POLICIES AND PROCEDURES MANUAL

UNIVERSITY OF KHORFAKKAN

2024-2025

The Policies and Procedures Manual between your hands is a comprehensive guide that outlines the principles, policies, and procedures that govern the University of Khorfakkan. This manual serves as an essential resource to ensure that all University operations align with the Bylaws as well as the highest standards of excellence, integrity, and accountability.

As the university continues to grow and advance as a leading Higher Education Institution, it is crucial that all university community understand and adhere to the guidelines set forth in this manual. These policies not only provide a framework for the university day-to-day activities but also reflect its commitment to fostering an inclusive, transparent, and efficient academic environment.

Contents

1. Governance and Management....7
1.1 Mission Development, Approval & Review Policy....8
1.2 Organization....10
1.3 Terms of Reference of Standing Committees....11
1.4 University Bylaws of the Governing Body....19
1.5 Board Appointments, Term of Office and Replacement....19
1.6 Policies Development, Document Control, Review and Dissemination Policy....22
1.7 Institutional Planning, and specific plans for Community Engagement Policy....25
1.8 Risk Management Policy....27
2. Quality Assurance....45
2.1 Quality Assurance & Institutional Effectiveness Policy....46
2.2 Document Control and Review Policy....50
3. Educational Programs....53
3.1 Program Planning and Development Policy....54
3.2 Program Specifications Policy....60
3.3 Undergraduate Completion Requirements Policy....63
3.4 Graduate Completion Requirements Policy....67
3.5 Course Substitution Policy....72
3.6 Joint Degree Program Policy....75
3.7 E-Learning Policy....78
3.9 Thesis/Dissertation Supervision and Examination Policy....82
3.10 Academic Progress Policy....86
3.11 Grading and Assessment Policy....89
3.12 Examinations Policy....94
3.13 Curriculum Approval and Revision Policy....102
3.14 Internship-Practicum Policy....107
3.15 Teaching and Learning Methodologies Policy....110
3.16 Course Syllabus Policy....115
3.17 Course File Policy....118
3.18 Class Size Policy....121
3.19 Intensive Modes of Course Delivery Policy....124
3.21 Direct Study/Independent Study Policy....128
3.22 Graduate Study Policy....131
3.24 Remedial Courses Policy....143
4. Research and Scholarly Activities....148
4.1 Research Support Policy....149

4.2 Ethical Research Policy 162
4.3 Student Involvement in Research Policy 168
4.4 Management and Commercialization of Research Output Policy 173
5. Faculty and Professional Staff 177
5.1 Faculty Role Policy 178
5.2 Professional Staff Role Policy 183
5.3 Faculty Compensation 187
5.4 Admin Compensation Policy 196
5.5 Admin Staff Leave Policy 206
5.6 Faculty Records Policy 213
5.7 Professional Personal records Policy 218
5.8 Faculty Professional Development 223
5.9 Staff Professional Development Policy 228
5.10 Faculty Workload Policy 236
5.11 Professional Requirements for Teaching Policy 246
5.12 Faculty Performance Evaluation Policy 250
5.13 Admin staff Performance Evaluation Policy 266
5.14 Nepotism /Employment of Relatives Policy 274
5.15 Faculty Discipline Policy 278
5.16 Admin Discipline Policy 285
5.17 Faculty Appeal Policy 292
5.18 Admin Appeal Policy 297
5.19 Faculty Grievance Policy 301
5.20 Graduate Assistants Policy 306
5.21 Faculty Recruitment Policy 310
5.22 Faculty Promotion Policy 317
5.23 Admin Promotion and Rewards Policy 329
5.24 Faculty Consultancy Services Policy 337
5.25 Eligibility to Supervise Thesis Policy 341
6. Students 345
6.1 Admission Policy 346
6.2 Registration Policy 354
6.3 Student Transfer Policy 359
6.4 Advanced Standing Policy 365
6.5 Recognition of Prior Learning Policy 371
6.6 Student Records Policy 376
6.7 Student Information Release Policy 382

6.8 Degree Audit Policy....386
6.9 Grade Approval and Change Policy....389
6.10 Career Services Policy....393
6.11 Academic Advising Policy....397
6.12 Residential Life Policy....403
6.13 Student Scholarship and Financial Aid Policy....410
6.14 Student Discipline Policy....415
6.15 Student Attendance Policy....418
6.16 Gender Segregation Policy....422
6.17 Student Activities Policy....424
6.18 Student Council Policy....430
6.19 Student Rights and Responsibilities Policy....435
6.20 Student Counselling Policy....439
6.21 Student Health Services Policy....443
6.22 Student Academic Misconduct Policy....446
6.23 Student Appeals Policy....452
6.24 Student Grievances Policy....456
6.25 Alumni Relations Policy....459
6.26 Students with special Needs Policy....461
7. Health, Safety and Environment....464
7.1 Health and Safety Policy....465
7.2 Equipment and Software Replacement Policy....470
7.3 Data Security Policy....473
7.4 Appropriate Use of Technology Resources Policy....476
7.5 Equipment and Software Technical Support Policy....480
8. Learning Resource Center....483
8.1 LRC Code of conduct Policy....484
8.2 Library Access Policy....487
8.3 Copyright and Fair Use Policy....490
8.4 Collections Management Policy....494
8.5 Resource Access and Use Policy....500
8.6 Instruction and Outreach Policy....504
9. Fiscal Resources, Financial Management and Budgeting....508
9.1 Internal Audit Policy....509
9.2 External Audit Policy....512
9.3 Financial Planning and Analysis Policy....516
9.4 Finance Accounts Receivable Policy....522

9.5 Finance-Accounts Payables Policy 531
9.6 Cash Management Policy 538
9.7 Financial Risk Management Policy 542
9.8 Auxiliary Enterprises Policy 549
9.9 Per-Diem Policy 554
10. Legal Compliance and Public Disclosure 558
10.1 Conflict of Interest Policy 559
10.2 Anti-Corruption and Bribery Policy 563
10.3 Copyright, Intellectual property and Spin-Off Policy 567
10.4 Teach-out Policy 574
10.5 Publication Policy 579
10.6 Institutional Relations Policy 583
10.7 Cooperative agreements and contracts Policy 586
10.8 Website Policy 592
11. Community Engagement 598
11.1 Community Engagement Policy 599
11.2 Advisory Board(s) Policy 603
11.3 Continuous Education and Lifelong Learning Policy 605

1. Governance and Management

	POLICY NAME	1.1 Mission Development, Approval & Review Policy		
	POLICY No.	1.1	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	**June 2024**	**POLICY OWNER**	**Chancellor**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy ensures a structured, inclusive, and transparent process for developing, approving, and reviewing the university's mission statement, aligning it with the institution's strategic goals and stakeholder expectations.

1. Purpose

The purpose of this policy is to outline the process for developing, approving, and periodically reviewing the mission statement of the university. This ensures that the mission remains relevant, reflective of the institution's values and goals, and aligned with the needs of stakeholders.

2. Scope

This policy applies to all university departments, faculty, staff, and stakeholders involved in the development, approval, and review of the university's mission statement.

3. Policy Statement

The university's mission statement serves as a foundational element guiding all institutional activities, strategic planning, and decision-making processes. It must be developed collaboratively, approved through a structured process, and regularly reviewed to ensure its continued relevance and effectiveness.

4. Procedure

4.1 Formation of a Mission Development Committee

- The University President appoints a Mission Development Committee (MDC) comprising representatives from faculty, administration, staff, students, and external stakeholders.
- The MDC is responsible for gathering input, drafting, and proposing the mission statement.

4.2 Stakeholder Consultation

- The MDC conducts consultations with a broad range of stakeholders including faculty, staff, students, alumni, and community partners to gather diverse perspectives.
- Methods of consultation may include surveys, focus groups, town hall meetings, and interviews.

4.3 Drafting the Mission Statement

- Based on the input collected, the MDC drafts a mission statement that reflects the university's core values, strategic goals, and commitment to education, research, and community service.
- The draft mission statement should be clear, concise, and inspirational, providing a guiding framework for the institution's operations.

4.4 Approvals

- The draft mission should be approved by the Deans' Council
- The final draft of the mission statement is presented to the University Board of Trustees for formal approval.
- The Board of Trustees reviews the mission statement, ensures it aligns with the university's long-term vision and strategic plan, and votes on its adoption.

5. Responsibilities

- **University Chancellor:** Appoints committees, oversees the process, and ensures alignment with the university's strategic goals.
- **Mission Development Committee (MDC):** Responsible for drafting the mission statement.
- **Mission Review Committee (MRC):** Conducts regular reviews and proposes revisions.
- **Deans' Council:** Provide internal review and feedback.
- **Board of Trustees:** Provides formal approval of the mission statement.

6. Definitions
None

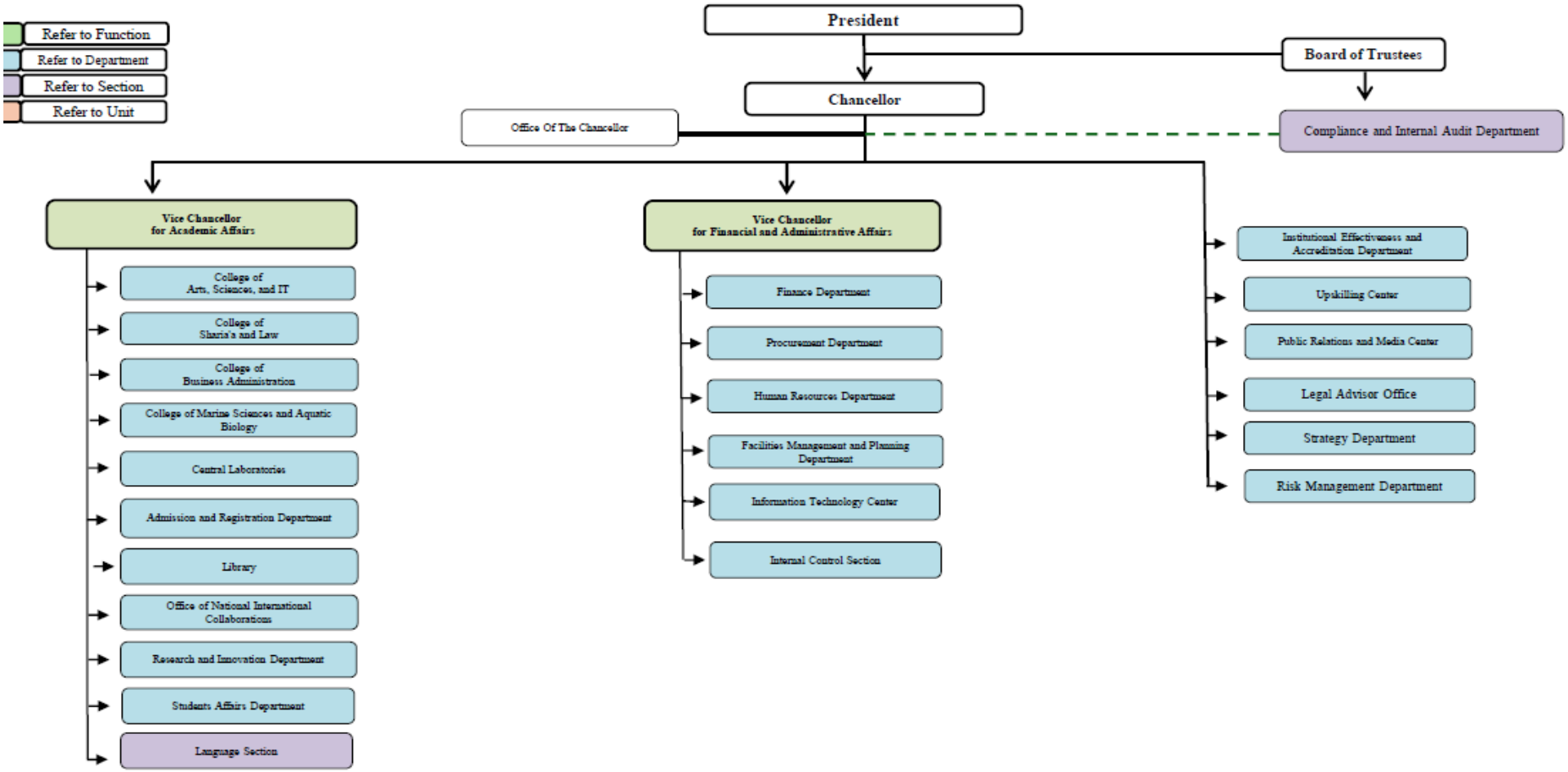
7. Related Documents
None

8. Appendices
None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

1.2 Organization.



1.3 Terms of Reference of Standing Committees.

Deans Council

1. Approving the regulations, requirements, and procedures necessary for the admission and granting of academic degrees at various levels, including the approval and development of curricula and study plan
2. Determining the details of the annual academic calendar according to the general framework of study, while considering the general instructions issued by the country.
3. Deciding on academic promotions for faculty members in accordance with the established rules
4. Encouraging scientific research, authorship, translation, and publication according to rules and conditions set by the council, approved by the director, and issued after the president's approval.
5. Recommending the establishment of scientific associations and the organization of scientific and cultural seminars.
6. Organizing scientific connections with research centers outside the university, subject to the president's and his delegate's approval.
7. Recommending the granting of academic and honorary degrees and certificates.
8. Proposing the creation of professorship chairs.
9. Proposing the establishment, merging, or abolition of academic departments
10. Approving the plans for extracurricular activities at the university
11. Establishing rules for student admissions, transfer, and transition to and from the university.
12. Determining the number of students admitted to programs based on the university's capacity for each academic year.
13. Forming permanent or temporary committees from among its members to handle issues under review and provide comprehensive scientific reports on them for discussion and the formulation of appropriate recommendations.
14. Determining the teaching load for academic staff for non -faculty.
15. Deciding on matters not covered by the provisions of the University President's Decision No. (2) of 2024 on the issuance of the "Regulations for Academic Staff at the University," or any issues arising from its implementation.
16. Reviewing student appeals regarding penalties imposed on them, as outlined in paragraphs (8) to (13) of Article (6) and the penalties in Articles (7) and (8) of the University President's Decision No. (7) of 2024 regarding the issuance of the Student Code of Conduct Bylaws at the University.
17. Considering any additional tasks and responsibilities referred to it by the Board of Trustees.
18. Performing any other tasks specified in the university's regulations.
19. Addressing issues referred to it by the Chancellor and making appropriate decisions regarding them.

Scientific Research Committee

1. Oversee the implementation of the university's research policy in accordance with its strategic plan, and review and monitor its progress.
2. Review and approve the university's research activities.
3. Recommend the establishment of research centers, units, laboratories, and research groups.
4. Recommend the creation of various research chairs as needed.
5. Review performance reports of research groups, centers, institutes, and faculties within the university and make recommendations to the director.

6. Recommend to the director the approval of support for research projects submitted to the council.
7. Recommend to the director the approval of intellectual property applications in accordance with university regulations.
8. Develop mechanisms for collaboration with external research-funding institutions and attract external funding.
9. Perform any additional duties specified in the research regulations of Khorfakkan University and any other tasks assigned by the university director

Employee Affairs Committee

1. Assess the actual needs of all university units for administrative and technical positions.
2. Conduct placement interviews for all staffing needs of university units.
3. Review all grievances and complaints submitted by employees of university units and make recommendations accordingly.
4. Review employee evaluations.
5. Issue recommendations for the appointment of employees in positions at grade three and below.
6. Approve promotions and salary increases for university employees.
7. Address financial matters related to university employees and make recommendations.
8. Develop and implement human resources policies, procedures, and manuals according to the latest global standards.
9. Perform any additional duties specified in President Decision No. (3) of 2024 on the Staff Bylaws, Law No. (6) of 2015 on Human Resources in the Emirate of Sharjah, its executive regulations, and any tasks assigned by the Chancellor or VC for Financial and Administrative Affairs

Staff Disciplinary Committee

1. Consider extending the decision of the appointing authority concerning the suspension of the employee under investigation for more than three months.
2. Notify the employee under investigation in writing about the subject of the investigation, with such notification made by the committee chair.
3. Conduct investigations with the employee referred to the committee, exercising all investigative powers, including collecting evidence and hearing witnesses under oath if necessary. Witnesses are subject to the same rules as those who testify before judicial bodies.
4. Impose sanctions as specified in Article (61), Clause (1/d), and all sanctions listed in Clause (2) of the same article of the Staff Bylaws.
5. Review all evidence and testimonies to make an appropriate decision.
6. Maintain detailed and confidential records of all procedures, decisions, and disciplinary actions.
7. Submit regular reports on disciplinary activities and outcomes to the Chancellor and relevant oversight bodies. The committee may also notify judicial authorities if necessary.
8. Perform any other duties specified in the Staff Bylaws.

Central Faculty Appointment Committee

1. Monitor the implementation of the plans approved by the Board of Trustees regarding the university's needs for faculty appointments and contract renewals.
2. Audit and ensure the correctness of the procedures taken by the colleges, centers, and the college appointment committee to determine the university's needs for faculty members.

3. Receive requests from colleges and centers regarding their faculty needs for each academic year, with colleges and centers required to submit these requests within one month of the start of the academic year. Requests should include any specific criteria required for the candidates.
4. Schedule the announcement of faculty positions to occur once per year, overseeing the preparation of the announcement, determining its methods and duration of publication. In special cases, the committee may announce positions more than once a year.
5. Develop policies, criteria, and procedures for faculty appointments, candidate evaluation, promotions, tenure, and renewals.
6. Ensure that policies align with university regulations, academic standards, and legal requirements.
7. Evaluate special requests related to faculty appointments, promotions, tenure, and renewals.
8. Ensure that evaluations are based on academic merit, research contributions, teaching effectiveness, and service to the university.
9. Conduct comprehensive reviews of candidate credentials, publications, and references.
10. Organize and conduct interviews with faculty candidates.
11. Assess candidates through teaching demonstrations, research presentations, and other evaluative measures.
12. Provide recommendations regarding faculty appointments, promotions, tenure, and renewals to the Chancellor.
13. Evaluate faculty members at the Assistant Professor rank and above for subsequent contract periods after departmental evaluations, to be conducted in the first month of the final year of the contract.
14. Ensure compliance with university policies and legal standards in all appointment processes.
15. Monitor the implementation of the plans approved by the Board of Trustees regarding the university's needs for faculty appointments and contract renewals.
16. Audit and ensure the correctness of the procedures taken by the colleges, centers, and the college appointment committee to determine the university's needs for faculty members.
17. Receive requests from colleges and centers regarding their faculty needs for each academic year, with colleges and centers required to submit these requests within one month of the start of the academic year. Requests should include any specific criteria required for the candidates.
18. Schedule the announcement of faculty positions to occur once per year, overseeing the preparation of the announcement, determining its methods and duration of publication. In special cases, the committee may announce positions more than once a year.
19. Develop policies, criteria, and procedures for faculty appointments, candidate evaluation, promotions, tenure, and renewals.
20. Ensure that policies align with university regulations, academic standards, and legal requirements.
21. Evaluate special requests related to faculty appointments, promotions, tenure, and renewals.
22. Ensure that evaluations are based on academic merit, research contributions, teaching effectiveness, and service to the university.
23. Conduct comprehensive reviews of candidate credentials, publications, and references.
24. Organize and conduct interviews with faculty candidates.
25. Assess candidates through teaching demonstrations, research presentations, and other evaluative measures.
26. Provide recommendations regarding faculty appointments, promotions, tenure, and renewals to the Chancellor.
27. Evaluate faculty members at the Assistant Professor rank and above for subsequent contract periods after departmental evaluations, to be conducted in the first month of the final year of the contract.
28. Ensure compliance with university policies and legal standards in all appointment processes.

29. Address complaints and inquiries related to faculty appointments and promotions.
30. Implement strategies to enhance diversity and inclusion in faculty hiring and retention.
31. Ensure that the appointment process is free from bias and discrimination.
32. Encourage hiring faculty from diverse backgrounds and fields.
33. Collaborate closely with academic departments, deans, and other university committees.
34. Maintain clear and consistent communication with candidates throughout the appointment process.
35. Provide regular updates and reports to university administration on committee activities and outcomes.
36. Identify and promote opportunities for faculty development and mentoring.
37. Support initiatives that enhance faculty career advancement and academic contributions.
38. Encourage ongoing professional development and excellence in teaching, research, and service.
39. Perform any other duties assigned by university regulations.
40. Undertake any additional tasks assigned by the Chancellor.

Budget Preparation Committee

1. Facilitate transparent, informed, and participatory planning and allocation of the university's budget.
2. Participate in the budget preparation process that integrates the identification of strategic objectives for the university operating fund, and review and plan the budget, along with other responsibilities specified by the Board of Trustees.
3. Participate in reviewing the achievement of funding objectives across relevant departments and units in the context of accountability for the proper use of funds.
4. Advise the BOT regarding the content of the annual budget.
5. Advise the BOT throughout the financial year on significant or unexpected events that significantly impact the allocation of the university operating fund.
6. Provide annual recommendations to the Board regarding proposed budget allocations across various university departments in alignment with the university's strategic plan.
7. Contribute to discussions on proposed budget allocations by reviewing financial performance indicators and revenue reports.
   8. Review, analyze, and advise the Board on significant off-campus budgetary matters that may affect the university operating fund.
8. Perform any additional tasks assigned by the Board of Trustees.
9. Discuss all matters related to the preparation of the university budget and make appropriate decisions, as well as discuss all matters related to the management of the university budget and make appropriate decisions

Emergency and Crisis Committee

1. Define procedures for handling risk, emergency, crisis, and disaster situations.
2. Manage risk, emergency, crisis, and disaster situations within the university to prevent their escalation or worsening and to minimize their impacts.
3. Coordinate efforts between the university, governmental agencies, and the private sector in addressing risk, emergency, crisis, and disaster situations.
4. Establish frameworks for cooperation and coordination among relevant entities to protect lives and property before, during, and after risk, emergency, crisis, and disaster situations.
5. Ensure the effective implementation of risk, emergency, crisis, and disaster management systems in accordance with global best practices
6. Health and Safety Committee
7. Regularly inspecting campus facilities, laboratories, classrooms, and other areas to ensure they meet safety standards.

