course programs and current course syllabuses).* * *Distance and Blended Education Applications (Evidence that departments' distance education demands have been taken into account and different applications have been developed.)* * *Stakeholder Participation (Documents showing that stakeholders such as students, alumni, and employers participated in the program design processes.)* * *Process Monitoring and Improvement (Evidence documenting that program design and approval processes have been followed and improvements made according to these processes.)* * *Original Approach and Applications (Documents regarding innovative methods and applications specific to the needs of the program, developed outside of standard applications.)* | | | | |
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| B.1.2. Balance of Course Distribution of the Program  *The principles, rules and methods regarding the distribution of courses in the program are defined. In the distribution of courses, the areas of expertise and workload of the teaching staff are taken into consideration and the distribution of courses is determined in a participatory manner. The structure of the curriculum (curriculum) considers the balance of compulsory-elective courses, field-non-field courses and provides the opportunity to get to know cultural depth and different disciplines. The number of courses and weekly course hours are arranged in a way that the student can also spare time for non-academic activities. In this context, the suitability and functionality of the course information packages developed are monitored and related improvements are made.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Principles and methods regarding course distribution have not been defined. | Regarding the distribution of courses, there are defined processes that include principles and methods regarding the areas of expertise of the teaching staff, field/professional knowledge/general culture, compulsory-elective course balance, cultural depth, and opportunities to get to know different disciplines. | There are practices throughout the Unit in accordance with the defined processes regarding the balance of course distribution. | The balance of course distribution in the programs is monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Course Distribution Principles and Evidence (Supporting the principles and methods determined for course distribution with documents.)* * *Observing the Balance of Course Distribution (Evidence showing that the balance of course distribution is achieved in the announced course information packages.)* * *Decisions and Approval Documents (Documents related to official processes such as education commission decisions, board decisions.)* * *Monitoring and Improving Course Distribution (Documents showing the monitoring of course distribution balance and improvements made in this regard.)* * *Original Approach and Practices (In addition to standard practices, evidence of original methods and practices developed in accordance with the needs of the Unit.)* | | | | |
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| B.1.3. Compliance of Course Outcomes with Program Outcomes  *The learning outcomes of the courses (including blended and distance education) have been defined and the matching of course outcomes with program outcomes has been created and announced. The expression of the outcomes clearly indicates the anticipated cognitive, affective and motor level. A plan has been made on how to monitor the realization of the course learning outcomes, and in particular, the method and process of examining the non-field specific (general) outcomes are specified in detail.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Course outcomes are not matched with program outcomes. | There are defined processes that include principles, methods and classifications for creating course outcomes and aligning them with program outcomes. | Course outcomes are aligned with program outcomes across programs and are shared through course information packages. | The compliance of course outcomes with program outcomes is monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Course Outcomes and Program Outcomes Evaluation Processes (Directive and planning documents that ensure the evaluation of course outcomes in the unit, achievement of curriculum learning objectives and measurement of their compliance with program outcomes.)* * *Relating Program Outcomes and Course Outcomes (Evidence showing how program outcomes and course outcomes are related.)* * *Courses Taken Outside the Program (Evidence documenting the compatibility of courses taken formally or remotely with the program outcomes.)* * *Monitoring and Improving Compliance (Documents documenting the processes and practices for monitoring and improving the compliance of course outcomes with program outcomes.)* * *Original Approach and Practices (In addition to standard practices, evidence of innovative methods and practices developed in accordance with the needs of the Unit.)* | | | | |
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| B.1.4. Course Design Based on Student Workload  *The ECTS value of all courses is shared on the web page and verified by student workload monitoring. There are practical learning opportunities related to internships and professions and they are evaluated within the framework of sufficient student workload and credits. The quality of the implemented application is examined. The diversity that emerges with distance education is also taken into consideration in the design based on student workload.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Courses are not designed based on student workload. | There are defined processes\* that include principles and methods for calculating student workload, including dimensions such as internships and professional practice mobility. | Courses are designed, announced and implemented in accordance with student workload. | Student workload is monitored in the programs and course designs are updated accordingly. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *ECTS Course Information Packages (Course information packages in line with the key principles in the 2015 ECTS User Guide, including distance and blended education programs.)* * *Student Workload Credits (Evidence that student workload credits have been identified for activities such as professional practices, exchange programs, internships and projects.)* * *Credit Transfer and Recognition Processes (Documents documenting defined processes for the transfer and recognition of workload-based credits.)* * *Student Participation (Documents and mechanisms used to demonstrate student participation in determining student workload in programs.)* * *Diploma Supplement (Documents regarding the diploma supplement applications of the programs.)* * *ECTS Tracking (Evidence showing tracking of ECTS credits and calculation tables of courses.)* * *ECTS Calculation and Feedback (additional documentation such as ECTS calculation tables, surveys with faculty and students, and evidence that workload-based credits are updated based on feedback)* * *Original Approaches and Practices (In addition to standard practices, evidence of original methods and practices developed according to the needs of the Unit.)* | | | | |
