

Virtual University of Pakistan

Assessment Team Report Department of Education B. Ed. Secondary (1.5 year Program)

The assessment was conducted by the designated assessment team, as listed in Table 1, to evaluate the academic department's compliance with the prescribed PREE Standards, including the associated quality dimensions, expectations, outcomes, and indicative evidence (EOIs). The assessment involved a comprehensive review of the documentation submitted by the department, discussions with relevant stakeholders, and verification of supporting evidence to determine the extent to which the department meets the established quality assurance requirements and effectively implements the PREE framework.

Table 1:

Members' Name	Designation	Team	Affiliation	Role
Prof. Dr Muhammad Aamir Hashmi	Professor	AT	Institute of Education & Research, University of the Punjab	Lead (External)
Dr. Hina Amin	Assistant Professor	AT	Department of Education, VU	Member (Internal)

The assessment team received the department's PREE Report in a revised Excel workbook format introduced by the Directorate of Quality Enhancement (DQE), replacing the conventional narrative Self-Assessment Report (SAR) prepared in Microsoft Word. The workbook comprises dedicated worksheets for each quality standard, providing a structured approach for documenting evidence, evaluating compliance against the EOIs, and improving traceability throughout the assessment process. The format also facilitated efficient navigation, systematic recording of observations, and direct mapping of findings to individual outcome statements. To ensure consistency and to support the subsequent implementation planning process, this assessment report has been prepared using the same tabular structure.

An exit meeting was held on July 08, 2026 with the Head of the Academic Department, the Director and his team from DQE at the Lawrence Road Office. The meeting was conducted in a hybrid mode, with additional participants from Islamabad Office joining via video conference. During the meeting, the assessment team presented its preliminary findings, highlighted areas of good practice, discussed key observations, clarified outstanding issues, and shared the identified gaps along with recommendations for improvement.

In the next section, the detailed assessment findings are presented. For each outcome statement, the assessment team has recorded the corresponding observations, identified gaps where applicable, and provided recommendations to support continuous quality enhancement. The report structure aligns with the PREE workbook, enabling straightforward translation of the assessment findings into an implementation and improvement plan while facilitating ongoing monitoring of corrective actions.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
Standard 1: Mission, Objectives, and Outcomes				
1.1. Program objectives aligned to institutional mission	1.1.1. Mission, objectives, and alignment	1.1.1.1. Document the institution's mission statements and state the program objectives.	The University Mission Statement is documented, and the PEOs have been approved through the academic governance framework. However: (i) Statutory-body approval of the Mission Statement is not evidenced; the available approval is administrative. (ii) The PEOs in the program dossier and on the program webpage are inconsistent. (iii) Recent PEO revisions are traceable through statutory agendas, but earlier revision history is not documented.	(i) Periodically review and obtain statutory approval of the Mission Statement, supported by document control. (ii) Ensure consistent and timely updating of PEOs across all official sources. (iii) Maintain version-controlled, traceable records for revisions to the Mission, PEOs, and key academic policies.
		1.1.1.2. Describe how each program objective is aligned with the institution's mission statements.	The approved PEOs indicate implicit alignment with the University Mission. However, the dossier does not explicitly map each PEO to the Mission's core values and strategic themes or justify the stated linkages.	(i) Identify the Mission's core values and strategic themes for consistent alignment of PEOs, curricula, and program development. (ii) Require documented PEO-Mission mapping and validation during program development, revision, and approval. (iii) Revalidate the alignment after changes to the Mission, PEOs, or curriculum.
	1.1.2. Strategic plan, measurement, & improvement records	1.1.2.1 Outline the main elements of the strategic plan to achieve the program objectives.	Centralized academic and administrative processes support program delivery. However: (i) Planning mainly monitors operational indicators and does not define program-level measures of PEO attainment. (ii) Direct and indirect assessment evidence is not shown to be integrated for evaluating PEO attainment.	(i) Include program- and department-level strategic priorities in the institutional Strategic Plan. (ii) Define program objectives, indicators, and measurable targets for PEO. (iii) Integrate direct and indirect evidence within a program-level performance. (iv) Periodically review these measures through academic governance and QA processes.
		1.1.2.2. Provide for each program objective how it was measured and when it was measured.	The LMS and assessment processes generate substantial course-level data. However: (i) The LMS does not report attainment of individual PEOs. (ii) Assessment data is not systematically aggregated and analyzed at program level for PEO evaluation.	(i) Establish a PEO-assessment framework defining indicators, evidence sources, criteria, methods, and review frequency. (ii) Develop learning analytics to convert assessment data into PEO measures. (iii) Integrate direct and indirect evidence and periodically report PEO attainment for decision-making.
		1.1.2.3. Provide for each program objective the improvements identified and made.	Institutional processes support course planning, delivery, monitoring, and review. However: (i) Program improvements are not shown to arise systematically from PEO-attainment assessment.	(i) Track program improvement initiatives, implementation status, and contribution to PEO attainment. (ii) Use PEO evidence in program reviews to evaluate improvement effectiveness and inform subsequent planning.
1.2. Program outcomes and outcomes assessment	1.2.1. Outcome–objective linkage & assessment means	1.2.1.1. Describe how the program outcomes support the program objectives.	PLOs are documented and mapped to PEOs. However, the evidence does not demonstrate how courses and CLOs collectively contribute to PLO attainment.	(i) Document alignment among program specifications, curriculum, CLOs, and PLOs. (ii) Define how CLO-level evidence is aggregated to assess PLO attainment and its contribution to PEOs.
		1.2.1.2. Describe the means for assessing the extent to which graduates are performing the stated program outcomes.	Multiple direct and indirect assessment methods generate substantial learning evidence. However: (i) The exam portal does not map assessments to CLOs. (ii) Results remain course-oriented and are not systematically aggregated for CLO and PLO attainment. (iii) Indirect instruments are not explicitly designed to measure PLOs or validate direct evidence.	(i) Define evidence sources, attainment criteria, frequency, methods, and reporting for each PLO. (ii) Enable the exam portal to consolidate and analyze CLO-level evidence. (iii) Report PLO attainment using multiple direct and indirect methods. (iv) Periodically review indirect instruments for their contribution to PLO assessment.
		1.2.1.3. Conduct the stated outcome assessment means, including graduating surveys, alumni surveys, employer surveys, outcome-related senior project questions where applicable, and outcomes examinations.	Graduating and alumni surveys and course/teacher evaluations are administered regularly. However: (i) Standardized instruments do not adequately capture program-specific outcomes and disciplinary expectations. (ii) They mainly measure satisfaction and provide limited evidence of PLO attainment and graduate attributes. (iii) They do not fully validate direct outcome evidence.	(i) Add program-specific indicators for PLO assessment. (ii) Strengthen program-level survey analysis and trend reporting. (iii) Analyze indirect results with direct evidence during program review. (iv) Periodically align instruments with PLOs, curriculum changes, stakeholder expectations, and QA requirements.

