HEEACT

Higher Education Evaluation and Accreditation Council of Taiwan

HEEACT Recognition of

Self-Accreditation Handbook

(2019)

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I. Introduction

To build upon the foundation laid by the First Cycles of Program and Institutional Accreditation, the Ministry of Education (MOE), Taiwan, announced its Operating Principles for the Recognition of University Self-Accreditation on July 17, 2012. The operating principles were created to guarantee the autonomy of higher education institutions, while simultaneously offering guidance to the institutions to establish robust mechanisms for managing internal quality assurance (QA). Under this new scheme, an eligible institution may apply for self-accreditation status from the MOE. Self-accreditation status indicates that the MOE formally recognizes an institution's internal QA mechanisms as well as the outcomes of its program evaluations. An institution that has been granted self-accreditation status may then apply for an exemption from external evaluation. The aim here is to encourage higher education institutions to internalize the values of quality assurance and continuous improvement within their organizational cultures.

To date, self-accreditation status has been granted to a total of 30 universities/junior colleges and 23 universities of technology and technical colleges. Following the announcement that the MOE would no longer conduct program evaluations as of 2017, the responsibility for accreditation and quality assurance has been transferred to higher education institutions themselves. The Higher Education Evaluation and Accreditation Council of Taiwan (hereinafter "the Council") has therefore created this Self-Accreditation Handbook (hereinafter "the handbook") to help institutions as they strive to enhance quality assurance and implement continual improvements.

This handbook aims to assist institutions self-accredit their academic programs according to the distinct features and unique needs of their individual departments, graduate programs, and degree-granting programs. The application for self-accreditation

status is divided into two stages: (1) recognition of an institution's self-accreditation mechanisms and (2) recognition of the results of the institution's self-accreditation.

If an institution participated in the previous cycle of evaluations and earned MOE recognition for its self-accreditation mechanisms and results, the number of documents required when applying for self-accreditation status can be substantially reduced. An institution is only required to submit its self-accreditation action plan for the current cycle (along with a table of revisions made to the Self-Accreditation Action Plan from the previous cycle) to the Council for review. If an institution was not granted the Council recognition during the previous cycle, document and briefing reviews are still required for reviewing its current self-accreditation action plan. After the self-accreditation mechanism of a higher education institution has been recognized by the Council, the institution may conduct self-accreditation and submit its institution- or program-level self-accreditation reports to the Council, which then reviews the submitted self-accreditation results. When an institution is working toward earning self-accreditation status, the Council may provide consultation and training to help the institution develop and fully realize a culture of self-accreditation and quality assurance on campus.

II. Goals of Self-Accreditation Recognition

1. To help institutions establish mechanisms and practices to self-accredit their programs;
2. To promote the thorough implementation of self-accreditation and self-improvement mechanisms;
3. To promote the openness and transparency of information related to institutional operations; and
4. To provide information related to accreditation and quality assurance, thereby affording a greater understanding of program quality and operations to the wider community.

III. Targets Eligible for Self-Accreditation Recognition

An institution that wishes to apply for self-accreditation status from the Council must meet one of the following requirements:

1. The institution is a university having previously earned MOE recognition for its self-evaluation mechanisms and results.
2. The institution is a university of technology having previously earned MOE recognition for its self-evaluation mechanisms and results.
3. At least 80% of the institution's programs, evaluated during the most recent cycle of program evaluations, earned a passing grade.
4. At least 80% of the institution's programs, evaluated during the most recent cycle of specialized evaluations, earned a passing grade.
5. At least 80% of the institution's programs, evaluated during the most recent cycle of comprehensive evaluations, earned a level-one classification.

IV. Standards of Self-Accreditation Recognition

An institution may apply for self-accreditation status from the Council in two stages. The first stage involves the recognition of self-accreditation mechanisms (i.e., the institution's ability to conduct an internal review of its programs) and the second stage involves the recognition of review outcomes (i.e., accreditation results). Documents required for each stage are listed below:

1. Recognition of Self-Accreditation Mechanisms:

1.1 Table of revisions made to the Self-Assessment Action Plan from the previous cycle (only for institutions that had participated in the previous cycle)

1.2 Checklist for the recognition of self-accreditation mechanisms

1.3 The Self-Assessment Action Plan and its appendices must include the following details along with supporting documents and evidence:

    1.3.1 Regulations governing self-accreditation;

    1.3.2 Organization and responsibilities of the steering committee established to oversee self-accreditation;

    1.3.3 Appointment and training of reviewers to conduct on-site visits;

    1.3.4 Self-accreditation categories and standards;

    1.3.5 Timelines;

    1.3.6 Support systems;

    1.3.7 Public announcement and use of self-accreditation results;

    1.3.8 Mechanisms for improvement based on self-accreditation results.

The recommended format for the cover and content of the self-accreditation action plan of higher education institutions is provided in Appendix A；The recommended format for the cover and content of

the revised self-accreditation action plan of higher education institutions is provided in Appendix B; and the checklist for recognizing the self-accreditation mechanisms of higher education institutions is provided in Appendix C.

2. Recognition of Self-Accreditation Results (including the follow-up mechanisms that require updating the self-accreditation results,):

2.1 Checklist for recognizing self-accreditation results

   2.1 The Self-Accreditation Report must include the following specifics along with supporting documents and evidence:

      2.1.1 Self-accreditation regulations and complete minutes of meetings in which self-accreditation was discussed;

      2.1.2 Specifics on the appointment of on-site reviewers and steering committee members;

      2.1.3 Current state of self-accreditation operations;

      2.1.4 Presentation and announcement of self-accreditation results;

      2.1.5 How self-accreditation results are handled and used toward enhancing self-improvement;

      2.1.6 Discussion and review of self-accreditation results.

   Please see *Appendix D: Recommended Format for the Cover and Content of the Self-Accreditation Report of Higher Education Institutions; Appendix E: Recommended Format for the Cover and Content of the Revised Self-Accreditation Report of Higher Education Institutions; Appendix F: Checklist for Recognizing the Institution-Level Self-Accreditation Results of Higher Education Institutions;* and *Appendix G: Checklist for Recognizing the Program-Level Self- Accreditation Results of Higher Education Institutions.*

V. Timelines and Validity Periods of Self-Accreditation Recognition

An institution must complete all procedures within the period specified by the Council to earn self-accreditation status (including recognition of its self-accreditation mechanisms and accreditation results). This must be completed either before an accreditation cycle ends or before the deadline set by the accrediting organization involved to ensure that the term of self-accreditation remains complete and uninterrupted. Self-accreditation status is granted for a 6-year term of validity.