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| B.1.5. Monitoring and Updating Programs  *For each program and course (formal, distance, hybrid, open), the monitoring of program objectives and learning outcomes is carried out as planned. The functioning and results of this process are evaluated together with stakeholders. Statistical indicators related to education and training (courses opened each semester, number of students, success status, feedback results, course variety, lab application, undergraduate/graduate balance, number/reasons for termination of relations, etc.) are periodically and systematically monitored, discussed, evaluated, compared and the development towards quality education is continued. There is program accreditation planning, encouragement and implementation; The accreditation strategy of the unit is specified and its results are discussed. The benefits of accreditation and its contribution to the internal quality assurance system are evaluated.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no mechanism for monitoring and updating program outputs. | Periods, principles, rules and indicators for monitoring and updating program outputs have been established. | Mechanisms for monitoring and updating program outputs are in place throughout the programs. | Program outputs are monitored through these mechanisms and updated by taking into account the opinions of relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Monitoring and Update Processes (Principles, rules, indicators, plans and practices regarding monitoring and updating the programs annually and at the end of the program period.)* * *Mechanisms (Mechanisms established by the unit to update its programs in line with its mission, vision and goals.)* * *Annual Self-Assessment Reports (Annual self-assessment reports of the programs, especially evaluations made in terms of program outcomes.)* * *Monitoring Systems (Processes such as information management systems that monitor whether program outputs are achieved.)* * *Improvement Studies (Improvements made based on the results of monitoring the programs on an annual and program duration basis.)* * *Stakeholder Information (Practices where stakeholders are informed about improvements and changes made.)* * *Feedback (Feedback received from stakeholders such as students, graduates and employers on whether the program has achieved its objectives.)* * *Sustainable Teaching Models (Evidence on sustainable teaching models developed to run programs against extraordinary circumstances such as natural disasters.)* * *Original Approach and Applications (Documents regarding original methods and applications developed according to the needs of the Unit, other than standard applications.)* | | | | |
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| B.1.6. Management of Education and Training Processes  *The unit has an organizational structure (university education and training commission, learning and teaching center, etc.), information management system and expert human resources to manage education and training processes holistically. Education and training processes are carried out under the coordination of senior management; duties and responsibilities related to these processes are defined.*  *The principles, fundamentals and calendar for the design, implementation, evaluation and updating of education and training programs are clear throughout the Unit.*  *In the programs, the learning outcome, curriculum, the way the education service is provided (formal, distance, mixed, open), the harmony of teaching method and measurement-evaluation and the coordination of all these processes are monitored by the senior management.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no system in the unit to manage education and training processes holistically. | The unit has systems, principles and rules to manage education and training processes holistically. | Education and training processes throughout the unit are managed in accordance with established principles and rules. | Practices regarding the education and training management system are monitored in the unit and improvements are made according to the monitoring results. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Organizational Structure and Workflow Diagrams (Evidence showing organizational structure and workflow diagrams regarding the management of education and training processes.)* * *Principles, Rules and Calendar (Principles, rules and academic calendar regarding the management of education, teaching, measurement and evaluation processes.)* * *Information Management System (Information management system and applications used in the management of education and training processes.)* * *Monitoring and Improvement Evidence (Documents and practices regarding monitoring and improvement of education and training processes.)* * *Evaluation and Feedback Reports (Evaluation reports on monitoring studies, feedback analysis reports and documents documenting improvements made based on these analyses.)* * *Original Approach and Practices (In addition to standard practices, evidence of original methods and practices developed according to the needs of the Unit.)* | | | | |
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| B.2. Implementation of Programs (Student-Centered Learning, Teaching and Evaluation)  *The unit should apply student-centered and competency-based teaching, measurement and evaluation methods in order to achieve the targeted qualified graduate qualifications. The unit should determine clear criteria for student admissions, recognition and certification of diplomas, degrees and other qualifications; and should consistently apply predefined and announced rules.* | | | | |
| B.2.1. Teaching Methods and Techniques  *The teaching method is focused on activating the student and interactive learning. In all types of education (formal, distance, blended), student-centered, competency-based, process and performance-oriented interdisciplinary, integrative, case/application-based approaches that prioritize learning are included, in line with the nature of that type of education. The focus is on deep learning, student interest, motivation and commitment rather than knowledge transfer.*  *Formal education processes are enriched with the opportunities offered by technology and approaches such as flipped learning and project-based learning, covering associate, undergraduate and graduate students. The participation of students in research processes is supported by curriculum, methods and approaches. The implementation, control and taking of necessary precautions of all these processes are systematically evaluated.