# HEEACT Recognition of Self-Accreditation

# Handbook

# (2024-2029)

# Table of Contents

# I. Introduction

## 1. Background

To implement institutional autonomy and guide higher education institutions (HEIs) in establishing comprehensive self-accreditation mechanisms, the Ministry of Education (MOE) promulgated the *Operating Principles for the Recognition of Self-Accreditation of Universities of Technology and Technical Colleges* on July 19, 2010, and the *Operating Principles for the Recognition of Self-Accreditation of Universities and Colleges* on July 17, 2012. HEIs whose self-accreditation mechanisms and results have been recognized by the MOE are eligible for an exemption from similar accreditations. Participating in the pilot program, 30 universities and colleges, as well as 23 universities of technology and technical colleges successfully completed the recognition process for their self-accreditation results.

In 2017, the MOE introduced a significant policy change regarding program accreditation, rendering it a voluntary task rather than a mandatory one. Considering institutional autonomy and self-accountability, HEIs can commission professional accreditation agencies for program accreditation. They may opt for self-accreditation, with the accreditation results subsequently recognized by the Higher Education Evaluation and Accreditation Council of Taiwan (hereinafter referred to as "HEEACT").

To assist HEIs in strengthening quality assurance (QA) and continuous improvement, as well as in aligning with the international trends in QA development, HEEACT has formulated the HEEACT Recognition of Self-Accreditation Handbook to serve as the basis for

recognizing the self-accreditation results of HEIs. From 2018 to 2023, HEEACT has completed the recognition of self-accreditation results for 21 HEIs.

The new cycle of the Recognition of Self-Accreditation will be implemented in stages from the academic years of 2024-2025 to 2029-2030. Eligible HEIs can submit applications to HEEACT. Upon receiving recognition for their self-accreditation mechanisms, HEIs can proceed with their self-accreditation process and undergo scheduled reviews for the recognition of self-accreditation results.

## 2. Goals of Recognition

Through the HEEACT Recognition of Self-Accreditation, HEEACT aims to:

(1) Assist HEIs in establishing their self-accreditation mechanisms and practices to highlight their distinctive educational features;

(2) Foster the implementation of self-accreditation and improvement mechanisms and deepen the internal QA culture in HEIs; and

(3) Provide QA-related information as a reference for the general public to understand the quality and operations of programs in HEIs.

# II. Standards, Core Indicators, and Core Indicator Descriptors

The recognition process is divided into two stages: (1) the recognition of self-accreditation mechanisms; and (2) the recognition of self-accreditation results. The latter includes both institution-level and program-level standards. The standards for both stages are outlined in Table 1. In addition, each HEI shall describe its current state of affairs based on standards, core indicators, and core indicator descriptors (refer to Appendix A for more detailed information). Relevant information and data shall be provided as a basis for the recognition process.

Table 1 Standards for HEEACT Recognition of Self-Accreditation

| Standards for the Recognition of Self-Accreditation Mechanisms | Standards for the Recognition of Self-Accreditation Results | |
|---|---|---|
| | Institution-level | Program-level |
| 1. Regulations of self-accreditation<br>2. Organization and operations of the Self-Accreditation Steering Committee<br>3. Appointment and training of reviewers<br>4. Self-accreditation standards and core indicators<br>5. Self-accreditation process | 1. Regulations and meeting minutes for self-accreditation<br>2. Appointment of members to the Self-Accreditation Steering Committee and reviewers<br>3. Implementation of the self-accreditation process | 1. Regulations and meeting minutes for self-accreditation<br>2. Appointment of reviewers<br>3. Implementation of the self-accreditation process<br>4. Presentation of self-accreditation results |

| Standards for the Recognition of Self-Accreditation Mechanisms | Standards for the Recognition of Self-Accreditation Results | |
| --- | --- | --- |
| | Institution-level | Program-level |
| 6. Self-accreditation support systems<br>7. Handling and improvement of self-accreditation results<br>8. Review and feedback mechanisms for self-accreditation | 4. Presentation and announcement of self-accreditation results<br>5. Handling, improvement, and utilization of self-accreditation results<br>6. Review and feedback for the self-accreditation process | 5. Improvement and management of self-accreditation results |

# III. Recognition Process

## 1. Eligible HEIs

The applicant(s) shall meet one of the following requirements:

(1) The institution has participated in the pilot of self-accreditation launched by the Ministry of Education or has received the recognition of self-accreditation from HEEACT; or

(2) In the most recent accreditation cycle, at least ninety percent of the departments and graduate institutes of the institution that were evaluated received the highest rated results from professional accreditation agencies.

HEIs eligible for the HEEACT Recognition of Self-Accreditation may submit the following requests for their newly established departments/graduate institutes/degree-granting programs/degree levels or programs requiring follow-up recognition:

(1) Submission of self-accreditation results in separated years[1]: applicable for newly established departments/graduate institutes that cannot conduct concurrent self-accreditation with others within the HEI;

(2) Postponing the recognition of self-accreditation results [2]: applicable for new degree levels or daytime/evening programs established after the HEI has completed the recognition of self-accreditation; and

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[1] For programs undergoing "submission of self-accreditation results in separate years," the timeline, standards, procedures, as well as subsequent procedures and validation periods of the results are the same as those for the "recognition of self-assessment results".

[2] For programs undergoing "postponing the recognition of self-accreditation results," the timeline, standards, procedures, as well as subsequent procedures and validation periods of the results are the same as those for the "recognition of self-assessment results".

(3) Follow-up recognition of self-accreditation results [3] : applicable for programs whose previous self-accreditation results align with HEEACT's results of "Accredited with a validation period of 3 years" or "Re-accreditation" based on degree levels.

## 2. Timeline

HEIs shall submit their action plans for self-accreditation mechanisms with the number of programs (including those undergoing split-year recognition) to HEEACT by January of the preceding year.

Upon receiving the recognition of self-accreditation mechanisms, HEIs may submit the following requests within the validation period for the recognition of self-accreditation mechanisms[4]:

(1) Submission of self-accreditation results in separate years: submit an application for newly established departments/graduate institutes by January of the year preceding the submission of the reports for self-accreditation results; and

(2) Postponing the recognition of self-accreditation results/Follow-up recognition of self-accreditation results: submit an application for newly established degree levels or daytime/evening programs six months before the submission of the (follow-up) reports for self-accreditation results.

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[3] For programs undergoing "follow-up recognition of self-accreditation results," the timeline, standards, procedures, as well as subsequent procedures and validation periods of the results are the same as those for the "recognition of self-assessment results".

[4] The validation period for the recognition of self-accreditation mechanisms is six years from the day after receiving the recognition.

The review cycle occurs twice a year. HEIs may submit their action plans for self-accreditation mechanisms or reports for self-accreditation results by either August 15 or February 15, based on their validation periods and needs. Please refer to Appendix B for the timeline.