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	1.2.2. Assessment analysis, reporting, and use of results	1.2.2.1. Analyze and present in the assessment report the data obtained from the stated outcome assessment sources.	Programs are periodically reviewed, and substantial academic and stakeholder data are collected. However: (i) Program-level PLO-attainment reports are unavailable. (ii) Assessment data are not systematically synthesized into PLOs' attainment reports. (iii) A structured internal program-review mechanism between external PREE reviews is not evidenced.	(i) Integrate direct and indirect evidence into program-level SARs and PLO-attainment reports. (ii) Institutionalize internal program reviews to assess performance, identify actions, and monitor effectiveness. (iii) Embed these reviews in departmental academic governance and use their findings in planning and subsequent PREE evaluations.
		1.2.2.2. Conduct, summarize, and add the recommended surveys to the self-assessment report.	Centralized surveys generate quantitative reports. However: (i) Open-ended qualitative responses are not analyzed. (ii) Recurring issues, causes, and program-improvement opportunities are not systematically identified. (iii) Survey findings are not integrated into program-level SARs.	(i) Integrate qualitative and quantitative findings in survey reports. (ii) Use reports to identify program issues, priorities, and actions. (iii) Consolidate qualitative findings across stakeholder groups to identify trends and quality concerns. (iv) Incorporate survey findings into SARs, internal reviews, and CQI processes.
		1.2.2.3. Utilize survey and outcome-assessment results to improve the program as soon as they are available.	Assessment and stakeholder-feedback data are available for program evaluation. However: (i) Departmental processes do not systematically analyze these data to identify program-level priorities. (ii) A structured mechanism for converting findings into documented improvement actions is not demonstrated.	(i) Report survey results in a form that supports departmental decision-making. (ii) Formally review assessment and survey findings through departmental governance, documenting decisions, responsibilities, and follow-up. (iii) Monitor implementation and effectiveness of resulting actions.
1.3. Accreditation and periodic review for improvement	1.3.1. Accreditation results & action records	1.3.1.1. Describe the actions taken based on the results of periodic accreditation or review.	The program undergoes internal QA review but has not received professional accreditation or formal external review because relevant accreditation bodies have not developed ODL-specific QA frameworks in line with the HEC ODL Policy.	(i) Address internal-review findings to strengthen accreditation readiness. (ii) Where applicable, align academic, assessment, and QA practices with relevant council expectations.
		1.3.1.2. List the strengths and weaknesses of the program.	Program strengths, achievements, and improvement areas have been identified. However: (i) The analysis relies mainly on curriculum and program documents rather than performance data, stakeholder feedback, outcome assessment, and documented departmental review. (ii) A systematic process for assessing strengths, weaknesses, and priorities is not evidenced.	(i) Periodically evaluate milestones, strengths, challenges, and improvement opportunities using institutional evidence. (ii) Communicate substantiated strengths and achievements to relevant stakeholders. (iii) Prioritize weaknesses, translate them into initiatives, and monitor progress.
	1.3.2. Future improvement & development planning	1.3.2.1. Describe major future program improvement plans based on recent accreditation or review.	Internal QA reviews have identified future initiatives. However: (i) Planning remains course-centered, with limited program-level emphasis. (ii) Initiatives are not consolidated into a long-term plan defining priorities, timelines, resources, indicators, responsibilities, and monitoring.	(i) Develop a long-term Program Development Framework based on review findings, performance data, feedback, and strategic priorities. (ii) Periodically monitor implementation, outcomes, and emerging priorities through departmental academic governance.
		1.3.2.2. List significant future development plans for the program.	Short-term operational initiatives are identified. However: (i) The program's long-term academic vision, strategic direction, and development priorities are not articulated. (ii) Emerging disciplinary trends, industry engagement, growth opportunities, and accreditation readiness are not systematically documented. (iii) A long-term Program Development Roadmap is absent.	(i) Develop a roadmap defining academic vision, priorities, growth opportunities, innovation, and expected outcomes. (ii) Address disciplinary trends, industry needs, research and innovation, internationalization, digital transformation, and accreditation readiness. (iii) Periodically update the roadmap for technological, academic, societal, and sectoral change.
1.4. Program Performance Measurement	1.4.1. Student, stakeholder, teaching and administrative-service performance measures	1.4.1.1. Present student enrolments for the last three years, including honors-student percentages, student-faculty ratio, average graduating GPA, average completion time, and attrition rate.	Institutional systems generate extensive student-performance data. However: (i) Program-level and cohort-wise monitoring is limited. (ii) Data-security restrictions limit departmental access for detailed academic analysis.	(i) Update program KPIs for planning, resource allocation, review, and CQI. (ii) Automate program-level reporting, trend analysis, and longitudinal monitoring. (iii) Provide governed access to program-performance information for departments and leadership. (iv) Expand the CPA framework for comparative program- and department-level reporting.