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no student-centered approaches in learning-teaching processes. | There are principles, rules and plans for the implementation of the student-centered approach in the learning-teaching processes. | Student-centered teaching method techniques are applied throughout the programs in line with defined processes. | Student-centered practices are monitored and improved with the participation of relevant internal stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Student-Centered Teaching in Course Information Packages (Evidence documenting the existence of student-centered teaching methods in course information packages.)* * *Distance Education Materials and Methods (Principles and mechanisms regarding the development of teaching materials and teaching methods specific to distance education.)* * *Active and Interactive Teaching Methods (Defined processes and applications for active and interactive teaching methods.)* * *Training of Trainers (Applications for student-centered teaching-learning approach in the content of the training of trainers program.)* * *Monitoring and Improvement Processes (Evidence regarding monitoring of processes and improvement efforts based on the results of this monitoring.)* * *Original Approach and Applications (In addition to standard applications, documents regarding original methods and applications developed in accordance with the needs of the Unit.)* | | | | |
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| B.2.2. Measurement and Evaluation  *Student-centered measurement and evaluation are carried out on the basis of competence and performance, and students' opportunities for self-expression are diversified as much as possible.*  *Continuity of measurement and evaluation is provided by multiple exam opportunities and some of them are process-oriented (formative) methods such as homework, projects, portfolios. Exam methods suitable for course outcomes and education types (formal, distance, mixed) are planned and implemented. Exam application and security mechanisms (formal/online exams, exams for disadvantaged groups) are in place.*  *Consistency and reliability of measurement and evaluation practices across time and individuals are ensured. The unit improves measurement and evaluation approaches and opportunities based on student-teacher feedback. The announcement, implementation, control, compliance with targets and measures taken of these improvements are examined.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no student-centered measurement and evaluation approaches in the programs. | There are principles, rules and plans regarding student-centered measurement and evaluation. | There are student-centered and diversified measurement and evaluation practices throughout the programs. | Student-centered measurement and evaluation practices are monitored and improved with the participation of relevant internal stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Student-Centered Measurement and Evaluation Plans (Planning documents, organizational structures and job descriptions that include student-centered measurement and evaluation approaches.)* * *Variety of Measurement and Evaluation (Application examples of different measurement and evaluation methods in programs.)* * *Exam Samples (Exam samples used in formal, distance or blended courses; examples of various measurement tools included in the program.)* * *Relationship between Course Outcomes and Program Competencies (Examples of course information packages showing that measurement and evaluation practices are associated with course outcomes and program competencies and are based on student workload (in accordance with the principles of the 2015 ECTS User Guide).* * *Special Measurement Types and Mechanisms (Measurement and evaluation mechanisms developed for special situations such as disadvantaged groups and online exams.)* * *Exam Security: Evidence of mechanisms and practices established to ensure exam security.* * *Monitoring and Improvement Studies (Evidence documenting improvement studies based on monitoring of measurement and evaluation processes and stakeholder participation.)* * *Original Approach and Applications (In addition to standard applications, documents regarding original methods and applications developed in line with the needs of the Unit.)* | | | | |
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| B.2.3. Student admission, recognition and crediting of prior learning\*  *The principles and rules regarding student admission (including students other than those coming through central placement) have been defined and announced. These principles and rules are consistent with each other and their applications are transparent. Requests for documents such as diplomas and certificates are meticulously followed.*  *Recognition and crediting of prior learning (knowledge and skills acquired through formal, non-formal, distance/blended education and free learning) is provided. There are mobility supports, student incentives, facilitating measures parallel to the internationalization policy, and there are practices to prevent credit loss in mobility.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The processes for student admission, recognition and crediting of prior learning are not defined in the unit. | The unit has principles, rules and related plans regarding student admission, recognition and crediting of prior learning. | There are plans and practices throughout the unit regarding student admission, recognition and crediting of prior learning. | Processes related to student admission, recognition and crediting of prior learning are monitored, improved and updates are announced. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Established principles and rules regarding student admission, recognition and crediting of prior learning.* * *Documents showing that student workload-based credits are used in the recognition of prior learning (in line with the 2015 ECTS User Guide principles).* * *Evidence documenting compliance of practices with defined processes and continuity of these processes.* * *Stakeholder Information Mechanisms (Documents regarding the mechanisms through which stakeholders, especially students, are informed about processes.)* * *In addition to standard practices, evidence of unique methods and practices developed according to the Unit's needs.* | | | | |
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| B.2.4. Certification of Qualifications and Diploma  *The approval of qualifications, graduation conditions, graduation decision processes are defined and shared with the public in a clear, understandable, comprehensive and consistent manner. Certification and diploma procedures are carried out, monitored and necessary measures are taken in accordance with this defined process.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| Processes for diploma approval and certification of other qualifications are not defined in the unit. | The unit has comprehensive, consistent and declared principles, rules and processes for the approval of diplomas and certification of other qualifications. | There are practices regarding diploma approval and certification of other qualifications throughout the unit. | Applications are monitored and defined processes are improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined processes and current practices for monitoring student academic and career development, diploma approval and certification of qualifications.* * *Documents regarding the criteria applied for horizontal transfer, foreign student exam (YÖS), double major program (ÇAP) and minor student admissions other than central placement.* * *Documents showing that student workload credit is recognized in exchange programs without the need for any additional study (in accordance with the principles of the 2015 ECTS User Guide).* * *In addition to standard practices, evidence of unique methods and practices developed according to the needs of the Unit* | | | | |