8. Drafting, reviewing, and updating health and safety policies and procedures.
9. Organizing and overseeing training sessions for staff, faculty, and students on various health and safety topics.
10. Establishing and managing an incident reporting system and reviewing reports.
11. Recommending safety improvements or corrective actions based on inspections, observations, and incident reports.
12. Coordinating with external health and safety organizations, government agencies, and other relevant bodies.
13. Ensuring that safety equipments, such as fire extinguishers and first aid kits, are adequately available, maintained, and functional.
14. Supporting and monitoring health initiatives such as vaccination campaigns, mental health programs, and wellness activities.
15. Proactively assessing all health and safety concerns, anticipating and addressing potential issues, and clearly communicating health and safety policies, inspection results, and incident reports to university leaders.
16. Communicate health and safety policies, inspection results, and incident reports clearly and transparently to university leaders.
17. Ensuring that health and safety measures address the needs of all individuals, including those with disabilities or special needs.
18. Developing and regularly reviewing emergency response plans for various scenarios, such as fires, natural disasters, or health crises.
19. Communicating with various departments and stakeholders to ensure a cohesive approach to health and safety across the university.
20. Regularly evaluating the effectiveness of health and safety initiatives, policies, and procedures, and adjusting them based on feedback and changing needs.
17. Performing any additional tasks assigned by the Chancellor or VCs

Committee of Planning Celebrations, Conferences, and Events

1. Developing an annual calendar for organizing university events and conferences, including academic celebrations, cultural festivals, lectures, and social activities.
2. Coordinating logistical details such as venue selection, scheduling, transportation, catering, and technical support.
3. Developing and managing budgets for each event, ensuring cost-effectiveness and financial accountability.
4. Identifying potential funding sources and sponsorship opportunities to support event activities.
5. Collaborating with various university departments, student organizations, and external partners to plan and execute events.
6. Developing and implementing marketing strategies to promote events and ensure high levels of participation.
7. Coordinating with media outlets to announce events and highlight significant achievements and activities.
8. Overseeing the smooth execution of events, addressing any issues that arise, and ensuring all planned activities proceed according to schedule.
9. Managing guest lists, invitations, and registration processes to ensure a seamless experience for attendees.
10. Conducting post-event evaluations to assess success, gather participant feedback, and identify areas for improvement.
11. Preparing detailed reports on event outcomes, including attendance figures, participant feedback, and financial summaries.

12. Organizing ceremonies and events to recognize and celebrate the academic, research, and extracurricular achievements of students, faculty, and staff.
13. Ensuring that events are inclusive and reflect the diverse cultures and backgrounds of the university community.
14. Creating opportunities for students, faculty, staff, and alumni to engage, network, and build lasting relationships.
15. Performing any additional duties assigned by the Chancellor or VCs

Higher Disciplinary Committee

1. Review student misconduct occurring on campus, including in university housing.
2. Impose any penalties specified in Articles (6), (7), and (8) of the President's Decision No. (7) of 2024 regarding the Student Code of Conduct at the University, according to the committee's determination of the appropriate penalty for the violation.
3. Draft and review the university's Code of Conduct.
4. Ensure that policies are clear, comprehensive, and effectively communicated to the student body, and regularly update conduct policies to reflect the evolving needs and values of the university community.
5. Conduct thorough investigations into reported violations of the Code of Conduct.
6. Collect and review evidence, interview relevant parties, and document findings.
7. Ensure that investigations are impartial, confidential, and comply with due process.
8. Organize and oversee disciplinary hearings for students accused of conduct violations.
9. Determine appropriate penalties or disciplinary actions based on the severity of the violation and the student's history.
10. Develop and implement programs to educate students about the Code of Conduct and the importance of morals.
11. Create rehabilitation and restorative justice programs to help students learn from their mistakes and reintegrate into the university community.
12. Maintain accurate and confidential records of all conduct cases, investigations, and outcomes.
13. Prepare regular reports on conduct cases and trends to inform university leadership and policy-making.
14. Ensure transparency and accountability in the committee's processes.
15. Collaborate closely with other university departments, such as Student Affairs, Academic Affairs, and campus security.
16. Maintain open communication with students, faculty, and staff regarding conduct policies and procedures.
17. Engage with student organizations and leaders to promote a respectful and inclusive campus environment

Procurement Committee

1. Prepare and oversee all tender documents for procurement processes according to items (1-5) of the first paragraph of Article (4) of the Procurement Bylaws and supervise all tendering processes.
2. Manage public procurement processes at the university, from receiving price quotes or tenders manually, by sealed envelope as appropriate, or through the electronic procurement system or the university's website, to recommending the award to the chosen supplier based on the applicable criteria at each stage of the procurement process.
3. Ensure compliance with laws, regulations, and organizational policies related to procurement methods, applying procedures according to the type of procurement method specified in the

university's Procurement Regulations and Law No. (8) of 2017 concerning procurement, tenders, bids, and stores for the Sharjah Government and its executive regulations.

4. Determine the amount of initial and final guarantees required where specified by the Procurement Regulations and the Procurement Law of the Sharjah Government and its executive regulations, and report cases of exemption according to Article (55/3) of the Sharjah Procurement Law and its executive regulations.
5. Ensure the integrity of the bidding process, notify the Tender Opening Committee to perform its duties within the specified time, and supervise the activities carried out by the Tender Opening Committee, the procurement team, and end-users during the bidding process.
6. Review tenders according to the specified procedures and submit recommendations to the VC for Financial and Administrative Affairs. The Committee has the right to appoint technical committees to evaluate tenders from a technical perspective.
7. Review and approve recommendations related to the award report prepared by the procurement team or other technical committees.
8. Supervise negotiations with vendors.
9. Provide recommendations to the VC regarding the selection of contractors for direct purchase in accordance with Article (24) of the Procurement Bylaws.
10. Review, draft, and approve contracts with suppliers and present them to the competent authority.
11. Review and approve contract renewals, extensions, cancellations, and terminations and present them to the competent authority for approval within the designated timelines.
12. Review and approve change orders in accordance with DOA.
13. Supervise the evaluation of contract performance and major suppliers (as applicable).
14. Review and resolve procurement-related disputes and issues.
15. Provide guidance and recommendations to procurement staff.
16. Perform any other tasks assigned to the Committee by the Procurement Regulations.
17. The Committee must carry out its duties in accordance with principles of transparency and competitiveness to ensure the best procurement outcomes for the government entity.
18. The Committee must present its results to the VC for appropriate decisions based on the defined authority levels.

Graduates Studies Council

1. Propose and coordinate the general policy for graduate studies and monitor its implementation across all university colleges and centers.
2. Suggest internal regulations in coordination with academic departments and relevant colleges regarding the organization of graduate studies.
3. Propose and oversee admission criteria for graduate studies.
4. Recommend the approval of new programs after study and coordinate them with existing programs.
5. Recommend approval of graduate courses and any amendments or changes to programs.
6. Recommend names for graduate certificates in both Arabic and English based on college council recommendations.
7. Recommend awarding academic degrees.
8. Decide on all student-related matters concerning graduate students.
9. Approve the formation of scientific supervision committees for theses and their discussions.
10. Develop the general framework for research plans, rules for thesis writing, submission, and formatting, and provide templates for thesis defense reports and judgments.
11. Periodically evaluate graduate programs through specialized committees or external agencies.
12. Review periodic reports on graduate studies submitted by academic departments.

13. Propose internal and external collaborations with accredited and recognized universities and institutions for joint supervision.
14. Any other duties assigned by the Dean's Council or the Chancellor.

Student Housing Committee

1. Developing and reviewing housing policies, including rules and regulations for residence halls.
2. Ensuring that policies comply with university standards and legal requirements.
3. Addressing issues related to housing assignments, conduct, and maintenance.
4. Overseeing the housing application process and ensuring fair and transparent allocation based on availability, student needs, and preferences.
5. Handling special housing requests and accommodations.
6. Coordinating with maintenance staff to ensure that residence halls are well-maintained and safe, and addressing repair and maintenance issues promptly.
7. Planning and supervising renovation and improvement projects, and providing resources and support for students living in university housing.
8. Organizing programs and events to foster a sense of community among residents and addressing student concerns and grievances related to housing.
9. Ensuring that residence halls meet safety and security standards.
10. Developing and implementing emergency response plans for housing facilities.
11. Collaborating with campus security to address safety concerns.
12. Overseeing the budgeting process for housing operations.
13. Ensuring that housing fees are fair and reflect maintenance and service costs.
14. Working with other university departments, such as Student Affairs and Facilities Management, to address housing-related issues.
15. Maintaining open communication with students and parents regarding housing policies and updates.
16. Soliciting feedback from students to continuously improve housing services.

Student Recruitment Committee

1. Developing and implementing comprehensive student recruitment plans.
2. Utilizing data analytics to track recruitment trends and effectiveness.
3. Organizing and participating in student recruitment events, such as Open Days, College Fairs, and High School visits.
4. Developing promotional materials, including brochures, social media content, and website content.
5. Collaborating with marketing teams to enhance the university’s visibility.
6. Conducting informational sessions and campus tours.
7. Hosting webinars and online information sessions with Q&A segments.
8. Providing personalized support and follow-up communications for prospective students.
9. Assisting potential students with the application process.
10. Coordinating with the Admissions Office to ensure a smooth application review process.
11. Partnering with academic departments, alumni, and current students to support recruitment efforts.
12. Building relationships with high schools, community colleges, and other educational institutions for student admissions.
13. Participating in community outreach programs to raise awareness about the university and its academic programs.
14. Collecting and analyzing feedback from prospective students and other stakeholders.
15. Continuously evaluating and improving recruitment strategies based on performance data.

16. Staying informed of industry trends and best practices in student recruitment.
17. Performing any additional tasks assigned by the Chancellor or VCs

1.4 University Bylaws of the Governing Body

The University of Khorfakkan Board of Trustees has a membership that ensures an appropriate balance of individuals with the range of expertise, including academic expertise, necessary to guide the policies and strategic planning of the institution. In addition, it has members representing the broader UAE community. The university BOT is not involved in management decisions or the day-to-day operation of the university. It takes active measures to ensure that it operates with the highest levels of integrity, honesty and ethical behaviour in all its dealings and decision making.
The university board of trustees meets at least twice annually and maintains official records/minutes of all meetings.
The governing body:

a. appoints the Chancellor and evaluates his/her performance.
b. approves all the institution's policies.
c. approves the institution's By-Laws.
d. approves and periodically reviews the institution's mission and vision statements.
e. approves the institution's strategic plan, and monitors progress in its achievement.
f. reviews and evaluates reports on all aspects of the institution's performance, to enable it to assure itself, and other stakeholders, that appropriate academic standards and quality of provision for students are being maintained.
g. approves educational programs of a quality consistent with the institution's mission.
h. confers, or authorizes the conferring of, all qualifications.
i. secures financial resources to support the institution's goals adequately.
j. approves the annual budget.
k. approves major facilities, contracts and campus plans unless otherwise delegated.
l. approves the selection of an external financial auditor and receives, and follows up on, the auditor's report and management letter.
m. evaluates its own effectiveness and uses that evaluation for improvement.

The University of Khorfakkan bylaws are the governing rules and regulations that define the organizational structure, decision-making processes, roles, and responsibilities within a university. These bylaws serve as the legal framework for the university's operations, guiding its administration, governance, and the conduct of its members. The university Bylaws include:

1. Academic bylaws
2. Academic Faculty By-Laws at the University of Khorfakkan
3. Staff bylaws
4. Granting bachelor's Degrees
5. Regulations for Scientific Research
6. Regulations for Graduate Studies
7. Student Code of conduct
8. Scholarship Regulations
9. Housing bylaws
10. Procurement
11. Procurement.

1.5 Board Appointments, Term of Office and Replacement.

The Board is the highest authority within the university. This is explicitly stated in Article (5) of Law No. (1) of 2022 regarding the organization of University of Khorfakkan. The Executive Regulations of the aforementioned law, issued pursuant to the University President's Decision

No. (1) of 2022, outline the composition of the Board, its membership duration, functions, and operational procedures.

According to Article (3) of the aforementioned Executive Regulations:

1. The university shall have a Board of Trustees, which represents the highest authority and oversees its general administration. The Board shall be composed of a sufficient number of members appointed by the President of the University.
2. The membership term of the Board is three years from the date of its formation and may be extended for one or more similar terms. The Board shall continue to perform its duties until a new Board is formed, and members whose terms have expired may be reappointed.
3. When forming the Board, the following individuals must be included:
    a) Chancellor of the University.
    b) Several prominent public figures.
    c) Several distinguished international scholars.
4. The President may terminate the membership of any Board member by decision.
5. The President may appoint a successor for any Board member whose position becomes vacant for any reason, and the new member will complete the remaining term of their predecessor.

In this regard:
His Highness Sheikh Dr. Sultan bin Muhammad Al Qasimi, Ruler of the Emirate of Sharjah, Member of the Supreme Council, and President of the University, has issued Decision No. (13) of 2024, dated July 26, 2024, regarding the formation of the Board of Trustees as follows:

.1	**Prof. Ali Abdelallah Hilal Al-Naqbi**	Chancellor of University of Khorfakkan
.2	**Prof. Hamid Majoul Al-Naimi**	Chancellor of the University of Sharjah.
.3	**Dr. Muhaddítha Yahya Al Hashemi**	Chairperson of the Sharjah Private Education Authority, and President of the Sharjah Education Academy
.4	**Brigadier General Dr. Mohammed Khamis AlOthmani,**	Director General of the Sharjah Police Academy
.5	**Dr. Hashim Abdullah Bin Sarhan Al Zaabi**	Chancellor of Sharjah Maritime Academy.
.6	**Eng. Ali Saeed bin Shaheen Al Suwaidi**	Member of Sharjah Executive Council and Chairman of the Department of Public Works.
.7	**Hana Saif Abdullah Al Suwaidi**	Member of Sharjah Executive Council and Chairperson of the Environment and Protected Areas Authority.
.8	**Dr. Issa Saif Ahmed Bin Handal**	Director of the Legal Department of the Government of Sharjah
.9	**Eng. Fawzia Rashid Al-Qadi**	Director General of Khorfakkan City Municipality,
.10	**Prof. Stuart Bearhop**	Head of Animal Ecology at the University of Exeter.
.11	**Mohamed Ahmed Mohamed Al - Shehhi**	Board Member of Sharjah Chamber of Commerce and Industry

Whereas Article (4) of the aforementioned regulation delineates the competencies of the Board in detail.

	POLICY NAME	1.6 Policies Development, Document Control, Review and Dissemination Policy		
	POLICY No.	**1.6**	**VERSION NO**	1.0
	DATE OF APPROVAL	**TBA**	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	**June 2024**	**POLICY OWNER**	Chancellor
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Policies Development, Document Control, Review, and Dissemination Policy outlines the framework for creating, managing, reviewing, and distributing institutional policies and procedures within the university. This policy ensures that all policies are developed systematically, maintained accurately, reviewed periodically, and disseminated effectively to relevant stakeholders. By standardizing these processes, the university aims to uphold high standards of governance, transparency, and compliance with legal and regulatory requirements.

1. Purpose

The purpose of this policy is to establish a standardized process for the development, control, review, and dissemination of university policies. This ensures consistency, compliance, and accessibility of policies across the university of Khorfakkan.

2. Scope

This policy applies to all university policies and procedures developed, approved, reviewed, and disseminated by all departments, faculties, and administrative units within the university of Khorfakkan.

3. Policy Statement

The university of Khorfakkan is committed to maintaining clear, consistent, and accessible policies that support its mission, vision, and values. All policies must be developed, reviewed, and disseminated in accordance with this policy to ensure they are up-to-date, legally compliant, and effectively communicated to the university community.

4. Procedures

4.1 Policy Development

- **Initiation:** Policy development can be initiated by any member of the university community. Proposals must be submitted to the Policy Development Committee (PDC).
- **Drafting:** The PDC drafts the policy, incorporating feedback from relevant stakeholders.
- **Consultation:** Draft policies are circulated to stakeholders for input.
- **Internal Review:** The draft is reviewed by the Policy Review Committee (PRC) for consistency, legal compliance, and alignment with university goals.

4.2 Document Control

- **Version Control:** Each policy document is assigned a unique identifier and version number. Changes and revisions are recorded in a document history log.
- **Storage:** Policies are stored in a secure electronic repository managed by the Office of Policy Management (OPM).
- **Access:** Policies are accessible to all university members via the university's official website and intranet.

4.3 Policy Review

- **Regular Review Cycle:** Policies are reviewed every two years or as needed.
- **Review Committee:** The PRC conducts regular reviews, gathers feedback, and proposes necessary revisions.
- **Approval Process:** Revised policies are reviewed and approved by the Deans' council and the Board of Trustees.

4.4 Dissemination

- **Communication:** New and revised policies are communicated through official channels, including email notifications and the university website.
- **Training:** Training sessions and workshops ensure that university members understand and can comply with the policies.

5. Responsibilities

- **Policy Owner:** Develops, reviews, and maintains policies.
- **Policy Development Committee (PDC):** Drafts new policies or revises existing ones.
- **Policy Review Committee (PRC):** Conducts reviews and proposes revisions.
- **Institutional Effectiveness Department:** Manages document control, storage, and dissemination.
- **Deans' council and Board of Trustees:** Reviews and approves policies.

6. Definitions

Policy: A formal statement of principles or rules that members of the university community must follow.
Procedure: Detailed steps required to implement a policy.
Policy Owner: The individual or department responsible for the development, review, and maintenance of a policy.
Document Control: The process of managing policy documents to ensure they are current, accurate, and accessible.

7. Related Documents

- University Mission Statement
- University Bylaws

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	1.7 Institutional Planning, and specific plans for Community Engagement Policy		
	POLICY No.	1.7	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	Chancellor
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy outlines the framework for institutional planning and community engagement at the university of Khorfakkan. It establishes the principles, responsibilities, and processes to ensure strategic planning aligns with the university's mission and fosters meaningful community engagement.

1. Purpose

The purpose of this policy is to provide a structured approach to institutional planning and community engagement at the University of Khorfakkan. It aims to enhance the university's effectiveness, ensure alignment with its strategic goals, and strengthen relationships with the community.

2. Scope

This policy applies to all university departments, faculties, and administrative units involved in institutional planning and community engagement activities. It encompasses strategic planning, operational planning, and community partnership initiatives.

3. Policy Statement

The university of Khorfakkan is committed to strategic institutional planning and active community engagement. This policy ensures that planning processes are inclusive, data-driven, and aligned with the university's mission and goals. Community engagement efforts aim to create mutually beneficial partnerships that address community needs and enhance educational opportunities.

4. Procedure

4.1 Institutional Planning

- **Strategic Planning:** The Strategic Planning Committee (SPC) develops and updates the university's strategic plan, aligning with the mission and long-term goals.
- **Operational Planning:** Each department creates annual operational plans that support the strategic plan. These plans include specific objectives, actions, and performance indicators.
- **Data Collection and Analysis:** Institutional Effectiveness (IE) collects and analyses data to inform planning and decision-making processes.
- **Review and Approval:** Strategic and operational plans are reviewed by the Deans' Council and approved by the Board of Trustees.

4.2 Community Engagement

- **Engagement Strategy:** The Community Engagement Committee (CEC) develops a comprehensive engagement strategy that identifies key community partners and initiatives.

- **Partnership Development:** The CEC facilitates partnerships with community organizations, businesses, and government agencies to support educational programs, research, and service projects.
- **Implementation and Monitoring:** Community engagement activities are implemented according to the strategy, and progress is monitored through regular reporting and evaluation.
- **Feedback and Improvement:** Feedback from community partners is solicited to improve engagement efforts and ensure they meet community needs and expectations.

5. Responsibilities

- **Strategic Planning Committee (SPC):** Develops and updates the university's strategic plan.
- **Institutional Effectiveness (IRE):** Collects and analyses data to support planning and decision-making.
- **Community Engagement Committee (CEC):** Develops and implements the community engagement strategy.
- **Department Heads:** Develop and execute departmental operational plans.
- **Deans' Council and Board of Trustees:** Review and approve strategic and operational plans.

6. Definitions

Strategic Plan: A long-term plan outlining the university's mission, vision, goals, and strategies for achieving them.

Operational Plan: A short-term plan detailing specific actions, timelines, and performance indicators to support the strategic plan.

Community Engagement: Activities and partnerships that involve collaboration between the university and the community to address local needs and enhance educational opportunities.

Institutional Effectiveness (IE): The department responsible for collecting and analyzing data to support institutional planning and decision-making.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	1.8 Risk Management Policy		
	POLICY No.	1.8	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	Chancellor
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy establishes the framework for risk management at the university of Khorfakkan. It aims to identify, assess, manage, and mitigate risks that could impact the university's ability to achieve its mission and strategic objectives.

1. Purpose

The purpose of this policy is to ensure a proactive approach to risk management across the university of Khorfakkan. It provides guidelines for identifying potential risks, assessing their impact, and implementing strategies to mitigate them, thereby enhancing the university's resilience and sustainability.

2. Scope

This policy applies to all university activities, including academic, administrative, financial, operational, and strategic areas. It involves all staff, faculty, and stakeholders who have a role in managing and mitigating risks.

3. Policy Statement

The university is committed to maintaining a comprehensive risk management system that integrates risk management into all aspects of its operations. This policy ensures that risks are systematically identified, assessed, managed, and monitored to protect the university's assets, reputation, and stakeholders.

The University of Khorfakkan (UKF) adheres to risk management and business continuity policy by implementing the following key points:

- The work to raise awareness of the mechanisms and requirements for implementing the risk management and business continuity system, as well as providing logistical support to all those involved in activating and implementing the system at the university level, in order to improve their capabilities in a way that ensures stability in the university's institutional performance overall.
- The university is dedicated to providing all faculty and staff with regular training, development, and qualification to ensure their commitment to carrying out specific tasks and responsibilities that are compatible with activating and applying the University's approved risk management and business continuity systems.
- Adherence to all applicable legal and regulatory legislation enacted by national authorities within the UAE, particularly the Emirate of Sharjah regarding applying the philosophy of risk management and business continuity systems.
- Applying the best standards and plans in parallel with those in effect at the state level, specifically the Ras Al Khaimah government; this allows the department to carry out its duties and obligations to serve the government and society as a whole, as well as to ensure continuity in providing necessary services during emergencies, crises, or disasters.

