

Quarterly ASSESSMENT REPORT

January 01, 20??

To

June 30, 20??



Virtual University of Pakistan

**HIGHER EDUCATION COMMISSION
QUALITY ASSURANCE AGENCY (QAA)**

Quarterly Progress Report Proforma

Reporting Period

From			To		
Day	Month	Year	Day	Month	Year

A. QEC SECRETARIAT ESTABLISHMENT

a) Quality Enhancement Cell establishment notification date.

Day	Month	Year

Title

- a. Name of the Project -
- b. Institution/Organization -
- c. Name of Report Writer -
- d. Postal Address: -

- e. Telephone -
- f. Fax -
- g. Email -

b) Status of QEC office

Permanent in Vice Chancellor Secretariat	Permanent	Temporary

c) If no Permanent office established, specify reasons & expected time frame for the establishment of permanent office: _____.

d) Current update on the recruitments made:

Posts	Status			Date of Appointment	Salary
	Permanent	Contract	Additional Charge		
Director					
Deputy Director					
Data Analyst/Quality Assurance Officer					
Personal Assistant					
NQ					
Additional Posts					

- e) If no permanent/contractual appointments made against the specified posts, specify the reasons & the expected time frame for recruitment of permanent staff: _____

B. IMPLEMENTATION STATUS OF QA MECHANISM

- a) Awareness seminars/ conferences/ workshops arranged at university on QA

Event # 01	
Event # 02	

- c) If no event arranged, specify reasons & the expected time frame for organizing the event:

_____.

- d) Self Assessment Exercise

Self Assessment Exercise

Development of SAR by Program Teams		
Program # 01		
Department Name		
Program Name		
Program Team Formed		
Program Team Report Completed	No. of Criteria Covered (out of 8)	
	No. of Standards Covered (out of 31)	
	No. & Type of Surveys completed (out of 10)	Surveys Conducted (04) 1. Surveys Not Conducted (06) 1. <i>Reason:</i> 2. <i>Reason:</i>
QEC Review of the Program Teams Report	Date of Submission of the Report	
	Report returned to PT and further submission by PT	
	Report Finalized	

Development of SAR by Program Teams		
Program # 02		
Department Name		
Program Name		
Program Team Formed		
Program Team Report Completed	No. of Criteria Covered (out of 8)	
	No. of Standards Covered (out of 31)	No. of Standards Covered (out of 31)
	No. & Type of Surveys completed (out of 10)	Surveys Conducted (04) 1. Surveys Not Conducted (06) 1. <i>Reason:</i> 2. <i>Reason:</i>
	Date of Submission of the Report	
QEC Review of the Program Teams Report	Date of Submission of the Report	
	Report returned to PT and further submission by PT	
	Report Finalized	

Assessment of SAR by Assessment Teams

Assessment Exercise by Assessment Teams	
Program # 01	
Department Name	
Program Name	
Assessment Team Formed	
Date of Assessment Team	
Date of submission of AT Report	
Date of AT exit meeting with the Dean, PT & Faculty	
Submission of Executive Summary to Rector by QEC	
Date of Submission of Implementation plan to Rector	
Evidence	

Assessment Exercise by Assessment Teams	
Program # 02	
Department Name	
Program Name	
Assessment Team Formed	
Date of Assessment Team	
Date of submission of AT Report	
Date of AT exit meeting with the Dean, PT & Faculty	
Submission of Executive Summary to Rector by QEC	
Date of Submission of Implementation plan to Rector	
Evidence	

S. No.	Programs for which Implementation plan finalized/ approved	Weaknesses Identified	Actions Taken
1.	Program # 01		
2.	Program # 02		

e) If **Self Assessment Process** not completed in 6 departments, then specifies the reasons:

_____.

f) Provide action plan for the completion of SA process (specifying time frame for each step not undertaken on the following format) in at least 6 departments:

_____.

g) If no action taken against the weaknesses identified in the Implementation Plans for 6 departments, then specify the reasons & the expected time frame.

_____.

- h) If feedback on all ten Proformae not compiled for 4 departments, then specify the reasons and time frame for the evaluation of feedback:

_____.

- i) Submissions:

The copies of all documents are attached:

- 1.
- 2.
- 3.
- 4.

C. EMPOWERING THE QEC

- a. Workshops/ Trainings/ Meetings attended/ organized by QEC at national /international level for awareness on the subject

S. No	Title of the event	Date	Purpose of the event (Participation/ Contribution)

- b) If paper presented in a national/ international forum on QA, give details (title, author, conference etc.):

_____.

- c) Membership of national/ international bodies obtained by the QEC

S. No	Name of the International organization/ body	Date when acquired

- d) If no membership obtained, then specify the reasons & time frame for acquiring membership:

_____.

- e) Nonvoting membership of the statutory bodies of the university acquired by the QEC head

S. No	Name of the Statutory Body	Date when Acquired
1		
2		

- f) If no membership obtained, then specify the reasons & the expected time frame for acquiring membership: _____

g) QEC website development and relevant information uploaded

S. No	Activity/Status/Information Uploaded

h) If website/ relevant information not uploaded, then specify the reasons & time frame for making the QEC website functional: _____

i) QEC expenditures incorporated in University recurring budget (Yes/No)

D. Time bound future course of action for the next quarter

- 1.
- 2.
- 3.
- 4.
- 5.

E. Accomplishments during the Reporting Period

List each activity of significant importance accomplished for enhancing the standard of education at university date wise briefly and clearly. A copy of the supporting literature i.e. minutes, reports and lists should also be enclosed as annexure.

- 1.
- 2.
- 3.
- 4.
- 5.

F. Endorsement:

The report should be signed by report writer (QEC Head or a person authorized on his behalf) and the Vice Chancellor / Rector of the Institution.

Person Responsible

Director QEC: _____

Worthy Rector: _____