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| B.3. Learning Resources and Academic Support Services  *The unit must have the appropriate infrastructure, resources and environments to achieve the targeted qualified graduate qualifications and to carry out education and training activities, and must ensure that learning opportunities are adequate and accessible to all students. The unit must provide support services for students' academic development and career planning.* | | | | |
| B.3.1. Learning environment and resources  *Classroom, laboratory, library, studio; textbooks, online books/documents/videos etc. resources are of appropriate quality and quantity, accessible and presented for the information/use of students. The use of the learning environment and resources is monitored and improved.*  *The unit has a learning management system that can fully respond to educational needs, is user-friendly, ergonomic, has synchronous and asynchronous learning, enriched content development, measurement and evaluation, and in-service training opportunities.*  *The learning environment and resources are geared towards improving student-student, student-instructor and student-material interactions.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have sufficient resources to continue its education and training activities. | The unit has plans to create learning resources (classroom, laboratory, studio, learning management system, printed/e-resources and materials, human resources, etc.) of appropriate quality and quantity in order to sustain its education and training activities. | The management of learning resources throughout the unit is carried out by taking into consideration field-specific conditions, accessibility and balance between units. | Monitoring and improvement are made for the development and use of learning resources. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Adequacy status of learning resources (library, laboratory, etc.), plans and practices for their development.* * *Analysis of students' access to learning resources such as libraries and laboratories.* * *Evidence documenting accessibility to learning resources (including distance learning applications).* * *Application examples regarding the use of learning management systems.* * *Student feedback tools on learning resources (e.g. surveys).* * *Documented evidence that learning resources are regularly monitored and improved.* * *In addition to standard applications, documents regarding unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headings should be 12pt and bold. | | | | |
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| B.3.2. Academic support services  *There is a faculty advisor who follows the student's academic development, guides them, supports their academic problems and career planning. The advisory system is monitored and improved with methods such as student portfolios. Students have easy access to their advisors and have various access options (face-to-face, online).*  *Psychological counseling and career center services are available, accessible (face-to-face and online) and presented to students. The adequacy of the services is monitored.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have support services for students' academic development and career planning. | The unit has defined principles and rules regarding students' academic development and career planning processes. | In the unit, support services for students' academic development and career planning are carried out within defined principles and rules. | Practices regarding students' academic development and career planning are monitored and improved with the participation of students in the unit. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined processes used for academic support services and, if applicable, academic and technical student advising mechanisms in distance education.* * *Mechanisms established for students to access advisors.* * *Organizational structure of psychological counseling or career center, planning and applications regarding guidance, psychological counseling and career services.* * *Services and related applications offered by the career center.* * *Documented evidence of student participation in academic support, guidance, and career services.* * *Results of feedback tools on services provided to students and follow-up studies based on these results.* * *Evidence documenting updates and improvements to processes.* * *In addition to standard applications, documents regarding unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
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| B.3.3. Facilities and infrastructures  *The facilities and infrastructures (cafeteria, dormitory, technologically equipped work areas; health, transportation, IT services, distance education infrastructure) are of the required quality and quantity, are accessible and are presented for the information/use of students. The use of facilities and infrastructures is examined.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have facilities and infrastructure of appropriate quality and quantity. | There are plans for the establishment and use of appropriate quality and quantity of facilities and infrastructure (cafeteria, dormitory, health, library, transportation, information and communication infrastructure, distance education infrastructure, etc.) in the unit. | Facilities and infrastructure throughout the unit are accessible and are utilized on an equal opportunity basis. | The use of facilities and infrastructure is monitored and improved in line with needs. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Established principles and rules for the use of facilities and infrastructure.* * *Practices regarding access and use of facilities and infrastructure.* * *Evidence documenting the development of facilities and infrastructure in relation to unitary growth (e.g. the relationship between the increase in the number of units and the increase in physical areas)* * *If there are distance education programs and applications, evidence of their infrastructure, facilities, hardware and software status.* * *Documents showing that facility and infrastructure services are regularly monitored, diversified and improved.* * *In addition to standard practices, evidence of unique methods and practices developed to suit the needs of the Unit.* | | | | |