## 3. Stages and Procedures

The recognition of the self-accreditation mechanisms will be conducted on a HEI basis, with each HEI completing an action plan for self-accreditation mechanisms based on the established standards. Upon receiving the recognition, the HEI shall conduct self-accreditation based on its mechanisms and complete reports for self-accreditation results according to the established standards. The recognition of the self-accreditation results will be conducted on a program basis. The recognition stages are illustrated in Figure 1, and the procedures are explained as follows:

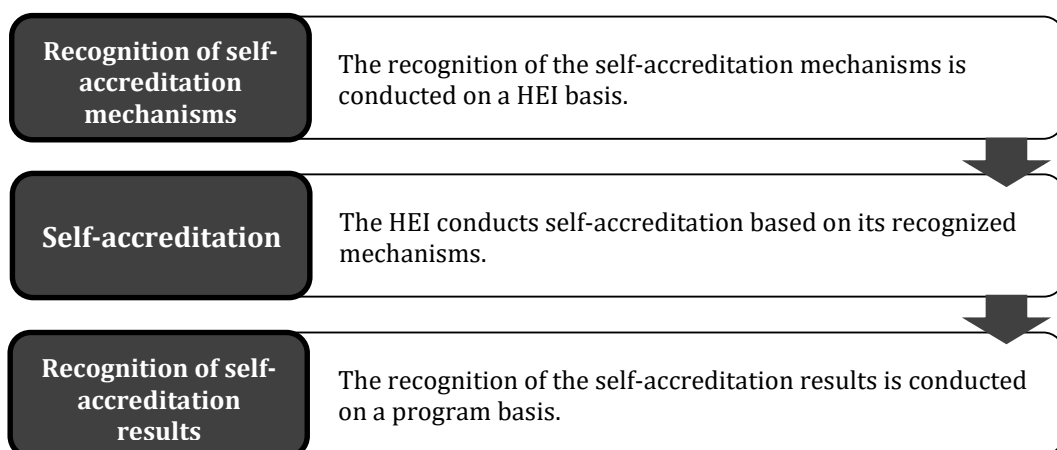| Recognition of self-accreditation mechanisms | The recognition of the self-accreditation mechanisms is conducted on a HEI basis. |
| --- | --- |
| Self-accreditation | The HEI conducts self-accreditation based on its recognized mechanisms. |
| Recognition of self-accreditation results | The recognition of the self-accreditation results is conducted on a program basis. |

Figure 1 Stages for the recognition of self-accreditation

(1) Recognition of self-accreditation mechanisms

The recognition of self-accreditation mechanisms aims to review an HEI's action plan for self-accreditation mechanisms, related

procedures, and regulations according to HEEACT's established standards. Each HEI shall submit its action plan for self-accreditation mechanisms as the primary basis for the review and recognition.

A. Action plan for self-accreditation mechanisms

The main content of an action plan shall not exceed 120 pages and shall be written in 14-point standard DFKai-SB font with 24-point spacing. After an HEI passes the initial review of the action plan, it shall submit two hard copies by delivering an official document. Additionally, it is required to submit the electronic version of the action plan (including supporting documentation) to the online system designated by HEEACT.

B. Review procedures

The review procedures for the recognition of self-accreditation mechanisms consist of four phases: (a) Initial review; (b) Review; (c) Recognition; and (d) Subsequent procedures after recognition.

(a) Initial review

Within two weeks after the receipt of the action plan, HEEACT will conduct an initial review based on the completeness of the supporting documentation. If additional information is required, an HEI shall submit supplemental documents within two weeks for subsequent review.

(b) Review

HEEACT's Mechanism Review Panel will review an HEI's action plan and propose inquiries or questions if necessary. The HEI shall upload its written response to the inquiries or questions to the designated online system within two weeks. Subsequently, the Review Panel will conduct document review of the provided information and

data.

(c) Recognition

HEEACT's Recognition Committee will review the self-accreditation mechanisms of each HEI. An HEI may receive one of the following statuses: (1) Recognition granted; or (2) Recognition denied, as notified by HEEACT through an official document.

(d) Subsequent procedures after recognition

An HEI that receives recognition must revise its action plan based on the review comments. Its revised version of the action plan, along with a written response to the review comments, must be uploaded to the designated online system within three weeks. The Self-Accreditation Mechanism Recognition Working Group will conduct subsequent review until the revision is completed and approved.

An HEI that does not receive recognition will undergo another round of document/presentation review based on the review comments. Its revised version of the action plan, along with a written response to the review comments, must be uploaded to the designated online system within six weeks. The Self-Accreditation Mechanism Recognition Working Group will conduct subsequent review, followed by the Recognition Committee's second round of review. HEEACT will notify the HEI of the second round of recognition result through an official document.

An HEI that receives recognition in the second round must revise its action plan based on the review comments. The revised version of the action plan, along with a written response to the review comments, must be uploaded to the designated online system within three weeks. These documents will undergo subsequent review until the revision is completed and approved. An HEI that does not receive recognition in

the second round may reapply for the recognition of self-accreditation mechanisms after one year.

Please refer to Table 2 for more details on the recognition results of self-accreditation mechanisms. The review procedures for the recognition of self-accreditation mechanisms are illustrated in Figure 2.

Table 2 Recognition results of self-accreditation mechanisms

| Recognition Results | Subsequent Procedures |
|---|---|
| Recognition granted | 1. An HEI uploads its revised version of the action plan, along with a written response to the review comments, to the designated online system within three weeks. These documents will undergo subsequent review until the revision is completed and approved.<br>2. An HEI that receives recognition may conduct self-accreditation and proceed to the recognition of self-accreditation results. |
| Recognition denied | 1. An HEI uploads its revised version of the action plan, along with a written response to the review comments, to the designated online system within six weeks. These documents will undergo a second round of review.<br>2. An HEI that does not receive recognition in the second round may reapply for the recognition of self-accreditation mechanisms after one year. |