- Activating, implementing, and developing the risk management and business continuity system in accordance with the specifications of (NECMA) the National Emergency, Crisis and Disasters Management Authority for Business Continuity Management Standard (AE/SCNS/NCEMA 7000:2015), and this should be along with keep tracking to any changes to the instructions and guidelines issued by it as the state's responsible and officially authorized entity in this regard.
- The university is eager to activate this policy into real action by incorporating it into operational or executive plans to ensure the adoption of clear scenarios and procedures with the participation of all organizational units in confronting potential risks, as well as the continuation of vital university activities, functions, and services to meet the needs of all relevant beneficiary parties in the event of an extreme emergency.
- Developing procedures, KPIs, and specific objectives for measuring readiness and preparedness to effectively implement risk management and business continuity systems, based on established techniques of measurement, analysis, and monitoring to control them periodically (if possible).
- Publishing and disseminating this policy at the level of all organizational units, whether academic or administrative, via available social media and means, especially the website of the University of Khorfakkan.

Based on Khorfakkan University's vision, mission, and strategic directions as a leading institute for arts, sciences, marine, maritime research, innovation, and education programs among universities, research institutes, and industry, the university will commit to gradually and progressively implementing and managing a system for risk management and business continuity as an integrated system, achieving the desired institutional direction in a balanced manner. As a result, this policy will be evaluated on a regular basis with the goal of implementing the best mechanisms for improving and developing this system in response to any developments or desired requirements in order to best support the risk management and business continuity philosophy.

4. Procedures

The procedures groups for developing and formulating the general policy for risk management and business continuity at the level of university of Khorfakkan are represented in the following basic points:

4.1 Risk factors Identification

Risk is determined, as follows:

- The probability of the risk event will occur (i.e., Likelihood to how likely).
- The range of possible outcomes or consequences resulting from risk occurring (i.e., Impact or amount at stake).
- The expected timing of occurrence within the scope of the university's work environment (i.e., when).
- The anticipated frequency of each risk event separately from a specific source (i.e., how often).
- Risk Appetite of the university to reflect the high-level description of the acceptable level of risk.
- Risk tolerance is more specific in which refers to a measurable amount of acceptable risk by determining the permissible limits for accepting each risk.
- Risk Threshold is the specific point at which risk becomes unacceptable by determining the critical value (basic threshold) at which the risk becomes unacceptable at the university or unit level.

4.2 Develop risk management and business continuity plans

- Determine a clear methodology announced that allows the university will adhere to in terms of applying adequate methods, tools, and procedures for risk definition, analysis, plan risk mitigations strategies to be implemented in lights of a set of triggers raised or occurred, and monitoring and controlling risks during risk management and business continuity systems, and this for the high priority opportunities and risks according to the risk appetite adopted strategically at the university level.
- Determine a set of Roles and responsibilities matrix by allocating the key tasks, and procedures to all units or parties involved in the risk management system at the university of Khorfakkan.
- Determine the time required to ensure an appropriate response scenarios or strategies to the type of risks within risk management plans or business continuity plans adopted annually by the units of the university, since new risks can be identified at any period of time and the degree of risk's severity can change over the course of a unit to another unit as well.
- Determine Risk categories which are represented by 5 main classifications of risks: (strategic / operational / technical / health and safety/ projects).
- Determine the impact and probability definitions of each risk based on the approved risk assessment matrix by the university in line with the NCEMA (National Emergency Crisis and Disasters Management Authority) of the UAE.

4.3 Identifying and analyzing the sources of potential risks or threats

The most important risks or threats or challenges were identified in light of the reliance on the sources of risk represented in the following:

- Apply the components of the environmental analysis based on the SWOT matrix that focused on analyzing the most important opportunities and challenges at the level of the organizational units of Khorfakkan University
- Refer to previous problems that the university was exposed to in similar situations, whether they were related to specific individuals or leaders, committees, work teams, administrative or academic units.
- Study the factors that affect the satisfaction of the stakeholders or parties involved like (society / labor markets / students / alumni / faculty / staff).
- Examine the most important risks that affect the requirements of institutional effectiveness and ensuring the desired quality systems at the university academically or administratively.
- Investigate all the capabilities and human and material resources available to the university of Khorfakkan that could be affected on the achievement of its strategic directions in the first place, whether with a negative impact (threats) or with a positive impact (opportunities).
- Examine the results of the most important institutional reports issued on the university's performance in general.
- Review the minutes of senior management meetings and internal or external audit reports, if any
- Conduct Brainstorming sessions with the concerned parties to collect sufficient information related to identifying the most important potential risks facing Khorfakkan University.
- Organize sessions or workshops support the risk identification process at the level of organizational units at the university, considering their inclusion within the basic course of actions as a clear executive objective that is included in the components of its annual executive plans, and in a unified and standard manner for all units.
- Study the functions and objectives of organizational units at the university to identify the operational risks associated with them.

- Analyz potential scenarios motivating organizational units of the university to conduct mock training to identify the most important risk triggers alerting to the occurrence of these risks or opportunities.
- Use the cause-and-effect method to investigate the root causes of the identified risks and how to deal with and address them if possible.

4.4 Risk Register:

An institutional risk register must be created at each unit within the university that includes all potential risks approved based on saving the required information or fields, as follows:

- Risk code / reference
- Risk Classification: (Strategic/ Operational/ Technical / Safety / projects/ financial)
- Risk Type: (Risk / Opportunity)
- Root Causes
- Consequences / Impacts
- Risk Owner
- Probability of risk (Likelihood)
- Impact degree
- Severity degree of risk (List prioritized risks)
- Potential Responses"Baseline"
- Risk Triggers, if necessary.
- Risk Response or Strategies
- Controls / Measures / actions to address the potential risk
- Response Owner / Risk Action Owner
- Reserves (contingency or management), if necessary.

4.5 Assessing impact and likelihood of occurrence:

According to the guidelines of the risk assessment matrix applied by the National Emergency, Crisis and Disaster Management Authority at the state level.

4.5.1) Basic Procedures of Risk Management system:

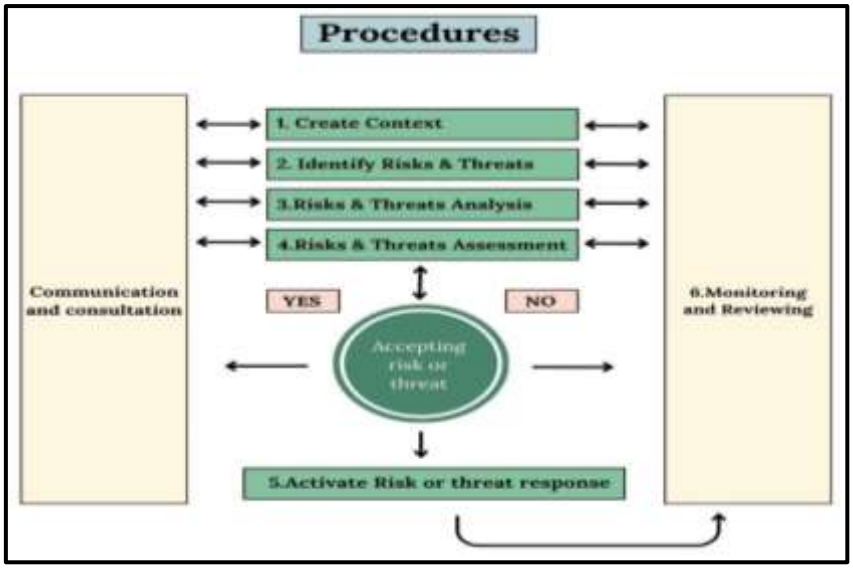
List of symbols used in allocating the procedures of work according to the roles and responsibilities to each party intended or involved, as follows:

Roles and Responsibilities Matrix		
R	**Responsible**	Denotes to the person who performs the activity or performs the related task.
A	**Accountable**	Denotes to the person who bears ultimate responsibility and has the right to approve/reject.
C	**Consultant**	Denotes to the person who is consulted in performing the activity is consulted
I	**Informed**	Denotes to the person who must be notified of decisions or actions taken to perform the activity.

#	Procedures/Actions	**Roles and Responsibilities**					Forms Used
		Chancellor	Strategy Office	Risk Committee if needed	All units (Managers)	Faculty/	
1	Building an institutional context (framework) for an integrated risk management system culture at the university level and its units.	A	C, R	R	I	I	Risk Management Policy

2	Identifying risk factors, basic sources and classifications.	C	A	R	I	I	
3	Developing annual executive plans for risk management and business continuity at the university organizational unit level	I	C, A	A	R	R	Annual Executive plan
4	Identifying and analyzing potential risks or threats at the unit level	I	C, A	A, R	R	R	Risk Register
5	Communicating and consulting with relevant stakeholders to obtain feedback on the most important risks or threats & opportunities as well.	I	A, R	A, R	R	R	
6	Creating an approved and updated risk register at the level of each unit.		A	R	R	R	
7	Perform qualitative analysis technique to the potential risks in terms of assessing their impact and likelihood of occurrence.		A	R	R	R	
8	Analyzing the risks of basic functions and evaluating their mitigation strategies and mechanisms to each job description over all units.		A	R	R	R	
9	Identifying specific scenarios to ensure optimal risk management at the university level		A	R	R	R	
10	Identifying response strategies or plans to address some risks or exploit some opportunities.		C, A	R	R	R	
11	Identifying effective procedures to respond to approved risks and opportunities according to the risk appetite and threshold		C, A	R	R	R	
12	Identifying the tolerances of accepting each risk at the unit level		A	R	R	R	
13	Adopting the institutional risk register and documents supporting		A	R	R	R	
14	Monitoring and periodic review of the effectiveness of risk scenario management procedures and monitoring the risk register to monitor their potential impact periodically.	A	C, A	R	R	R	
15	Updating the risk register in the event that any new risk is discovered or the degree of impact, probability or priority of each approved pre-risk changes.		C, A	R	R	R	

Risk Management Methodology Flowchart



4.5.2) Risk Analysis and Assessment Mechanism

All identified risks are analyzed and assessed to determine their severity or intensity, and for ensuring that they are addressed in accordance with the adoption of appropriate response strategies or plans for each risk individually, according to planned actions or controls or measures to each scenario, with considering at first the main focus on dealing with the list prioritized risks. The qualitative analysis method used to analyze risks in each organizational unit's risk register at Khorfakkan University is based on the following:

- Assess the impact of these risks on the university's work, functions, tasks, and strategic or operational goals.
- Assess the likelihood or potential of the occurrence of these identified risks on the university.

4.5.2.1) Determine Risk Impact Assessment:

A specific qualitative scale or rubric is used to assess all types of risks according to the following impact scale:

Impact Scale				
Very Low	**Low**	**Medium**	**High**	**Very High**
1	**2**	**3**	**4**	**5**
The impact of these risks is low, if there is no significant impact on the university or a certain unit	The impact of these risks is low, if there are minor impacts on the university's objectives or a certain unit	The impact of these risks is moderate, if there is a negative or positive impact on the university or a certain unit, but the overall damage is considered limited or still somewhat under control	The impact of these risks is high, if there is a major disruption or opportunity that may occur or could happen in the future as a result of these risks, which causes the university lost it or strongly out of control	The impact of these risks is very high if their occurrence will have a very negative or positive impact on the university's objectives such that they may get completely out of control or lost it.

The following table can be used as a guide in the process of assessing and measuring the potential impact of these risks, based on The National Business Continuity Management System AE/SCNS/NCEMA 7000:2021

A guiding table for how to assess the size of the impact of institutional risks that can be identified at the university level and its organizational units:

Level of Impact		Potential Impacts
Very High	**5**	▪ A long-term substantial disturbance to the unit or university's business and activities, which may be identified and assessed. ▪ Failure of the university or unit to achieve its strategic or operational objectives, as planned. ▪ A very significant overall impact on stakeholders for a period of more than 3 months or a decrease in their % of satisfaction of less than 50%. ▪ Incur significant and excessive financial losses of more than AED 500,000
High	**4**	▪ Significant disruption to the main activities of the university or the concerned unit for a longer period regarding critical priority operational processes ▪ Significant disruption to the projects, functions, tasks and services of the university or the concerned unit in an exaggerated manner ▪ Significant impact on the stakeholders for a period of not less than one month or a decrease in their % of satisfaction by less than 60%. ▪ Incur huge financial losses between AED 400,000 and AED 500,000
Medium	**3**	▪ Partial disruption of critical university or unit activities for a medium period in relation to critical priority operational processes ▪ Moderate disruption of projects, functions, tasks and services of the university or unit. ▪ Moderate impact on stakeholders for a period of several weeks not exceeding a month or a decrease in their % of satisfaction by less than 70%. ▪ Incur moderate financial losses ranging from AED 250,000 to AED 399,999
Low	**2**	▪ Minor disruption of critical university or unit activities for a medium period in relation to critical priority operational processes ▪ Minor disruption of projects, functions, tasks and services of the university or unit ▪ Minor impact on stakeholders for a period of several days not exceeding a week or a decrease in their % of satisfaction by less than 80%. ▪ Incur moderate financial losses ranging from AED 10,000 to AED 250,000
Very Low	**1**	▪ No or negligible disruption in business or activities at the level of university or unit. ▪ No or negligible disruption of projects functions, tasks and services of the university or unit ▪ No or negligible damage to the stakeholders for a period of less than 3 working days or a decrease in their % of satisfaction by less than 85%. ▪ Incur very low financial losses of less than AED 9,999

4.5.2.2) Determine Risk Likelihood "Probability" Assessment:

The probability or likelihood of risks arising can be assessed using the guidelines of the National Business Continuity Standard Guide issued by the National Emergency, Crisis, and Disaster

Management Authority No. AE/SCNS/NCEMA 7000: 2021, based on the following qualitative assessment classifications:

Probability Scale				
Very Slight "Very Low"	**Slight "Low"**	**Probably "Medium"**	**Most Likely "High"**	**Certainly "Very High"**
1	**2**	**3**	**4**	**5**
Once every more than year	Once a year	Once or twice a year	Three to five times a year	At least five times a year

4.5.2.3) Determine Risk Severity Assessment:

The severity of the risk is assessed by taking into consideration both, first, the potential impact of the risk at the level of the university or its organizational units, and secondly, determining the likelihood of the risk occurring so that the extent of risk acceptance can be properly judged, and then included as response plans and strategies that include procedures or controls or measures to limit institutional risks, based on identifying effective response scenarios regarding their treatment or disposal in the event that they are negative threats or risks or exploiting them optimally in the event that they are opportunities that can be attracted to benefit from them at the level of the university or the concerned unit, and as a result, the severity of risk management is used according to the risk severity levels matrix, as follows:

Risk Mapping					
Impact	**Probability**				
	Very Low (1)	**Low (2)**	**Medium (3)**	**High (4)**	**Very High (5)**
Very High (5)					
High (4)					
Medium (3)					
Low (2)					
Very Low (1)					

Risk Severity			
	16 - 25	**Extreme Risk**	- Risks that have a serious impact on the university or unit, and procedures and plans must be put in place to confront them
	9 - 15	**High Risk**	- Risks that have a significant impact on the university or unit and need to be studied and plans developed for treatment
	5 - 8	**Moderate Risk**	- Medium-impact risk, which can be taken into account when making general plans
	3 - 4	**Low Risk**	- Low-impact risk, and no specific plans required
	1 - 2	**Very Low Risk**	- Impact risk, very low and does not require specific plans

NB: Acceptable minimum risk is a moderate level to deal with (Risk Appetite).

4.5.2.4) Determine appropriate risk response scenarios or strategies:

Risk / Opportunity	Risk Response Scenarios	Explanation of Scenario
Risk	**Avoid**	Avoid the risk completely
	Mitigate/ Reduce	Reduce the severity of the risk
	Transfer	Transfer the risk to another external party or partner

Risk or Opportunity	**Close**	The risk or opportunity no longer has any significant impact
	Accept	Accept the risk or opportunity and deal with it as much as possible to control it or make the best use of it
Opportunity	**Exploit**	Seize the opportunity to benefit from it
	Enhance	Maximize the return on the opportunity as possible
	Share	Share the return of any opportunity with another external party or partner

4.5.3) Monitoring and Controlling risks:

The university or its organizational units intended must consider the changes in the status of potential risks or opportunities on a continuous basis. Thus, this requires monitoring and controlling them on an ongoing basis to ensure that the institutional risk register of Khorfakkan University is updated, by following all the specific procedures regarding the analysis and evaluation of these risks in a way that reflects the readiness of the university or any relevant organizational unit to deal with the management of the various risks and opportunities surrounding it. In addition, this will at the same time ensure the achievement of the objectives related to enhancing risk management practices and business continuity at the level of the university and its affiliated organizational units in an optimal manner.

#	Procedures/Actions	**Roles and Responsibilities**					Forms Used
		Chancellor	Strategy Office	Risk Committee if needed	All units (Managers)	Faculty/ Staff	
1	Keep watching monitoring of risk triggers and determinants before they occur continuously.	I	C, A	A	R	R	Risk Register
2	Follow up on the residual risks in the risk register, in particular the acceptable risks.		A	C, A	A	R	
3	Identify any new risks and thus analyze them according to the procedures stipulated herein and be referred to in this methodology.	C, I	A	R	R	R	
4	Update and evaluate the effectiveness of all plans related to the risk management and business continuity methodology.		C, A	A	R	R	
5	Develop response plans for any new risks.	I	C,A	C,A	R	R	
6	Ensure that feedback is received from all stakeholders regarding the risks and opportunities surrounding the university or its units.	I	I	A, I	R	R	

7	Continuously monitor the impact of low-risk risks “watching List” to see how much their impact has been changed or could be closed.	I	C, I	A, I	R	R	
8	Take any corrective or preventative actions to address the severity of any risk as needed according to controls or measures, as planned	I	A	A	R	R	
9	Ensure that a risk database is updated to be used by the university or its units	I	I	I	A	R	

List of symbols used in the table above:

Roles and Responsibilities Matrix		
R	**Responsible**	Denotes to the person who performs the activity or performs the related task.
A	**Accountable**	Denotes to the person who bears ultimate responsibility and has the right to approve/reject.
C	**Consultant**	Denotes to the person who is consulted in performing the activity is consulted
I	**Informed**	Denotes to the person who must be notified of decisions or actions taken to perform the activity.

5. Responsibilities

#	Responsible	Responsibilities
1	**Chancellor**	▪ Ensure that the university's most critical risks are identified and frequently evaluated to monitor & control their severity and potential impact on all stakeholders. ▪ Ensure providing the university's human resources by appropriate training and equipped them with the required equipment, tools, devices, and supplies to improve their professional capabilities and prepare them to develop and implement effective response plans or scenarios for any potential risk that may arise within the scope of the university's activities. ▪ Boosting the university's social responsibility components through risk management scenarios especially when there is a possibility of exposure to emergencies and crises within the university’s work environment and activities. ▪ Maintaining the university's reputation and public image in risk management during an emergency, crisis, or disaster professionally. ▪ Supporting the Strategy Office or the committees or units responsible for risk management and business continuity, in maintaining efficient communication with all key stakeholders, as well as enabling and delegating them with the necessary

		authorities in the area of risk management optimally. ▪ Granting approval for risk management governance procedures and the measures required to address them, as well as chairing its board at senior management meetings at the university or whoever is authorized to act on his behalf in this respect. ▪ Issuing decisions, circulars, and policies supported to improve governance practices for managing institutional risks and its measures required to achieve the university's directions, the most important of which is the formation of committees, team works, controls or measures, and appropriate plan risk responses by effective scenarios.
2	**Senior Management (Risk Management Governance Board**)	▪ General supervision of the execution of risk management system practices and scenarios, as well as the necessary measures based on ensuring its governance at the university's activities and obligations, with delegation of powers and financial and administrative to ensure change management of this system procedures as needed. ▪ General supervision of the implementation of systems supporting the development and improvement of the philosophy of the university's risk management and business continuity system, as well as the issuance of recommendations for the continuous improvement of this system in order to increase Khorfakkan University's institutional competitiveness locally, regionally, and globally. ▪ Establishing general rules and guidelines that control the behaviors and practices of governance in implementing the enterprise risk management system at the level of all organizational units at the university. ▪ Discuss the results of the KPIs of applying the risk management system, while requesting the relevant organizational units to develop improvement plans to adopt corrective or preventive measures as needed ▪ Discuss the best risk response or scenarios to deal with the priorities of opportunities and risks related to strategic initiatives with all concerned parties.
3	**Strategy Office**	▪ Ensure that the university's strategy is aligned so that risk management procedures may be monitored during the formulation and implementation of executive or operational plans at all levels of the university units, whether academic or administrative. ▪ Ensure absolute integrity through auditing and independent administrative review of all aspects that contribute to measuring, evaluating, and improving the risk management system's performance and business continuity at the academic and administrative levels of all Khorfakkan University units.