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| B.3.4. Disadvantaged groups  *Access to educational opportunities for disadvantaged, vulnerable and underrepresented groups (disabled, poor, minority, immigrant, etc.) is provided by considering equality, equity, diversity and inclusiveness. The distance education infrastructure has been created by taking into account the needs of these groups. There are barrier-free university applications in university campuses in line with the needs. Access to educational opportunities of these groups is monitored and improved in line with their feedback.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no plans in the unit for disadvantaged groups to access educational opportunities. | There are plans for disadvantaged groups to have qualified and fair access to educational opportunities. | Practices are being carried out to ensure disadvantaged groups have access to educational opportunities. | Practices regarding the access of disadvantaged groups to educational opportunities are monitored and improved by taking into account the opinions of disadvantaged groups. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Planning and implementation of services provided to disadvantaged student groups (representation on boards, barrier-free university practices, practices in distance education processes, etc.).* * *Documentation showing that feedback from disadvantaged groups is used in monitoring and improvement processes.* * *Monitoring, evaluation and improvement evidence of barrier-free unit practices* * *In addition to standard practices, evidence of unique methods and practices developed to suit the needs of the Unit.* | | | | |
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| B.3.5. Social, cultural, sporting activities  *There is space, budget and guidance support for student communities and their events, social, cultural and sports activities.*  *In addition, there is an administrative organization that carries out and manages social, cultural and sports activities. The activities carried out are monitored and improved in line with the needs.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no social, cultural and sporting activity opportunities of appropriate quality and quantity in the unit. | There are plans for the creation of social, cultural and sporting activity opportunities. | Social, cultural and sporting activities are accessible throughout the unit and are utilized on an equal basis. | Social, cultural and sports activity mechanisms are monitored,  Activities are diversified and improved in line with needs/demands. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Documents regarding the planning and execution of social, cultural and sports activities.* * *List of sporting, cultural and social activities organised for students throughout the year (with information such as activity type, subject, number of participants).* * *Evidence that activities are accessible and provide equal opportunities.* * *Documentation demonstrating the diversity of activities and that feedback from stakeholders was taken into account.* * *Tools used to monitor social, cultural and sporting activities, monitoring reports and evidence documenting improvement or diversification efforts.* * *Documents regarding unique methods and practices developed in accordance with the needs of the Unit, in addition to standard practices.* | | | | |
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| B.4. Teaching Staff  *The unit should be fair and open in all processes related to the recruitment, appointment, promotion and course assignment of faculty members. It should provide opportunities for the continuous development of teaching-training competencies of faculty members in order to achieve the targeted qualified graduate qualifications.* | | | | |
| B.4.1. Appointment, promotion and assignment criteria  *The process and criteria for the appointment, promotion and assignment of academic staff (including international faculty members) are determined and open to the public. The relevant process and criteria are of a nature that will take into account academic merit and provide equal opportunities. The application is proven to be in accordance with the criteria. The academic staff course load and distribution balance are shared transparently. The unit's expectations from the academic staff are known by individuals. Merit is taken into consideration in the selection of those assigned to teach from outside the unit and the evaluation of their performance at the end of the semester is transparent and effective. Compliance with the principles and culture of education and training in the unit is observed.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit's appointment, promotion and assignment processes are not defined. | The appointment, promotion and assignment criteria of the unit have been defined; however, field-specific needs have not been examined in the planning. | Appointment, promotion and assignment criteria defined for all areas of the unit and known to stakeholders are applied and used in decision-making (recruitment, appointment, promotion of teaching staff and course assignments, etc.). | The results of appointment, promotion and assignment practices are monitored and measures are taken by evaluating the monitoring results. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence that the criteria for appointment, promotion and assignment of faculty members are defined and publicly available.* * *Practices to ensure harmony between the fields of expertise of academic staff and the courses they teach.* * *Evidence of monitoring and improvement of appointment, promotion and induction criteria.* * *In addition to standard applications, documents on unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
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| B.4.2. Teaching competencies and development  *Teaching competence development processes are planned on the basis of needs analysis, carried out extensively and their effectiveness is regularly monitored. There are systematic trainers' training activities (courses, workshops, lessons, seminars etc.) and a teaching-learning center structure that will undertake/realize this so that all teaching staff can learn and use interactive-active teaching methods and distance education processes. The pedagogical and technological competences of the teaching staff are increased. The teaching competence development performance of the unit is evaluated.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no plans to improve the teaching competence of the teaching staff in the unit. | There are plans to develop the competencies of the unit's teaching staff in areas such as student-centered learning, distance education, measurement and evaluation, material development and quality assurance system. | There are practices throughout the unit to improve the teaching competence of faculty members. | Findings obtained from teaching competency development practices are monitored and the monitoring results are examined together with the teaching staff and precautions are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Plans for training of trainers practices (scope, delivery method, participation information, etc.) and evidence thereof (including distance education practices).* * *Documentation and evidence of practices implemented by teaching-learning centres.* * *Evidence of practices to improve faculty teaching competence outside of training of trainers.* * *Documents documenting the processes of monitoring the teaching-training performance of the teaching staff.* * *Evidence of faculty involvement in monitoring and improvement processes.* * *Evidence of monitoring and improvement of teaching competence development processes.* * *In addition to standard applications, documents on unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