To apply for self-accreditation status, an institution must make an initial application at the Council by the end of January, one year prior to applying for recognition of its self-accreditation mechanisms. The institution may submit a hard copy of its self-accreditation action plan or Self-Accreditation Report the following year during one of two time periods: from January 1 until March 15 or from July 1 until September 15. Please see *Appendix H: Timeline for Recognizing the Self-accreditation Mechanisms of Higher Education Institutions* and *Appendix I: Timeline for Recognizing Self-Accreditation Results of Higher Education Institutions.*

VI. Recognition of Self-Accreditation Mechanisms

The recognition of self-accreditation mechanisms first requires that an institution reviews its self-accreditation mechanisms (i.e., the mechanisms it creates to self-accredit its own programs). Recognition itself involves reviewing whether an institution has established an appropriate self-accreditation action plan and subsequently created relevant regulations and procedures based on the evaluation standards within the said action plan. An institution must formally

submit its self-accreditation action plan, which the Council uses as the primary basis for granting recognition.

1. Self-Accreditation Action Plan

The plan must not exceed 120 pages and must be written in 14-point standard Kai font with 24-point spacing. Three printed copies (including supporting documents) and one electronic copy stored in a CD or portable drive (including the plan and the supporting documents placed in different folders) must be submitted through a registered mail to the Council. The electronic version must also be submitted through the online document review system (http://qar.heeact.edu.tw/Login3.aspx).

2. Procedures and Decision-Making Principles for the Recognition of Self-Accreditation Mechanisms

The recognition procedure is divided into three stages: initial review, review, and recognition. Procedures and decision-making principles are as follows:

2.1   Initial Review

Within 7 days after receiving the self-accreditation action plan, the Council conducts an initial review to ensure that all necessary documents and information are present. If any documents are missing, the institution is notified to submit them within 7 days. The purpose of the initial review is to ascertain whether an application package is complete and can be forwarded for review. After an institution submits the missing documents, the application package is rechecked before being forwarded for review.

2.2   Review

The institution must submit the self-accreditation action plan (institutions that had participated in the previous cycle must submit a table of revisions made to the previous self-accreditation action plan) and supporting documents to the self-accreditation mechanism review committee. If required, the Council may submit a list of matters requiring clarification

to the institution. Within 2 weeks, the institution must submit a written response to address issues requiring clarification in the self-accreditation action plan.

2.3 Recognition

The briefing of the institution is reviewed by the self-accreditation recognition committee. The briefing should not exceed 30 minutes and should include 15 minutes of briefing presentation and 15 minutes of Q&A.

The self-accreditation recognition committee reviews the self-accreditation mechanism of the institution and either grants recognition or denies it.

An institution that is granted recognition must revise its action plan in accordance with the recommendations of the recognition committee and then submit the revised action plan within 3 weeks (including a table of revisions and a written response to review comments) through the online document review system. The subsequent reviews continue until all revisions have been made according to the review comments. An institution that is not granted recognition must prepare another document and briefing presentation for review according to the comments provided in previous reviews. Six weeks after the Council provides review comments on the self-accreditation action plan, the institution must submit a written response through the online document review system for completing subsequent procedures.

Chart 1 presents the procedures for recognizing self-accreditation mechanisms of institutions that had earned recognition during the first cycle of evaluations. Chart 2 presents the self-accreditation mechanism recognition procedures for institutions applying for the first time.

Chart 1: Recognition Procedure for Institutions that had Participated in the First Cycle

An institution submits the self-accreditation action plan to the Council

Preliminary review of the self-accreditation action plan

Incomplete →

Within 7 days

Institution submits missing documents

Complete

The self-accreditation mechanism review committee performs a document review and provides a list of problems requiring clarification to the institution

Within 2 weeks

The institution submits a written response to the problems requiring clarification to the Council

Recognition Granted

Recognition Denied

Council mails results

Within 3 weeks

The institution that has been granted recognition submits the revised self-accreditation action plan to the Council

Within 6 weeks

The institution that has been denied recognition resubmits another self-accreditation action plan to the Council

Second document and briefing reviews

Recognition Granted

Recognition Denied

Institution may reapply after one year

Council mails results

Chart 2: Recognition Procedure for New Applicants

An institution submits the self-accreditation action plan to the Council

↓

Preliminary review of the self-accreditation action plan → **Incomplete** →

Within 7 days

Institution submits missing documents

↓ **Complete**

Recognition Committee reviews action plan and supporting documents; Council may send list of matters awaiting clarification to institution

Within 2 weeks

The institution submits a written response to the problems requiring clarification to the Council.

↓

Presentation: 15 min. Q&A: 15 min. →

The self-accreditation recognition committee performs a briefing review.

↓

Recognition Granted | Recognition Denied

↓

Council mails results

Within 3 weeks

The institution that has been granted recognition submits the revised self-accreditation action plan to the Council.

Within 6 weeks

The institution that has been denied recognition compiles a written response to the review comments on the self-accreditation action plan, which is submitted t the Council.