		▪ Disseminate risk management and business continuity concepts throughout the university culture and incorporate them into strategies that align with the annual executive plans of each unit. ▪ Follow up and organize the process of involving all stakeholders in the identification of risks relevant to the university's scope of work or its key activities. ▪ Monitor and evaluate the effectiveness of risk management response scenarios at each organizational unit level to limit or mitigate the potential risks, as well as business continuity response plans to perform critical activities, functions, and vital tasks for each unit in the event of an emergency, crisis, or disaster in general. ▪ Supporting university-level risk management decision-making and reducing poor planning in cases of facing risks, emergencies and crises. ▪ Ensuring that the university's organizational units support the development and updating of suitable response risk plans by adopting efficient and effective scenarios when they arise, as well as following up on senior management approval. ▪ Support the actions and tasks of committees or parties or units intended in risk management and business continuity in order to improve the university's institutional performance in these areas. ▪ Contributing to the university's reputation and public image at the government and community levels by managing risks and ensuring business continuity.
4	**All units**	▪ Contribute to developing the knowledge of the academic or administrative body within the college or administrative unit regarding the mechanisms for applying the tools and procedures of the risk management and business continuity system ▪ Monitor, analyze and review potential risks at the level of the scope of the concerned unit and its responsibilities in coordination with senior management, the strategy office, committees and relevant parties ▪ Participate in updating and documenting the risk register with regard to the scope of work of the concerned unit to monitor and identify any new risks, and also follow up on existing risk cases, scenarios and planned measures to evaluate the effectiveness of current procedures on a regular basis to ensure control of the targeted risk and deal with it if it occurs. ▪ Follow up and implement the necessary procedures planned at the level of the concerned unit to reduce the effects of risks to the lowest possible level ▪ Measure KPIs that reflect the extent of the concerned unit's commitment to implementing the approved risk response plans in

		general ▪ Implement the approved risk response procedures and plans agreed upon with the strategy office that pertain to each type of potential risk. ▪ Contribute to spreading the concepts of risk management and business continuity within the organizational unit culture. ▪ Involve all stakeholders in the process of identifying risks related to the scope of work of the organizational unit ▪ Ensure business continuity to perform critical functions, tasks, activities or vital tasks of the organizational unit to reduce the impact of risks, especially in the event of emergencies, crises or disasters. ▪ Follow up and measure the effectiveness of plans, procedures and scenarios for responding to risks at the unit level in direct coordination with relevant parties on a regular basis and make the desired improvements or recommendations on them on an ongoing basis ▪ Simulate mock training scenarios regarding dealing with the most important risks according to the appropriate response plans and scenarios planned on a regular basis. ▪ Ensure support for human cadres at the unit level with the necessary plans and procedures to raise their professional capabilities towards responding to risks and dealing with them professionally when they occur ▪ Review good practices and benefit from them to develop risk response scenarios and confront or reduce them in an optimal manner. ▪ Contribute to maintaining the reputation and public image of the university in the field of risk management ▪ Provide the Strategy Office with all documentation requirements and evidence related to the application of the risk management and business continuity system on a regular basis at the unit level. ▪ Commitment to preparing improvement plans based on the results and reports of the internal or external auditors that directly relate to the effectiveness of implementing the Enterprise Risk Management and business continuity.
5	**Staff or Faculty**	▪ Effectively contribute to attending training and professional deve lopment programs on how to use risk management and business continuity tools and procedures efficiently. ▪ Participate in defining, analyzing, evaluating, and reviewing risk s in conjunction with the direct supervisor or relevant parties. ▪ Participate in updating and recording the risk register in conjunct ion with his direct supervisor, monitoring any new risks or failur

		e of present methods to control the intended risk and deal with it if it arises. ▪ Implement the appropriate procedures planned at the level of his/her functions to limit the consequences of the risks under his/her responsibilities by monitoring and following-up of these risks at the lowest minimum level if they occur. ▪ Reporting hazards, accidents, injuries, or the chance of risks arising that could have a negative or positive influence on the university's work environment or on the activities and responsibilities allocated to each job or its key functions. ▪ Awareness of all risk and business continuity processes in the event of catastrophes or crises, including site evacuation protocols and the usage of emergency equipment. ▪ Awareness and dedication to all applicable security and safety procedures.

6. Definitions

TERM	DEFINITION
Strategy*	A strategy is a plan to adopt courses of action designed to achieve a specific goal or set of goals. It focuses on making choices and allocating resources to maximize the chances of success. Strategies are usually more specific than frameworks and involve coordinating different projects and activities to achieve desired results. It is also defined as the roadmap that the organization adopts to develop its current situation by taking forward-looking paths to analyze the internal and external environment, institutional decisions, policies, and optimal exploitation of available resources that take into account the interests of the stakeholders in order to achieve its vision, mission, and long-term strategic goals and objectives, for reaching the desired target situation in light of an innovative and renewed environment, characterized by increased agility and institutional flexibility.
Strategic Planning*	It is a key tool used by organizations in both public and private sectors worldwide to define their vision for the future and establish general guidelines to help them achieve it. It is a way of transforming ambition into action, creating tangible projects that work towards medium and long-term goals.
Policy*	It is a specific course or method of work that has been officially approved within the university from among a group of options and alternatives available to guide and make current and future decisions on a topic or direction in accordance with the definition of the Ministry of Cabinet Affairs in the UAE.
Risk Management Policy**	The main document that defines the governance, scope, objectives and responsibilities related to the application of risk management and business continuity within the university.

Risk Management**	All procedures concerned with managing and planning risks in terms of identifying and analyzing risks, developing appropriate response plans, and continuously evaluating and monitoring those risks to reduce the level of impact.
Risk Management Objectives**	The desired results that the institution seeks to achieve through the risk management effectively and efficiency.
System effectiveness*	Auditing the extent to which planned activities are achieved and planned results are achieved.
Effectiveness	It represents the extent to which your achievement or performance outputs meet the inputs or goals previously set during a specific period of time, as measured by the extent to which your outputs meet the achievement of these goals or inputs to perform the correct form of something, i.e. Doing the Right Thing.
Efficiency	It shows how the rate of utilization to available or planned resources to the resources actually used to do or perform something correctly during a given time period, i.e. Doing the Thing Right.
Risk, ***	An uncertain event or condition that, if it occurs, has a positive or negative effect on university's objectives. It is a combination of the likelihood (or frequency) of harm and the consequences (or severity) of that harm.
Effect**	Conditional future events or conditions which would directly affect one or more university's objectives if the associated risk happened.
Risk Management Strategy**	A systematic approach that enables the planning process to identify, evaluate and analyze risks qualitatively or quantitatively, when necessary, in order to develop appropriate response plans for the type of acceptable risks, while identifying mechanisms that ensure continuous monitoring and control of risks at the department level.
Response Strategy**	A high-level approach to address an individual risk or overall institution risk, broken down into a set of risk actions.
Risk Action**	A detailed task which implements in whole or in part a response strategy in order to address an individual risk or overall institution risk.
Risk Action Owner**	The person responsible for carrying out the approval risk actions for responding to a given risk. Also known as "response owner".
Risk Owner**	The person responsible for ensuring that an appropriate response strategy is selected and implemented, and for determining suitable risk actions to implement the chosen strategy, with each risk action assigned to a single risk action owner.
Risk Register**	The document contains the results of the qualitative risk analysis, quantitative risk analysis, and risk response planning. The risk register details all identified risks, including descriptions, category, cause, probability of occurring, impact(s) on objectives, proposed responses, owners, and current status.
Risk Threshold**	A measure of the level of risk exposure above which action must be taken to address risks proactively, and below which risks may be accepted.

Root cause**	An initiating cause that gives rise to a causal chain which may give rise to risks.
Stakeholders**	A person or organization or whatever something or somebody that is actively involved in the university, or whose interests may be positively or negatively affected by execution or completion of the works of university. A stakeholder may also exert influence over the university and its deliverables.
Opportunity / Threat**	A condition or situation unfavorable to the university, a negative or positive set of circumstances, a negative or positive set of events, a risk that will have a negative or positive impact on a university objective if it occurs, or a possibility for negative or positive changes
Objective of University	Something toward which work is to be directed, a strategic position to be attained or a purpose to be achieved, a result to be obtained, a product to be produced, or a service to be performed.
Probability/ Likelihood**	A measure of how likely an individual risk is to occur.
Impact/ Consequence**	A measure of the effect of a risk on one or more objectives if it occurs.
Cause**	Events or circumstance which currently exist, and which give rise to risks.
Problem/ Issue**	Negative effect on a university objective arising from occurrence of a threat.
Tigger Condition**	Circumstance under which a risk strategy or risk action will be invoked.
Risk Assessment****	The comprehensive process of identifying, analyzing, and evaluating risks.
Emergency*****	A major event or group of events that cause serious damage to individuals and property, or threaten public order, the continuity of government work, human health, the environment, or the economy, and require special mobilization and coordination from several parties.
Crisis*****	An event more complex than an emergency, threatening the stability of a large part of society, and the government's ability to perform its duty.
Disaster*****	Events that have occurred and caused very serious damage, requiring the cooperation of the government and members of society in general, to recover from their damage, and may require support from the international community.
Corrective Action***	An action to eliminate the cause of a nonconformity, defect, or other undesirable condition.
Preventive Action***	An action taken to prevent the cause of any nonconformity from occurring.
Uncertainty**	The lack of knowledge about an event or condition that may undermine confidence in the results related to the department's performance, and examining these cases helps the department identify risks.

Top Management	An individual or group of individuals at the top of the organizational hierarchy who exercise leadership in managing and directing the organization while exercising power and authority.
Business Continuity Management[****]	All procedures and measures taken by the department in order to continue providing its necessary services and its key functions to the community, during emergencies, crises and disasters that the department may be exposed to, whether partially or completely, and includes developing plans for alternatives from facilities, services and individuals to ensure optimal risk management and also to ensure the continuity of providing its basic (critical) services or main functions when emergencies, crises and disasters occur
Internal Auditing	An independent, objective assurance and consulting activity designed to add value and improve an organization's operational performance. It helps an organization achieve its objectives by providing a systematic, disciplined approach to evaluate and improve the effectiveness of enterprise risk management, control and governance of all of an organization's operations (IPPF, IIA). Also, it is an audit performed by, or on behalf of, an organization itself for management review and other internal purposes, which may form the basis for a self-declaration of conformity by the organization. In many cases, particularly in smaller organizations, independence can be demonstrated by freedom from responsibility for the activity being audited by a neutral party (ISO).

7. Related Documents

- The Cabinet of the United Arab Emirates.
- ** Risk Management, Project Management Institute.
- *** National Standard for Occupational Safety and Health Management System AE/SCNS/NCEMA 6000:2016, National Emergency Crisis and Disaster Management Authority, Supreme Council for National Security of the United Arab Emirates, 2016.
- **** National Standard for Business Continuity Management System (Specification) AE/SCNS/NCEMA 7000:2021, National Emergency Crisis and Disaster Management Authority, Supreme Council for National Security of the United Arab Emirates, 2021.
- *****Business Continuity Management Standard (Specification) AE/SCNS/NCEMA 7000:2015, National Emergency Crisis and Disaster Management Authority, Supreme Council for National Security, United Arab Emirates, 2015.
- International Standard ISO 22301:2019 for ISO Business Continuity Management System.
- International Standard ISO 31000:2018 for ISO Enterprise Risk Management System.

- International Organization for Standardization (ISO).
- International Professional Practices Framework (IPPF), The Institute of Internal Auditors (IIA).

8. Appendices

- Institutional Risk Register
- Rubric form for Performing Qualitative Risk Analysis.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

2. Quality Assurance

	POLICY NAME	2.1 Quality Assurance & Institutional Effectiveness Policy		
	POLICY No.	2.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	IEAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	**Chancellor**

Overview

By implementing this Quality Assurance & Institutional Effectiveness Policy, the university commits to maintaining high standards of educational quality and operational efficiency, ensuring the continuous improvement of its programs and services to better serve its students and stakeholders.

1. Purpose

The purpose of this policy is to establish a framework for continuous improvement in academic and administrative functions to ensure high-quality educational offerings and institutional effectiveness. The policy aims to promote a culture of excellence and accountability across the university.

2. Scope

This policy applies to all academic and administrative units within the university. It covers all aspects of quality assurance (QA) and institutional effectiveness (IE), including planning, assessment, evaluation, and improvement processes.

3. Policy Statement

Quality assurance and institutional effectiveness is a pivotal function at the University of Khorfakkan. It uses several processes that enable the maintenance of high-quality standards and continuous improvement of programs and operations to better serve its students and stakeholders: Planning, Assessment, Evaluation, Improvement, Reporting& Documentation, and continuous monitoring.

3.1 Planning

- Establish clear and measurable goals and objectives aligned with the university's mission and strategic plan.
- Develop assessment plans that outline expected outcomes, assessment methods, and data collection timelines.

3.2 Assessment

- Collect data using appropriate assessment tools and methods.
- Analyse data to evaluate the effectiveness of programs and services.
- Ensure transparency and accuracy in the reporting of assessment results.

3.3 Evaluation

- Review assessment results to determine the extent to which goals and objectives are being met.
- Identify strengths, weaknesses, and areas for improvement.

3.4 Improvement

- Develop and implement action plans based on assessment findings.
- Monitor the effectiveness of implemented changes and make further adjustments as

needed.
- Document and share best practices and successful improvement strategies.

3.5 Reporting and Documentation
- Maintain comprehensive records of QA and IE activities, including assessment plans, data, analyses, reports, and improvement actions.
- Prepare annual QA and IE reports for review by university leadership and external accrediting bodies.
- Ensure that documentation is accessible to stakeholders and used to inform decision-making.

3.6 Compliance and Accountability
- Adhere to QA and IE standards set by accrediting bodies and regulatory agencies.
- Conduct periodic reviews and audits of QA and IE processes to ensure compliance and effectiveness.
- Hold academic and administrative units accountable for implementing QA and IE activities and achieving desired outcomes.

3.7 Continuous Improvement
- Foster a culture of continuous improvement through ongoing professional development, collaboration, and communication.
- Encourage innovation and the adoption of best practices in QA and IE.
- Regularly review and update QA and IE policies and procedures to reflect changes in standards, technology, and institutional priorities.

4. Procedures
To ensure high-quality educational offerings and institutional effectiveness, the following steps are followed:

Step 1: Establish Goals and Objectives
- Align goals and objectives with the university's mission and strategic plan.
- Involve key stakeholders in the goal-setting process to ensure relevance and buy-in.

Step 2: Develop Assessment Plans
- Define expected outcomes for academic and administrative units.
- Select appropriate assessment methods and tools.
- Set timelines for data collection and analysis.
- Obtain approval for assessment plans from the QA and IE Office.

Step 3: Data Collection
- Collect data systematically using the selected assessment methods.
- Ensure data accuracy and integrity.
- Store data securely in a centralized database.

Step 4: Data Analysis
- Analyse collected data to evaluate performance against goals and objectives.
- Use qualitative and quantitative methods as appropriate.
- Document the analysis process and findings.

Step 5: Review Assessment Results
- Convene review committees to examine assessment findings.
- Compare results with expected outcomes and benchmarks.
- Identify strengths, weaknesses, and areas needing improvement.

Step 6: Identify Improvement Areas

- Engage stakeholders in discussions about assessment results.
- Prioritize areas for improvement based on impact and feasibility.

Step 7: Develop Action Plans

- Formulate specific, measurable, achievable, relevant, and time-bound (SMART) action plans.
- Assign responsibilities for implementing action plans.
- Obtain necessary approvals from relevant authorities.

Step 8: Implement Changes

- Execute the action plans according to the set timelines.
- Provide necessary resources and support for implementation.
- Monitor the progress of implementation.

Step 9: Record-Keeping

- Maintain comprehensive records of all QA and IE activities.
- Include assessment plans, data, analysis reports, action plans, and improvement outcomes.

Step 10: Reporting

- Prepare periodic QA and IE reports for internal and external stakeholders.
- Share findings, best practices, and recommendations with relevant parties.

Step 11: Periodic Reviews

- Conduct regular reviews of QA and IE processes.
- Adjust strategies and plans based on review findings.
- Ensure continuous alignment with the university's strategic goals.

Step 12: Audits

- Perform periodic audits to ensure compliance with QA and IE standards.
- Address any issues identified during audits promptly.

5. Responsibilities

5.1 University Chancellor

- Provides leadership and resources to support QA and IE initiatives.
- Ensures alignment of QA and IE activities with the university's mission, goals, and strategic plan.
- Reviews and approves QA and IE policies and procedures.

5.2 Quality Assurance and Institutional Effectiveness Office

- Develops and implements QA and IE processes and tools.
- Coordinates institutional assessment activities and supports units in conducting assessments.
- Analyses assessment data and reports findings to relevant stakeholders.
- Facilitates training and development programs related to QA and IE.

5.3 Academic and Administrative Units

- Conduct regular assessments of programs, services, and outcomes.
- Use assessment results to identify areas for improvement and implement changes.
- Report assessment activities and outcomes to the QA and IE Office.

5.4 Review Committees

- Review assessment plans, reports, and improvement actions.
- Provide feedback and recommendations to academic and administrative units.
- Ensure compliance with QA and IE standards and guidelines.

6. Definitions

Quality Assurance (QA): A systematic process of assessing and improving the quality of educational programs and services to meet established standards and expectations.
Institutional Effectiveness (IE): The process of evaluating the extent to which an institution achieves its mission, goals, and objectives through the effective use of resources and evidence-based decision-making.
Assessment: The systematic collection, review, and use of information about educational programs and services to improve student learning and institutional performance.
Continuous Improvement: An ongoing effort to enhance the quality of education and services through regular assessment, feedback, and implementation of changes.

7. Related Documents

- Quality Assurance Manual
- Standards and guidelines from accrediting bodies and regulatory agencies.
- University strategic plan, mission, and goals.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
Full review of the policy to make it more accurate and aligned with the newly approved policy template	June 2024

	POLICY NAME	2.2 Document Control and Review Policy		
	POLICY No.	2.2	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	IEAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

By adhering to this policy, the university aims to maintain the integrity and reliability of its official documents, ensuring they serve as accurate and authoritative references for all stakeholders.

1. Purpose

The purpose of this policy is to establish a consistent framework for the control and review of all university documents to ensure accuracy, relevance, and compliance with institutional, legal, and regulatory requirements.

2. Scope

This policy applies to all official university documents, including but not limited to policies, procedures, manuals, guidelines, and forms. It covers the creation, review, approval, distribution, and archiving of these documents.

3. Policy Statement

3.1 Creation and Revision

Documents are created or revised by the Document Owner in collaboration with relevant stakeholders. Each document must have a unique identifier, version number, and date of creation or revision.

32 Review and Approval

Documents undergo a formal review process involving the Institutional Effectiveness Department and the Review Committee. Feedback from the review process is incorporated, and necessary revisions are made by the Document Owner. Final approval is granted by the University Chancellor before a document is released for use.

3.3 Distribution

Approved documents are distributed to relevant parties and made accessible through the university's document management system. Controlled copies are maintained to ensure that only the most current versions are in use.

3.4 Archiving

Superseded or obsolete documents are archived and retained according to the university's records retention policy. Archived documents are clearly marked and stored in a secure manner to prevent unauthorized access or alteration.

4. Procedures

The document review and approval follow the following procedure:

1. A new or revised final draft document should be approved by the related department manager first, then from the director of quality assurance and finally from the chancellor’s office.
2. All official university documents should be reviewed at least every 2 years or on demand as needs emerge.
3. Any document should be identified as version 1 when it is a new document or if a document changes the type. For any major modification or correction, the next consecutive number

should be considered in the version number. In addition, for any minor modification the decimal point with integer of the version should be considered such as 1.1 version or 1.2 version etc.

4. The document format and template should be in the form provided by the University of Khorfakkan if it is available or any format following national or international standard if it is not available. The cover page of this document must have at least the University of Khorfakkan official logo, document title, version number, date of creation and date of revision.
5. Both softcopy and hardcopy should be available for any document. At least one copy must be archived in the chancellor's office, director of Institutional Effectiveness or official archived room. Electronic version of the document is preferable to be in University of Khorfakkan website.
6. All changes should be approved by the University Chancellor to be considered for publication.
7. Any external or internal comments from evaluators to the document should be taken into consideration and it leads to reviewing the document.
8. Version number should be clear and visible for the reviewer.
9. Saving hardcopy and softcopy of each document gives University of Khorfakkan the opportunity to track the history of modification and continuous improvement.

5. Responsibilities

5.1 Document Owner

- Responsible for the initial creation, maintenance, and periodic review of documents.
- Ensures that documents are accurate, complete, and up to date.
- Coordinates with relevant stakeholders during the document review process.

5.2 Document Control Officer

- Manages the document control system and ensures compliance with this policy.
- Maintains a central repository of all controlled documents.
- Facilitates the review and approval process for new and revised documents.

5.3 Review Committee

- Consists of representatives from relevant departments and areas of expertise.
- Reviews documents for accuracy, relevance, and compliance.
- Provides recommendations for approval, revision, or rejection of documents.

5.4 University Chancellor

- Provides final approval for documents based on recommendations from the Review Committee.
- Ensures that document control and review processes are implemented and followed consistently across the university.

6. Definitions

Document Control: The process of managing documents to ensure their integrity, availability, and traceability.

Document Review: The systematic evaluation of documents to ensure they are current, accurate, and compliant with relevant standards and regulations.

Document Owner: The individual or department responsible for the creation, maintenance, and review of a specific document.

7. Related Documents

None

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
Full review of the policy to make it more accurate and aligned with the newly approved policy template.	June 2024.

3. Educational Programs

	POLICY NAME	3.1 Program Planning and Development Policy		
	POLICY No.	3.1	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	June 2026	APPROVED BY	Chancellor

Overview

Academic programs are the core element of the education process. Planning and development of new potential academic programs is considered as one of the main priorities in the UKF to cover the community and development plan needs. UKF process of program development is designed based on UKF vision and context as well as the CAA requirements and Standards.

1. Purpose

The main purposes of development new program policy are to:

- Provide a framework for development of new academic programs.
- Make sure that the academic program offered by UKF is aligned with local and global trends.
- Ensure the sustainability of the programs offered by UKF.
- Ensure the program developed by UKF are in compliance with, UKF mission and vision, UKF strategic plan and CAA standards.
- Give faculty and staff a clear process and procedures for initiating new academic programs and engage them in the process.
- Attract more students by offering up to date academic programs.

2. Scope

This policy applies to all New CAA Accredited academic programs to be delivered by UKF.

3. Policy Statement

- The new programs are developed in alignment with UKF goals, ministry of education vision and UAE national agenda for education system.
- The new proposed program should comply with CAA standard and Ministry of Education requirements.
- Benchmarking the program with local and international programs is considered as very important step before applying for accreditation.
- The proposal should include details of proper budget to ensure program sustainability.
- Proposal for new program should take approval from College Council, Deans' Council and Board of
- Trustees in sequence before applying to CAA.
- Preparing the business plan, proposal and initial application documents should be under supervision of the Director of Institutional Effectiveness and Accreditation (DIEA).
- Approval and the Decision letter for starting the program should be taken from CAA "Ministry of Education" for any new program offer in the university.

- The approval process should be via DIEA in UKF and with knowledge of Chancellor, VCAA and Dean.

4. Procedure

Phase 1: Initiating New Academic Program Idea

- Faculty and staff can investigate academic opportunities and generate new ideas.
- Submit the new idea with evidence and references to the head of department.
- Head of department discuss the idea with other faculty members and colleagues.
- The Head of department prepares a proposal document for new program and discuss it with DIEA and Vice Chancellor for academic affairs.