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		1.4.1.2. Indicate the percentage of employers strongly satisfied with graduates' performance using employer surveys.	Employer surveys are difficult in the ODL context because graduates are dispersed, alumni engagement and employer records are limited, and many students are already employed, complicating attribution of job performance to the program.	(i) Develop a sustainable ODL-appropriate employer-engagement and feedback strategy. (ii) Define program-level employer-satisfaction indicators and benchmarks for periodic and longitudinal analysis.
		1.4.1.3. Indicate the median or average student evaluation for all modules and the percentage of faculty awarded excellence in teaching awards.	Course and teacher evaluations and faculty-recognition mechanisms exist. However: (i) Consolidated program-level student evaluations are not reported. (ii) The program-level percentage of faculty receiving teaching awards or recognition is not reported. (iii) Teaching performance is not analyzed against learning outcomes and student performance.	(i) Produce an annual program-level teaching-performance report covering student evaluations and recognized achievements. (ii) Review it annually to identify strengths, development needs, and improvement priorities.
		1.4.1.4. Indicate faculty and students' satisfaction regarding administrative services using faculty and student surveys.	Faculty and student satisfaction surveys are administered for centralized services. However: (i) Results are mainly institution-level and do not specifically analyze satisfaction with administrative services. (ii) Program- and department-level service-quality perspectives are insufficiently captured.	(i) Add indicators for evaluating centralized services from program and department perspectives while retaining institution-wide reporting. (ii) Prioritize, implement, monitor, and evaluate service improvements arising from faculty and student feedback.
	1.4.2. Research and community service performance measures	1.4.2.1. Present research performance measures, including journal publications, funded projects, conference publications per faculty per year, and research awards.	Research and community-service activities are recorded. However: (i) They are reported as individual achievements rather than program-level measures. (ii) Their contribution to PEOs, PLOs, curriculum, industry engagement, or societal impact is not demonstrated. (iii) Program indicators for relevance, quality, impact, and longitudinal trends are absent.	(i) Establish program-level indicators for research and community-service contribution to program quality. (ii) Define program-specific research priorities and community-engagement areas aligned with discipline, objectives, and development needs. (iii) Report program-level performance and longitudinal trends for review, planning, and accreditation readiness.
		1.4.2.2. Present community-service performance measures, including short courses, workshops, and seminars organized.	Community engagement includes short courses, workshops, seminars, and professional services. However, it is reported mainly as individual activity; program-level relevance, reach, impact, and use of outcomes in planning are not evidenced. This is consistent with the measurement gap under Outcome 1.4.2.1.	(i) Define program-level indicators for the relevance, quality, reach, and impact of community engagement. (ii) Align initiatives with program objectives, industry needs, student development, and societal priorities.
1.5. Student Engagement in Quality Enhancement	1.5.1. Student Feedback, Response & Communication	1.5.1.1. Describe actions taken to involve students in the evaluation of teaching and learning.	Student surveys provide feedback on teaching and learning but do not demonstrate active participation in academic QA. The evidence does not show student involvement in program decisions concerning curriculum, teaching, assessment, learning resources, or other quality-enhancement matters.	(i) Establish structured student engagement through consultations, focus groups, representatives, or advisory committees. (ii) Define the academic matters on which student input is required. (iii) Specify representation criteria, roles, responsibilities, and engagement principles for program-level QA.
		1.5.1.2. Describe actions taken as a result of student evaluation.	Students provide academic feedback through surveys, email, MDBs, live sessions, and other channels. However, the evidence does not show program-level review, conversion of feedback into documented actions, or evaluation of action effectiveness.	(i) Systematically record, analyze, and review academic feedback from all channels within program processes. (ii) Document, implement, monitor, and periodically review resulting decisions and actions.
		1.5.1.3. Describe how actions are communicated to students.	A structured process for communicating how student input informs program review and academic decisions is not demonstrated. Refer also to Outcome 1.5.1.1.	(i) Use existing communication channels to close the feedback loop on decisions and improvement actions arising from student engagement. (ii) Periodically publish program-level summaries of issues raised, decisions taken, and implementation status.
	1.5.2. Student Participation in Decision-Making Committees	1.5.2.1. Describe actions taken to engage students in decision-making about the quality of their higher education.	Student representation in the IQC has been proposed but not operationalized. Formal student participation in program or institutional academic decision-making is not evidenced.	(i) Operationalize a sustainable mechanism for student participation at appropriate institutional and program levels. (ii) Periodically review relevant national and international practices to strengthen meaningful participation.

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		1.5.2.2. Describe actions taken to recruit student members to appropriate deliberative committees.	The student-representation mechanism is not operational, and no documented framework defines nomination, selection, appointment, continuity, or representation criteria.	(i) Establish a transparent recruitment framework defining eligibility, selection, tenure, roles, responsibilities, and succession. (ii) Ensure fairness, inclusiveness, and representation of program/student diversity.
		1.5.2.3. Describe the training given to students to enable their participation in decision-making committees.	Because student representation is not operational, no structured orientation or capacity-building is provided on roles, QA processes, academic governance, or committee participation.	(i) Use existing student platforms to introduce academic QA, program review, and future governance roles. (ii) Include QA and governance awareness in existing student-engagement activities.
		1.5.2.4. Provide the terms of reference of deliberative committees on which students sit.	Student-engagement policy remains unimplemented, and committee ToRs have not been developed; roles, authority, responsibilities, and reporting arrangements are undefined.	(i) Operationalize the policy and approve ToRs before the next quality-review cycle. (ii) Develop an implementation roadmap with milestones, responsibilities, and timelines for policy approval and ToRs development.
Standard 2: Curriculum Design and Organization				
2.1. Curriculum design and organization	2.1.1. Curriculum coherence & requirement coverage	2.1.1.1. Document the curriculum structure including course sequencing.	The approved curriculum structure and study scheme, including course sequencing, are available on the University website.	Periodically review course sequencing and retain documented evidence of review to maintain alignment with program outcomes and disciplinary developments.
		2.1.1.2. Align the curriculum structure with documented program objectives.	PEOs and CLOs have been developed and the curriculum reviewed through academic governance. However: (i) Evidence of formal approval of the PEOs and curriculum is not clearly documented. (ii) Formal approval of the PLO-CLO mapping remains pending.	Obtain formal review and approval of the PLO-CLO mapping through the relevant statutory bodies.
		2.1.1.3. Implement a defined mechanism for the periodic review of the program curriculum.	Curriculum review is undertaken by senior faculty as needed. However, no notified committee, regular schedule, or documented minutes and decisions are available.	Notify a curriculum-review committee with defined membership and responsibilities, regular meetings, and documented minutes and decisions.
	2.1.2. Cross-cutting skills: IT and communication	2.1.2.1. Document how IT components and oral/written communication skills are embedded across the program curriculum.	IT skills are developed through computing and e-learning courses; communication skills through English, writing, and communication courses. However, progressive curriculum-wide mapping and assessment of these skills are not documented.	Map IT and oral/written communication competencies across relevant courses and retain evidence of their progressive development and assessment.
		2.1.2.2. Implement learning activities and assessment tasks that require students to apply IT and oral/written communication skills across relevant courses.	IT and communication skills are assessed in relevant courses. Large-enrolment courses rely mainly on quizzes and GDBs; some courses are non-graded; written assignments assess written communication where used. Alignment of these tasks with PLOs is not documented.	Where feasible, add application-based tasks and document their alignment with PLOs.
	2.1.3. Semester course feedback surveys	2.1.3.1. Document standard course feedback survey instruments and an administration schedule for each semester (students and faculty).	Course and teacher surveys capture graduating students' cumulative views on content, delivery, teacher engagement, and learning experience. Reporting and use limitations are addressed under Standard 1, EOI 1.2.2, Outcomes 1.2.2.2 and 1.2.2.3.	Refer to Standard 1, EOI 1.2.2, Outcomes 1.2.2.2 and 1.2.2.3.
		2.1.3.2. Conduct course feedback surveys each semester for each course from students and faculty according to the schedule.	Survey forms and quantitative agreement/satisfaction summaries are available. The same reporting and use limitations apply as under Standard 1, EOI 1.2.2, Outcomes 1.2.2.2 and 1.2.2.3.	Refer to Standard 1, EOI 1.2.2, Outcomes 1.2.2.2 and 1.2.2.3.
Standard 3: Subject Specific Facilities				
3.1. Laboratory facilities and documentation access	3.1.1. Laboratory facilities inventory and alignment	3.1.1.1. Document an up-to-date inventory of program-relevant laboratory facilities and resources across physical and virtual/ remote laboratory arrangements.	Not Applicable	Not Applicable
		3.1.1.2. Record each lab equipment capacity requirement and readiness attributes for the documented facilities and resources.	Not Applicable	Not Applicable
		3.1.1.3. Record infrastructural capacity for both physical & virtual labs as per university need.	Not Applicable	Not Applicable