↓

Second document review and presentation

↓

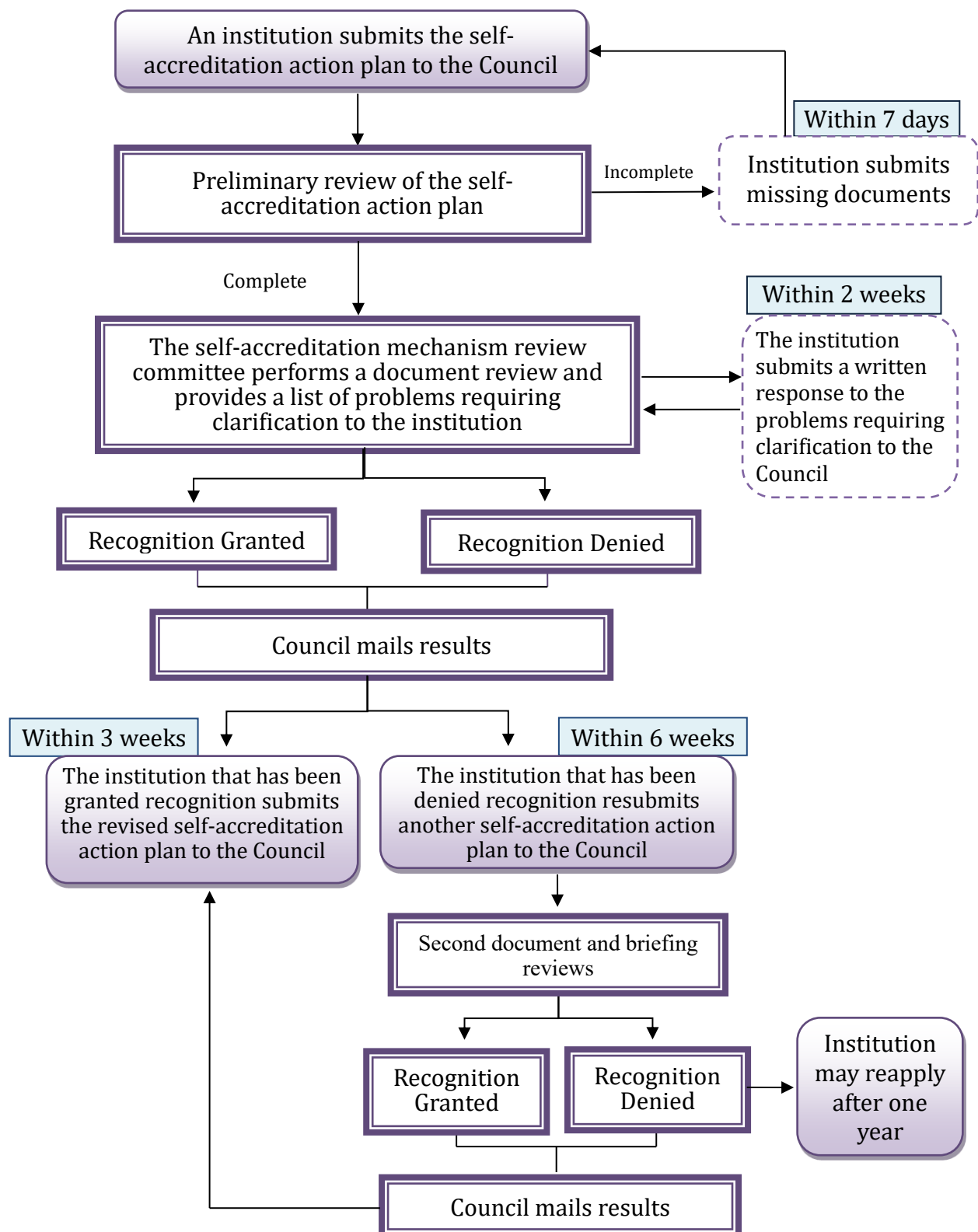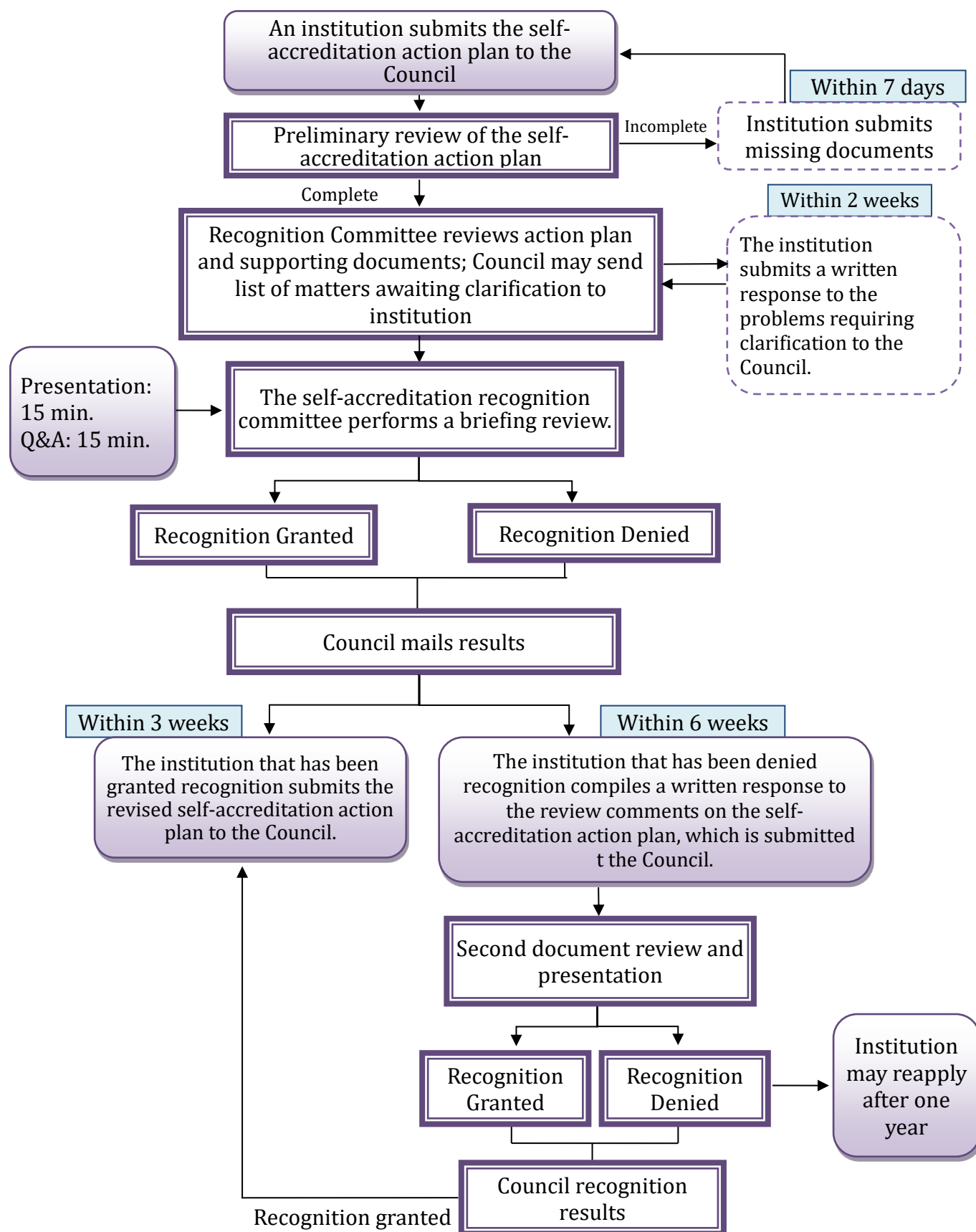Recognition Granted | Recognition Denied → Institution may reapply after one year

↓

Council recognition results

Recognition granted

3. Follow-Up

An institution receives one of two possible results for the recognition of its self-accreditation mechanisms: (1) recognition granted; or (2) recognition denied. The follow-up procedures are presented in Table 1.