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┌─────────────────────────────┐
│   The HEI uploads its action plan for   │
│     self-accreditation mechanisms.      │
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      ╱  initial review based on  ╲ ───────────────────▶  │ supplemental documents │
      ╲  the completeness of the  ╱                        │   within two weeks.    │
       ╲  supporting documentation. ╱                       └──────────────────┘
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│      or questions if necessary.        │
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│  The HEI uploads its written response  │
│  to the inquiries or questions within  │
│              two weeks.                │
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      ╲  notifies the HEI of the     ╱
       ╲ recognition result through an ╱
        ╲   official document.   ╱
         ╲─────────────╱
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 Recognition                  Recognition
   granted                      denied
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        ▼                        ▼
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│ revised version of the │   │ written response to the │
│   action plan within   │   │ review comments within │
│     three weeks.       │   │      six weeks.        │
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                         │     second round of    │
                         │  document/presentation review. │
                         └──────────────────┘
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                           ╱  After the Recognition  ╲
                          ╱ Committee's second round of ╲
                          ╲  review, HEEACT notifies the ╱
                           ╲ HEI of the recognition result ╱
                            ╲ through an official document. ╱
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                 Recognition               Recognition
                   granted                    denied
                        │                        │
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              ┌──────────────────┐   ┌──────────────────┐
              │  The HEI submits its  │   │  The HEI may reapply for │
              │ revised version of the │   │ the recognition of self- │
              │   action plan within   │   │ accreditation mechanisms │
              │     three weeks.       │   │     after one year.      │
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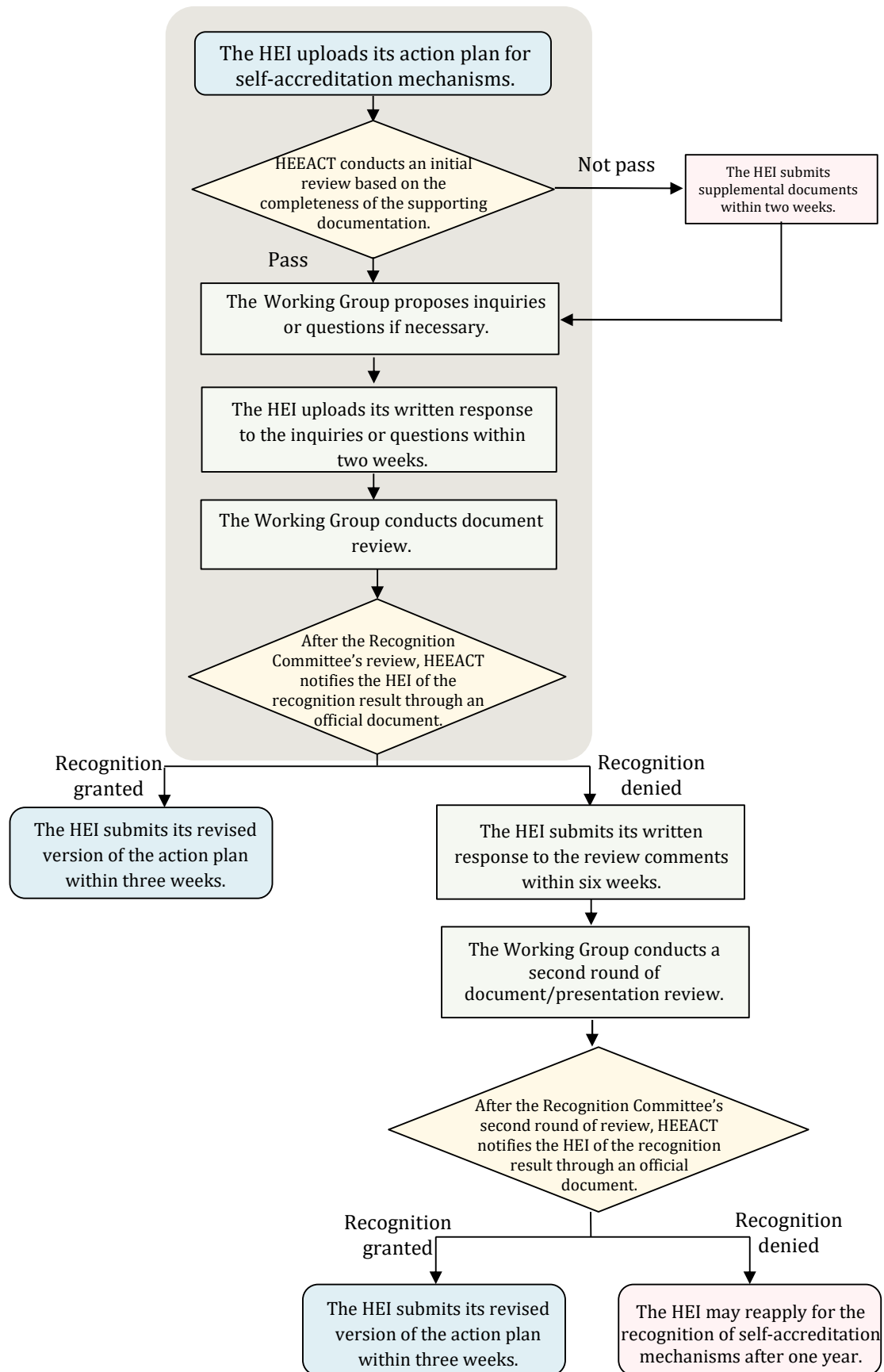
Figure 2 Review procedures for the recognition of self-accreditation mechanisms

(2) Recognition of self-accreditation results

The recognition of self-accreditation results is grounded in the action plans of self-accreditation mechanisms recognized by HEEACT. Following the Plan-Do-Check-Act (PDCA) QA cycle, an HEI is assessed to determine if it implements self-accreditation for each program according to the recognized action plan. The review procedures for the recognition of self-accreditation results revolve around the processes, outcomes, and improvement efforts made by each program. After the HEI's action plan for self-accreditation mechanisms is recognized, its programs may proceed with subsequent self-accreditation and submit their reports for self-accreditation results for further review and recognition.

A. Reports for self-accreditation results

Reports for self-accreditation results comprise two parts: institution-level and program-level. The part for the institution-level content shall not exceed 60 pages and shall be written in 14-point standard DFKai-SB font with 24-point spacing. Please refer to Appendix D for the report format of the institution-level part. As for the program-level part, it shall be written in 14-point standard DFKai-SB font using the "Checklist for the Recognition of Self-Accreditation Results". The  program-level content is limited to 3 to 5 pages per program.

Follow-up reports for self-accreditation results comprises two parts: institution-level and program-level. The part for the institution-level content shall not exceed 30 pages and shall be written in 14-point standard DFKai-SB font. Please refer to Appendix F for the follow-up report format of the institution-level part. As for the program-level part,

it shall be written in 14-point standard DFKai-SB font using the "Checklist for the Follow-up Recognition of Self-Accreditation Results". The program-level is limited to 3 to 5 pages per program.

After an HEI passes the initial review of the reports, it shall submit two hard copies, specifically for the institution-level part, by delivering an official document. Additionally, the HEI and its programs are required to submit the electronic version of their reports (including supporting documentation) to the online system designated by HEEACT.

B. Review procedures

The review procedures for the recognition of self-accreditation results consist of four phases: (a) Initial review; (b) Review; (c) Recognition; and (d) Subsequent procedures after recognition.

(a) Initial review

Within two weeks after the receipt of the reports, HEEACT will conduct an initial review based on the completeness of the supporting documentation. If additional information is required, an HEI and its programs shall submit supplemental documents within two weeks for subsequent review.

(b) Review

HEEACT's Self-Accreditation Result Recognition Working Group will review the reports submitted by the HEI and its programs, proposing inquiries or questions if necessary. The HEI and its programs shall upload their written responses to the inquiries or questions to the designated online system within two weeks. Subsequently, the Self-Accreditation Result Recognition Working Group will conduct document review of the provided information and data.

(c) Recognition

HEEACT's The Self-Accreditation Recognition Committee will review the self-accreditation results. A program may receive one of the following statuses: (1) Recognition granted; or (2) Recognition denied, as notified by HEEACT through an official document.

(d) Subsequent procedures after recognition

An HEI and its programs that receive recognition must revise their reports based on the review comments. Their revised version of the reports, along with written responses to the review comments, must be uploaded to the designated online system within three weeks. The Self-Accreditation Result Recognition Working Group will conduct subsequent review until the revision is completed and approved.

A program that does not receive recognition will undergo another round of document/presentation review based on the review comments. Its revised version of the report, along with a written response to the review comments, must be uploaded to the designated online system within six weeks. The Self-Accreditation Result Recognition Working Group will conduct subsequent review, followed by the Self-Accreditation Recognition Committee's second round of review. HEEACT will notify the program of the second round of recognition result(s) through an official document.

A program that receives recognition in the second round must revise its report based on the review comments. The revised version of the report, along with a written response to the review comments, must be uploaded to the designated online system within three weeks. These documents will undergo subsequent review until the revision is completed and approved. A program that does not receive recognition in the second round may file a written appeal to HEEACT in accordance

with the *Regulations Governing the Review of Appeals against Results of Higher Education Accreditation and Other Quality Assurance Related Thereto*.