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		3.1.1.4. Document the program’s computing provisions used for practical work across lab arrangements.	Not Applicable	Not Applicable
		3.1.1.5. Map program practical requirements to the documented laboratory provisions.	Not Applicable	Not Applicable
		3.1.1.6. Maintain the inventory and curriculum–lab mapping through an established update and verification cycle.	Not Applicable	Not Applicable
	3.1.2. Operational manuals and laboratory SOPs	3.1.2.1. Document current operational manuals for equipment and lab platforms used in program practicals.	Not Applicable	Not Applicable
		3.1.2.2. Document current lab SOPs, including rules of use, safety/emergency procedures, and disposal mechanisms across physical/remote lab arrangements.	Not Applicable	Not Applicable
		3.1.2.3. Benchmark with similar departments in reputable institutions to identify shortcomings in labs.	Not Applicable	Not Applicable
		3.1.2.4. Maintain manuals and SOPs as current and accessible across the program’s lab arrangements through an established process.	Not Applicable	Not Applicable
	3.1.3. Standard specification and cross-site standardization	3.1.3.1. Define a baseline lab specification for the program.	Not Applicable	Not Applicable
		3.1.3.2. Standardize laboratory provisions across sites/campuses against baseline specification and record deviations.	Not Applicable	Not Applicable
		3.1.3.3. Maintain the baseline specification and the cross-site standardization records.	Not Applicable	Not Applicable
	3.1.4. Quality control and compliance records	3.1.4.1. Administer maintenance and service records for laboratory equipment and lab platforms.	Computer laboratories are checked before assessment activities, but no laboratory-specific preventive-maintenance schedule is maintained.	Maintain campus computer-lab preventive-maintenance schedules and records, with defined activities, responsibilities, and review frequency.
		3.1.4.2. Maintain calibration/ verification and inspection/ compliance records.	Not Applicable	Not Applicable
		3.1.4.3. Organize incident records and documented closure of corrective actions.	Not Applicable	Not Applicable
	3.1.5. Benchmarking and gap identification	3.1.5.1. Benchmark laboratory provisions against relevant external references.	<i>Observation is substantially similar to that reported under Standard 3, EOI 3.1.2, Outcome 3.1.2.3. Refer to that section.</i>	<i>Refer to Standard 3, EOI 3.1.2, Outcome 3.1.2.3.</i>
		3.1.5.2. Summarize benchmarking gaps and priority needs for lab facilities and resources.	Not Applicable	Not Applicable
3.2. Laboratory conduct & maintenance	3.2.1. Practical Scheduling	3.2.1.1. Document the operational schedule for program practical sessions across all labs.	Not Applicable	Not Applicable
		3.2.1.2. Maintain the practical schedule as current through an established scheduling and update process.	Schedule, policy, and examination changes are communicated through the VU Notice Board, LMS, student email, and digital notices.	Not Applicable
	3.2.2. Practical conduct resource material	3.2.2.1. Document the practical conduct resource material required for program practical activities across lab arrangements.	Not Applicable	Not Applicable

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		3.2.2.2. Align practical to conduct resource material with program practical activities and delivery arrangements.	Not Applicable	Not Applicable
		3.2.2.3. Maintain practical conduct resource material as current through a review and update process.	Not Applicable	Not Applicable
	3.2.3. Laboratory assistance for practical conduct	3.2.3.1. Document laboratory assistance roles and assigned personnel for supporting program practical sessions.	Not Applicable	Not Applicable
		3.2.3.2. Provide lab assistance coverage for the conduct of practical sessions.	Not Applicable	Not Applicable
		3.2.3.3. Maintain lab assistance assignments as current through an established process.	Not Applicable	Not Applicable
	3.2.4. Laboratory maintenance support	3.2.4.1. Document support personnel assignments responsible for laboratory maintenance.	Not Applicable	Not Applicable
		3.2.4.2. Provide lab maintenance support coverage across the programs.	Not Applicable	Not Applicable
		3.2.4.3. Maintain laboratory maintenance support assignments as current through an established update process.	Not Applicable	Not Applicable
	3.2.5. Digital lab reporting and feedback workflow	3.2.5.1. Document standardized digital lab report formats for program practical work.	Not Applicable	Not Applicable
		3.2.5.2. Implement digital submission of lab reports for program practical work.	Not Applicable	Not Applicable
		3.2.5.3. Provide digital assessment and feedback on submitted lab reports.	Not Applicable	Not Applicable
Standard 4: Student Advising and Counselling				
4.1. Module Offering Strategy and Frequency	4.1.1. Module Planning and Frequency	4.1.1.1. Document a program-level module offering strategy specifying the number and frequency of required and elective modules.	Courses are available each semester, allowing flexible registration. Undergraduate admissions occur twice yearly.	Document the existing practice as an approved Course Offering Strategy within the Academic Rules for consistent implementation.
		4.1.1.2. Describe how the module offering strategy supports timely program completion.	Courses are offered in Spring and Fall, supporting flexible planning and timely completion.	Not Applicable
		4.1.1.3. Align the module offering strategy with program structure and credit requirements.	Not Applicable	Not Applicable
	4.1.2. Implementation and Evaluation	4.1.2.1. Implement the approved module offering plan by scheduling required modules according to defined frequency.	Required modules are offered at regular intervals, supporting continued access and progression.	Not Applicable
		4.1.2.2. Offer elective courses at planned intervals to ensure ample student progression.	Not Applicable	Not Applicable
		4.1.2.3. Analyze student enrolment patterns, completion rates, and time-to-degree data to assess adequacy of module offerings.	DQE analyzes program performance, but results are not shared with departments or used in departmental decisions. Entry cohorts range from 106 to 240; 55% are withdrawn/dropout and 25% remain active. The graduation ratio is 8.6% overall and 23.3% after excluding withdrawn/dropout and inactive students.	Periodically share program data with the department and constitute a committee to analyze enrolment, withdrawal, completion, and time-to-degree trends, with documented actions.
		4.1.2.4. Evaluate whether the frequency of required / elective courses supports timely program completion.	Required and elective courses are offered regularly, but student evidence on whether their availability, scheduling, and frequency support timely completion is not collected.	Add focused questions to the Course Evaluation Survey and periodically analyze findings on course availability, scheduling, frequency, and barriers to timely completion.