Table 1: Results and Follow-Up Procedures

Result	Follow-Up
Recognition granted	1. After self-accreditation mechanisms are granted recognition, the institution revises its self-accreditation action plan according to the review comments and resubmits the plan (including a table of revisions and a written response to review comments) through the online document review system within 3 weeks. 2. According to the approved self-accreditation action plan, the institution may complete follow-up procedures and apply for the recognition of its accreditation results.
Recognition denied	An institution that does not earn recognition for its self-accreditation mechanisms may reapply after a period of 1 year.

VII. Recognition of Self-Accreditation Results

Recognition of self-accreditation results of higher education institutions is based on reviews of self-accreditation results on levels of departments, graduate schools, or degree-granting programs of institutions. The self-accreditation results are then recognized by the Council. Recognition is aimed at ensuring that the procedures utilized and results produced correspond to the institution's self-accreditation action plan.

The review of the accreditation process involves the Council reviewing an institution's self-accreditation action plan by using the Plan-Do-Check-Act (PDCA) model to determine the extent to which the institution "self-accredited" its departments, graduate schools, or degree-granting programs in accordance with its action plan. Recognition is therefore granted based on whether self-accreditation outcomes and practices for ongoing improvement are appropriate and comprehensive.

1. Self-Accreditation Report

After the departments, graduate schools, or degree-granting programs complete their initial self-accreditation, the institution then compiles and submits a self-accreditation report, which must include the information and results of all evaluated programs. Three printed copies (including supporting documents) and one electronic copy stored in a CD or portable drive (including the plan and the supporting documents placed in different folders) must be submitted through a registered mail to the Council. The self-accreditation report must be separated into the institution-level and program-level sections, which must be separately uploaded to the online document review system (http://qar.heeact.edu.tw/Login3.aspx). The report must be written in 14-point standard Kai font with 24-point spacing. The

institution-level section must not exceed 60 pages, and each program-level section should be written in no more than 2–4 pages (e.g., department and graduate school). There are no length restrictions for evidence and supporting documents; however, these documents must be produced on a CD (including a copy of the self-accreditation action plan) for the recognition committee's reference.

2. Procedures and Decision-Making Principles for the Recognition of Self-Accreditation Results

The procedure for recognition of self-accreditation results is divided into three stages: initial review, review, and recognition. The procedures and decision-making principles are as follows:

2.1 Initial Review

Within 7 days of receiving the self-accreditation report, the Council conducts an initial review to ensure that all necessary documents and information are present. If any documents are missing, the institution is notified to submit them within 7 days. The purpose of the initial review is to ascertain whether an application package is complete and can be subsequently forwarded for review. After an institution submits the missing documents, the application package is rechecked to ensure that it is complete and can be forwarded for review.

2.2 Review

The institution submits the self-accreditation report to the self-accreditation result review committee, which then reviews the document. If required, the Council may submit a list of matters requiring clarification to the institution. Within 2 weeks, the institution must submit a written response to the matters requiring clarification in the self-accreditation report.

2.3 Recognition

The self-accreditation recognition committee reviews the institution- or program-level self-accreditation results of an
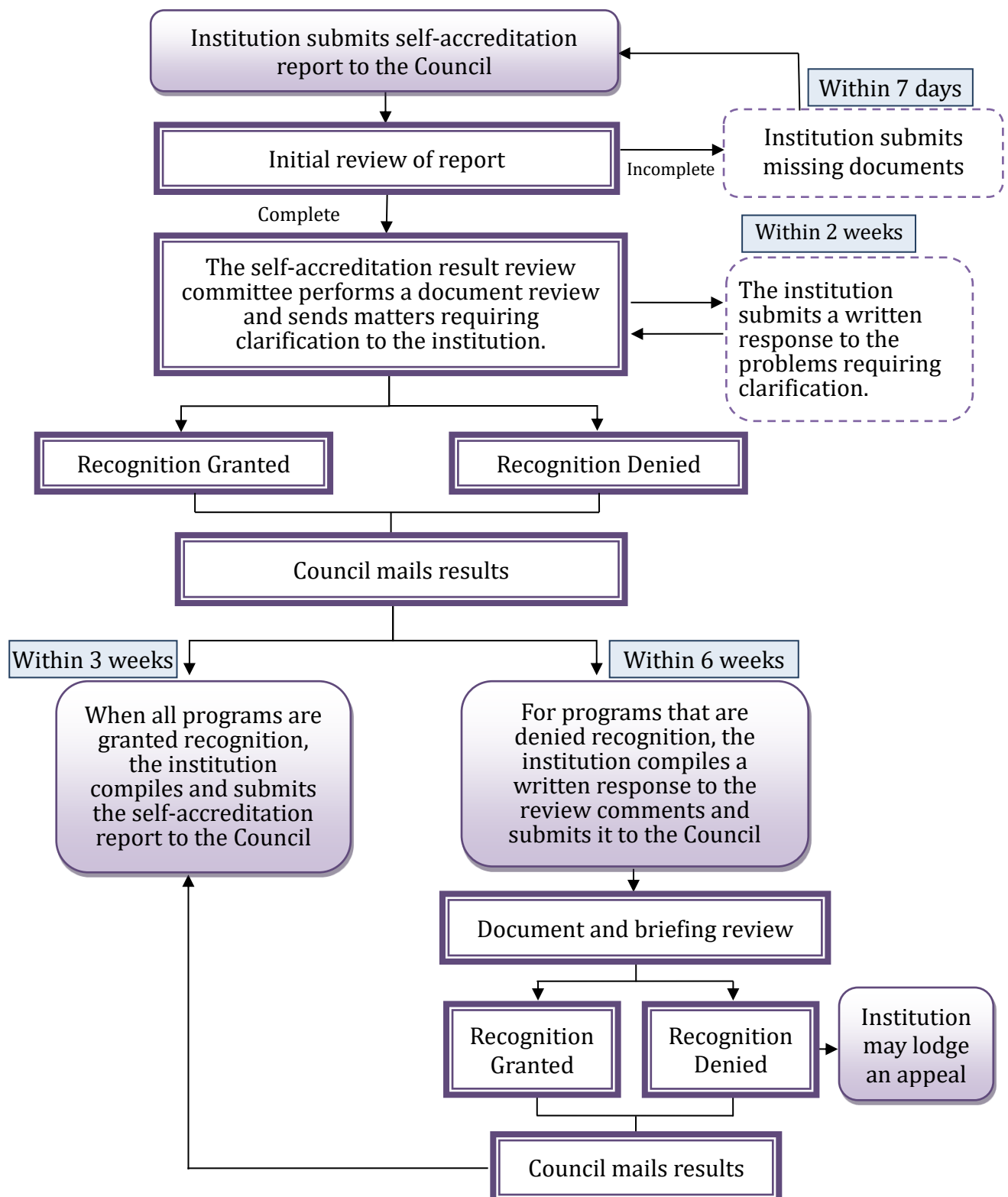
institution and either grants recognition or denies it.