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| B.4.3. Incentives and rewards for educational activities  *There are incentive and reward processes such as "good education award" to increase creative/innovative education practices and competition in this field for teaching staff. Creative education activities are included in the appointment and promotion criteria to prioritize education and training.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no incentive and reward mechanisms for teaching staff. | There are plans to create incentive and reward mechanisms that are competency-based, fair and transparent. | Incentive and reward practices are widespread throughout the Unit. | Incentive and reward practices are monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Documentation regarding the incentive mechanisms and defined processes implemented throughout the Unit to appreciate, recognize and reward the teaching-training performance of the teaching staff.* * *Application examples of activities carried out in this field.* * *Evidence documenting the incentive and reward practices of teaching staff for educational activities.* * *Evidence regarding monitoring and improvement of activities carried out to appreciate, recognize and reward the teaching-training performance of teaching staff.* * *In addition to standard applications, documents on unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
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| C.1. Management of Research Processes and Research Resources  *The unit should manage its research activities in a way that is compatible with the academic priorities determined within the framework of its strategic plan and local, regional and national development goals, that can produce value and be transformed into social benefit. It should create appropriate physical infrastructure and financial resources for these activities and ensure their effective use.* | | | | |
| C.1.1. Management of research processes  *The approaches adopted for the management of research processes, how the motivation and guidance function is designed, how short and long-term goals are clearly and precisely defined, the research management team and job descriptions have been determined; practices are developing in line with these unitary preferences. The effectiveness and success of the management of scientific research and artistic processes are monitored and improved.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no planning regarding the management and organizational structure of research processes in the unit. | The unit has plans that take into account issues such as direction and motivation regarding the management of research processes and organizational structure. | The management and organizational structure of the research processes throughout the unit are implemented in line with unit preferences. | The results related to the management of research processes and the functioning of the organizational structure in the unit are monitored and measures are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Documentation and evidence regarding the management and organizational structure of research processes.* * *The unit's research governance model and documentation showing how this model is implemented.* * *Evidence documenting that the research management and organizational structure are functioning properly and that improvements have been made to these processes.* * *In addition to standard practices, evidence of unique methods and practices developed to suit the needs of the Unit.* | | | | |
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| C.1.2. Internal and external sources  *The physical, technical and financial research resources of the unit are sufficient and compatible with its mission, goals and strategies. The diversity and adequacy of resources are monitored and improved.*  *There are core funds within the university for those who are new to research and they are easy to access. There are projects, conference participation, travel, expert invitation support, personal funds, and reward and competitive promotion criteria to increase motivation in order to develop research potential. The change in the resources within the university over the years; the effectiveness, adequacy, aspects open to development, and the level of meeting expectations of these opportunities are evaluated.*  *In line with the mission and goals, external resources are supported. Support units and methods working for this purpose are defined and well known by researchers.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have sufficient resources to continue its research and development activities. | The unit has plans to create physical, technical and financial resources of appropriate quality and quantity to sustain its research and development activities. | The unit manages research and development resources by considering the research strategy and balance between units. | The adequacy and diversity of research resources in the unit are monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Research and development budget and evidence regarding its distribution.* * *Strategic partnerships (with public or private sectors) within the framework of research.* * *Evidence that research and development resources are managed in line with the research strategy.* * *Documentation demonstrating that the diversity and adequacy of research resources are being monitored and improved.* * *Defined processes for the management of internal resources (e.g. BAP Directive, Internal Resource Usage Directive, etc.).* * *Evidence showing the distribution of internal resources across units.* * *Methods and units created to support outsourcing.* * *Evidence documenting the allocation and management of external resources.* * *Documents showing the changes in external resources over the years.* * *In addition to standard practices, evidence of unique methods and practices developed according to the needs of the Unit.* | | | | |