Please refer to Table 3 for more details on the recognition results of self-accreditation. The review procedures for the recognition of self-accreditation results are illustrated in Figure 3.

Table 3 Recognition results of self-accreditation

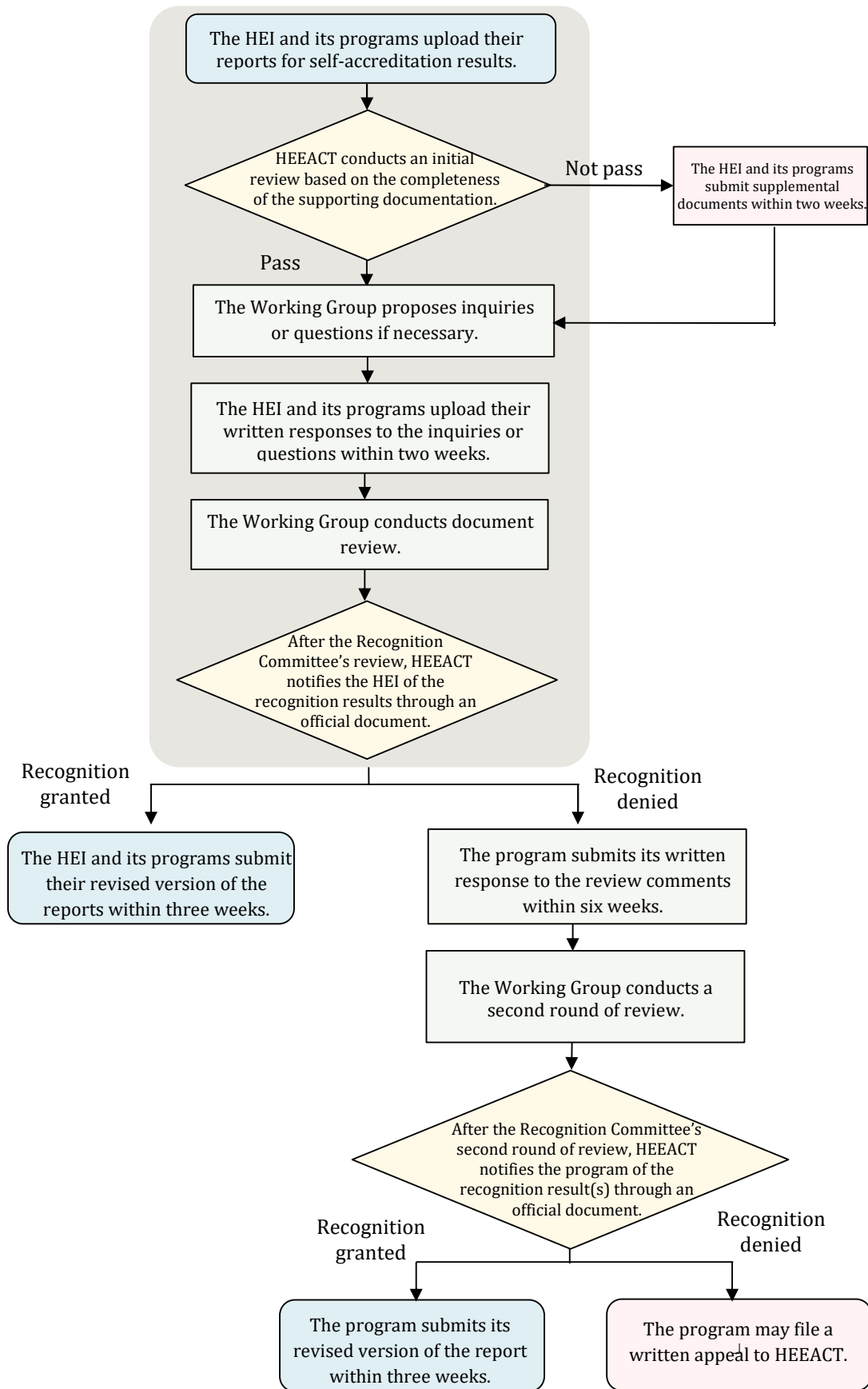| Recognition Results | Subsequent Procedures |
|---|---|
| Recognition granted | 1. An HEI and its programs upload their revised version of the reports, along with written responses to the review comments, to the designated online system within three weeks. These documents will undergo subsequent review until the revision is completed and approved.<br>2. An HEI may announce the self-accreditation results in accordance with its recognized action plan. |
| Recognition denied | 1. A program uploads its revised version of the report, along with a written response to the review comments, to the designated online system within six weeks. These documents will undergo a second round of review.<br>2. A program that does not receive recognition in the second round may file a written appeal to HEEACT. |

The HEI and its programs upload their reports for self-accreditation results.

HEEACT conducts an initial review based on the completeness of the supporting documentation.

Not pass → The HEI and its programs submit supplemental documents within two weeks.

Pass

The Working Group proposes inquiries or questions if necessary.

The HEI and its programs upload their written responses to the inquiries or questions within two weeks.

The Working Group conducts document review.

After the Recognition Committee's review, HEEACT notifies the HEI of the recognition results through an official document.

Recognition granted

The HEI and its programs submit their revised version of the reports within three weeks.

Recognition denied

The program submits its written response to the review comments within six weeks.

The Working Group conducts a second round of review.

After the Recognition Committee's second round of review, HEEACT notifies the program of the recognition result(s) through an official document.

Recognition granted

The program submits its revised version of the report within three weeks.

Recognition denied

The program may file a written appeal to HEEACT.

Figure 3 Review procedures for the recognition of self-accreditation results

## 4. Validation Periods of Recognition

After the self-accreditation results are recognized, HEEACT will align them with its accreditation results to determine the validation period. A table comparing HEEACT's accreditation results and self-accreditation results is presented in Table 4.

Table 4 A comparison table of accreditation results and recognition results

| HEEACT's Accreditation Results | Recognition of Self-Accreditation |
| --- | --- |
| Accredited with a validation period of 6 years | A validation period of 6 years |
| Accredited with a validation period of 3 years | A validation period of 3 years |
| Re-accreditation | N/A |

Regarding the programs recognized with a validation period of 3 years, after their follow-up accreditation results are recognized, HEEACT will align them with its accreditation outcomes to determine and extend the original validation period. A table comparing HEEACT follow-up accreditation results and self-accreditation results is presented in Table 5.

Table 5 A comparison table of follow-up accreditation results and recognition results

| HEEACT Follow-up Accreditation Results | Recognition of Self-Accreditation |
|:---:|:---:|
| Extension granted – a validation period of 3 years | Extension granted with an additional validation period of 3 years |
| Extension denied | N/A |

HEEACT will issue certificates in Traditional Chinese and English for each recognized program. Both certificates will state the accreditation results by HEEACT for each degree level. The accreditation results will be published on the HEEACT's official website as well as the Taiwan Quality Institution Directory (TQID) website.

## 5. Recognition Fees

The recognition fees include (1) an application fee; (2) review fees for the recognition of self-accreditation mechanisms and results; (3) a fee for the re-recognition of self-accreditation mechanisms; (4) a review fee for the postponing the recognition of self-accreditation results; and (5) a review fee for the follow-up recognition of self-accreditation results.

The application fee is charged on a HEI basis and is based on the number of its programs seeking HEEACT's Recognition of Self-Accreditation. The review fees for the recognition of self-accreditation mechanisms and results are charged on a program basis.