When the self-accreditation results of all programs in the institution are recognized by the Council, the institution must compile and submit the revised self-accreditation report (including a table of revisions and a written response to review comments) through the online document review system within 3 weeks and ensure that the report has been revised according to the review comments.

When a program of an institution is denied recognition, document and briefing reviews are conducted again according to the review comments on the previous self-accreditation report. Within 6 weeks, the institution must compile and submit a written response to the review comments and perform subsequent procedures. After the institution is granted recognition from the second review, it must compile and submit the revised self-accreditation report within 3 weeks (including a table of revisions and a written response to review comments) through the online document review system with all review comments addressed.

The Recognition Procedure for Self-Accreditation Results is presented in Chart 3*.*

Chart 3: Recognition Procedure for Self-Accreditation Results

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┌─────────────────────────────────────┐
│  Institution submits self-accreditation │◄─────────┐
│       report to the Council          │          │
└─────────────────────────────────────┘          │
              │                                   │
              ▼                         ┌─────────────────┐
┌─────────────────────────────────────┐  Within 7 days
│        Initial review of report      │──────┐  ┌ ─ ─ ─ ─ ─ ─ ─ ─ ┐
└─────────────────────────────────────┘ Incomplete  Institution submits
              │                              └─ │  missing documents │
          Complete                              └ ─ ─ ─ ─ ─ ─ ─ ─ ┘
              ▼
┌─────────────────────────────────────┐   Within 2 weeks
│  The self-accreditation result review │
│  committee performs a document review │   ┌ ─ ─ ─ ─ ─ ─ ─ ┐
│  and sends matters requiring          │──►  The institution
│  clarification to the institution.    │◄─  submits a written
└─────────────────────────────────────┘    response to the
              │                              problems requiring
     ┌────────┴────────┐                     clarification.
     ▼                 ▼                     └ ─ ─ ─ ─ ─ ─ ─ ┘
┌──────────────┐  ┌──────────────┐
│  Recognition │  │  Recognition │
│    Granted   │  │    Denied    │
└──────────────┘  └──────────────┘
     └────────┬────────┘
              ▼
┌─────────────────────────┐
│   Council mails results  │
└─────────────────────────┘
     ┌────────┴──────────────────────┐
Within 3 weeks                Within 6 weeks
     ▼                              ▼
┌──────────────────┐      ┌──────────────────┐
│ When all programs │      │ For programs that │
│ are granted       │      │ are denied        │
│ recognition, the  │      │ recognition, the  │
│ institution       │      │ institution       │
│ compiles and      │      │ compiles a        │
│ submits the       │      │ written response  │
│ self-accreditation│      │ to the review     │
│ report to the     │      │ comments and      │
│ Council           │      │ submits it to     │
└──────────────────┘      │ the Council       │
     ▲                    └──────────────────┘
     │                              │
     │                              ▼
     │                ┌──────────────────────────┐
     │                │ Document and briefing review │
     │                └──────────────────────────┘
     │                   ┌────────┴────────┐
     │                   ▼                 ▼
     │           ┌──────────────┐  ┌──────────────┐   ┌──────────────┐
     │           │  Recognition │  │  Recognition │──►│ Institution   │
     │           │    Granted   │  │    Denied    │   │ may lodge     │
     │           └──────────────┘  └──────────────┘   │ an appeal     │
     │                 └────────┬────────┘            └──────────────┘
     │                          ▼
     │           ┌─────────────────────────┐
     └───────────│   Council mails results  │
                 └─────────────────────────┘
```

3. Recognition of Self-Accreditation Results

Each department, graduate school, or degree-granting program that has applied for recognition of accreditation results receives one of two possible results: (1) recognition granted or (2) recognition denied. Please see Table 2 for details.

The names of programs that have been granted accreditation recognition by the Council are published on both the Council website and the website of the Taiwan Quality Institution Directory (TQID).

Table 2: Results and Follow-Up Procedures

Result	Follow-Up
Recognition granted	1. When the self-accreditation results of all programs are granted recognition, the institution must compile the revised self-accreditation report within 3 weeks (including a table of revisions and a written response to review comments) and upload it to the online document review system of the Council. 2. An institution may announce the self-accreditation status of a program based on the specified guidelines in its self-accreditation action plan. 3. Recognition is valid for a period of 6 years.
Recognition denied	When the self-accreditation result of a program is not granted Council recognition, the institution may lodge an appeal at the Council in accordance with the Guidelines Governing the Review of Appeals for Institutional Evaluation and Self-Accreditation.

VIII. Recognition of follow-up and delayed accreditation results

The self-accreditation results of departments, graduate schools, or degree-granting programs correspond to the Higher Education Evaluation and Accreditation Council of Taiwan (HEEACT)'s accreditation results of "Accredited—3 years" or "Reaccreditation required." Evaluated units that completed the follow-up procedures within the self-accreditation recognition valid period may apply to the HEEACT for the recognition of follow-up results. Departments, graduate schools, or degree-granting programs that are establishing new degrees (classes) during the self-accreditation recognition valid period may apply to the HEEACT for the recognition of delayed self-accreditation results.

1. Follow-up and delayed accreditation report

After the departments, graduate schools, or degree-granting programs complete their follow-up and delayed accreditation process, the institution then complies and submits a follow-up and delayed accreditation report, which must include the information and results of all evaluated programs. Three printed copies and one electronic copy stored in a CD or portable drive (including the report and supporting documents, placed in different folders) must be submitted through an official mail to the council. The follow-up and delayed accreditation results must be separated into the institutional-level and program-level sections, which must be separately uploaded to the online document review system. The report must be written in 14-point standard Kai font with 24-point spacing. The institution-level section must not exceed 40 pages, and each program-level section should be written in no more than 2–4 pages (e.g., department and graduate school).

2. Procedures and Decision-Making Principles for the Recognition of Follow-Up and Delayed Accreditation Results

The procedure for recognition of follow-up and delayed

accreditation results is divided into three stages: initial review, review, and recognition. The procedures and decision-making principles are as follows:

2.1 Initial Review

Within 7 days of receiving the follow-up and delayed accreditation results, the HEEACT conducts an initial review to ensure that all necessary documents and information have been provided. If any documents are missing, the institution is notified to submit them within 7 days. The purpose of the initial review is to ascertain whether an application package is complete and can be subsequently forwarded for review. After an institution submits the missing documents, the application package is rechecked to ensure that it is complete and can be forwarded for review.