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	4.1.3. Cross-Departmental Coordination	4.1.3.1. Align module scheduling and prerequisites with departments offering required service or supporting modules.	Departments coordinate shared-course availability and scheduling through email, but responsibilities, prerequisites, planning, and approvals are not governed by a documented process.	Document an inter-departmental coordination process covering shared courses, prerequisites, responsibilities, availability, and approvals.
		4.1.3.2. Implement formal coordination mechanisms (schedules, committee approvals) for cross-departmental module delivery.	The course-owning department delivers shared courses through the LMS, but formal schedules, approvals, responsibilities, and governance for cross-departmental delivery are not documented.	Implement the coordination process through formal approvals, schedules, defined responsibilities, and periodic review.
		4.1.3.3. Monitor availability and student access to required modules offered outside the department.	Externally owned courses are offered regularly and are accessible to students through the LMS.	No recommendation required.
4.2.	4.2.1. Student–department interaction within modules	4.2.1.1. Document the interaction mechanisms embedded in major-area modules, including student–faculty and student–TA engagement.	Student-faculty and student-TA interaction occurs through MDBs, live sessions, the Student Support System, email, and practical sessions.	Not Applicable
		4.2.1.2. Align module interaction structures with program learning outcomes.	MDBs, live sessions, the Student Support System, email, and practical sessions support engagement and PLO achievement.	Not Applicable
	4.2.2. Team-Taught Module Coordination	4.2.2.1. Implement clearly defined roles and coordinated teaching responsibilities in modules taught by more than one instructor.	In team-taught courses, students and responsibilities are generally divided equally and activities are recorded in the LMS; practice is not standardized across departments.	Standardize roles, workload distribution, assessment coordination, student communication, and content consistency for team-taught courses.
		4.2.2.2. Communicate instructional roles, points of contact, and interaction channels to students in team-taught modules.	LMS welcome notes provide basic course and contact information, but learning objectives, teaching approach, assessment strategy, and instructor responsibilities are not consistently communicated.	Standardize course orientation through welcome notes, introductory videos, or equivalent LMS resources covering objectives, roles, communication, assessment, and contacts.
		4.2.2.3. Monitor the effectiveness of coordination during delivery of team-taught modules.	Faculty coordinate delivery through meetings and Microsoft Teams, but coordination records, decisions, and follow-up are not consistently maintained.	Monitor team-teaching coordination through departmental governance, documented minutes, periodic issue review, and follow-up actions.
	4.2.3. Interaction Monitoring & Evaluation	4.2.3.1. Monitor student engagement and accessibility of faculty and teaching assistants in major-area modules.	LMS activity, tutorial/lab attendance, and faculty office-hour records are maintained by IT, but routine departmental access to engagement analytics is limited.	Periodically share relevant LMS engagement and accessibility analytics with departments for monitoring and improvement.
		4.2.3.2. Evaluate effectiveness of student–staff interaction using structured feedback and performance data.	Support-System analytics provide course-level evidence, while Course Evaluation Surveys require focused questions on interaction mechanisms.	Analyze support analytics with structured student feedback to evaluate interaction across channels and document findings for departmental review.
		4.2.3.3. Improve student–staff interaction practices in response to evaluation findings.	Multiple interaction channels are available, but no structured process uses evaluation findings to improve them, and participation in live sessions remains low.	Use documented evaluation findings to implement and subsequently review improvements in student-staff interaction.
4.3. Program guidance, advising & student support	4.3.1. Program requirements communication and advising	4.3.1.1. Document program requirements, academic rules, and completion pathways.	Program requirements, academic rules, and completion pathways are available through referenced links.	Not Applicable
		4.3.1.2. Align program guidance materials with institutional academic policies and regulations.	Guidance materials are based on institutional policies, but no formal process periodically verifies alignment after policy or regulatory changes.	Establish a documented review process to verify continuing alignment with approved policies, regulations, and official publications.
	4.3.2. Academic & Career Advising	4.3.2.1. Implement an academic advising system to support students in selecting modules and planning progression.	Academic advice is provided through live sessions, Student Support System, email, and other channels, but no standardized advising framework defines procedures, responsibilities, monitoring, or records.	Implement an advising framework defining channels, responsibilities, referrals, response times, monitoring indicators, and record keeping.
		4.3.2.2. Support students in making informed career-related decisions through advising mechanisms.	Academic guidance is available through institutional channels and occasional guest lectures provide career guidance, but no structured career-advising and referral mechanism exists.	Integrate career advising into the advising framework, defining opportunities, referrals, and responsibilities for academic and career decisions.
	4.3.3. Advising System Evaluation	4.3.3.1. Monitor utilization and accessibility of the advising system using defined indicators.	Because no formal advising framework or indicators exist, utilization and accessibility are not systematically monitored.	(i) Monitor utilization through request volumes, advising sessions, and trends. (ii) Monitor accessibility through student-advisor ratios, response times, LMS information, and available channels.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
		4.3.3.2. Evaluate the effectiveness of the advising system based on student feedback and progression outcomes.	Existing surveys do not specifically assess advising effectiveness or its contribution to progression, planning, and decision-making.	Add advising questions to the student satisfaction survey and analyze them with progression data.
		4.3.3.3. Improve the advising system by revising structures, indicators, or processes based on evaluation findings.	Improvement cannot be systematically evaluated until the advising framework and indicators under Outcomes 4.3.2.1 and 4.3.3.1 are implemented.	<i>After implementation, revise advising procedures, responsibilities, and indicators using evaluation findings and student feedback.</i>
	4.3.4. Counseling services and professional engagement	4.3.4.1. Document the structure, scope, and access procedures of the student counseling.	Counseling is provided as needed through the Student Support System, live sessions, and email, but no framework defines scope, access, roles, referrals, or confidentiality.	Develop a counseling framework defining services, access, referrals, confidentiality, responsible offices, and communication channels, aligned with student-support policies.
		4.3.4.2. Align the counseling and referral processes with institutional student support and welfare policies.	Formal alignment of counseling and referral practices with student-support and welfare policies is not documented because the framework identified under Outcome 4.3.4.1 is absent.	<i>Refer to Standard 4, EOI 4.3.4, Outcome 4.3.4.1.</i>
	4.3.5. Counselling & Professional Engagement	4.3.5.1. Implement a clear and accessible process for students to receive professional counseling when needed.	Professional guidance is available through existing channels, but LMS Messenger is inactive, and no documented process defines access, referrals, responsible offices, or response times.	Assess reactivation of LMS Messenger and document access channels, referral procedures, responsibilities, and response times for professional counseling.
		4.3.5.2. Facilitate structured opportunities for students to interact with professionals and practitioners.	Guest lectures and seminars are arranged informally by faculty; participation is low, and no formal industry agreements or structured engagement mechanism exists.	Develop an annual engagement plan for guest lectures, alumni interaction, webinars, and industry engagement, supported by formal collaborations where appropriate.
		4.3.5.3. Encourage students to participate in technical & professional societies.	Clubs and societies exist, and LMS announcements publicize events, but student participation is not actively promoted.	Promote professional-society participation through awareness, LMS communication, orientation, and recognition.
	4.3.6. Support Services Evaluation	4.3.6.1. Monitor utilization, accessibility, and coverage of counseling and professional engagement activities.	Counseling and professional engagement are offered as needed, but the absence of a framework and indicators prevents systematic monitoring of utilization, accessibility, and coverage.	Include measurable counseling and professional-engagement indicators in the relevant framework and review them periodically for CQI.
		4.3.6.2. Evaluate counseling services effectiveness & engagement in supporting student wellbeing & career development.	Current surveys do not evaluate counseling, wellbeing, career guidance, or professional-engagement effectiveness.	Add these areas to the student satisfaction survey and periodically analyze service effectiveness.