Phase 2: Preparing Business Plan and Proposal

- Head of Department requests for UKF business plan template from DIEA.
- Head of Department submits complete business plan to DIEA for review.
- Head of Department shows the completed plan to the college council for primary approval

Phase 3: Application Approval and Confirmation

- After the approval from the college council, the Dean of the college takes the confirmation from Chancellor and Vice Chancellor for academic affairs for presenting new proposed program to the Deans' Council to get approval.
- After approval from Dean's Council, the Chancellor lists the new proposed program to the BOT Agenda for discussion and gives approval for it.
- After Approval from BOT, the college department offer the program and DIEA preparing initial application document and appendices based on CAA standards and requirements.

Phase 4: DIEA Review and Confirmation

- DIEA keeps reviewing and evaluate the content and format of the application until the application be ready for submitting to CAA.
- The Application should be completed based on CAA standards 2019.
- DIEA makes the final approval to submit the application for CAA and make sure the college and department are ready for External Review Team (ERT) evaluation process.

Phase 5: CAA Review, Approval and Decision Letter

- Initial Application is reviewed and evaluated by CAA.
- CAA decides to make a site visit to evaluate the new proposed program.
- DIEA, Department offer the program and college prepare for the visit and site evaluation process.
- CAA gives the feedback and evaluation report to UKF for completing any missing data or requirements.
- UKF response to CAA report by compliance and apply all requirements and suggestions.
- CAA gives approval and decision letter after ensuring that all requirements and standards are applied from a new academic program.

5. Responsibilities

The responsibilities of the main participants in the planning process are outlined below:

Vice chancellor of Academic Affairs:

- Assisting the Chancellor with the management of the academic functions of the University.
- Providing leadership at the academic level to the whole University.
- Providing leadership in achieving the university's strategic goals, particularly in relation to teaching, learning, and research.
- Overseeing the development and implementation of academic policies.
- Overseeing and working collaboratively with college deans to develop academic curricula and programs; and coordinate with the deans to plan, evaluate instructional facilities to support teaching and learning activities.
- Developing, implementing, and monitoring quality assurance systems that will maintain the highest standards in teaching, learning, and research.
- Formulating and recommending policies and standards to govern the conduct of instruction and related matters of the University.
- Making recommendations on accreditation issues and follow-up.
- Together with the appropriate standing councils and committees, maintaining academic standards adopted by the CAA of MoE in the UAE.
- Representing the University on matters related to higher education.

Director of Institutional Effectiveness and Accreditation:

- Predicting academic success and ensuring adequate support services for students.
- Assessing the achievement of learning outcomes of all academic programs.
- Assessing the achievement of the objectives of support and administrative units.
- Evaluating students' overall satisfaction with their academic programs and
- administrative and support services provided to them.
- Assessing alumni/graduate satisfaction with the education received at the University.
- Using assessment results to improve the teaching and learning environment.
- Providing institutional research support for the university management.
- Ensure that assessment results are used in subsequent planning activities.
- Performing other duties such as providing data to management and colleges.
- Developing, implementing, and coordinating comprehensive plans for educational outcomes assessment.
- Exploring and verifying the suitability of the needs-assessment studies for new academic programs.
- Creating and maintaining a database of institutional information.

College Deans:

- Providing leadership for achieving the mission, vision, goals, and strategic plan of the college.
- Ensuring the highest standards of quality in teaching, scholarship/research, and academic development.

- Providing leadership in all academic matters, with responsibility for coordinating, evaluating, and improving curricula and programs.
- Facilitating goal setting by individuals, programs, departments, and the college in alignment with the University mission and strategic plan.
- Overseeing and enforcing the effective implementation of academic policies, regulations and procedures and ensuring compliance with local and international standards.
- Establishing a working environment conducive to achieving individual, department and college goals.
- Effectively managing students' enrolment, faculty workload, utilization of spaces and teaching facilities in the College.
- Recruiting and retaining high quality faculty, staff and students while ensuring diversity.
- Implementing a fair and effective performance evaluation for faculty and staff.
- Developing college internal and external resources.
- Managing the college's financial affairs.
- Building partnerships with constituencies within and outside the University.
- Developing impactful engagement initiatives with professional and social communities.

Department Chair

- Coordination of student recruitment, advising, evaluation, and counselling, and regularly reviewing student records to identify students at risk, meeting with them to discuss the best approach to improve their performances.
- Continuously evaluating the well-being of the program, including review of course syllabi, student retention, feedback from student and alumni surveys, and assessment of students' achievement of learning outcomes.
- Leading activities required for any external program accreditation, including timely submission of reports and preparation, and monitoring of action plans for program improvement.
- Communicating regularly with primary stakeholders of the program for the purpose of resolving problems and obtaining feedback to be considered in program improvements.
- Processing complaints and suggestions about the program received from students, faculty, or staff, and developing responses to any issues that are identified.
- Communicating and coordinating with Program faculty members, stakeholders and others involved with the program.
- Liaising with the college dean for the approval of various student transactions, including credit transfer, leave of absence, change of major, withdrawal from program.

Faculty Members

- Teaching.
- conducting academic research.
- Responsibilities towards the development of their Department, College, and the University.
- acquiring skills through ongoing training, and taking part in services towards:
    - ✓ Department

- ✓ College or university
- ✓ Academic and professional activities outside USTF
- ✓ Contribution to students' co-curricular activities

6. Definitions

CAA: Commission for Academic Accreditation at the Ministry of Education (MOE) in the United Arab Emirates (UAE).

Program Planning: The process of outlining the goals, objectives, and activities necessary to create and implement a new academic program or initiative. It includes identifying needs, resources, and potential outcomes.

Needs Assessment: A systematic process to identify and analyze the needs of the target population or institution, which serves as the foundation for program development.

Stakeholders: Individuals or groups who have an interest in the development of a program, such as faculty, students, administrators, industry partners, and community members.

Learning Outcomes: The specific skills, knowledge, or competencies students are expected to acquire through a program. These are clearly defined and guide curriculum development.

Curriculum Development: The process of designing the structure and content of a program's courses, ensuring alignment with learning outcomes, accreditation standards, and institutional goals.

Accreditation: The process by which a program is evaluated and certified by an accrediting body to ensure it meets established quality and educational standards.

Program Objectives: The broad goals that a program aims to achieve, which guide the overall structure and focus of the curriculum and activities.

Feasibility Study: An analysis conducted to assess the practicality, costs, and benefits of developing a new program. It helps determine if the program is viable and sustainable.

Continuous Improvement: An ongoing process of assessing and updating a program to ensure it remains relevant, effective, and aligned with current academic and industry standards.

Program Review: A formal periodic evaluation of an academic program to assess its strengths, weaknesses, and areas for improvement. This may be part of an accreditation process.

Risk Management: Identifying, assessing, and developing strategies to minimize risks associated with the launch or operation of a new program, such as financial risks or enrollment challenges.

7. Related Documents

Important Remarks:

UKF will ensure that new academic program development is consistent with the following principles:

- Programs of instruction will be consistent with relevant provincial standards or align with provincial descriptions.
- New academic programs will align with the requirements identified by relevant accreditation and professional bodies.
- New academic programs will be designed to reflect current and anticipated labor market and

student needs and recognize potential for evolution in the field of study.

- Clear statements of the vocational learning outcomes must be articulated for all programs of instruction. The program requirements including the title, description, curriculum, and work-integrated/experiential learning will be derived from the vocational learning outcomes, regardless of the location or method of delivery.
- The new academic program development will be supported by relevant internal and external stakeholder consultations.
- New academic programs will be designed to support and promote access, flexibility, and transfer mobility for current and prospective students.
- Clear objectives and outcomes must be established for Seneca credentials that are not Board of Governors approved programs of instruction.
- All new programs of instruction require endorsement by a relevant Program Advisory Committee or by a group of representative industry experts prior to submission for approvals.
- New academic programs will only be implemented after receipt of all relevant internal and external approvals.

8. Appendices

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.2 Program Specifications Policy		
	POLICY No.	3.2	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	September 1, 2025	APPROVED BY	Chancellor

Overview

For each program offered, UKF provides a comprehensive specification document that:

- Represents a primary source of information for students and prospective students seeking an understanding of a program; what students need to have achieved to enter the program, what will be expected of them during the program, and what they will have achieved having taken the program.
- Assists those involved in program curriculum development to appreciate the structure of the program and its learning outcomes.
- Allows internal and external reviewers to understand the program's learning outcomes, structure, and approach.
- Acts as a source of information for employers, particularly about the skills, knowledge, and aspects of competencies that they can expect from graduates of the program.
- Assists institutions in communicating essential program information to external stakeholders, such as professional bodies.
- Provides guidance for receiving feedback from students on the extent to which they perceived that the learning opportunities were met.

1. Purpose

The purpose of program specifications is to act as a definitive record of the program, setting out the program's intended aims and learning outcomes, structure, admission requirements, approaches to teaching and learning, assessment, and quality assurance. The program specifications are prepared in accordance with the CAA Standards, Annex 10: Program Specifications, which provide a full picture of the program.

2. Scope

This policy applies to all CAA Accredited academic programs delivered by UKF**.**

3. Policy Statement

The Program Specification policy provides the framework of a degree program and offers full information on the:

- Program Title and Program code/number.
- Authoring team.
- Date document prepared.
- Dates of initial accreditation of the program and, where appropriate, subsequent renewal of accreditation of the program.
- Dates of international accreditation and subsequent renewal of accreditation, if applicable.
- Academic unit(s) delivering the program.

- In cases of interdisciplinary or jointly offered programs, the academic unit is primarily responsible for the program delivery support partner (as applicable).
- Delivery mode(s).
- Educational aims of the program.
- Program learning outcomes.
- Completion requirements.
- Program structure.
- Support for students and their learning.
- Criteria for admission.
- Facilities, including laboratories, studios or other specialist resources supporting the program.
- Methods for evaluating and improving the quality and standards of teaching and learning.
- Assessment plan for program learning outcomes.
- Indicators of quality and standards.
- Program matrices or schematic showing: the schedule of delivery; program learning outcomes mapped to course learning outcomes; program learning outcomes mapped to descriptors of the *QFEmirates* for the appropriate program level; teaching and learning methods; assessment methods.

4. Procedures

- The relevant Head of Department prepares the detailed specification of all programs under his/her program.
- The College Curriculum Review and Quality Assurance Committees reviews the program specifications to make sure it's accurate and aligned with the CAA requirements.
- The relevant Head of Department presents the final version of the revised program specifications to the college council for approval.
- The college council endorses the program specifications.
- The VCAA, DIEA and the Deans council approve the College programs specifications.
- Approved programs specifications are recorded within the IEAA departments.

5. Responsibilities

- The program Coordinators/Heads are responsible for ensuring that the requirements of this policy are communicated effectively and are supported by appropriate administrative arrangements and documentation. The program specification shall be prepared using the template provided by the department of Institutional Effectiveness and Academic Accreditation (IEAA) and shall be amended from time to time in accordance with the changes and development of the program and/or the CAA Standards.
- It is the responsibility of the program coordinator to maintain and update their program specifications. The final version of the program specifications document should be reviewed and ratified by the College Dean.

- The Director of IEAA shall maintain the different versions of the Program specifications.

6. Definitions

Program specifications: A program specification is the definitive statement of information on a program's aims, learning outcomes, structure, admission requirements, approaches to teaching and learning, assessment and quality assurance.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template	June 2024

	POLICY NAME	3.3 Undergraduate Completion Requirements Policy		
	POLICY No.	3.3	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Undergraduate Completion Requirements Policy outlines the academic criteria and procedural steps necessary for undergraduate students to successfully complete their degree programs. This policy ensures that students meet the required standards and learning outcomes before being awarded their degrees.

1. Purpose

The purpose of the Undergraduate Completion Requirements Policy is to:

1. **Ensure Academic Rigor**: Establish clear academic requirements that students must meet to demonstrate their competence in their chosen fields of study.
2. **Maintain Consistency**: Provide a consistent framework for evaluating student performance and determining eligibility for graduation across all undergraduate programs.
3. **Guide Students**: Offer students a clear understanding of the academic and administrative requirements necessary for the completion of their degree programs.
4. **Support Academic Planning**: Assist faculty, advisors, and administrators in guiding students toward timely and successful program completion.

2. Scope

This policy applies to all undergraduate students enrolled in degree programs at the University of Khorfakkan. It covers all aspects of degree completion, including credit requirements, grade point average (GPA) standards, and any other specific program requirements.

3. Policy Statement

Graduation requirements are established by the college granting the degree. The total degree credits required to complete the university's undergraduate degree programs will vary but in no case will they be less than 120 semester credit hours. Students shall make steady progress towards meeting degree requirements within the maximum allowable time.

The provisions of the CAA Standards, in all cases, shall prevail while the provisions of this policy shall be fully applied possible.

To be eligible for graduation from the University of Khorfakkan, undergraduate students must:

1. **Complete Required Credits**: Fulfill the total number of credit hours required by their specific degree program, including general education, major-specific courses, and electives.
2. **Maintain a Minimum GPA**: Achieve a minimum cumulative GPA (2.0 on a 4.0 scale) as specified by their academic program.
3. **Satisfy Core and Major/Concentration Requirements**: Successfully complete all required courses within their major/Concentration, as well as any core curriculum requirements, with passing grades.

4. **Adhere to Time Limits**: Finish their degree within the maximum allowable time frame. The University allows 6 years for full-time students, unless an extension is granted under special circumstances. Part-Time students are allowed to complete their degree within 8 years. A student may be placed on hold for up to three semesters while pursuing their study at the university.
5. **Clear Administrative Requirements**: Fulfill all administrative obligations, including the submission of required forms, payment of any outstanding fees, and return of university property.

4. Procedures

9.1 Follow-up of graduating students:

- At the end of the add and drop period of each semester, the Director of the Office of Admissions and Registration sends to the Dean of each college, the list of graduating students along with their transcripts, registered courses during that semester, and the pre-graduation form to be signed by the academic advisor.
- For each graduating student, the academic advisor fills in the pre-graduation form whose content mainly is a detailed checklist whose aim is to check if the earned courses along with the registered courses during the current semester cover all the requirements for graduation (Compulsory and Elective courses of each category) subject to passing currently registered courses. The form also contains a section concerning equivalent courses that were taken based on an approved request form, which is kept in the student's file at the Office of Admissions and Registration.
- In parallel, each registration officer reviews the academic records of graduating students and compares them to the official study plan of the program.
- Before the end of the semester, each registration officer compares the results of his/her analysis with that of the academic advisor. In case of discrepancy, he/she transfers the case to the Director of the Office of Admissions and Registration who will in turn discuss the case with the Dean of the College.
- Finally, for each program, the list of graduating students' names and IDs is compiled by the Office of Admissions and Registration before the end of the semester.

9.2 Follow up of approved graduating students after announcements of end of semester results:

- Once the results are announced, the Director of the Office of Admissions and Registration sends to the Dean of each college:
    - The list of graduating students, along with their final Transcript, whose CGPA is 2.0 or more.
    - The list of graduating students that completed all courses, but their CGPA is less than 2.0. These students will be asked by the academic advisor to re-take courses from their study plan to raise their CGPA to 2.0 or more.
    - The list of graduating students who failed one or more courses during their last semester.
    - These students may ask for a re-sit exam if they have failed one course and it is the last course required for graduation. Otherwise, they will re-take the courses during the following semester.
- After coordination with the Director of the Office of Admissions and Registration, the

Dean of the college sends the list of the graduates to the Deans Council for approval.

9.3 Change of student status from Regular to Graduating student:

- Each Registration officer shall change the status of the student to a graduate student after ensuring that:
    - The name of the student is in the approved list of graduates.
    - The individual report of the student is signed by the academic advisor, and the Dean of the College.
    - The most recent personal data (filled in by the graduating student in the graduation form) are consistent with the existing ones on the system.
    - The student submitted his/her clearance sheet.
- The Director of the Office of Admissions and Registration sends the list of declared graduates to the Deans of the Colleges including the following information: ID, Name, earned credit hours, CGPA, and program.
- The Director of the Office of Admissions and Registration is responsible for publishing the list of graduates online to be used by the Department of Programs and Certification of the MoE before the distribution of graduation certificates.

9.4 Courses to be taken outside UKF:

- UKF allows its non- transferred students to take some courses of their study plan in accredited institutions in the UAE or abroad during their studies.
- Most of the courses that could be studied outside UKF, must be credit hours courses of the first 3 years in the respective study plan.
- The transferred courses should not, in any case, include more than 50% of the credit hours of the program.
- The academic advisor and the Registration officer in charge are responsible in following up the academic progress of the student, to avoid delays in the student's graduation.

Graduation Certificates:

- Each graduate will be given a Graduation Certificate in Arabic and English.
- The certificate shows the Merit that corresponds to the student's CGPA according to the following scale:

CGPA	Merit
From 3.6 to 4.0	Excellent
From 3.0 to less than 3.6	Very Good
From 2.5 to less than 3.0	Good
From 2.0 to less than 2.5	Satisfactory

10. Responsibilities

10.1 Students: Ensure they understand and meet all academic and administrative requirements for graduation.

5.2 Academic Advisors: Provide guidance to students on course selection, academic progress, and fulfillment of degree requirements.

5.3 Registrar's Office: Verify that all graduation requirements have been met before conferring degrees.

5.4 Academic Departments: Monitor students' progress within their major and ensure that

program-specific requirements are clearly communicated.

11. Definitions

An undergraduate program: a course of study at the university that leads to the attainment of a bachelor's degree. Typically, undergraduate programs are designed to be completed in three to four years of full-time study and involve a combination of general education courses, major-specific courses, and elective courses.

Bachelor's degree: In the UAE, a bachelor's degree normally requires at least four but no more than five years of full-time study, with a minimum of 120 semester credits (or equivalent). The maximum number of hours may vary, but many bachelor's degrees in professional fields, such as engineering or dentistry, require five years of study and at least 150 semester credits (or equivalent).

Credit Hours: A unit that measures educational credit, typically based on the number of classroom hours per week throughout a term. Most undergraduate programs require a certain number of credit hours to graduate, which includes both core and elective courses.

Grade Point Average (GPA): A numerical representation of a student's average performance across all their courses, usually on a 4.0 scale. The GPA is calculated by dividing the total number of grade points earned by the total number of credit hours attempted.

Core Curriculum: A set of common courses required by all students, usually in the areas of humanities, social sciences, natural sciences, and mathematics, which ensures a well-rounded education.

Major Requirements: Specific courses and academic activities that students must complete to earn a degree in their chosen field of study. This includes both required courses and electives within the discipline.

Cumulative GPA: The overall GPA that includes all coursework taken over the duration of a student's undergraduate program.

Academic Standing: The status of a student based on their GPA and adherence to the university's academic policies. Good academic standing is typically required for graduation.

Residency Requirement: The minimum amount of time or credit hours a student must complete at the university to be eligible for a degree. This ensures that students earn a significant portion of their credits directly from the institution.

Graduation Clearance: The process by which the university verifies that a student has met all academic and administrative requirements for graduation.

12. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

13. Appendices

None

14. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised for accuracy and consistency with the new policy template	June 2024

	POLICY NAME	3.4 Graduate Completion Requirements Policy		
	POLICY No.	3.4	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Graduate Completion Requirements Policy establishes the criteria and procedures that graduate students must meet to successfully complete their graduate programs and be awarded their respective degrees. This policy ensures academic rigor and consistency across all graduate programs within the University of Khorfakkan.

1. Purpose

The purpose of this policy is to define the academic and administrative requirements that graduate students must fulfill to complete their degrees. It provides clear guidelines for students, faculty, and administrative staff to ensure that all graduate degrees are awarded in a fair and consistent manner, maintaining the university's academic standards.

2. Scope

This policy applies to all graduate students enrolled in master's, or other advanced degree programs at the University of Khorfakkan. It encompasses all academic and administrative processes related to the completion of graduate programs, including coursework, research, examinations, and any additional requirements specified by individual programs.

3. Policy Statement

Graduate students must satisfy all academic and administrative requirements outlined by their respective programs to be eligible for graduation from the University of Khorfakkan. These requirements include the successful completion of required coursework, maintenance of a minimum GPA, completion and defense of a thesis or dissertation, and fulfillment of any residency obligations. All students must adhere to the time limits for program completion and meet any additional program-specific requirements.

The university is committed to supporting students through these processes and ensuring that all degree requirements are clearly communicated and consistently enforced.

To be eligible for graduation from the University of Khorfakkan, graduate students must:

1. **Complete Required Credits**: Fulfill the total number of credit hours required by their specific degree program, including general education, major-specific courses, and electives.
2. **Maintain a Minimum GPA**: Achieve a minimum cumulative GPA (3.0 on a 4.0 scale) as specified by their academic program.
3. **Satisfy Core and Major/Concentration Requirements**: Successfully complete all required courses within their major/Concentration, as well as any core curriculum requirements, with passing grades.
4. **Complete Capstone/Thesis**: If required by their program, students must complete a capstone project, thesis, or equivalent final assessment to demonstrate their mastery of program content.

5. **Adhere to Time Limits**: Finish their degree within the maximum allowable time frame. The University allows 2 years for full-time students, unless an extension is granted under special circumstances. Part-Time students are allowed to complete their degree within 4 years. A student may be placed on hold for 1 semester while pursuing their study at the university.
6. **Clear Administrative Requirements**: Fulfill all administrative obligations, including the submission of required forms, payment of any outstanding fees, and return of university property.

4. Procedures

4.1 Follow up of graduating students

- At the end of the add and drop period of each semester, the Director of the Office of Admissions and Registration sends to the Dean of each college, the list of graduating students along with their transcripts, registered courses during that semester, and the pre-graduation form to be signed by the academic advisor.
- For each graduating student, the academic advisor fills in the pre-graduation form whose content mainly is a detailed checklist whose aim is to check if the earned courses along with the registered courses during the current semester cover all the requirements for graduation (Compulsory and Elective courses of each category) subject to passing currently registered courses. The form also contains a section concerning equivalent courses that were taken based on an approved request form, which is kept in the student's file at the Office of Admissions and Registration.
- In parallel, each registration officer reviews the academic records of graduating students and compares them to the official study plan of the program.
- Before the end of the semester, each registration officer compares the results of his/her analysis with that of the academic advisor. In case of discrepancy, he/she transfers the case to the Director of the Office of Admissions and Registration who will in turn discuss the case with the Dean of the College.
- Finally, for each program, the list of graduating students' names and IDs is compiled by the Office of Admissions and Registration before the end of the semester.