2.2 Review

The institution submits the follow-up and delayed accreditation report to the self-accreditation result review task committee, which then reviews the document. If required, the council may submit a list of matters requiring clarification to the institution. Within 2 weeks, the institution must submit a written response to the matters requiring clarification in the follow-up and delayed accreditation report.

2.3 Recognition

The self-accreditation recognition committee reviews the follow-up and delayed accreditation results of departments, graduate schools, or degree-granting programs and either grants recognition or denies it.

When the follow-up and delayed accreditations results are recognized by the council, the institution must compile and submit the revised follow-up and delayed accreditation result report (including a table of revisions and a written response to review comments) through the online document review system

within 3 weeks, and the institution must ensure that the report has been revised according to the review comments.

If any program of the instution is denied recognition, document and briefing reviews are conducted again according to the review comments in the previous follow-up and delayed accreditation report. Within 6 weeks, the institution must compile and submit a written response to the reviewer comments and must perform subsequent procedures. After the institution is granted recognition from the second review, it must compile and submit the revised follow-up and delayed accreditation report within 3 weeks (including a table of revisions and written responses to review comments) through the online document review system, with all review comments addressed.

3. Follow-up of procedures of the recognition of follow-up and delayed accreditation results

Each department, graduate school, or degree-granting program that has applied for recognition of follow-up and delayed accreditation results receives one of two possible results: (1) recognition granted or (2) recognition denied. Please see Table 3 for details.

Programs originally accredited for 3 years that receive follow-up accreditation recognition from the council will have their accreditation validity period extended by 3 years. In addition, the names of programs that originally required reaccreditation that receive follow-up accreditation recognition from the council will have their names announced on the council website and the Taiwan Quality Institution Directory.

The names of programs that have been granted delayed accreditation recognition by the Council are published on both the Council website and the website of the Taiwan Quality Institution Director.

Table 3: Follow-up process for the recognition of follow-up and delayed accreditation results

Result	Follow-up
Recognition granted	1. When the follow-up and delayed accreditations results are recognized by the council, the institution must compile and submit the revised follow-up and delayed accreditation report (including a table of revisions and written responses to review comments) through the online document review system within 3 weeks for follow-up review. 2. An institution may announce the follow-up and delayed accreditation results based on the specific guidelines in its self-accreditation action plan. 3. The follow-up result validity period depicts the remaining effective period of the recognition of self-accreditation results.
Recognition denied	When the follow-up and delayed accreditation result of a program is "recognition denied" by the council, the institution may lodge an appeal to the council in accordance with the Guidelines Governing the Review of Appeals for Institutional Evaluation and Self-Accreditation.

IX.   Standards of Self-Accreditation Recognition Fees

The recognition process involves the following fees:
1. Application fee;
2. Fee for recognizing self-accreditation mechanisms and results;
3. Re-evaluation fee;
4. Recognition delaying fee; and
5. Follow-up review fee.

The application fee is paid per institution and is of two categories: (1) fee for institutions that had participated in the first cycle and (2) fee for new applicants. The fee for reviewing self-accreditation mechanisms and results is paid by the program.

Based on need assessment, an institution applying for the first time may receive one on-campus visit from the Council, free of charge, during which the Council explains the recognition procedure to the institution. Further consultation services entail additional fees for the institution. (for more detailed information on fees, please see *Enforcement Rules for the Collection of Recognition Fees.*)

Appendix A: Recommended Format for the Self-Accreditation Action Plan of Higher Education Institutions

Name of Institution

Self-Accreditation Action Plan

(Institutions may design their own covers)

Contact Person/Department：_____

Telephone：_____

Fax：_____

Email：_____

Signature of Institution President: _____

Date: (YYYY/MM/DD)

Table of Contents (Sample)

Table of revisions made to the self-accreditation action plan from the previous cycle. (This applies only to institutions that had participated in the previous cycle.)

Self-Accreditation Mechanism Checklist
Introduction

1. Regulations governing self-accreditation
2. Organization and responsibilities of the steering committee established to oversee self-accreditation
3. Appointment and training of reviewers for conducting on-site visits
4. Self-accreditation standards and indicators
5. Self-accreditation procedures
6. Self-accreditation support systems
7. Public announcement and use of self-accreditation results
8. Mechanisms for improvement based on self-accreditation results

Conclusion

    Note: The self-accreditation action plan must be written in 14-point standard Kai font with 24-point spacing, printed on double-sided pages, and bound into a book.

Appendix B: Recommended Format for the Cover and Content of the Revised Self-Accreditation Action Plan of Higher Education

Name of Institution

Revised Self-Accreditation Action Plan

(Institutions may design their own covers)

Contact Person/Department：_____

Telephone：_____

Fax：_____

Email：_____

Signature of Institution President: _____

Date: (YYYY/MM/DD)

Institutions

Table of Contents (Sample)

Note: The action plan must be written in 14-point standard Kai font with 24-point spacing and a portrait layout, printed on double-sided pages, and bound into a book.

Appendix C: Checklist for Recognizing the Self-Accreditation Mechanisms of Higher Education Institutions

Review item	Description	Corresponding page in the action plan	Supporting documents provided by the institution
1. Regulations governing self-accreditation	(1) Regulations governing self-accreditation must be approved in administrative or university affairs meetings before they are executed.		
	(2) Regulations clearly specify the following details: the administrative organization responsible for self-accreditation; promotional mechanisms; the scope of self-accreditation; the source of funds; schedule; responsible staff; review standards; how accreditation results are presented; level of public announcement; and the application of accreditation results.		
	(3) Regulations are fully discussed in accordance with institutional procedures; they are reasonable, feasible, and publicly accessible.		
2. Organization and responsibilities of the steering committee established to oversee self-accreditation	At least three-fifths of the steering committee members are from an external institution. Regulations governing self-accreditation clearly specify how the steering committee operates, including details such as the composition and duties of the committee and the term-lengths of members.		