**Appendix A Standards, Core Indicators, and Core Indicator Descriptors**

# Standards, Core Indicators, and Core Indicator Descriptors

## I. Recognition of Self-Accreditation Mechanisms

## 1. Regulations of self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 1-1 Procedures and announcement for the revisions to regulations related to self-accreditation | 1. The revisions to regulations related to self-accreditation are implemented upon approval by the Administrative Meeting or the Institutional Council. | 1. Regulations related to self-accreditation<br>2. Meeting minutes of the latest version of regulations related to self-accreditation approved by the Administrative Meeting or the Institutional Council<br>3. A comparison table of revisions to regulations related to self-accreditation after the previous cycle of HEEACT Recognition of Self-Accreditation (applicable to HEIs who underwent HEEACT Recognition of Self-Accreditation before) |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | 2. The HEI has established a quality assurance (QA) area on its homepage, where the latest version of the regulations related to self-accreditation is published. | 1. A link to the QA area on the HEI's homepage<br>2. A link to the latest version of regulations related to self-accreditation |
| 1-2 Self-Accreditation Mechanisms stipulated in the regulations related to self-accreditation | 1. Organization: The organizational structure for self-accreditation is clearly defined, including the Self-Accreditation Committee, and committees/task forces at various levels. | 1. Regulations related to self-accreditation<br>2. An organizational structure/diagram for self-accreditation (including the Self-Accreditation Committee, and committees/task forces at various levels) |
| | 2. Scope: Academic units to undergo self-accreditation are specified. | 1. Regulations related to self-accreditation<br>2. A list of academic units undergoing self-accreditation in this cycle |
| | 3. Funding sources: The funding required for self-accreditation is specified. | 1. Regulations related to self-accreditation |
| | 4. Timelines: The self-accreditation cycle is specified. | 1. Regulations related to self-accreditation |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | 5. Dedicated units: The units responsible for self-accreditation are designated. | 1. Regulations related to self-accreditation |
| | 6. Self-accreditation standards: The self-accreditation standards (including goals and curriculum, faculty and teaching, students and learning, the effectiveness of program operations, and self-improvement mechanisms) are clearly defined. | 1. Regulations related to self-accreditation |
| | 7. Self-accreditation results: There categories or types of self-accreditation results are clearly defined. | 1. Regulations related to self-accreditation |
| | 8. Announcement of self-accreditation results: The methods and content (including on-site visit reports) for the announcement of self-accreditation results are specified. | 1. Regulations related to self-accreditation |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | 9. Integration with the institutional development plan: The integration of self-accreditation results with the institutional development plan is clearly defined. | 1. Regulations related to self-accreditation |

## 2. Organization and operations of the Self-Accreditation Steering Committee

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 2-1 Operations of the Steering Committee stipulated in the regulations related to self-accreditation | 1. The composition, tasks, and term of the Steering Committee are clearly defined. The number of external committee members accounts for at least three-fifths of the total committee members. | 1. Regulations related to self-accreditation |
| | 2. The invitation, appointment, and changes for the members of the Steering Committee comply with the regulations related to self- | 1. Regulations related to self-accreditation<br>2. A list of Steering Committee members (including educational qualifications and professional experiences) |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
|  | accreditation. | 3. Documents for the approved list of Steering Committee members<br>4. Documents for changes in the composition of the Steering Committee<br>5. Documents for the appointment of Steering Committee members |

## 3. Appointment and training of reviewers

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 3-1 Appointment and Training of reviewers stipulated in the regulations related to self-accreditation | 1. The number (including the planning for reviewers from colleges/academic fields or co-reviewers, with at least two-thirds of external reviewers), the appointment process, qualifications, term, and responsibilities of reviewers are clearly defined. | 1. Regulations related to self-accreditation |
|  | 2. The training mechanism, including the Principles for Ethics and Avoidance of | 1. Regulations related to self-accreditation<br>2. An outline of the Reviewer Manual |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | Conflict of Interest, for reviewers is clearly outlined. | (including the Consent Form for Ethics and Avoidance of Conflict of Interest for Reviewers) |

## 4. Self-accreditation standards and core indicators

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 4-1 Development Process of self-accreditation standards and core indicators | 1. The development process of self-accreditation standards and core indicators, along with a mechanism for collecting opinions from relevant units, is clearly explained. | 1. Records of feedback and opinions from relevant units (including the academic units undergoing self-accreditation) on self-accreditation standards and core indicators |
| 4-2 Meaning of self-accreditation standards and core indicators | 1. The meaning of self-accreditation standards and core indicators is clearly explained. | 1. Self-accreditation standards and core indicators |

## 5. Self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 5-1 Management mechanism for the self-accreditation timeline | 1. There is a management mechanism in place for the execution of the self-accreditation timeline. | 1. The self-accreditation timeline (including responsible units) |
| 5-2 Development and content of the self-assessment report (SAR) | 1. Diverse approaches are employed to collect institutional information, including categories of data collection and subjects. In the SAR, the collected institutional information is integrated and analyzed. | 1. A SAR (format)<br>2. Multi-dimensional categories of institutional information (e.g., basic quantitative data, IR analysis reports, feedback and opinions from stakeholders, etc.) |
| 5-3 Procedures and itinerary for the on-site visit | 1. The itinerary for an on-site visit includes academic units' presentations, document review, visitations of facilities and equipment, group/one-on-one meetings with stakeholders, and the completion of an on-site visit report. | 1. An agenda for the on-site visit (template)<br>2. An on-site visit report (including format and writing guidelines) |
| 5-4 Appeals mechanisms | 1. The appeals mechanisms, including | 1. Regulations related to self-accreditation |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| stipulated in the regulations related to self-accreditation | the criteria for appeals and the responsible unit, are specified. | 2. Documents related to appeals |

## 6.  Self-accreditation support systems

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 6-1 Budget, human resources, and administrative support for self-accreditation | 1. The budget, human resources, and administrative support (e.g., the establishment of relevant regulations, communication and promotion, and problem-solving) for self-accreditation are clearly explained. | 1. Budget allocation for self-accreditation<br>2. Work distribution of human resources and administrative support (including the responsible units) |
| 6-2 Training mechanisms for in-house personnel stipulated in the regulations related to self-accreditation | 1. The training mechanisms, including participants, requirements, and frequency, for in-house personnel who participate in self-accreditation are specified. | 1. Regulations related to self-accreditation |