4.2 Follow up of approved graduating students after announcements of end of semester results

- Once the results are announced, the Director of the Office of Admissions and Registration sends to the Dean of each college:
- The list of graduating students, along with their final Transcript, whose CGPA is 3.0 or more.
- The list of graduating students that completed all courses, but their CGPA is less than 3.0. These students will be asked by the academic advisor to re-take courses from their study plan to raise their CGPA to 3.0 or more.
- The list of graduating students who failed one or more courses during their last semester.
- These students may ask for a re-sit exam if they have failed one course, and it is the last course required for graduation. Otherwise, they will re-take the courses during the following semester.
- After coordination with the Director of the Office of Admissions and Registration, the Dean of the college sends the list of the graduates to the Deans Council for approval.

4.3 Change of student status from Regular to Graduating student

- Each Registration officer shall change the status of the student to a graduate student after ensuring that:
- The name of the student is in the approved list of graduates.
- The individual report of the student is signed by the academic advisor, and the Dean of the

College.

- The most recent personal data (filled in by the graduating student in the graduation form) are consistent with the existing ones on the system.
- The student submitted his/her clearance sheet.
- The Director of the Office of Admissions and Registration sends the list of declared graduates to the Deans of the Colleges including the following information: ID, Name, earned credit hours, CGPA, and program.
- The Director of the Office of Admissions and Registration is responsible for publishing the list of graduates online to be used by the Department of Programs and Certification of the MoE before the distribution of graduation certificates.

4.4 Courses to be taken outside UKF

- Independent of the number of credit hours that could be transferred to transferring Graduate students who are in good academic standing (CGPA is 3.0 out of 4.0 or more), the maximum number of credit hours that will be transferred should not exceed 25% of the total number of credit hours of the courses that constitute the program.
- The transferred courses should not, in any case, include more than 25% of the credit hours of the final year of the program.
- The academic advisor and the Registration officer in charge are responsible in following up the academic progress of the student, to avoid delays in the student's graduation.

4.5 Graduation Certificates

- Each graduate will be given a Graduation Certificate in Arabic and English.
- The certificate shows the Merit that corresponds to the student's CGPA according to the following scale:

CGPA	Merit
From 3.6 to 4.0	Excellent
From 3.3 to less than 3.6	Very Good
From 3 to less than 3.3	Good

5. Responsibilities

5.1 Graduate Students

- **Adherence to Requirements**: Students are responsible for understanding and fulfilling all academic and administrative requirements for their program. This includes completing coursework, maintaining the required GPA, passing comprehensive exams, and completing any required thesis or dissertation work.
- **Timely Submission**: Students must ensure that all necessary documents, such as the graduation application, thesis/dissertation drafts, and any required forms, are submitted within the deadlines set by their program and the university.
- **Communication**: It is the responsibility of the student to maintain regular communication with their academic advisors and program coordinators to ensure they are on track for completion.

5.2 Graduate Advisors

- **Guidance and Support**: Graduate advisors are responsible for providing academic guidance to students, including helping them understand degree requirements, select appropriate courses, and plan for comprehensive exams and research projects.
- **Monitoring Progress**: Advisors must monitor the academic progress of their advisees, ensuring that students are meeting their program's milestones and requirements.
- **Approval of Milestones**: Advisors are responsible for reviewing and approving key milestones such as research proposals, thesis/dissertation submissions, and comprehensive exam schedules.

5.3 Graduate Studies Committee

- **Oversight of Program Requirements**: Graduate Studies Committee is responsible for ensuring that all students within the colleges are meeting program-specific requirements. This includes coordinating comprehensive exams, thesis/dissertation defenses, and other critical program elements.
- **Policy Enforcement**: Graduate Studies Committee must enforce the Graduate Completion Requirements Policy and ensure that all students adhere to university-wide and program-specific standards.
- **Advisory Role**: Graduate Studies Committee may act as a secondary advisory resource for students, particularly in cases where additional academic or administrative support is needed.

5.4 Vice-Chancellor for Academic Affairs

- **Policy Administration**: The VCAA is responsible for administering the Graduate Completion Requirements Policy across the university. This includes setting deadlines, processing graduation applications, and verifying that all degree requirements have been met before conferring degrees.
- **Support Services**: The VCAA provides support services to both students and faculty, including workshops, academic resources, and guidance on thesis/dissertation formatting and submission.
- **Record Keeping**: The VCAA is responsible for maintaining accurate records of student progress, including coursework, exam results, and completion of thesis/dissertation requirements.

5.5 Thesis/Dissertation Committees

- **Evaluation**: Committee members are responsible for evaluating the quality and rigor of the student's research, ensuring that it meets the standards of the academic field and the university.
- **Feedback and Approval**: Committees provide constructive feedback to students and must approve the final thesis/dissertation before it is submitted to the Graduate School.

5.6 University Registrar

- **Final Certification**: The Registrar's Office is responsible for the final certification of students' eligibility for graduation, ensuring that all academic and administrative requirements have been met.
- **Degree Conferral**: The Registrar's Office manages the official conferral of degrees, including the issuance of diplomas and transcripts post-graduation.

6. Definitions

Graduate Program: A structured course of study leading to an advanced degree, such as a master's or doctorate, offered by the university.

Credit Hours: The units used to measure the amount of academic work required for a course, typically based on the number of hours spent in direct instruction and associated work.

Comprehensive Examinations: Exams that assess a student's mastery of the subject matter within their field of study, often required for progression to the thesis or dissertation stage.

Thesis: A substantial research project completed as part of a master's degree program, demonstrating the student's ability to conduct independent research.

Dissertation: An extensive, original research project completed as part of a doctoral degree program, representing a significant contribution to the academic field.

Residency Requirements: The period during which a student must be enrolled in their program, often requiring full-time study on campus for a specified duration.

GPA (Grade Point Average): A numerical representation of a student's academic performance, typically on a 4.0 scale, calculated based on the grades received in coursework.

Graduation Application: The formal process by which students apply to have their degree conferred upon successful completion of all program requirements.

Minimum number of credit hours: The minimum number of credit hours/credit units required for the completion of a qualification must be no less than the following:
Master's Degree or its equivalent - 30 credit hours including thesis requirements (if any), or equivalent. If the program has a thesis component, then the number of credit hours of taught courses should not be less than 21 credit hours.
Doctoral Degree or its equivalent - 54 credit hours including dissertation requirements, or equivalent, with at least 24 of those hours being "taught" classes rather than dissertation credits.

7. **Related Documents**
   Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019
8. **Modification History**

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully reviewed for alignment with the new policy template.	June 2024

	POLICY NAME	3.5 Course Substitution Policy		
	POLICY No.	**3.5**	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

All UKF students are expected to complete the degree as per their approved study plan. However, under exceptional circumstances, the course substitution policy can be applied if the following conditions are met:

- The course offered as a substitute is at least 80% equivalent to the required course in the study plan.
- The course offered as a substitute must be equal to or greater in credits and level than the required course.
- The required course is not offered during the current semester.
- The student satisfies the prerequisite(s) for the substituted course.
- A student's graduation will be delayed if the substituted course is not taken in the absence of the required course offered during that semester.

1. Purpose

This policy specifies the requirements and the process of course substitution at UKF.

2. Scope

The Course Substitution Policy applies to all undergraduate and graduate students within the University of Khorfakkan who may require a substitution for a required course in their academic program.

3. Policy Statement

UKF recognizes that unusual circumstances may occur, and some students may find it difficult to satisfy specific course work requirements for degree completion. Course substitutions are made on a case-by-case basis with the intent that the integrity of the academic program will not be compromised. A course substitution request is made when a student desires to substitute one course for a required course when a clear similarity, at least 80% of course contents, exists between the two courses.

4. Procedures

UKF will consider a request from an undergraduate student for a course substitution as follows:

- Students will submit a course substitution request to the appropriate advisor, department chair, and Dean of the college for approval.
- Upon approval, the Dean of the college will forward the form for final approval or disapproval to the VCAA.
- The Office of Registration and Admission will post the course substitution to the student's academic record.
- The Registration and Admission will notify the student of the approval or disapproval of the course substitution.

5. Responsibilities

5.1 Students:

a. **Initiate Request**: Responsible for identifying the need for a course substitution and initiating the request process by completing the required forms and submitting necessary documentation.
b. **Provide Justification**: Must provide a clear and valid reason for the substitution request, such as conflicts in scheduling, disability accommodations, or previous coursework that may fulfill the requirement.

5.2 Faculty Advisors:

a. **Guidance**: Assist students in understanding the course substitution policy and determining if their situation qualifies for a substitution.
b. **Initial Review**: Review and endorse the student's substitution request, ensuring it aligns with academic goals and program requirements.

5.3 Department Chairs/Program Directors:

a. **Approval Authority**: Have the authority to approve or deny substitution requests based on academic standards, curriculum integrity, and the student's academic progress.
b. **Consultation**: May consult with faculty members or other academic units to ensure that the substituted course is equivalent in content and rigor.

5.4 Registrar's Office:

a. **Record Keeping**: Responsible for updating the student's academic record to reflect approved course substitutions.
b. **Communication**: Notify relevant parties, including students and advisors, about the status of the substitution request.

5.5 Appeals Committee:

a. **Review Appeals**: Handle appeals related to denied course substitution requests, ensuring that decisions are fair and consistent with university policies.

5.6 The vice-Chancellor for Academic affairs

The VCAA is responsible for reviewing this policy.

6. Definitions

- **Course Substitution**: The process of replacing a required course in a student's academic program with another course that meets the same or similar learning objectives.
- **Required Course**: A course that is mandated as part of a student's degree program, which must be completed to fulfill graduation requirements.
- **Equivalent Course**: A course that is considered to provide the same level of knowledge and skills as the required course, thereby fulfilling the same academic requirement.
- **Justification**: The rationale provided by the student for requesting a course substitution, such as scheduling conflicts, prior coursework, or the need for accommodations.
- **Appeal**: A formal process in which a student requests a review of a decision made regarding their course substitution request.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None**.**

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.6 Joint Degree Program Policy		
	POLICY No.	3.6	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan Joint Degree Program Policy outlines the principles, guidelines, and procedures for the establishment, management, and operation of joint degree programs between the university and external institutions. The policy ensures that joint degree programs meet the academic standards, provide a cohesive learning experience, and align with the strategic goals of the university.

1. Purpose

The purpose of the Joint Degree Program Policy is to:

- Facilitate collaboration between different institutions to offer joint programs.
- Provide students with the opportunity to earn a single degree that reflects the integration of coursework from two Higher Education Institutions.
- Establish a clear framework for the approval, administration, and quality assurance of joint degree programs.

2. Scope

This policy applies to all joint degree programs that involve collaboration between the University of Khorfakkan and external academic institutions, both domestic and international.

3. Policy Statement

The University of Khorfakkan is committed to fostering interdisciplinary education and collaboration through the development of joint degree programs. These programs must meet the same academic standards as other degree programs and provide students with a coherent and integrated learning experience. All joint degree programs must be approved through the appropriate academic and administrative channels and must include clear agreements regarding program structure, governance, and student support. The degrees awarded in the joint program must be approved by Commission for academic accreditation.

4. Procedure

The procedures must include the following:

4.1 Proposal Development

- Academic units interested in creating a joint degree program must develop a detailed proposal outlining the program's objectives, curriculum, governance structure, and resource requirements.
- Proposals should include input from all participating units or institutions and must address how the program will meet the learning outcomes of each discipline involved.

4.2 Approval Process

- The proposal must be reviewed and approved by the relevant department chairs, deans, academic committees within the university, The Vice chancellor for academic Affairs, and the Deans' Council.
- Final approval must be obtained from the university's Board of Trustees.
- Proposal should be communicated to the commission for academic Accreditation for approval.
- For joint programs with external institutions, the proposal must also be reviewed and approved by the partner institution's academic governing bodies.

4.3 Program Governance

- A joint program committee should be established, consisting of representatives from all participating institutions. This committee is responsible for overseeing the program's implementation, curriculum review, and student progress.
- The governance structure should include provisions for resolving conflicts, making curriculum changes, and ensuring consistent academic standards.

4.4 Admission and Enrollment

- Admission criteria for joint degree programs must be clearly defined and consistent with the standards of the participating institutions.
- Students must be enrolled in both participating institutions and must meet the requirements of each.

4.5 Curriculum and Instruction

- The curriculum must be designed to integrate coursework from each participating institution, ensuring that students receive a comprehensive education that meets the learning objectives of the joint program.
- Faculty from all participating institutions should be involved in curriculum development and delivery.

4.6 Student Support

- Joint degree programs must provide students with access to academic advising, career services, and other support resources from all participating units or institutions.
- Procedures for handling student grievances, appeals, and academic progress monitoring should be clearly defined.

4.7 Assessment and Quality Assurance

- Regular assessments of the joint degree program should be conducted to ensure that it meets academic standards and achieves its learning objectives.
- Quality assurance processes should include feedback from students, faculty, and external reviewers.

5. Responsibilities

5.1 Faculty Members

- Collaborate in the development and delivery of the joint degree program's curriculum.
- Participate in the joint program committee and contribute to program governance and assessment.

5.2 Department Chairs/Program Directors

- Oversee the development and implementation of joint degree programs within their academic units.
- Ensure that the program meets academic standards and provides adequate resources for students and faculty.

5.3 Deans of Participating Colleges

- Approve joint degree program proposals and allocate resources for program implementation.
- Monitor the program's success and ensure compliance with university policies and standards.

5.4 Vice-Chancellor for academic affairs

- Review and approve joint degree program proposals.
- Ensure that joint degree programs align with the university's strategic goals and CAA academic standards.
- Periodically review the joint degree policy.

5.5 Deans' council and BOT

- Approve the joint degree program proposal

5.6 Registrar's Office

- Manage student enrollment and records for joint degree programs.
- Ensure that students receive appropriate credit for coursework completed in all participating units or institutions.

5.7 Partner Institutions

- Collaborate with the university to ensure the successful implementation and operation of the joint degree program.
- Provide resources and support to students enrolled in the program.

6. Definitions

Joint Degree Program: A program that allows students to earn a single degree issued jointly by participating institutions that represents the completion of an integrated curriculum.

Partner Institution: An external academic institution that collaborates with the university to offer a joint degree program.

Curriculum Integration: The process of designing a curriculum that combines coursework from different disciplines or institutions to create a cohesive educational experience.

Governance Structure: The organizational framework established to oversee the operation, curriculum, and administration of a joint degree program.

Academic Standards: The criteria used to ensure that the quality of education and the level of student achievement in a joint degree program meet the university's expectations.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.7 E-Learning Policy		
	POLICY No.	3.7	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

UKF is committed to providing high-quality e-learning opportunities to its students, faculty, and staff through the successful integration of e-learning into its educational offerings and dedication to the maintenance of high standards of quality, accessibility, and student support in all e-learning activities. This policy document outlines the guidelines, principles, and procedures governing the development, implementation, and support of e-learning initiatives in our institution.

1. Purpose

The purpose of this e-learning policy is to:

- Define the institutional stance on e-learning.
- Establish guidelines for the development and delivery of e-learning courses and programs.
- Ensure the quality, integrity, and accessibility of e-learning resources and learning experiences.
- Outline the roles and responsibilities of stakeholders involved in e-learning activities.
- Support the effective utilization of technology to enhance teaching, learning, and students' outcomes.
- Ensure a secure and productive digital learning environment.

2. Scope

This policy applies to all academic and administrative units involved in the planning, development, delivery, and support of e-learning activities at UKF.

3. Policy Statement

The University of Khorfakkan shall use e-learning where appropriate to support the achievement of its goals of providing e-learning experiences that are flexible, responsive, and effective in meeting the needs of all its learners. Activities pertaining to e-learning will, where relevant, be embedded in all University policies and procedures to ensure a consistent and corporate approach to associated systems, processes, and responsibilities. For the e-learning to be effective and efficient, students are expected to have access to all required materials/resources so that they can meet the learning outcomes of the courses/study programs.

4. Procedures

4.1 Design and Development:

- E-Learning courses will be designed using best practices in instructional design, incorporating active learning strategies, multimedia elements, and interactive assessments.
- Courses will undergo quality assurance reviews to ensure alignment with institutional standards and learning objectives.

4.2 Platform and Technology:

- An approved Learning Management System (LMS) will be utilized as the primary platform for hosting and delivering e-learning courses.
- The institution will provide training and technical support for faculty and students to effectively utilize e-learning technologies.

4.3 Accessibility:

- E-Learning course materials, including multimedia content, will be designed to comply with accessibility standards, ensuring inclusivity for all learners.

4.4 Blended Learning:

- E-Learning will be integrated with traditional teaching methods to create a blended learning experience. This allows for the best of both online and in-person instruction.

5. Responsibilities

5.1. UKF Administration:

- UKF administration is responsible for providing adequate resources and support for the development and maintenance of e-learning infrastructure and initiatives.
- It will also oversee compliance with institutional policies and regulatory standards related to e-learning activities.

5.2. Faculty:

- Faculty members are responsible for developing and delivering high-quality e-learning course modules that align with institutional learning outcomes and program objectives.
- They will ensure that course materials, assessments, and interactions are designed to engage and support diverse learners effectively.

5.3. Students:

- Students engaged in e-learning activities are responsible for adhering to institutional academic integrity policies, actively participating in e-learning activities and seeking support when needed.

5.4. E-Learning Support Staff:

- Dedicated e-learning support staff will facilitate the technical and instructional support needed for faculty and students engaged in e-learning activities.
- They will provide training, troubleshooting assistance, and help desk services to ensure the effective use of e-learning platforms and tools.

5.5. Responsible Use:

- All users of e-learning resources are expected to act responsibly and ethically. This includes:
- Respecting intellectual property rights
- Using technology for educational purposes only
- Avoiding plagiarism and cheating
- Maintaining the confidentiality of login credential

6. Definitions

E-Learning: E-Learning is defined as a formal educational process in which learning takes place in its entirety or partially through computer-mediated communications when the lecturer and learners are not in the same place at the same time. E-Learning includes the use of technology within a learning management system (LMS) to allow instruction of coursework

fully or partially online. This can also include training and other technology support within the learning environment such as email, compressed or streamed video and other instructional technologies.

Hybrid/Blended courses: Hybrid classes provide an opportunity to take advantage of both online learning and face-to-face interaction. Students must attend face-to-face class instruction or video conferencing courses and log in to their E-learning environment each week.

Web-Enhanced Courses: Web-enhanced classes are traditional face-to-face courses that use tools in the E- learning environment to expand student learning beyond the boundaries of the classroom.

7. Related Documents

- **Campus-based courses and E-Learning courses**: The difference between campus-based courses and E-Learning courses is the format of delivery. All E-Learning courses must go through the same curriculum process as campus-based courses. Students enrolled in an online course have greater flexibility and convenience. Online students can access course content 24/7 from anywhere at any time using varied devices through Wi-Fi or devices' data packages. Every course will have indicated deadlines for completion of all course work. All tests/exams/quizzes for mid-term and final are required to be on campus. UKF online courses are delivered using the MOODLE Learning Management System (LMS). The E-Learning courses are rigorous and cover the same material as campus-based classes. The credits earned through E-learning course work are transferable and appear on the student's transcript like any other class.
- **E-Learning Goals:**
    - to provide high-quality academic support services for faculty who teach Web-based and Web-enhanced courses.
    - to increase student access to learning resources by providing faculty with the necessary tools and resources to create pedagogically sound Web-based and Web-enhanced courses.
    - to support faculty use of software applications and multimedia classroom equipment available at UKF.
    - to provide quality multimedia assistance for faculty and staff through workshops, individual assistance, by phone and email support while always searching for new and creative uses for technology in the academic environment.
    - to support the integration of technology into education; and to provide a reliable, strong Web presence for UKF.
- **Evaluation and Continuous Improvement:**

  Assessment:
    - E-Learning courses will be regularly evaluated to gauge student learning outcomes, course effectiveness, and students' satisfaction with the e-learning experience.
    - Evaluation data will inform continuous improvement efforts aimed at enhancing the quality and relevance of e-learning offerings.

  Professional Development:

    - Faculty engaged in e-learning activities will have access to professional development opportunities focused on e-learning best practices, technology integration, and online teaching pedagogy.

Compliance

- UKF will ensure compliance with CAA accreditation standards, regulations, and industry best practices pertaining to e-learning.

8. Appendices

- Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.9 Thesis/Dissertation Supervision and Examination Policy		
	POLICY No.	3.9	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy sets out the requirements of postgraduate research degree theses, their submission, examination – including the nomination and approval of examining teams – and the award of postgraduate research degrees.

1. Purpose

This policy outlines the procedures for the submission and evaluation of a thesis presented to fulfill a portion of the criteria for acquiring a master's degree at UKF.

2. Scope

This policy document is applicable to all graduate students enrolled in programs with thesis/dissertation component at UKF.

3. Policy Statement

The University of Khorfakkan is committed to ensuring the highest standards of academic integrity, quality, and support in the supervision and examination of theses and dissertations. This policy aims to provide clear guidelines and procedures to facilitate the successful completion of graduate students' research projects, ensuring that they meet the academic and ethical standards required for the awarding of advanced degrees.

Supervisors are expected to provide guidance, feedback, and mentorship to students throughout their research journey, fostering an environment conducive to scholarly excellence and innovation. Examiners are tasked with rigorously evaluating the submitted work, ensuring that it meets the requisite scholarly criteria and contributes meaningfully to the respective field of study. This policy outlines the roles, responsibilities, and expectations for both supervisors and examiners, ensuring a transparent and equitable process that upholds the academic reputation of the university. The university is dedicated to supporting students in producing high-quality research while maintaining the integrity and rigor of the examination process.

4. Procedure

4.1 General guidelines

- The University Graduate Studies Council appoints a supervisor for the Master's candidate based on the recommendation of the Graduate Committee in the in the Department concerned.
- The Council shall decide to approve the thesis proposal no later than the end of the third semester from the date when the student joined the program based on the recommendation of the Department.