3. Appointment and training of reviewers for conducting on-site visit	(1) Regulations clearly specify the following details: the number of reviewers required the appointment procedure, qualifications (academic credentials or expertise in evaluations), training mechanisms, evaluation ethics/principles for recusal and avoidance of conflicts of interest, term lengths, and scope of duties.		
	(2) At least two-thirds of reviewers must be from an external institution. The appointment of reviewers should adhere to principles of professionalism, fairness, discretion, ethics, and avoidance of conflicts of		

Review item	Description	Corresponding page in the action plan	Supporting documents provided by the institution
	interest.		
4. Self-accreditation standards and indicators	(1) Standards and indicators should be comprehensive and reasonable and the development and use of each standard or indicator should be described.		
	(2) Standards and indicators include the following: goals and curriculum, faculty and teaching, students and learning, and institutional effectiveness and improvement mechanisms.		
5. Self-accreditation procedures	(1) The self-accreditation procedures contain management and control mechanisms that can enable effective completion of self-accreditation.		
	(2) The self-accreditation report is generated by employing a variety of means to collect and comprehensively analyze information on the program's operations, which serve as a reference for self-accreditation procedures.		
	(3) The on-site visit includes the brief presentation made by the staff from the program being reviewed, document review, tour and inspection of facilities, and interviews with related staff		
	(4) The self-accreditation procedures contain appeal mechanisms, which clearly specify required documents for lodging an appeal as well as which department is responsible for handling appeals. Such mechanisms serve to protect the rights and interests of the program being evaluated.		
6. Self-accreditation support systems	(1) Clear and necessary funding, staff, and administrative support are provided to manage self-accreditation (this includes regulations, promotion and communication, and problem-solving assistance).		
	(2) Training mechanisms are established for all staff involved in the self-accreditation process (including planners and administrators).		

Review item	Description	Corresponding page in the action plan	Supporting documents provided by the institution
7. Public announcement and use of self-accreditation results	(1) Regulations clearly specify the possible accreditation results (corresponding to the categories employed by the Council, namely accredited for a period of 6 years, accredited for a period of 3 years, and re-evaluation required). The decision-making criteria used for recognizing self-accreditation results as well as the announcement of results and what information is made publicly accessible are clearly defined.		
	(2) Accreditation results are used such that the program quality and operations are enhanced.		
	(3) A clear explanation of the relationship between self-accreditation results and the medium and long-term development plans of the institution is presented.		
8. Mechanisms for improvement based on self-accreditation results	Mechanisms are established to implement improvements based on accreditation results; clear mechanisms are available for the evaluation, handling, and use of results; a responsible person or department is commissioned to supervise improvements made based on accreditation results.		

Appendix D: Recommended Format for the Self-Accreditation Report

<div style="border:2px solid black; padding:20px;">

<center>

Name of Institution

Self-Accreditation Report

(Institutions may design their own covers)

</center>

Coordinator/Department：_____

Telephone：_____

Email：_____

Director：_____（Signature or seal）

<center>

Date: (YYYY/MM/DD)

</center>

</div>

Table of Contents (Sample)

Introduction

1. Institutional level
   (1) Checklist for Recognizing the Self-Accreditation Results
   (2) Self-accreditation regulations and complete minutes of meetings in which self-accreditation was discussed
   (3) Specifics on the appointment of on-site reviewers and steering committee members
   (4) Current state of self-accreditation operations
   (5) Presentation and announcement of accreditation results
   (6) How self-accreditation results are handled and used toward enhancing self-improvement
   (7) Discussion and review of self-accreditation results
   (8) List of appendices in the CD (identical with file names in the CD)

2. Program Level (departments, graduate schools, degree-granting program)
   (1) Department #1
      Self-accreditation recognition checklist of Program A
      List of appendices in the Program A CD (identical with file names in the CD)
   (2) Department #2
      Self-accreditation recognition checklist of Program B
      List of appendices in the Program B CD (identical with file names in the CD)

Conclusion

   Note: The self-accreditation report must be written in 14-point standard Kai font with 24-point spacing, printed on double-sided pages, and bound into a book.

Appendix E: Recommended Format for the Cover and Content of the Revised Self-Accreditation Report of Higher Education

Name of the Institution

Revised Self-Accreditation Report

(Institutions may design their own covers)

Contact person/department: _____
Telephone:_____
Email:_____
Signature of Department Director:_____

Date: (YYYY/MM/DD)

Table of Contents (Sample) [1]

      Note: The self-accreditation report must be written in 14-point standard Kai font with 24-point spacing and a portrait layout, printed on double-sided pages, and bound into a book.

Appendix F: Checklist for Recognizing the Institution-Level Self-Accreditation Results of Higher Education Institutions

Review item	Description	Correspond-ing page in the report	Supporting documents provided by the institution
Self-accreditation regulations and complete minutes of meetings in which self-accreditation was discussed	(1) Complete minutes and records of all meetings and seminars (including meetings for discussing oversight), including attendance records and documentation of the topics discussed (this information may be provided through a hyperlink); a link on the institution's homepage must provide access to QA information to the general public		
	(2) If self-accreditation mechanisms are modified during the evaluation process, an explanation must be provided and supported with relevant documents		
	(3) Amendments, announcements, and implementation of self-accreditation regulations		
Specifics on appointment of on-site reviewers and steering committee members	(1) Invitations to serve on the steering committee should correspond with related regulations, and the appointment of members should adhere to principles of professionalism, fairness, discretion, ethics, and avoidance of conflicts of interest.		
	(2) Invitations to serve as a reviewer should correspond with related regulations, and the appointment of reviewers should adhere to principles of professionalism, fairness, discretion, ethics, and avoidance of conflicts of interest.		
	(3) Complete lists of steering committee members and reviewers as well as their academic backgrounds, professional experience, and details of appointment.		
Current state of self-accreditation operations	(1) Scheduling mechanisms are established to manage self-accreditation.		
	(2) Various methods adopted by the institution are used to collect and comprehensively analyze information; the evaluation is thoroughly managed and completed according to the procedures (including on-site visit procedures and feedback procedures).		
	(3) Clear and necessary funding, staff, and		

Review item	Description	Correspon d-ing page in the report	Supporting documents provided by the institution
	administrative support are provided for self-accreditation; appropriate training mechanisms are established.		
Presentation and announcement of self-accreditation results	(1) The Self-accreditation results are recognized according to related standards and indicators, and these results should correspond to the types of accreditation result stipulated by the Council.		