		4.3.6.3. Improve counseling and professional engagement mechanisms based on monitoring and evaluation findings.	Counseling and professional-engagement activities are not systematically reviewed because no formal framework or evaluation mechanism exists.	After framework implementation, use monitoring results and student feedback to revise services, procedures, and initiatives.
Standard 5: Teaching Faculty/Staff				
5.1. Teaching staff sufficiency and qualifications	5.1.1. Staffing Sufficiency, Qualifications, and Experience	5.1.1.1. Maintain a Qualification and program-wise list of full-time teaching staff.	Faculty staffing and assignments follow approved mechanisms, with HR and the HoD supporting continuity. Periodic updating of CVs and qualification records requires strengthening.	Regularly verify and centrally manage current faculty qualifications, experience, and program affiliations.
		5.1.1.2. Align teaching staff qualifications and experience with program level and subject requirements.	Recruitment verifies subject relevance, qualifications, and experience, and HR records are electronic. However, program-level evidence is not readily available, and the central CV repository requires updating and broader authorized access.	Document and periodically review faculty qualifications against program requirements.
		5.1.1.3. Analyze the student-teacher ratio as per ODL policy for full-time teaching staff to deliver all adopted program courses.	Workload and enrolment data support course-level staffing analysis, but program-wise workload, student-faculty ratios, and overall staffing adequacy are not reported.	Analyze program-level workload, ratios, course coverage, and adjunct-faculty contribution for staffing and resource planning.
		5.1.1.4. Analyze staffing data to identify gaps in expertise or capacity affecting curriculum delivery.	Staffing decisions use enrolment, assignments, operational needs, and resources, but no formal periodic process analyzes expertise and capacity gaps or records review decisions.	Formalize periodic staffing gap analysis and retain documented review minutes and actions.
	5.1.2. Continuity and Stability of Program Delivery	5.1.2.1. Maintain records of faculty appointments, assignments, and continuity.	HR and VIS maintain appointment and continuity records, but the evidence does not demonstrate program-level staffing continuity and faculty involvement.	Establish program-continuity planning for staffing transitions and uninterrupted delivery.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
		5.1.2.2. Plan faculty assignments to support continuity across academic cycles.	Faculty assignments meet teaching needs, but continuity across academic cycles cannot be determined from course-level records, and assignment practices are not consistently documented.	Establish institution-wide principles and records for faculty assignment and continuity across cycles.
		5.1.2.3. Ensure course delivery with minimal disruption through stable staffing arrangements.	Staffing considers workload, student numbers, resources, and budgets, but no formal mechanism monitors disruptions, continuity risks, or institutional resilience.	Periodically review staffing continuity and delivery risks.
		5.1.2.4. Analyze faculty turnover and its impact on program delivery.	Evidence of faculty-turnover analysis and its impact on program delivery was not available.	Regularly analyze faculty turnover and its program-delivery impact for workforce planning.
5.2. Teaching staff currency and development	5.2.1. Staff currency criteria and monitoring	5.2.1.1. Define department-based criteria for teaching staff to be deemed current in the discipline.	Study rules support faculty growth, but no comprehensive, regularly reviewed framework defines disciplinary currency or institutional expectations.	Define currency criteria covering teaching, research, professional practice, and technological competence, and implement a regularly reviewed Faculty Development Program.
		5.2.1.2. Analyze teaching staff CVs against the criteria and summarize the percentage of staff that is current.	Faculty qualifications and achievements are available through multiple sources and online CVs, but records are not consolidated for accessibility, currentness analysis, or trend reporting.	Centralize currentness monitoring and institutional trend analysis, with consolidated information maintained through the ORIC website.
	5.2.2. Staff development support and evaluation	5.2.2.1. Implement mechanisms that ensure teaching staff has time for scholarly and professional development.	Study leave and Staff Development Committee rules support development, but no organized professional-development program or dedicated workload time for scholarship is evidenced.	Provide structured workload time for scholarship and professional development and publish annual needs-based Professional Development Calendars.
		5.2.2.2. Assess staff development programs for effectiveness and evaluation frequency.	Faculty-development initiatives exist, but departmental programs and formal mechanisms for evaluating their effectiveness and impact are absent.	Establish and regularly evaluate a structured Faculty Development Program aligned with institutional priorities and faculty needs.
		5.2.2.3. Improve staff development programs using evaluation results.	Professional-development activities are supported, but no formal evaluation mechanism links results to program improvement.	Use defined performance metrics and feedback loops to evaluate training and refine future initiatives.
5.3. Teaching staff motivation and job satisfaction	5.3.1. Motivation programs and satisfaction measurement	5.3.1.1. Document programs and processes used for teaching staff motivation.	Existing initiatives support faculty engagement, but an integrated framework for motivation, recognition, and faculty development is unavailable.	Formalize recognition of teaching, research, innovation, and service within a faculty-motivation plan; establish annual needs-based development programs and dedicated HR support.
		5.3.1.2. Survey teaching staff to measure motivation and job satisfaction.	Faculty satisfaction surveys are conducted, but program-specific analysis is not available.	Analyze faculty satisfaction at program level to support targeted improvements and effectiveness monitoring.
		5.3.1.3. Analyze survey results to determine the effectiveness of motivation factors.	Survey results indicate positive views of colleagues, teaching roles, departmental support, and overall institutional support. Departmental actions exist, but institutional implementation/follow-up remain limited.	(i) Analyze survey findings by program to identify specific concerns and targeted actions. (ii) Implement actions with defined timelines and annual progress review at faculty and program levels.
Standard 6: Institutional Policies & Process Control				
6.1. Admission criteria and transfer policy	6.1.1. Admissions criteria, evaluation and improvement	6.1.1.1. Document the program admission criteria and the program/credit transfer policy.	Admission, credit-transfer, and equivalence policies are publicly available. Program-specific transfer and equivalence information is not explicitly linked from individual program webpages.	Periodically review these policies and improve visibility of program-specific admission and transfer provisions through official channels.
		6.1.1.2. Evaluate the admission process against its objectives at defined intervals.	Admissions follow consistent institutional policies and use demand, applicant-quality, entry-assessment, support, and service indicators. A documented periodic evaluation of admission outcomes and process effectiveness is not evidenced.	Periodically evaluate admissions using institutional data, stakeholder feedback, and trends, and use findings in planning.
		6.1.1.3. Improve the admission criteria and process using the results of periodic evaluations.	Admission criteria and procedures are updated for regulatory requirements and operational feedback, but systematic program-level use of evaluation findings and evidence of resulting improvement are not documented.	Use periodic evaluation findings to refine admission policies and maintain evidence of program-level improvements.
6.2. Registration and academic	6.2.2. Registration, progress monitoring and improvement	6.2.1.1. Document the student registration process and the procedures for monitoring academic progress.	Policies and institutional systems support registration, academic records, progress monitoring, and guidance. Periodic program review of their effectiveness and consistency is not evidenced.	Periodically review registration and progression procedures for effectiveness, consistency, and alignment with institutional priorities.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
progress monitoring		6.2.1.2. Implement routine monitoring and verification of student study plans against degree requirements.	Academic-progress monitoring and support mechanisms are established, but progression trends and the effectiveness of support measures are not systematically analyzed.	Periodically analyze progression data and support outcomes to identify trends and inform student-success planning.
		6.2.1.3. Improve registration and progress-monitoring processes using periodic evaluation results.	Registration and progression processes are established, but evaluation records are fragmented and review findings are not managed through an integrated improvement system.	Regularly evaluate these processes and document how findings inform refinement, planning, and student-success actions.
6.3. Faculty recruitment, retention and promotion alignment	6.3.1. Recruitment, retention and promotion processes	6.3.1.1. Document the processes for recruiting and retaining highly qualified teaching staff for the program.	Recruitment and appointment are governed by documented equal-opportunity, merit-based policies aligned with institutional and regulatory requirements. Periodic review against changing academic and workforce needs is not evidenced.	Periodically review recruitment and appointment policies for regulatory, institutional, and disciplinary alignment.