  The supervisor appointed to supervise the thesis must be a full professor or an associate professor.
- If need be, the supervisor could be an assistant professor who has at least 2 years of experience and a minimum of two Scopus papers in his field of specialization published or accepted for publication in a refereed journal or two papers.

  The supervisor could be a distinguished researcher or eminent authority in the field in question from outside the University and will be appointed by a decision of the University Graduate

Studies Council upon a recommendation from the Department and College.

- The maximum number of theses supervised by one professor shouldn't exceed:
    - Four in case the supervisor is a full professor.
    - Three in case the supervisor is an associate professor.
    - Two in case the supervisor is an assistant professor, subject to the provisions of paragraph(b)
    - The Graduate Studies Council, however, has the right to increase the number of theses to be supervised according to the Department recommendations.
    - The Council may decide, upon the recommendation of the Department and the supervisor, to appoint a second supervisor for the thesis if the need arises.
    - In special circumstances, a supervisor may be replaced by someone else in the same manner he was appointed.
    - The Graduate Studies Council may decide, upon a recommendation of the Department, that a supervisor who is on paid or unpaid sabbatical leave, continues to supervise individually or jointly the student's thesis provided that the leave is spent in the United Arab Emirates.
- At the end of each semester, the supervisor submits a detailed report to the head of Department in which he charts the student's progress. A copy of the report will also be submitted to the VCAA.
- Once the thesis is completed, the supervisor will submit a final report to the head of Department to complete the procedures stipulated by the degree requirements regulation
- The weight for teaching master courses and theses supervision load shall be calculated in accordance with the executive instructions issued by the University.
- Both the title and the theses proposal may be modified if required in the same manner adopted for thesis proposal approval.
- The defense committee shall be appointed, and a date shall be set by a decision of the VCAA based on a proposal from the supervisor, the recommendation of the Postgraduate Studies Committee in the Department and the approval of the College Postgraduate Studies Committee.
- The number of the defense committee members shall be at least three (excluding the co-supervisor). One of them must be from outside the Department or University and must satisfy the conditions of supervision. The supervisor shall be the Chairman of the Committee which will take its decision by a majority vote (2/3 or 3/4 or 4/5).
- The discussion of the thesis will be in the following manner:
    - The student will present a synopsis of his thesis.
    - The chairman of the panel will conduct the discussion at the end of which the panel will deliberate, make one of the following decisions and communicate it to the student:
        - To accept the thesis and recommend awarding the degree.
        - To accept the thesis and the award of the degree after the remarks of the panel have been taken into account. In this case, the student will be given a period of no less than one month and no more than three months from the date of the viva. Following this, the panel members will submit individual reports to the chairman of the panel indicating that the student has complied with the remarks. The chairman will convey the reports to the head of the Department along with the report of the viva panel for submission to the Deanship of Graduate Studies.
        - To re-discuss the thesis after major changes have been made, in which case the student will be given a period of no less than six months and no more than one year from the date of discussion.
        - To reject the thesis and state the reasons for the decision. In this case, the student will be awarded a postgraduate diploma.

- If the period specified in paragraphs (2) and (3) expires without the student submitting his thesis along with the required changes, or if he fails to incorporate the panel's remarks, the thesis will be deemed to have been rejected, and the provisions of paragraph (4) will apply.

4.2 Change of Advisor and/or Research Proposal

- A change of research proposal and/or Main Advisor/Co-Advisor may be requested in exceptional circumstances, for example the advisor/ Co-Advisor leaves UKF, the case of communication difficulties between the student and the Advisor / Co-Advisor, issues with the proposal (e.g. availability of equipment, materials … etc.).
- Student and advisor must try to resolve any differences as early as possible and should consult with the Department Chair and/or College Dean in the relevant college before formally requesting a change.
- The Main Advisor or the Department Chair can initiate the process of change of advisor by completing the "Change of Supervisory Arrangement" form. Any such request requires the approval of the Department Chair, the Dean at the relevant College and the VCAA.
- The student or the Main Advisor can initiate the process of change of proposal by completing the "Change of Research Proposal" form. Any such request requires the approval of the Department Chair, Dean at the relevant College and the VCAA.

5. Responsibilities

- The VCAA is responsible for implementation of this policy, its review, and its provisions.
- The Office of the Admissions and Registration is responsible for maintaining and updating all relevant forms.
- Departments and programs are responsible for encouraging and ensuring effective supervising/advising of their graduate students.
- Supervisors (or Advisors) are expected to do the following:
  - Interact in a professional and civil manner consistent with university policies.
  - Encourage students to learn creatively and independently.
  - Develop a clear understanding of specific research expectations and responsibilities, including timelines for completion of theses and dissertations.
  - Provide feedback on students' work and progress toward a degree in a timely manner.
  - Discuss authorship policy with graduate students in advance of entering collaborative projects. f. Acknowledge student contributions to research presented at conferences, in publications, and in applications for copyright and patents.

6. Definitions

Academic/Research Advisor: The individual faculty member assigned to monitor a student's academic/research progress.

Academic Probation: Unsatisfactory progress towards graduation. A student whose cumulative grade point average falls below 3.0 at the end of a regular semester is placed on academic probation.

Full-Time Graduate Student: An enrolled student who is pursuing a graduate degree is normally registered for 9-12 credits during a regular semester.

Part-Time Graduate Student: An enrolled student pursuing a graduate degree who is normally registered for fewer than 9 credit hours during a regular semester.

7. Related Documents

None.

8. Appendices

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.10 Academic Progress Policy		
	POLICY No.	3.10	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

Students attending the University of Khorfakkan are expected to perform at a satisfactory academic level. The Academic Progress Policy sets out a process for students who are not achieving satisfactorily. The Academic Progress of UKF students is monitored each semester and the GPA and CGPA are counted. When a student's CGPA becomes less than 2.0, he/she will receive an academic warning and put on probation. Intensive efforts by the student and his/her academic advisor are needed to identify the problems restricting his/her achievement to get out of probationary condition and return to their normal academic progress.

1. Purpose

This Policy provides guidelines, responsibilities, and processes for endorsing and supporting students' academic progress to assure that UKF students perform and meet AAU academic standard within the maximum period of study.

2. Scope

This policy applies to all students at UKF.

3. Policy Statement

The Academic Progress Policy is intended to provide a benchmark for UKF students with minimal academic achievement in a transparent and equitable process. UKF will provide academic advisors for all students to maintain satisfactory academic progress at early stages of their enrollment to assist them in planning their study plans. If the student fails to show improvement over a specified period of time, he/she will be terminated from the program.

4. Procedures

- Students must change their programs if their CGPA drops below 1.0 by the end of any semester except for the first semester at UKF. Those students cannot be enrolled again in their previous programs and will not be allowed to change their programs more than one time during their studies in the university.
- Students receive a first academic warning if their CGPA drops below 2.0 by the end of any semester except for the first semester at UKF.
- Having received the first warning, students are not allowed to register for more than 15 credit hours in the following semester.
- Students failing to raise their CGPA to at least 2.0 in the following semester, will be given a second warning and will not be allowed to register for more than 12 credit hours (it can be increased to 15 credit hours after getting the department approval).
- Unable to raise their CGPA to at least 2.0, the students become liable to one of the following actions:
    - Transfer the student to another major within the same college.
    - Transfer the student to another college.
    - Students are given two semesters to raise their CGPA after changing the major or college. Should they fail to do so, they will be dismissed from the university.
    - In case of successfully completing at least 70% of the credit hours required for graduation according to the approved study plan for the program, then students

will not be dismissed from the university, but will be permitted to continue in the same major until they reach the maximum study duration as stipulated in the UKF regulations.

- The summer semesters are not considered for an academic warning period.
- Post graduate Students receive a first academic warning if their CGPA drops below 3.0 by the end of any semester except for the first semester at UKF.
- If a post graduate student is conditionally accepted and fails to fulfill the condition by the end of the semester; the student would be considered as academically 'failed' in the registered program and is not entitled to rejoin the same program; before one semester at least. In case the student enrolls again in the same program, none of the previous credit hours are considered. However, If the student wishes to join a different program, enrollment could take place immediately and the previously studied credit hours could be considered; subject that these courses are within the new program study plan and the minimum achieved grade is B.

5. Responsibilities

5.1 Faculty Advisors/Supervisors

- Monitor Academic Progress: Regularly track and evaluate students' academic progress and performance.
- Provide Guidance: Offer academic advice and support to help students achieve their academic goals.
- Report Concerns: Notify the relevant academic committee or office if a student is struggling or failing to meet academic standards.
- Submit Recommendations: Make recommendations for academic interventions or support when necessary.

5.2 Students

- Engage Actively: Participate actively in their academic programs and seek help when needed.
- Maintain Records: Keep personal records of academic progress and communicate regularly with advisors or supervisors.
- Follow Policies: Adhere to the requirements and deadlines set forth by the Academic Progress Policy.

5.3 Academic Committee:

- Review Progress: Regularly review and assess overall student progress and academic performance.
- Develop Interventions: Create and implement academic support and intervention plans for students who are not meeting standards.
- Ensure Compliance: Ensure that the Academic Progress Policy is applied consistently and fairly across all students.

5.4 Registrar's Office:

- Track Records: Maintain accurate records of students' academic performance and progress.
- Communicate Policy: Inform students and faculty about the Academic Progress Policy and any changes to it.
- Handle Appeals: Manage and process any appeals related to academic progress and ensure proper documentation.

5.5 Vice-Chancellor for Academic Affairs

- Policy Oversight: Ensure the implementation and enforcement of the Academic Progress Policy.

- Resource Allocation: Allocate resources and support to enhance academic programs and student success.
- Policy Review: Regularly review and update the Academic Progress Policy to reflect best practices and institutional goals.

6. Definitions

CGPA: Cumulative Grade Point Average.

7. Related Documents

Student Handbook

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.11 Grading and Assessment Policy		
	POLICY No.	3.11	VERSION NO	1.1
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	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	**June 2026**	APPROVED BY	**Chancellor**

Overview

The UKF Grading and Assessment Policy ensure that:

- Assessment and grading practices across the University are consistent and reflect appropriate academic standards.
- Student performance is evaluated in a manner that is fair, accurate, consistent, and objective and in compliance with these academic standards.

1. Purpose

To establish and communicate practices for the assessment of the achievement of student outcomes at the course and program levels.

2. Scope

This policy is applicable to all academic programs, covering both undergraduate and graduate courses at UKF.

3. Policy Statement

The Grading and Assessment Policy at the University of Khorfakkan is designed to ensure that all evaluations of student performance are conducted fairly, transparently, and consistently. This policy outlines the principles, processes, and criteria for grading and assessment to uphold academic standards and integrity.

Key Principles:

1. **Fairness and Equity:** All assessments will be conducted in a manner that ensures fairness and equity for all students. Grading criteria and assessment methods will be clearly communicated to students at the syllabus of each course.
2. **Transparency:** Students will be provided with clear guidelines on how their work will be assessed and graded. Feedback will be given in a timely manner to support student learning and improvement.
3. **Consistency**: Assessment methods and grading will be applied consistently across all courses and programs. Faculty members will adhere to established grading rubrics and standards to ensure uniformity in evaluation.
4. **Academic Integrity:** All assessments will be conducted in accordance with the university's standards for academic integrity. Measures will be in place to prevent and address any form of academic dishonesty or misconduct.
5. **Student Support:** Students will have access to resources and support to help them understand grading criteria and improve their performance. Appeals and reviews of grades will be handled through established procedures to address any concerns or disputes.
6. **Continuous Improvement:** The university will regularly review and update grading and assessment practices to reflect best practices and changes in academic standards. Feedback from students and faculty will be used to enhance the assessment process.

This policy is designed to ensure that grading and assessment at the University of khorfakkan are conducted in a manner that supports academic excellence and fairness. All faculty, staff, and students are expected to adhere to these principles and contribute to a positive academic environment.

4. Procedures

- Student's performance in the courses is evaluated by their instructors based on pre-determined assessment methods in the course syllabus
- Marks of students are entered in the registration system by their instructor after the approval of head of department/program director and the Deans.
- SGPA and CGPA are calculated automatically in registration system. The passing grade for all Bachelor and diploma courses is 60%, and for the Master courses is 7%%.
- The result of each course is the sum of the grades of the final exam, the midterm exam, and the coursework that is completed by the student.
- The final grade for a course is out of 100 rounded to the closest whole number as follows: coursework: 30% midterm exam: 15% to 30% final exam: 40% to 55%.
- The final exams take place during the 16th week of the semester. The duration of the final exam will be two hours' maximum. No tests or examinations may be given on any of the seven calendar days that precede the first day of final examinations, except for practical exams, English Language placement tests, and discussion of graduation projects.
- In the summer semester, the final examination period consists of the last three scheduled days of the semester.
- Students who are scheduled for more than two examinations on the same day are entitled to reschedule one of the exams and take it on another day during the final examination period.
- A student can request to review his/ her final exam grades within 3 days after the announcement of the results.
- If an undergraduate student fails one course in the semester in which he/ she is supposed to graduate, the student is allowed to re-sit that final exam after obtaining the approval of the College Dean and paying the required fees. The student's name can be added to the list of graduating students for that semester if he/she has fulfilled all the graduation requirements. If the student fails the final exam, he/she must retake the course in the following semester.
- UKF uses a letter system in recording the students' results in a course. Each letter is converted to a number of points that are used in calculating the SGPA and CGPA.
- Grading system for bachelor's and master's Degrees:

Bachelor's Degrees:

Grades Percentage	Grades	Points
90 to 100	A	4
85 to less than 90	B+	3.5
80 to less than 85	B	3
75 to less than 80	C+	2.5
70 to less than 75	C	2
65 to less than 70	D+	1.5
60 to less than 65	D	1
Less than 60	F	0

Master's degrees:

Grades Percentage	Grades	Points
90 to 100	A	4
85 to less than 90	B+	3.5
80 to less than 85	B	3
75 to less than 80	C+	2.5
less than 75	F	0

CGPA for bachelor's Degrees:

CGPA Points	Grades
3.60 to 4.00	Excellent
3.00 to less than 3.60	Very Good
2.5 to less than 3.00	Good
2.5 to less than 2.50	Satisfactory
Below 2.00	Fail

CGPA for master's Degrees:

CGPA Points	Grades
3.70 to 4.00	Excellent
3.30 to less than 3.70	Very Good
3.00 to less than 3.30	Good
Below 3.00	Fail

5. Responsibilities

5.1 Faculty Members

- **Design and Implementation:** Develop and implement assessment methods and grading criteria for their courses, ensuring alignment with the course objectives and learning outcomes.
- **Communication:** Clearly communicate assessment criteria, deadlines, and grading rubrics to students at the beginning of the course.
- **Fair Assessment:** Conduct assessments in a fair and unbiased manner, provide timely and constructive feedback, and ensure academic integrity.
- **Record Keeping:** Maintain accurate and secure records of student performance and grades.
- **Appeals Handling:** Address and resolve grade dispute and appeal according to university procedures.

5.2 Department Chairs and Program Coordinators

- **Oversight:** Ensure that assessment methods and grading practices within their departments align with university standards and policies.
- **Support:** Provide guidance and support to faculty regarding the implementation of grading and assessment policies.
- **Review:** Oversee and review grading and assessment practices to ensure consistency and fairness.

5.3 Academic Advisors

- **Guidance:** Assist students in understanding assessment criteria and grading policies. Offer support and resources for improving academic performance.

- **Advising:** Help students navigate the grade appeals process and academic progress concerns.

5.4 Students

- **Understanding:** Familiarize themselves with course assessment criteria, grading rubrics, and deadlines.
- **Engagement:** Engage actively in the learning process and seek feedback to improve their performance.
- **Appeals:** Follow established procedures to address any concerns or disputes related to their grades.

5.5 Vice Chancellor for Academic Affairs

- **Policy Development:** Develop and update the Grading and Assessment Policy to ensure it reflects best practices and academic standards.
- **Training:** Provide training and resources to faculty and staff on grading and assessment practices.
- **Monitoring:** Monitor and review assessment practices across the university to ensure adherence to the policy.

6. Definitions

Semester Grade Point Average (SGPA): The average of the grades of all the courses which the student has studied in a semester, regardless of whether the student has passed or failed a course.
Cumulative Grade Point Average (CGPA): The average of the grades of all the courses which the student has studied from the study plan to date, regardless of whether the student has passed or failed these courses.
Assessment Methods: The various techniques and tools used to evaluate student learning, skills, and performance. This may include exams, quizzes, assignments, projects, presentations, and practical work.
Grading Rubric: A set of criteria and standards used to evaluate and score student work. Rubrics provide a detailed description of what is expected for each level of performance.
Academic Integrity: The commitment to honesty and ethical behavior in academic work, including the prohibition of cheating, plagiarism, and other forms of academic dishonesty.
Grade Appeals: The process by which students can formally request a review of their grades if they believe there has been an error or unfairness in the grading process.
Feedback: Constructive comments, and information provided to students about their performance, intended to guide improvement and enhance learning.
Fairness: Ensuring that all students are evaluated based on consistent and objective criteria, without bias or discrimination.
Transparency: The clarity and openness with which grading criteria and assessment methods are communicated to students, ensuring they understand how their work will be evaluated.
Consistency: The uniform application of grading standards and assessment practices across different courses and instructors, ensuring that all students are assessed on an equal basis.

7. Related Documents

Student Handbook
Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.12 Examinations Policy		
	POLICY No.	**3.12**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

One or more major examinations may be administered for a course to assess achievement of learning outcomes. All examinations at UKF must follow clear and established guidelines to ensure examination integrity and compliance with best practices.

1. Purpose

This policy describes how student performance is assessed, and how final grades are recorded by the Office of Admissions and Registration. The purpose of the examinations policy is to ensure equitable processes of planning and management of examinations in a manner which would support the university's commitment to academic integrity. The Policy outlines the required conduct of students and staff undertaking examinations at UKF, and directs them to university rules, standards, codes, policies, guidelines, procedures, and other requirements which specify acceptable and unacceptable conduct before, during and after examinations.

2. Scope

This policy document is applicable to all examinations administered at UKF.

3. Policy Statement

This policy sets out how the University of Khorfakkan regulates the administration of all exams. It regulates the examination affairs and guarantees the most appropriate administration of the exams according to specific academic and pedagogic standards. The Examinations are designed to play an important role in focusing learning and teaching efforts on intended academic and intellectual outcomes and the development of desired and required graduate capabilities. The examinations promote active student engagement in learning and enable students to develop their knowledge, skills, and capabilities in meaningful disciplinary, professional, and personal contexts. Assessment practices at UKF include providing constructive and timely feedback that has value for the students in justifying assessment grades given, identifying the strengths and weaknesses, and guiding their learning with a view to improving their performance.

3.1 Teaching and Evaluation

- The instructor shall prepare a detailed syllabus specifying the objectives, outcomes, content, teaching methods, evaluation, references, and additional readings required. The syllabus shall be handed out to students at the beginning of the semester and shall be kept in the course files in the college.
- The Department shall appoint a coordinator for multi-section courses taught by more than one instructor. The coordinator shall prepare the syllabus and appoint dates for the uniform examinations in cooperation with the other instructor(s) of the course.

3.2 Examination Questions Shall Be

- in line with the objectives and outcomes stated in the syllabus
- commensurate with the time allocated for the examination.
- clearly formulated and weighted
- varied to measure the students' aptitude and skills in terms of recall, comprehension, application, and analytical skill
- in the language in which the course is taught

3.3 Evaluation of Students' Performance

- The final grade in any course shall consist of the grade obtained in the final examination plus all the other grades obtained during the semester.
- The general framework for examinations shall be as follows:
  Purely or mainly theoretical courses:
    - 40-55% shall be reserved for the final examination, which shall be in writing, covering the entire contents of the course and realizing its objectives and outcomes and held at the times announced in the University calendar.
    - 45-60% shall be given to course work consisting of one or two written examinations, reports, research papers, quizzes, and any other tasks. The relative weight of each of these two examinations and other tasks shall be determined by the concerned department.
    - In case of having two written exams, the first examination shall be held in the sixth week of the regular semester or the third week of the summer session, and the second shall be given in the twelfth week of the regular semester and the fifth week of the summer session.

  Practical courses:
- College Councils shall, upon the recommendation of departmental councils, determine the distribution of grades and inform the Admissions and Registration's Office of the procedures followed.
- The above regulations shall not apply to courses that have a special nature of their own. Such courses and the methods of evaluation in them shall be specified by the College Council upon the recommendation of the Department Council. The VCAA shall be informed of all decisions in this regard fully explained and justified.
- The Department Council shall approve the method of evaluation for each course separately in accordance with the following:
    - that the components of the course and its objectives are taken into consideration
    - that self-instruction is duly recognized and evaluated so that students may be encouraged and motivated to engage seriously in this kind of activity.
    - that evaluation can be objectively implemented and fully documented, especially with reference to students' participation in class and other activities.
    - that the evaluation achieves the academic and Scientific objectives and outcomes of the course.
    - that the evaluation procedures can be used in future to develop the educational process as well as student performance
- The instructor shall be responsible for correcting the examination papers of the course he/she teaches, recording final grades in letters and percentages correctly.
- Course examination sheets or booklets shall be returned to students within one week after the date of the examination and, a week later, the grades shall be reported to the Department's Chair.
- Final grades for each course shall be calculated and recorded in letters, and the number of credit hours allocated for the course shall be specified.

3.4 Exam Grading

The instructor of each course shall correct the answer sheets or booklets of the final examination and submit the results fully documented in letter grades and percentages to the Department Chair

within forty-eight hours of the date of the examination. The Chair shall then submit the results to the College Council for approval. The documents submitted shall include the following:

- final examination sheets or booklets
- attendance sheet
- five copies of the final examination questions
- the grades, with fractions rounded to the nearest integer.
- all extra, unused answer sheets or booklets
- a report on the results including:
    - the number of students enrolled in the course.
    - the number of students allowed to sit for the examination.
    - the number of students failing to attend the examination.
    - the distribution of grades and their percentages
    - the percentages of failing and passing grades
    - the number of students getting incompletes or forfeiting the right to attend the examination, and the percentages thereof.

Faculty members shall enter the grades electronically and directly into the registration system. The Registration and Admission Department shall document the results and announce them to students.