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| C.1.3. Doctoral programs and postdoctoral opportunities  *The application processes of doctoral programs, the number of registered students and graduates, and their development trends are monitored. The Unit has post-doctoral opportunities and the Unit has a clear policy of hiring its own graduates (inbreeding).* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have a doctoral program or postdoctoral opportunities. | There are plans for doctoral programs and postdoctoral opportunities that are compatible with the unit's research policy, goals and strategies. | The unit carries out doctoral programs and postdoctoral opportunities that are compatible with and support the research policy, objectives and strategies. | The outcomes of doctoral programs and postdoctoral opportunities in the unit are regularly monitored and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence of doctoral programs and postdoctoral opportunities* * *Number of students/researchers benefiting from these programs and opportunities and their distribution by units* * *Evidence of monitoring and improvement of doctoral programs and postdoctoral opportunities* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| C.2. Research Competence, Collaborations and Supports  *The unit should provide opportunities (training, collaborations, support, etc.) to maintain and improve the scientific research and artistic competence of faculty members and researchers.* | | | | |
| C.2.1. Research competencies and development  *The rate of researchers with a doctorate degree, the distribution of the Units where the doctorate degree was obtained, clustering/expertise accumulation, analysis of overlapping issues with research objectives, and compliance with the objectives are examined. Systematic activities such as training, workshops, project markets, etc. are carried out to develop the research and development competence of academic staff.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have mechanisms to develop the research competence of faculty members. | The unit has plans to develop the research competence of faculty members. | Practices are carried out to improve the research competence of academic staff throughout the unit. | In the unit, practices aimed at developing the research competence of academic staff are monitored and the monitoring results are evaluated together with the academic staff and measures are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Planning and implementation of research competence development for faculty members (supportive training, international opportunities, project collaborations, etc.)* * *Feedback from faculty members* * *Evidence on monitoring and improving faculty research competence* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| C.2.2. National and international joint programs and joint research units  *Mechanisms to encourage inter-unit collaborations, interdisciplinary initiatives, and joint ventures that will create synergy are in place and are effective. Multiple research activities such as joint research or postgraduate programs, participation in research networks, the existence of joint research units, national and international collaborations are defined, supported, and systematically monitored to achieve improvements consistent with the Unit's objectives.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have mechanisms to establish joint programs and joint research units at national and international levels. | The unit has plans and mechanisms for multiple research activities, such as participation in research networks and establishing collaborations with joint programs and joint research units at national and international levels. | Joint programs and joint research activities are carried out throughout the unit at national and international levels. | Intra-unit and inter-unit joint programs and joint research activities are monitored at national and international levels in the Unit and are improved by being evaluated with relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence of mechanisms for establishing joint programmes and joint research units at national and international levels.* * *Documents regarding bilateral agreements and collaborations for joint programs and research activities.* * *Evidence of work and projects produced from research networks, joint programmes, research units and collaborative research in which the unit is involved.* * *Documentation of feedback received from stakeholders on joint programs and research activities.* * *Processes and evidence for monitoring and improving joint programs and research activities.* * *In addition to standard practices, evidence of unique methods and practices developed according to the needs of the Unit.* | | | | |
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| C.3. Research Performance  *The Unit should measure and evaluate its research activities periodically, based on data, and publish their results. The findings should be used for periodic review and continuous improvement of the Unit's research and development performance.* | | | | |
| C.3.1. Monitoring and evaluation of research performance  *Unit research activities are monitored and evaluated on an annual basis, compared with targets and the reasons for deviations are examined. The unit's focus areas are systematically analyzed for internal and external awareness; international visibility, analysis of claims of expertise, and compliance with targets. Incentive and recognition mechanisms are used based on performance. Competition with competitors and benchmarking with selected Units are monitored. Performance evaluations are ensured to be systematic and permanent.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit lacks mechanisms to monitor and evaluate research performance. | There are principles, rules and indicators for monitoring and evaluating research performance in the unit. | Mechanisms are used to monitor and evaluate research performance throughout the unit. | Research performance in the unit is monitored and improved by evaluating it with relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined Processes: Documentation of defined processes established to track research performance.* * *Evidence of mechanisms established to monitor whether research objectives are being achieved.* * *Documentation of feedback received from stakeholders regarding research performance.* * *Processes and evidence for monitoring and improving research performance.* * *In addition to standard practices and legislation, documents on unique methods and practices developed in accordance with the needs of the Unit.* | | | | |