		6.3.1.2. Align evaluation and promotion processes with the institution's mission statement.	Automated faculty evaluation uses annual reviews, student feedback, and course review. A promotion policy aligned with applicable institutional rules and HEC guidelines is absent; progression occurs through competitive selection.	Review evaluation and promotion practices and use performance outcomes in institutional planning and academic development.
		6.3.1.3. Improve recruitment, retention, evaluation and promotion processes using periodic evaluation results.	Recruitment, retention, and career-progression arrangements exist, but their effectiveness is not systematically documented, and improvements resulting from periodic review are not traceable.	Periodically evaluate these practices and document how review findings inform policy refinement and workforce planning.
6.4. Teaching and module material effectiveness	6.4.1. Teaching and module material quality assurance	6.4.1.1. Document the processes and procedures used to assure effective teaching, delivery and module material.	Policies govern course development, approval, and delivery. Periodic review for alignment with OBE, emerging pedagogy, and regulatory requirements requires strengthening.	Periodically review course-development and delivery policies for pedagogical, institutional, and national-quality alignment.
		6.4.1.2. Evaluate the effectiveness of teaching, delivery and module material in supporting module learning outcomes.	Assessment outcomes, academic reviews, and student feedback are used to monitor teaching. Periodic evaluation of assessment effectiveness, consistency, transparency, and support for learning outcomes is not evidenced.	Regularly evaluate assessment practices and use findings to improve reliability, fairness, and learning-outcome attainment.
		6.4.1.3. Improve teaching, delivery processes and module material using evaluation results.	Teaching, recorded lectures, course design, and assessments are reviewed and improved. However, QA mechanisms require OBE alignment, and implementation and impact of improvements are not consistently tracked.	Use review evidence, stakeholder feedback, and learning data to improve teaching and materials, and periodically evaluate the impact of implemented actions.
6.5. Graduation requirements verification	6.5.1. Graduation audit and continuous improvement	6.5.1.1. Document procedures used to ensure that graduates meet program requirements.	Graduation requirements, degree-award policies, and transcript/degree SOPs are implemented and publicly available. Periodic review is not evidenced.	Periodically review graduation requirements and policies for currency, transparency, and regulatory alignment.
		6.5.1.2. Implement a graduation audit to verify completion of program requirements before award.	Automated checks verify degree eligibility, with discrepancies and exceptions reviewed through established processes. Periodic evaluation of the verification process is not evidenced.	Periodically evaluate graduation verification for effectiveness, consistency, and regulatory responsiveness, and use findings to refine procedures.
		6.5.1.3. Improve graduation verification procedures using evaluation results.	Verification systems are improved in response to recurring issues and departmental feedback, but systematic evaluation of outcomes and use of findings are not documented.	Regularly review graduation verification and document evidence-based improvements.
6.6. Public information for prospective students	6.6.1. Prospective student information and access	6.6.1.1. Publish the institution's mission, values and overall strategy and the program's admission information for students.	The University publishes its Mission, strategic direction, and admission information. A documented periodic review of accuracy, relevance, and regulatory alignment is not evidenced.	Keep published information current and responsive to prospective-student needs.
		6.6.1.2. Provide prospective students with information on the study context and available support to inform their decisions.	Study-context and support information is communicated to prospective students, but its usefulness and the effectiveness of communication channels are not periodically evaluated.	Evaluate communication channels and information usefulness using stakeholder feedback and emerging communication practices.
6.7. Student information	6.7.1. Student information	6.7.1.1. Document the information provided to students about the program of study and mutual expectations.	Academic regulations, program requirements, and institutional expectations are communicated throughout students' studies. Periodic review of these resources is not evidenced.	Periodically review student information for accuracy, completeness, clarity, and regulatory alignment.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
and certification	throughout the program	6.7.1.2. Provide program information to students at the start of the program and throughout their studies.	Academic information is communicated through the LMS, institutional email, and other approved channels, but their effectiveness is not periodically evaluated.	Review communication timeliness, accessibility, and effectiveness, and use feedback and usage trends for improvement.
		6.7.1.3. Issue official transcripts that accurately represent students’ achievement.	Automated transcript generation, secure verification, and audit trails support accurate academic records. Periodic evaluation of record-management and certification processes is not evidenced.	Periodically review these processes for accuracy, effectiveness, and regulatory alignment, and document refinements.
6.8. Ethical management, EDI and complaints	6.8.1. Ethics, safeguarding, inclusion and integrity	6.8.1.1. Document transparent processes for academic integrity, complaints handling and ethical conduct.	Policies on plagiarism, examination misconduct, harassment, complaints, and ethical conduct are implemented. Periodic policy and awareness-effectiveness review is not evidenced.	Periodically review integrity, ethics, and complaints policies and sustain awareness initiatives.
		6.8.1.2. Align program practices with the institution’s mission, values & ethics policies.	Institutional policies provide a basis for aligning academic practices with the Mission, values, and ethics. Systematic review of implementation and effectiveness is not evidenced.	Regularly review implementation and effectiveness and use findings in institutional decision-making.
		6.8.1.3. Implement safeguarding, equality, diversity and inclusion practices and complaints handling mechanisms.	Mechanisms for integrity, ethical conduct, and fair practice are operational. However, academic-integrity documentation is incomplete, and systematic evaluation of safeguarding, EDI, complaints, and related improvements is not evidenced.	Periodically evaluate these policies and practices and use findings to strengthen effectiveness, responsiveness, and inclusivity.
Standard 7: Institutional Resources				
7.1. Support, finance and ICT-enabled academic delivery capacity	7.1.1. Program support, finance and digital-delivery staff capacity	7.1.1.1. Document the program’s financial, academic, technical, and digital-delivery support profile, including academic coordination, LMS support, assessment, course-production, and IT support.	Financial, technical, IT, staffing, and essential hardware/software resources support current academic activities. However, budgets are departmental rather than program-specific, and evidence of hardware/software availability, use, and maintenance is not documented.	Maintain program-specific budgetary records where feasible.
		7.1.1.2. Evaluate adequacy of HR, financial, technical, & digital-delivery resources against program delivery needs, course-offering, assessment, LMS service requirements, and academic-support responsibilities.	Resource adequacy is considered against course delivery, enrolment, assessment, LMS, and support needs, but evaluation remains course-level and is not formalized as a documented program process.	Formalize program-level resource planning and adequacy review, with documented alignment to program requirements and CQI.
		7.1.1.3. Implement a rectification plan to address identified gaps and sustain staff competence in disciplinary scholarship, course development, assessment, LMS-based facilitation, and student academic support.	Budget reappropriation supports hiring, procurement, training, and system upgrades, but formal rectification plans and implementation evidence are not available.	Document rectification plans with actions, responsibilities, timelines, follow-up, and implementation evidence.
7.2. Academic delivery, learner-support and research-assistant capacity	7.2.1. Academic support, research and supervision capacity	7.2.1.1. Record program-relevant academic support, including course coordinators, instructors, assessors, LMS support, PhD students, & supervisor–research-student ratios.	Not applicable	Not applicable
		7.2.1.2. Operate program-relevant academic support processes to sustain adequate supervision and research-support capacity.	Not applicable	Not applicable
		7.2.1.3. Analyze trends in program delivery and learner-support, including student enrollment, and graduate/research supervision ratios.	Not applicable	Not applicable
7.3. Learning, research, laboratory, computing and digital resources	7.3.1. Digital, virtual, laboratory and computing resources availability	7.3.1.1. Document the program-relevant digital library, physical/virtual/ simulated laboratory, software, computing, LMS, assessment, and digital learning resources that support teaching, learning, practical work, and research.	Not Applicable	Not Applicable
		7.3.1.2. Align resource provisioning, software licensing, virtual/lab arrangements, digital	Program resource needs are incorporated into departmental planning and budgeting. Separate program budgets are not	No recommendation required.