## 7. Handling and improvement of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 7-1 Judging criteria and reference for self-accreditation results | 1. The judging criteria for self-accreditation results are established. | 1. Judging criteria (e.g., an evaluation checklist) for self-accreditation results |
| | 2. The self-accreditation results align with HEEACT's accreditation results (i.e., "Accredited with a validation period of 6 years," "Accredited with a validation period of 3 years," and "Re-accreditation"). | 1. A comparison table of self-accreditation results and HEEACT's accreditation results |
| 7-2 Subsequent procedures for self-accreditation results | 1. The handling procedures for various types of self-accreditation results are clearly defined. | 1. Regulations related to self-accreditation<br>2. Subsequent procedures for self-accreditation results |
| 7-3 Review and improvement mechanisms for self-accreditation results | 1. The mechanisms for reviewing, handling, and managing institution-level and program-level self-accreditation results are clearly defined. | 1. Regulations related to self-accreditation<br>2. A program-level self-improvement plan (including format and writing guidelines)<br>3. A list of improvement situations at the institution/college/program level (format) |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | | 4. A list for handling and managing improvement situations at the institution/college/program level (format) |
| | 2. The dedicated units/committees responsible for overseeing and managing the review and improvement mechanisms of self-accreditation results are specified. | 1. Regulations related to self-accreditation |
| 7-4 Follow-up mechanisms for programs not receiving the result of "Accredited with a validation period of 6 years" in correspondence with HEEACT's accreditation results | 1. The follow-up mechanisms (including follow-up items, procedures, and judging criteria for results) are established for programs not receiving the result of "Accredited with a validation period of 6 years". | 1. An action plan for self-accreditation mechanisms (including self-accreditation follow-up mechanisms) <br> 2. A follow-up report for self-accreditation results (including format and writing guidelines) |
| | 2. The follow-up mechanism for the appointment and composition of reviewers is established. | 1. An action plan for self-accreditation mechanisms (including self-accreditation follow-up mechanisms) |

## 8. Review and feedback mechanisms for self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 8-1 Review and feedback mechanisms for self-accreditation | 1. The procedures for collecting feedback and opinions on self-accreditation (including planning, execution, and results) from the Steering Committee, reviewers, and the evaluated academic units are established. | 1. Methods for feedback collection (e.g., surveys) |
| | 2. The mechanisms, including the analytic methods, for handling and improving the collected feedback and opinions are established. | |

## II. Recognition of Self-Accreditation Results – the Institution Level

### 1. Regulations and meeting minutes for self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 1-1 Completeness and disclosure of the minutes of meetings related to self-accreditation | 1. The meetings related to self-accreditation are convened with complete meeting minutes, including content and participants. | 1. A list of minutes of meetings related to self-accreditation (including coding, dates, meeting topics, summaries of meeting content, and a list for appendices)<br>2. Minutes of meetings for the institution/college-level task forces/committees (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. Minutes of the Steering Committee meetings (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| | 2. The HEI has established a QA area on its homepage and appropriately | 1. A link to the QA area on the HEI's homepage |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | disclosed relevant meeting minutes, at least those of the Steering Committee. | 2. A public link to the minutes of meetings related to self-accreditation |
| 1-2 Revisions and announcement of regulations related to self-accreditation | 1. After the action plan for self-accreditation mechanisms is recognized, the regulations related to self-accreditation undergo revisions following the established procedures and are published in the HEI's QA area on its homepage. | 1. Regulations related to self-accreditation<br>2. A comparison table of amended regulations related to self-accreditation<br>3. A link to the latest version of regulations related to self-accreditation<br>4. Documents for the approval of regulations related to self-accreditation (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| 1-3 Revisions to the self-accreditation mechanisms | 1. After the action plan for self-accreditation mechanisms is recognized, the self-accreditation mechanisms undergo revisions following the established procedures. | 1. An action plan for self-accreditation mechanisms (revised)<br>2. A comparison table of revisions to the action plan for self-accreditation mechanisms<br>3. Documents for the revisions to the self- |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | | accreditation mechanisms (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## 2. Appointment of members to the Self-Accreditation Steering Committee and reviewers

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 2-1 Appointment of members to the institution/college-level committees/task forces related to self-accreditation | 1. The invitation, appointment, and changes for the members of the Steering Committee comply with the regulations related to self-accreditation. | 1. Regulations related to self-accreditation<br>2. A list of Steering Committee members (including educational qualifications and professional experiences)<br>3. An approved list of Steering Committee members (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>4. Documents for changes in the composition of the Steering Committee<br>5. Documents for the appointment of |

32

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
| --- | --- | --- |
| | | Steering Committee members |
| | 2. The composition of members to the institution/college-level committees/task forces related to self-accreditation comply with the regulations related to self-accreditation. | 1. Regulations related to self-accreditation<br>2. A list of members to the institution/college-level committees/task forces related to self-accreditation |
| 2-2 Appointment of reviewers | 1. The invitation, appointment, and changes of reviewers comply with the regulations related to self-accreditation. | 1. Regulations related to self-accreditation<br>2. An approved list of reviewers (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. Documents for changes in the composition of reviewers<br>4. Documents for the appointment of reviewers |
| | 2. The training sessions for reviewers are organized. | 1. The content and outcomes of training sessions (including time, locations, speakers, presentation slides, names of |

33

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
|  |  | reviewers, and the units evaluated by each reviewer) 2. The Reviewer Manual (including the Consent Form for Ethics and Avoidance of Conflict of Interest for Reviewers) |

## 3. Implementation of the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 3-1 Management of the self-accreditation timeline | 1. The management of the self-accreditation timeline is clearly explained. | 1. A comparison table between the planned and actual implementation of the self-accreditation timeline (including dedicated units) |
| 3-2 Implementation of self-accreditation | 1. Diverse approaches are employed to collect institutional information, including categories of data collection and subjects. In the SAR, the collected institutional | 1. Methods and subjects involved in data collection for the SAR 2. Integration and analysis of educational information for the SAR |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | information is integrated and analyzed. | |
| | 2. The implementation of the on-site visit procedures is clearly explained, and the on-site visit is completed. | 1. An on-site visit schedule 2. An agenda for the on-site visit (template) |
| | 3. The implementation of the appeals process, or the absence of appeals, is clearly explained. | 1. Regulations related to self-accreditation 2. Meeting minutes related to the handling of appeals (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| 3-3 Support and in-house training sessions for self-accreditation | 1. The budget, human resources, and administrative support for self-accreditation are clearly explained. | 1. A statement of expenditures 2. Work distribution of human resources and administrative support |
| | 2. The training sessions related to self-accreditation for in-house personnel are organized. | 1. A list of in-house personnel participating in the training sessions (including the names and units of participants) 2. The content and outcomes of training sessions (including time, locations, speakers, and training slides/materials) |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

## 4. Presentation and announcement of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 4-1 Judging criteria and reference for self-accreditation results | 1. The on-site visit report and self-accreditation results for the program are determined based on the established judging criteria. | 1. An on-site visit report (including format and writing guidelines) and the judging criteria<br>2. A checklist for reviewing the on-site visit report and self-accreditation results of each program (including format, writing guidelines, and judging criteria) |
| | 2. The self-accreditation results align with HEEACT's accreditation results (i.e., "Accredited with a validation period of 6 years," "Accredited with a validation period of 3 years," and "Re-accreditation"). | 1. A comparison table of self-accreditation results and HEEACT's accreditation results |
| 4-2 Announcement and content of self-accreditation results | 1. The announcement methods and content of self-accreditation results to stakeholders comply with the regulations related to self- | 1. A link where the self-accreditation results (including the on-site visit report) are published |