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| C.3.2. Evaluation of faculty/researcher performance  *Faculty members are expected to share their research performance; there are defined processes that regulate this and these are known by the relevant stakeholders. Research performance is monitored and evaluated on an annual basis and used in line with unit policies. Outputs, group averages and distributions are shared transparently. It has been ensured that performance evaluations are systematic and permanent.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no mechanisms in the unit to monitor and evaluate the research performance of faculty members. | There are principles, rules and indicators for monitoring and evaluating the research performance of faculty members in the unit. | The research and development performance of the teaching staff is monitored and evaluated together with the teaching staff and improved. | The research and development performance of the teaching staff is monitored and evaluated together with the teaching staff and improved. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Defined processes that are valid for monitoring the research and development performance of academic staff (Regulations, directives, process definitions, measurement tools, guides, manuals, appreciation-recognition systems, incentive mechanisms, etc.)* * *Analysis reports on research performance of faculty members* * *Feedback from faculty members* * *Monitoring and improvement evidence on research and development performance* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| D.1. Management of Social Contribution Processes and Social Contribution Resources  *The unit should manage its social contribution activities in line with its strategic goals and objectives. It should create appropriate physical infrastructure and financial resources for these activities and ensure their effective use.* | | | | |
| D.1.1. Management of social contribution processes  *The Unit's social contribution policy The management and organizational structure of the Unit's social contribution processes are unitized. The management and organizational structure of the social contribution processes are compatible with the Unit's social contribution policy, job descriptions have been determined. The functioning of the structure is monitored and related improvements are made.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There is no planning regarding the management and organizational structure of social contribution processes in the unit. | The unit has plans regarding the management and organizational structure of social contribution processes. | The management and organizational structure of social contribution processes throughout the unit are implemented in line with unitary preferences. | The results related to the management of social contribution processes and the functioning of the organizational structure in the unit are monitored and measures are taken. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence showing the management and organizational structure of social contribution processes* * *Evidence showing the social contribution governance model* * *Units carrying out social contribution activities and application examples* * *Monitoring and improvement evidence regarding the functioning of the management and organizational structure of social contribution processes* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| D.1.2. Resources  *Resources (financial, physical, human power) allocated to social contribution activities have been determined, shared and unitized, and they are monitored and evaluated.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| The unit does not have sufficient resources to continue its social contribution activities. | The unit has plans to create physical, technical and financial resources of appropriate quality and quantity to sustain its social contribution activities. | The unit manages its social contribution resources by considering the social contribution strategy and the balance between units. | The adequacy and diversity of social contribution resources are monitored and improved in the unit. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence of research and application centers and other units carrying out social contribution activities* * *Evidence including the budget allocated to social contribution activities and its distribution over the years* * *Evidence that social contribution resources are managed in line with the social contribution strategy* * *Evidence that the diversity and adequacy of community contribution resources are being monitored and improved* * *Evidence of the original approaches and practices developed in line with the needs of the Unit, as well as standard practices and legislation.* | | | | |
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| D.2. Social Contribution Performance  *The unit should periodically monitor and continuously improve its activities in line with its social contribution strategy and goals.* | | | | |
| D.2.1.Monitoring and evaluating social contribution performance  *The Unit carries out social contribution activities that are compatible with the UN Sustainable Development Goals, respond to the needs of the society and the environment, including disadvantaged groups, and create value. National and international unit collaborations, assignments to various public units and organizations, and social contribution activities such as education, service, research, consultancy, etc. carried out through units within the Unit are monitored. Monitoring mechanisms and processes are well-established and sustainable. There is evidence of improvement steps.* | | | | |
| 1 | **2** | **3** | **4** | **5** |
| There are no mechanisms in the unit to monitor and evaluate social contribution performance. | The unit has principles, rules and indicators for monitoring and evaluating social contribution performance. | Mechanisms established to monitor and evaluate social contribution performance throughout the unit are used. | Social contribution performance in the unit is monitored and improved by evaluating with relevant stakeholders. | There are internalized, systematic, sustainable and exemplary practices. |
| What will be considered as evidence:   * *Evidence of community contribution activities aligned with the unit's objectives.* * *Documentation of defined processes used to monitor and evaluate community contribution performance.* * *Evidence of mechanisms in place to monitor whether social contribution targets are being achieved.* * *Evidence and monitoring reports showing that the social contribution activities carried out in the unit have been evaluated.* * *Evidence or reports showing that improvements have been made based on monitoring of community contribution activities.* * *Protocols and agreements signed with the Units that cooperate within the scope of social contribution activities* * *Documents regarding feedback received from stakeholders regarding social contribution activities.* * *Processes and evidence for monitoring and improving community contribution performance.* * *In addition to standard applications, documents on unique methods and applications developed in accordance with the needs of the Unit.* | | | | |
| Descriptive text should be written in this section, Time News Roman should be 10pt, Headlines should be 12pt and bold. | | | | |
| Evidence:  Evidence should be written here, the evidence presentation format should be adhered to. It should be 10pt Time News Roman. | | | | |

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| 1. LEADERSHIP, GOVERNANCE AND QUALITY | |
| **Strengths** | **Aspects Open to Development** |
|  |  |
| 1. EDUCATION AND TRAINING | |
| **Strengths** | **Aspects Open to Development** |
|  |  |
| 1. RESEARCH AND DEVELOPMENT | |
| **Strengths** | **Aspects Open to Development** |
|  |  |
| 1. SOCIAL CONTRIBUTION | |
| **Strengths** | **Aspects Open to Development** |
|  |  |

**SUMMARY**