Quality Dimension	EOI Heading	Outcome Statement	Assessment Team Comments	Practical & Recommendations
		library access, and ICT tools, assessment design, and research needs.	maintained, and resource-planning deliberations and decisions are not documented through a formal forum.	
		7.3.1.3. Operate reliable student and faculty access to digital library resources, LMS-based resources, virtual or physical labs, software tools, computing services, & technical support.	The in-house LMS supports current learning needs but requires future-capacity provision. The University has one limited physical library at Lawrence Road and no digital library for students or faculty.	Relevant IT records are maintained by the IT Department and can be retrieved when required.
7.4. E-learning infrastructure and facilities	7.4.1. E-learning facilities adequacy	7.4.1.1. Document the ICT and e-learning infrastructure that supports asynchronous learning.	ICT and e-learning infrastructure includes the LMS, servers, bandwidth, security, assessment systems, support teams, and content studios. Updated documentary evidence of facilities, services, adequacy, and effectiveness is not maintained.	No recommendation required.
		7.4.1.2. Evaluate the adequacy, reliability, scalability, and user experience of e-learning.	Evidence for evaluating adequacy, reliability, scalability, accessibility, and user experience was not available.	Not Applicable
		7.4.1.3. Improve e-learning infrastructure and facilities based on adequacy evaluation findings, verified service gaps, user feedback, and program delivery requirements.	Budget variance analysis and approved reappropriation support corrective measures. However, documentation of identified gaps, corrective actions, implementation, follow-up, and impact requires strengthening.	Maintain clear evidence of variance analysis, corrective actions, implementation, follow-up, and impact.
7.5. Digital and physical library collection, services and staffing	7.5.1. Remote/digital library collection and support services	7.5.1.1. Catalog program-relevant digital and physical library resources, including e-books, databases, journals, and support services.	The University has one physical library at LRO with a limited collection and no digital library; broader physical and digital provision is required.	Expand physical and digital library resources and budgets for current books, e-resources, and academic databases.
		7.5.1.2. Operate digital library support services for students and faculty, including access guidance, database support, IT-literacy support.	Remote and digital library-service accessibility cannot be assessed because no digital library is available.	Not Applicable
		7.5.1.3. Evaluate the adequacy, accessibility, usability, and program relevance of digital/physical library and support services.	The limitation is materially identical to Outcome 7.5.1.2: without a digital library, adequacy, accessibility, usability, and program relevance cannot be evaluated. Refer to that section.	Not Applicable
7.6. Digital teaching-learning environments and staff workspaces	7.6.1. Digital learning environments, course-production facilities and staff workspaces	7.6.1.1. Document the inventory and adequacy of LMS, recorded-content digital interaction and support channels, assessment platforms, exam systems, and staff workspaces/tools.	VULMS, course-production facilities in Lahore and Islamabad, and an in-house examination system support program delivery.	Regularly review and upgrade LMS, course-production, and examination systems for adequacy, reliability, and technological alignment.
		7.6.1.2. Evaluate the adequacy of digital teaching-learning spaces, assessment platforms, student-support channels, and staff workspaces/ tools.	The LMS and computing infrastructure are benchmarked internally, but no independent external audit or sufficient formal review evidence is available.	Arrange periodic independent LMS and ICT audits and retain reports, findings, corrective actions, and follow-up records.
		7.6.1.3. Improve digital learning environments, course-production facilities, assessment systems, student-support platforms, and staff workspaces.	Improvement plans have not been developed.	Not Applicable