36

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | accreditation. | |

## 5. Handling, improvement, and utilization of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 5-1 Management and resources for improving self-accreditation results | 1. The management of strategies, timelines, and implementation for improving self-accreditation results is clearly explained. | 1. Meeting minutes related to the handling, improvement, and utilization of self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) <br> 2. A list of improvement situations at the institution/college/program level |
| | 2. Various resources are provided for the improvement of self-accreditation results, including addressing opinions at the institution/college level. | 1. A program-level self-improvement plan (including format and writing guidelines) <br> 2. Meeting minutes related to the handling, improvement, and utilization of self-accreditation results (corresponding to the list of appendices in the list of minutes of |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | | meetings related to self-accreditation)<br>3. A list for handling and managing the improvement situations at the institution/college/program level |
| 5-2 Integration of self-accreditation results with the institutional development plan | 1. The integration of self-accreditation results with the institutional development plan is clearly explained. | 1. Meeting minutes related to the handling, improvement, and utilization of self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## 6. Review and feedback for the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 6-1 Review and feedback for self-accreditation | 1. The review and feedback process (from the Steering Committee, reviewers, and the evaluated units) is conducted for the planning, implementation, and results of self- | 1. The analysis/report of feedback and opinions on the planning, implementation, and results of self-accreditation<br>2. Meeting minutes related to the review and feedback process of self-accreditation |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | accreditation. | (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

# III. Recognition of Self-Accreditation Results – the Program Level

## 1. Regulations and meeting minutes for self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 1-1 Completeness of the minutes of meetings related to self-accreditation | 1. The program-level committees/task forces have been established. | 1. A program-level committees/task forces |
| | 2. The meetings related to self-accreditation are convened with complete meeting minutes, including content and participants. | 1. A list of minutes of meetings related to self-accreditation (including coding, dates, meeting topics, summaries of meeting content, and a list for appendices) 2. Minutes of meetings for the program-level task forces/committees (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| 1-2 Revisions and announcement of regulations related to self-accreditation | 1. After the action plan for self-accreditation mechanisms is recognized, the regulations related to program-level self-accreditation undergo revisions following the established procedures and are | 1. Regulations related to program-level self-accreditation 2. A comparison table of amended regulations related to program-level self-accreditation 3. A link to the latest version of regulations |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | published on the program's website. (following the procedures at the institution level if those at the program level are not established). | related to program-level self-accreditation<br>4. Documents for the approval of regulations related to program-level self-accreditation (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## 2. Appointment of reviewers

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 2-1 Appointment of reviewers | 1. The invitation, appointment, and changes of reviewers comply with the regulations related to program-level self-accreditation. | 1. A list of recommended reviewers, including complete information on educational qualifications and professional experiences<br>2. A list of reviewers approved by the institution/college (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | | 3. Documents for the changes of reviewers<br>4. Documents for the appointment of reviewers |
| | 2. A list of reviewers, including educational qualifications and professional experiences, is provided. | 1. A list of reviewers, including complete information on educational qualifications and professional experiences |
| | 3. The reviewers have signed the Consent Form for Ethics and Avoidance of Conflict of Interest. | 1. The Consent Form for Ethics and Avoidance of Conflict of Interest for Reviewers |

## 3. Implementation of the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 3-1 Development of the SAR | 1. The development process and work distribution for the SAR are clearly explained. | 1. Work distribution for the SAR |
| 3-2 Implementation of self-accreditation | 1. The implementation of self-accreditation, including on-site visit | 1. An agenda for the on-site visit<br>2. A reviewer attendance sheet |

42

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | dates, procedures, and the attendance of reviewers, is clearly explained.<br>2. The implementation of the on-site visit procedures is clearly explained | |
| | 2. The implementation of the appeals process, or the absence of appeals, is clearly explained. | 1. Documents related to the handling of appeals |

## 4. Presentation of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 4-1 Presentation of self-accreditation results | 1. The judging criteria for program-level self-accreditation results are established. | 1. Judging criteria and results for program-level self-accreditation |
| | 2. The program has an on-site visit report. | 1. An on-site visit report (including signatures of reviewers) |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

## 5. Improvement and management of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 5-1 Improvement and management of self-accreditation results | 1. The improvement measures, implementation, and management of self-accreditation results comply with the HEI's action plan for self-accreditation mechanisms. | 1. A program-level self-improvement plan<br>2. A list for handling and managing the improvement situations at the institution/college/program level<br>3. Meeting minutes related to the improvement of self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

Note: The standards for the submission of self-accreditation results in separate years and postponing the recognition of self-accreditation results are the same as those for the recognition of self-accreditation results.

# IV. Follow-up Recognition of Self-Accreditation Results – the Institution Level

## 1. Regulations and meeting minutes related to self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 1-1 Completeness and disclosure of the minutes of meetings related to the follow-up self-accreditation | 1. The meetings related to self-accreditation are convened with complete meeting minutes, including content and participants. | 1. A list of minutes of meetings related to self-accreditation (including coding, dates, meeting topics, summaries of meeting content, and a list for appendices)<br>2. Minutes of meetings for the institution/college-level task forces/committees (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. Minutes of the Steering Committee meetings (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| | 2. The HEI has established a QA area on its homepage and appropriately disclosed relevant meeting minutes, | 1. A link to the QA area on the HEI's homepage<br>2. A public link to the minutes of meetings |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | at least those of the Steering Committee. | |
| 1-2 Revisions to the self-accreditation mechanisms | 1. The self-accreditation mechanisms undergo revisions following the established procedures. | 1. An action plan for self-accreditation mechanisms (revised)<br>2. A comparison table of revisions to the action plan for self-accreditation mechanisms<br>3. Documents relate to the approval of self-accreditation mechanisms (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## 2. Appointment of members to the Self-Accreditation Steering Committee and reviewers

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 2-1 Appointment of members to the institution/college- | 1. The invitation, appointment, and changes for the members of the | 1. Regulations related to self-accreditation<br>2. A list of Steering Committee members |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| level committees/task forces related to the follow-up self-accreditation | Steering Committee comply with the regulations related to self-accreditation | (including educational qualifications and professional experiences<br>3. An approved list of Steering Committee members (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>4. Documents for changes in the composition of the Steering Committee<br>5. Documents for the appointment of Steering Committee members |
| | 2. The composition of members to the institution/college-level committees/task forces related to self-accreditation comply with the regulations related to self-accreditation. | 1. Regulations related to self-accreditation<br>2. A list of members to the institution/college-level committees/task forces related to self-accreditation |
| 2-2 Appointment of reviewers for the follow-up self-accreditation | 1. The invitation, appointment, and changes of reviewers comply with the follow-up self-accreditation | 1. An action plan for self-accreditation mechanisms (including follow-up self-accreditation mechanisms) |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | mechanisms. | 2. An approved list of reviewers (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. Documents for changes in the composition of reviewers<br>4. Documents for the appointment of reviewers |
| | 2. The training sessions for reviewers are organized. | 1. The content and outcomes of training sessions (including time, locations, speakers, presentation slides, names of reviewers, and the units evaluated by each reviewer) |
| | 3. The reviewers have signed the Consent Form for Ethics and Avoidance of Conflict of Interest. | 1. The Consent Form for Ethics and Avoidance of Conflict of Interest for Reviewers |

## 3. Implementation of the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 3-1 Management of the follow-up self-accreditation timeline | 1. The management of the self-accreditation timeline is clearly explained. | 1. A comparison table between the planned and actual implementation of the self-accreditation timeline (including dedicated units) |
| 3-2 Implementation of the follow-up self-accreditation | 1. The implementation of on-site visit procedures, including related review procedures, for the follow-up recognition is clearly explained. | 1. An on-site visit schedule<br>2. An agenda for the on-site visit (template) |
| | 2. The implementation of the appeals process, or the absence of appeals, is clearly explained. | 1. Regulations related to self-accreditation<br>2. Meeting minutes related to the handling of appeals (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |
| 3-3 Support and in-house training sessions for the follow-up self-accreditation | 1. The budget, human resources, and administrative support for self-accreditation are clearly explained. | 1. A statement of expenditures<br>2. Work distribution of human resources and administrative support |
| | 2. The training sessions related to | 1. A list of in-house personnel participating in |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | follow-up self-accreditation mechanisms for in-house personnel are organized. | the training sessions (including the names and units of participants)<br>2. The explanations of the follow-up self-accreditation mechanisms (including time, location, and content) |