	(2) Self-accreditation results are presented, announced, and made available in a timely fashion to stakeholders, as specified in the self-accreditation action plan.		
How self-accreditation results are handled and used for Self-improvement	(1) Response strategies based on accreditation results are reasonable and practicable, and the program is provided with various necessary resources.		
	(2) Improvements are made through the self-accreditation mechanisms based on the earned accreditation result.		
	(3) There is a clear demonstration of the association between self-accreditation results and enhancement of program quality.		
	(4) The self-accreditation results are associated with the medium and long-term development plans of the institution.		
Discussion and review of self-accreditation results	(1) Feedback and discussion of self-accreditation planning, execution, and results are used to review and improve self-accreditation mechanisms.		
	(2) Steering committee members and reviewers are familiar with procedures, content, and necessary preparations for self-accreditation; they provide assessments and recommendations for self-accreditation that are complete, concrete, and credible.		

Appendix G: Checklist for Recognizing the Program-Level Self-Accreditation Results of Higher Education Institutions

Category	Criteria	Current Status	Corresponding page numbers in report and supporting evidence
Self-accreditation regulations and complete minutes of meetings in which self-accreditation was discussed	(1) Complete minutes and records of all meetings and seminars (including meetings for discussing oversight), including attendance records and the documentation of topics discussed (this information may be provided through a hyperlink).		
	(2) If self-accreditation mechanisms are modified during the evaluation process, an explanation must be provided and supported with relevant documents.		
	(3) Amendment, announcement, and implementation of self-accreditation regulations.		
Appointment of reviewers	(1) Invitations to serve as reviewers should correspond with related regulations, and appointment should adhere to principles of professionalism, fairness, discretion, ethics, and the avoidance of conflicts of interest.		
	(2) Complete list of reviewers as well as complete information on their academic backgrounds and professional experience.		
Current state of self-accreditation operations	(1) Scheduling mechanisms are established for managing self-accreditation.		
	(2) Formation of self-accreditation report.		
	(3) Execution of on-site visit, including visit procedures and appeal mechanisms.		
Presentation and announcement of self-accreditation results	(1) Accreditation results (corresponding to the type of accreditation results stipulated by the Council) and on-site visit report are provided; the basis for results is transparent and justified.		
	(2) Self-accreditation results clearly identify the program's strengths and weaknesses and highlight which reforms should be undertaken.		
Use of self-accreditation results for improvement	Measures for improvement can be proposed and implemented based on self-accreditation mechanisms.		
Discussion and review of self-accreditation results	Review and discussion of the planning, execution, and results of self-accreditation are established.		

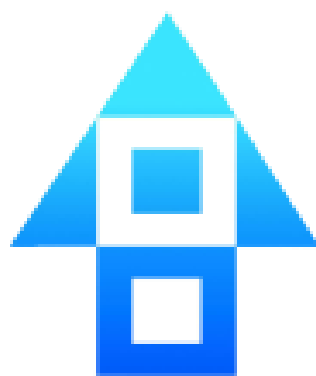## Appendix H: Timeline for Recognizing the Self-accreditation Mechanisms of Higher Education Institutions

Stage	Task	When	
Initial review stage	The institution submits the self-accreditation action plan and related supporting documents.	January–March	July–September
	1. The application package is reviewed to ensure completeness. 2. The Council notifies the institution to provide supplementary documents (if required).	Before March	Before September
Review stage	Institution from first cycle: The institution submits the self-accreditation action plan to the self-accreditation mechanism review committee, which then reviews the document. The Council may submit a list of matters requiring clarification, if needed.	April	October
	New applicant: 1. The institution provides the self-accreditation action plan to the self-accreditation mechanism review committee, which then reviews the document. Subsequently, the Council provides a list of matters requiring clarification to the institution, if needed. 2. The self-accreditation recognition committee reviews the briefing.	May	November
Recognition stage	The self-accreditation recognition committee reviews the self-accreditation mechanism of the institution.	June	December
	The Council notifies the institution of the result regarding the recognition of the self-accreditation mechanism. The institution that has been granted recognition uploads the revised self-accreditation action plan (including a table of revisions and a written response to review comments) to the online document review system for subsequent review.	June	December
	The institution that has been denied recognition compiles a written response to	August	February of the following

Stage	Task	When	
	the review comments on the self-accreditation action plan and uploads the response to the online document review system.		year
	The self-accreditation mechanism review committee performs a second review.	August	February of the following year
	The self-accreditation recognition committee performs a second review to determine whether the self-accreditation mechanism should be recognized. The Council notifies the institution of the result regarding the recognition of the self-accreditation mechanism. The institution that has been granted recognition uploads the revised self-accreditation action plan (including a table of revisions and a written response to review comments) to the online document review system for subsequent review.	September	March of the following year

Appendix I: Timeline for Recognizing the Self-accreditation Results of Higher Education Institutions

Stage	Task	When	
Preparatory stage	Program conducts evaluation in accordance with the recognized self-accreditation action plan.	According to the institution's schedule	
Initial review stage	Institution submits the self-accreditation report and supporting documents.	Jan.–March	July–September
Initial review stage	1. The application package is reviewed for completeness. 2. The Council notifies the institution to provide missing documents (if required).	Before March	Before September
Review	The institution submits the self-accreditation report to the self-accreditation result review committee, which then reviews the document. The Council may submit a list of matters requiring clarification, if needed.	April	October
Recognition	The self-accreditation recognition committee reviews the self-accreditation results of the institution.	May	November
Recognition	The Council notifies the institution of the self-accreditation recognition results. For programs that have been granted recognition, the institution compiles the revised self-accreditation report (including a table of revisions and a written response to review comments) and uploads it to the online document review system for subsequent review.	June	December
Recognition	For programs that have been denied recognition, the institution compiles a written response to the review comments and uploads it to the online document review system.	August	February of following year
Recognition	The self-accreditation result review committee performs a second review.	August	February of following year

Stage	Task	When	
	The self-accreditation recognition committee performs a second review of the self-accreditation results of the institution. The Council notifies the institution of the self-accreditation recognition results. For programs that have been granted recognition, the institution compiles the revised self-accreditation report (including a table of revisions and a written response to review comments) and uploads it to the online document review system for subsequent review.	September	March of following year

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