## 4. Presentation and announcement of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 4-1 Judging criteria for follow-up self-accreditation results | 1. The follow-up report and self-accreditation results for the program are determined based on the established judging criteria. | 1. A follow-up report (including format and writing guidelines)<br>2. A checklist for reviewing the follow-up report and self-accreditation results of each program (including format, writing guidelines, and judging criteria) |
| | 2. The follow-up self-accreditation results align with HEEACT's accreditation results (i.e., "Accredited with a validation period of 3 years," | 1. A comparison table of follow-up self-accreditation results and HEEACT's accreditation results |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | and "Re-accreditation"). | |
| 4-2 Announcement and content of follow-up self-accreditation results | 1. The announcement methods and content of follow-up self-accreditation results to stakeholders comply with the established self-accreditation mechanisms. | 1. A link where the follow-up self-accreditation results (including the follow-up report) are published |

## 5. Handling, improvement, and utilization of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 5-1 Management and resources for improving follow-up self-accreditation results | 1. The management of strategies, timelines, and implementation for improving follow-up self-accreditation results is clearly explained. | 1. Meeting minutes related to the handling, improvement, and utilization of follow-up self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>2. A list of improvement situations at the institution/college/program level |
| | 2. Various resources are provided for | 1. A program-level self-improvement plan |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | the improvement of follow-up self-accreditation results, including addressing opinions at the institution/college level. | (including format and writing guidelines)<br>2. Meeting minutes related to the handling, improvement, and utilization of follow-up self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. A list for handling and managing the improvement situations at the institution/college/program level |

## 6. Review and feedback for the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 6-1 Review and feedback for the follow-up self-accreditation | 1. The review and feedback process (from the Steering Committee, reviewers, and the evaluated units) is conducted for the planning, | 1. The analysis/report of feedback and opinions on the planning, implementation, and results of follow-up self-accreditation<br>2. Meeting minutes related to the review and |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
|  | implementation, and results of follow-up self-accreditation. | feedback process of follow-up self-accreditation (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

# V.  Follow-up Recognition of Self-Accreditation Results – the Program Level

## 1. Regulations and meeting minutes for self-accreditation

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 1-1 Completeness of the minutes of meetings related to follow-up self-accreditation | 1. The program-level committees/task forces have been established. | 1. A program-level committees/task forces |
| | 2. The meetings related to follow-up self-accreditation are convened with complete meeting minutes, including content and participants. | 1. A list of minutes of meetings related to self-accreditation (including coding, dates, meeting topics, summaries of meeting content, and a list for appendices)<br>2. Minutes of meetings for the program-level task forces/committees (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## 2. Appointment of reviewers

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 2-1 Appointment of reviewers for the follow-up self-accreditation | 1. The invitation, appointment, and changes of reviewers comply with the follow-up self-accreditation | 1. A list of recommended reviewers, including complete information on educational qualifications and professional |

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| | mechanisms. | experiences<br>2. A list of reviewers approved by the institution/college (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation)<br>3. Documents for the changes of reviewers<br>4. Documents for the appointment of reviewers |
| | 2. A list of reviewers, including educational qualifications and professional experiences, is provided. | 1. A list of reviewers, including complete information on educational qualifications and professional experiences |
| | 3. The reviewers have signed the Consent Form for Ethics and Avoidance of Conflict of Interest. | 1. The Consent Form for Ethics and Avoidance of Conflict of Interest for Reviewers |

## 3. Implementation of the self-accreditation process

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
|---|---|---|
| 3-1 Development of the follow-up SAR | 1. The development process and work distribution for the follow-up SAR are clearly explained. | 1. Work distribution for the follow-up SAR |
| 3-2 Implementation of follow-up self-accreditation | 1. The implementation of follow-up self-accreditation, including on-site visit dates, procedures, and the attendance of reviewers, is clearly explained. | 1. An agenda for the on-site visit<br>2. A reviewer attendance sheet or records related to the review procedures |
| | 2. The implementation of the appeals process, or the absence of appeals, is clearly explained. | 1. Documents related to the handling of appeals |

## 4. Presentation of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
| --- | --- | --- |
| 4-1 Presentation of follow-up self-accreditation results | 1. The judging criteria for program-level follow-up self-accreditation results are established. | 1. Judging criteria and results for program-level follow-up self-accreditation |
| | 2. The program has a follow-up report. | 1. A follow-up visit report (including signatures of reviewers) |

## 5. Improvement and management of self-accreditation results

| Core Indicators | Core Indicator Descriptors | Supporting Documentation |
| --- | --- | --- |
| 5-1 Improvement and management of follow-up self-accreditation results | 1. The improvement measures, implementation, and management of self-accreditation results comply with the follow-up self-accreditation mechanisms. | 1. A program-level self-improvement plan<br>2. A list for handling and managing the improvement situations at the institution/college/program level<br>3. Meeting minutes related to the improvement of follow-up self-accreditation results (corresponding to the list of appendices in the list of minutes of meetings related to self-accreditation) |

## Appendix B Schedule for the Recognition of Self-Accreditation

| Phases | Procedures | Time | |
|---|---|---|---|
| **Initial review** | The HEI submits its action plan for self-accreditation mechanisms or reports for self-accreditation results. | Mid-February | Mid-August |
| | HEEACT conducts an initial review of the action plan or reports. If additional information is required, the HEI will be informed to submit supplemental documents. | Mid-March | Mid-September |
| **Review** | HEEACT's Working Group proposes inquiries or questions if necessary. | April | October |
| | After the HEI/program submits its written response to the inquiries or questions, the Working Group conducts document review of the provided information and data. | June | December |
| **Recognition** | 1. HEEACT's Recognition Committee reviews the self-accreditation mechanisms/results.<br>2. The HEI will be notified of the recognition result(s) through an official document. | Mid-July | Next mid-January |
| **Subsequent procedures after recognition** | The HEI/program that receives recognition shall submits its revised version of the action plan or report, along with a written response to the review comments, for subsequent review. | August | Next February |

| Phases | Procedures | Time | |
|---|---|---|---|
| **Second round of review** | The HEI/program that does not receive recognition shall submit its revised version of the action plan or report, along with a written response to the review comments, for the second round of review. | October | Next April |
| **Second round of recognition** | 1. HEEACT's Recognition Committee conducts a second round of review of the self-accreditation mechanisms/results.<br>2. The HEI will be notified of the second round of the recognition result(s) through an official document. | November | Next May |
| **Subsequent procedures after the second round of recognition** | 1. The HEI/program that receives recognition shall submit its revised version of the action plan or report, along with a written response to the review comments, for subsequent review.<br>2. An HEI that does not receive recognition in the second round may reapply for the recognition of self-accreditation mechanisms after one year.<br>3. A program that does not receive recognition in the second round may file a written appeal to HEEACT. | December | Next June |

**HEEACT**