3.5 Reviewing Final Examination Answer Sheets or Booklets

A student may submit a written petition to the Dean of the College which offers the course within two weeks after the grades have been posted to have their final examination answer sheets or booklet reviewed. The petition shall be submitted through the Registrar's Office after payment of a fixed fee. If the petition is granted, the review shall be conducted by a committee formed by the Department's Chair consisting of himself/herself and two other members of the Department, one of whom shall be the instructor of the course. The review shall ascertain whether or not there is a material error in adding up the grades allocated to each question, copying the components of the grade, or forgetting to correct a question partially or wholly. If such an error exists, the instructor of the course shall correct it, and the corrected result shall be approved in accordance with standard procedures.

- No student shall be allowed to sit for the final examination without having settled all their financial obligations to the University.
- If a student fails to attend a final examination without an excuse acceptable to the Dean of the College that offers the course, the student shall be considered to have failed in that course:
- If failure to attend the final examination is caused by ill health or some other compelling circumstances acceptable to the Dean of the College that offers the course, the student shall be given a grade of Incomplete. The Dean shall notify the Registrar's Office of this grade.
- Any student who has been given an Incomplete must remove this mark from their record within two weeks after the commencement of the next regular semester by sitting for a special examination given to him/her in arrangement with the instructor of the course and the Department. The result shall be submitted to the Registration and Admission Department within this period. Otherwise, the Registrar's Office shall give the student an F for the course in question.
- If the reason for not attending the examination mentioned above still exists, the College Council may allow the student to withdraw from the course(s) in question and have a mark of W in their record.

- The mark obtained to remove the Incomplete shall be recorded in its proper place in the semester in which the course was taken.
- If the graduation of a student depends on removing an Incomplete Grade of a course, the student shall be considered a graduate of the semester in which s/he removes the incomplete grade. The minimum passing letter grade is D.

3.6 Grading system for bachelor's and master's Degrees:

Bachelor's Degrees:

Grades Percentage	Grades	Points
90 to 100	A	4
85 to less than 90	B+	3.5
80 to less than 85	B	3
75 to less than 80	C+	2.5
70 to less than 75	C	2
65 to less than 70	D+	1.5
60 to less than 65	D	1
Less than 60	F	0

Master's degrees:

Grades Percentage	Grades	Points
90 to 100	A	4
85 to less than 90	B+	3.5
80 to less than 85	B	3
75 to less than 80	C+	2.5
less than 75	F	0

CGPA for bachelor's Degrees:

CGPA Points	Grades
3.60 to 4.00	Excellent
3.00 to less than 3.60	Very Good
2.5 to less than 3.00	Good
2.5 to less than 2.50	Satisfactory
Below 2.00	Fail

CGPA for master's Degrees:

CGPA Points	Grades
3.70 to 4.00	Excellent
3.30 to less than 3.70	Very Good
3.00 to less than 3.30	Good
Below 3.00	Fail

4. Procedures

4.1 General guidelines

- Exam instructions should be Announced by the Admission and registration unit and colleges before conducting exams.
- Exam Instructions would be displayed in all classrooms assigned for final exams, so that

the students could read them before entering the allocated exam hall.

- Students should be present in the Exam room at least 15 minutes of exam time.
- Students should present the UKF ID card.
- Students are not allowed to leave the exam hall before 60 minutes is passed from the beginning time of the exam.
- Preventing any of the student's entry to the exam hall after 10 minutes of the exam starts.
- The instructor in-watch should consider the following cases as cheating or attempting to cheat:
    - Finding any paper or a book with the student related to the subject exam.
    - Possession of mobile, headset, or any other electronic device hidden with student.
    - Talking with another student in the exam hall.
    - Changing the seating arrangement in the exam room without permission.
    - Looking at the answer sheet of another student.
    - Exchange exam questions papers.
    - Use of body language or gestures.
    - Possession of not allowed calculators or any related devices in which exam materials are stored in.
- The instructor in-watch considers the following cases as a misconduct, which require referral of the student to a discipline Committee, including:
    - Failure to maintain calm and order in the exam hall.
    - Non-compliance with the instructor in-watch.
    - Verbal argument with the instructor in-watch

4.2 Procedure for Reviewing the Final Exam Paper

- Once the final examination period starts, the "Final Exam Review" electronic service is activated online.
- Students can apply for a grade change online through their Banner self-service for the Final Exam Review service within two weeks after the grades have been posted.
- The Registration Department charges the fees.
- The application is automatically sent to the concerned college for processing.
- The respective department chair forms a committee comprised of the Department's Chairman and two other members of the Department, one of whom shall be the instructor of the course.
- The review shall be limited to the following:
- Material errors in adding up the grades assigned to each question.
- Forgetting to correct or copy the grade of a specific question or part of a question.
- Once the committee completes its review and reaches a decision, the instructor reports the corrections (if any) using the "Online Grade Change Form".
- The VCAA reviews the submitted corrections and forwards the approved changes to the Registration Department.
- The registrar in charge of the respective department implements the correction on Banner, which will reflect on the student records.
- The "Online Final Exam Review Application" is de-activated after two weeks from the last day of exams.

4.3 Online Exam Procedure

- Students and faculty are expected to comply with all policies regarding the conduct of online examinations.
- UKF shall provide an online exam system (e.g., Blackboard) for all instructors and students.
- UKF shall provide faculty, instructors, and students with appropriate training on online

examination setup and deployment on the system.

- UKF shall provide technical support to instructors and students to engage in online exam effectively.
- The instructor is responsible for designing, writing up the exam questions, assigning the weights, uploading the exam into the system, setting up the grading scheme, providing answer key, evaluating, recoding and archiving their online exams.
- The instructor is responsible for taking the attendance of students for all online exams.
- The Department chair is responsible for coordinating the online exam committee.
- The online exam committee is responsible for ensuring invigilation quality during online exams.
- Colleges Deans are responsible for coordinating and evaluating all activities related to online exams and committees within each college.
- UKF shall regularly evaluate the effectiveness of the online process and uses the feedback for improvement of the online exams systems.
- UKF shall ensure compliance of its online exam's activities with CAA standards for online exams issue.
- Students are required to maintain a secure exam environment by observing the following actions throughout the whole exam period:
    a. Working alone, without aid from anyone or any resource, including but not limited to written notes, recordings, or internet sites except those allowed or provided by the examiners.
    b. Keeping full face, hands, workspace including desk, keyboard, monitor, and scratch paper if permitted, in full view of the webcam.
    c. Remaining in the originally scanned exam environment for the entirety of the exam.
- Any exceptions to item 11 must be clearly highlighted by instructors before the exam, e.g. this will be an open book or open-source exam.
- It is understood that all online examination including midterm and final exams must be proctored, regardless of delivery mode.
- Two cameras should be used to observe a student while taking an exam, a front camera and a side camera.

5. Responsibilities

5.1 Office Admissions and Registrations:

- Determining the period of final exams according to the academic calendar.
- Proofreading the examination schedules issued by the colleges then submitting them to the Examination Coordination Committee.
- Preparing lists for the students participating in the final exams.
- Receiving the attendance sheet from the Examination Coordination Committees after the exam on daily basis.

5.2 Examination Coordination Committee:

- The Examination Coordination Committee shall be constituted by a Decision issued by the VCAA. The Examination Coordination Committee is chaired by a senior faculty member nominated by VCAA.
- The Examination Coordination Committee shall undertake the following:
    - Holding daily meetings to follow up the process of exams and taking the necessary arrangements to guarantee good circumstances.

- Submitting daily reports on the course of exams to the Higher Administration of the University.
- Preparing a final report on the progress of exams immediately after finishing the final examinations.
- Studying exam infractions and referring them to the Vice Chancellor for Academic Affairs (VCAA).
- Preparing the final exams schedules for all colleges.
- Ensuring the appropriateness of the halls in which the exams will take place.
- Indicating the number and date of examination periods.
- Distributing the students of UKF on the examination halls.
- Distributing the invigilators and assistants on the examination halls, then designating and notifying the faculty members who shall be responsible for the examination halls.
- Ensuring that all necessary measures have been taken in preparation for the final exams.
- Announcing the examination halls regularly and daily before the commencement of the exam.
- Creating the necessary arrangements for the special needs students and delegating one of the employees in the colleges to help them have the exams in good condition.
- Receiving the attendance sheets from the invigilators and submitting them daily to the Office of Admissions and Registration.

5.3 Department's Chair's Responsibilities

The Department's Chair shall

- receive the documents relating to the final examination from the instructor.
- make sure that the number of answer sheets or booklets corresponds to the number of students attending the examination.
- submit all documents related to all final examinations to the Dean as soon as they become available.
- Prepare for the Dean a report on the examinations with an analysis of the results. The report shall include the following:
    - The number of students enrolled in the course.
    - The number of students permitted to sit for the examination.
    - The number of students who were absent.
    - The distribution of grades and the percentages thereof
    - The percentages of passing and failing grades
    - The numbers and percentages of students getting incompletes and those barred from sitting for the examination.
    - Three copies of the final examination questions

5.4 College' Dean Responsibilities

The College Dean and council shall study the comprehensive reports prepared by the academic Departments on the examinations in order for the College to monitor, develop, and improve the educational process.

6. Definitions

- **Cheating:** Occurs when a student attempts to get academic credit in a way that is dishonest, disrespectful, irresponsible, untrustworthy, or unfair. Cheating is the attempt of students to present their own work which they have not produced and is regarded by

the faculty as a serious offense. Students are considered to have cheated if they copied the work of another during an examination or turned in a paper or an assignment written, in whole or in part, by someone else. Students are responsible for plagiarism, intentional or not, if they copied material from books, magazines, or other sources without identifying and acknowledging those sources or if they paraphrase ideas from such sources without acknowledging them.

- **Examination Coordination Committee (ECC)**: Coordinates with colleges to prepare final exam schedules for university students and ensures that there are no conflicts in the final exam schedules for students. The ECC selects exam invigilators form among UKF's faculty and administrative staff and prepares a daily report including number of exam violation cases and number of absent students.

7. Related Documents

None.

8. Appendices

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.13 Curriculum Approval and Revision Policy		
	POLICY No.	**3.13**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Curriculum Approval and Revision Policy outlines the procedures and guidelines for developing, approving, and revising academic programs and courses at the University of Khorfakkan. It ensures that all curricula are aligned with the academic standards, accreditation requirements, and educational goals. This policy provides a structured approach to maintaining and enhancing the quality of educational offerings.

1. Purpose

The primary purpose of this policy is to:

2. Ensure that all academic programs and courses are rigorously developed and regularly reviewed to meet the evolving needs of students, the community, and the professional fields.
3. Establish a clear and consistent process for the approval and revision of curricula, involving appropriate stakeholders and ensuring compliance with internal and external standards.
4. Promote continuous improvement in teaching and learning by facilitating the timely updating of course content and program structures.
5. Align curriculum development with the university's mission, strategic goals, and accreditation requirements.

2. Scope

This policy applies to all undergraduate and graduate academic programs and courses offered by the University of Khorfakkan. It covers the entire process from initial curriculum proposal to final approval and subsequent revisions.

3. Policy Statement

The University of Khorfakkan is committed to delivering high-quality educational programs that reflect current knowledge, skills, and competencies required in the relevant fields. To this end, all new curricula and revisions to existing curricula must undergo a thorough review and approval process. This process is designed to ensure academic rigor, relevance, and alignment with the university's educational objectives and accreditation standards.

4. Procedures

4.1 Curriculum Development:

- **Proposal Submission:** Faculty members or academic units may initiate proposals for new programs or courses, or revisions to existing ones. Proposals must include detailed justifications, objectives, learning outcomes, and assessment methods.
- **Initial Review:** Proposals are reviewed by the relevant department or program committee for alignment with academic goals and resource availability.

4.2 Approval Process:

- **Departmental Approval:** The proposal must be approved by the department or program head.
- **Academic Committee Review:** Proposals are then reviewed by the Academic committee responsible for curriculum oversight, ensuring academic standards are met.
- **Dean's Approval:** The relevant Dean conducts a final review to ensure compliance with university-wide standards and strategic goals.
- **VCAA Approval:** The proposal is submitted to the Vice-Chancellor for Academic Affairs for approval.
- **Deans' council Approval:** Once approved by the VCAA, proposals are submitted to the Chancellor who discusses the matter with the Deans Council discusses the proposal and makes a final decision on the change suggested.
- **BOT Approval:** The Chancellor shall forward the proposals to the BOT Academic Committee and finally to the BOT for approval.
- **CAA Approval:** In case of substantive changes, the CAA is informed of the nature and justification of the modifications applied.

4.3 Curriculum Revision:

- **Periodic Review:** All curricula are subject to periodic review to ensure continued relevance and quality. Revisions may be initiated based on this review or in response to external changes, such as industry standards or accreditation requirements.
- **Stakeholder Involvement:** Revisions should involve input from faculty, students, industry partners, and other relevant stakeholders.

4.4 Implementation:

- **Catalog Updates:** Approved curricula and revisions are updated in the university catalog and communicated to students and faculty.
- **Assessment and Feedback:** The effectiveness of the implemented curriculum is monitored through assessment data and feedback, which informs future revisions.

5. Responsibilities

5.1 Faculty Members:

- **Proposal Development:** Faculty members are responsible for developing new curriculum proposals or revisions to existing courses and programs. They must ensure that proposals align with the university's educational goals, standards, and accreditation requirements.
- **Periodic Review:** Faculty are responsible for regularly reviewing and updating course content to maintain relevance and rigor.

5.2 Department or Program Heads:

- **Initial Review and Endorsement:** Department heads review curriculum proposals and ensure they meet departmental goals and resource constraints. They endorse proposals before submission to higher levels of review.
- **Coordination of Reviews:** Ensure that curriculum reviews involve appropriate faculty members and align with strategic priorities.

5.3 Curriculum Committee:

- **Evaluation of Proposals:** The curriculum committee is responsible for evaluating proposals for new programs or revisions, ensuring academic standards, relevance, and consistency with institutional goals.
- **Recommendation for Approval:** Based on their evaluation, the committee recommends approval, further revision, or rejection of curriculum proposals to the Dean and Vice-Chancellor for Academic Affairs.

5.4 Deans:

- **Review and Compliance Check:** This Dean conducts a review of proposals to ensure they comply with university-wide standards, strategic goals, and accreditation requirements.
- **Recommendation for Approval:** Based on this evaluation, the Dean recommends final approval, further revision, or rejection of curriculum proposals to the Vice-Chancellor for Academic Affairs**.**

5.5 Institutional Effectiveness and Accreditation Office:

- **Compliance Monitoring:** This office monitors the curriculum development process to ensure ongoing compliance with accreditation standards and institutional policies.
- **Continuous Improvement:** It provides feedback based on assessment data and accreditation reviews to support continuous improvement of the curriculum.

5.6 Vice-Chancellor for Academic Affairs:

- **Final Review and Compliance Check:** This office conducts a final review of proposals to ensure they comply with university-wide standards, strategic goals, and accreditation requirements.
- **Facilitation of the Approval Process:** the VCAA facilitates the final approval process by coordinating with the Deans' Council ensuring all necessary documentation is in place.

5.7 Deans' council:

- **Final Approval:** The Deans' Council has the final authority to approve new curricula and major revisions to existing curricula. They ensure that all academic offerings align with the university's mission and strategic objectives.

5.8 Borad of Trustees:

- **Approves the substantive Changes:** when the proposed change is substantial, the BOT must approve this request.

5.9 Registrar's Office:

- **Implementation:** The Registrar's Office is responsible for updating the university catalog and course schedules based on approved curricula and revisions.
- **Communication:** They ensure that all changes are communicated to students, faculty, and staff in a timely manner.

6. Definitions

Curriculum: The structured set of courses, learning experiences, and outcomes that constitute a degree program or academic pathway. It includes core, elective, and general education courses designed to meet educational objectives and student learning outcomes.
Curriculum Approval: The formal process by which a proposed curriculum or changes to an existing curriculum are reviewed, evaluated, and sanctioned by the relevant academic bodies within the university, such as the curriculum committee, academic council, or faculty senate.
Curriculum Revision: The process of updating, modifying, or improving an existing curriculum to better align with academic standards, industry requirements, educational goals, or feedback from stakeholders, such as students, faculty, and employers.
Learning Outcomes: The specific knowledge, skills, attitudes, and competencies that students are expected to achieve upon completion of a course or program. Learning outcomes guide curriculum design and assessment methods.
Core Courses: Mandatory courses within a curriculum that provide foundational knowledge and skills essential to the discipline or field of study. These courses are required for all students within a particular program.
Elective Courses: Courses that students can choose to take within a curriculum, allowing for some degree of personalization and exploration within their academic program. Electives often complement core courses and help students achieve broader learning outcomes.
General Education Requirements: A set of courses outside the student's major discipline that are required for all students to ensure a well-rounded education. These typically include subjects like humanities, social sciences, natural sciences, and mathematics.
Program Review: A systematic evaluation of an academic program to assess its effectiveness, relevance, and quality. Program reviews typically involve analyzing student outcomes, curriculum content, faculty qualifications, and alignment with institutional goals.
Stakeholders: Individuals or groups who have an interest or investment in the curriculum, such as students, faculty, employers, accrediting bodies, and academic advisors. Stakeholders are often consulted during the curriculum approval and revision process.
Accreditation Standards: The criteria set by the Commission for academic accreditation that academic programs must meet to ensure quality and effectiveness. These standards often influence curriculum design, approval, and revision processes.
Curriculum Committee: A group of faculty and academic administrators responsible for reviewing and recommending curriculum proposals, revisions, and approvals. The committee ensures that curricular changes align with institutional goals and academic standards.
Course Syllabus: A document that outlines the content, objectives, assessment methods, and policies for a specific course. The syllabus is a key component of curriculum approval, as it provides detailed information on how the course will be taught and evaluated.
Program Alignment: The degree to which a curriculum aligns with the university's mission, strategic goals, and the needs of students and the community. Alignment ensures that programs are relevant and effective in achieving desired outcomes.
Curriculum Mapping: A visual or tabular representation of how courses within a program align with learning outcomes, ensuring that all outcomes are addressed throughout the curriculum. Mapping is a tool used in curriculum design, approval, and revision processes.

7. Related Documents

Nature of non-Substantive Change:

- Changes to textbooks or other learning resources.
- Changes to prerequisites.
- Changes to course codes or titles, if the content of the course is accurately reflected.
- Addition of new elective courses.

- Changes to assessment procedures.

Proposed non-substantive improvements should obtain the approvals from the proper committee/council before submitting to the VCAA, hence the VCAA reviews the non-substantive change, validate the compliance of the improvement and implement it.

Nature of Substantive Change:

Academic improvement may have an immediate effect on the scope, quality, integrity, or effectiveness of the institution or its programs. These are termed "substantive changes". Any such substantive changes initiated after the most recent review for licensure or program accreditation must be reported to the Commission of Academic Accreditation (CAA) and reviewed for approval before they are made.

- Change the legal status or form of control of the institution, including a change in ownership or merger with another institution.
- Significantly alter the mission, goals, or objectives of an institution.
- Establish instruction in a significantly different format (such as an intensive term or weekend classes) or method of delivery (such as e-learning).
- Relocate the primary campus or establish instruction at a branch or an additional location.
- Close one of the institution's locations.
- make significant changes in the organizational structure, such as separating one unit or institution into two or joining two separate units (such as two departments or colleges).
- Enter into a contractual relationship with another organization to provide instructional services.
- Change the language of instruction for any program.
- Change program admissions requirements from those approved by the CAA during the accreditation process.
- Make major reductions in program offerings.
- Increase or decrease the length and completion requirements of a program.
- Introduce non-credit courses or activities that affect the mission or alter faculty workload.

The academic departments will regularly perform internal and external environmental analyses, consider the University's strategic directions, and purpose changes to the existing programs or the addition of new programs. The colleges will discuss the proposals and forward them to the University Curriculum Committee, and to the Deans Council. The Chancellor shall forward the proposals to the BOT Academic Committee and finally to the BOT for approval. When a change involves interdisciplinary programs, joint committees shall be formed from the concerned departments or colleges concerned and follow the same procedure.

8. Appendices

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.14 Internship-Practicum Policy		
	POLICY No.	**3.14**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Internship-Practicum Policy establishes guidelines for structured, experiential learning opportunities where students apply academic knowledge in a real-world professional environment. These experiences are integral to a student's education, bridging the gap between classroom theory and practical application. This policy ensures that internships and practicums are beneficial, educationally relevant, and align with the university's academic standards.

1. Purpose

The purpose of this policy is to:

- Facilitate meaningful professional experiences that enhance student learning.
- Ensure internships and practicums are aligned with academic objectives.
- Provide clear expectations and responsibilities for all parties involved, including students, faculty, and host organizations.
- Standardize the process for securing, approving, and assessing internships and practicums.

2. Scope

This policy applies to all undergraduate and graduate students participating in internships or practicums as part of their academic programs. It covers all types of internships and practicums, whether paid or unpaid, and within or outside the university's geographical area.

3. Policy Statement

The University of Khorfakkan supports and encourages the integration of internships and practicums into academic programs as a vital component of experiential learning and upskilling. All internships and practicums must meet the educational goals of the relevant program, provide meaningful learning opportunities, and comply with all legal and ethical standards. The university is committed to fostering partnerships with organizations that can offer high-quality internship and practicum experiences.

4. Procedures

4.1 Internship/Practicum Approval

- The Internship Office must secure an internship or practicum aligned with the student academic program.
- The proposed internship or practicum must be approved by the academic advisor or relevant faculty member.
- An internship/practicum agreement outlining the roles and responsibilities of the student, faculty supervisor, and host organization must be signed.

4.2 Learning Objectives

- Students, in consultation with their academic advisor and the host organization, must establish specific learning objectives for the internship/practicum.
- These objectives must align with the student's academic goals and program outcomes.

4.3 Supervision and Evaluation

- A faculty supervisor will be assigned to each student to monitor progress and provide guidance.
- The host organization must designate a supervisor to oversee the student's work and provide feedback.
- Students are required to submit regular reports or reflections, and a final evaluation or report is to be submitted at the end of the internship/practicum as per the guidelines stated in the internship Manual.
- Students will be asked for international certification as part of course succession.

4.4 Assessment

- The student's performance in the internship/practicum will be assessed based on the achievement of learning objectives, quality of work, and feedback from the host organization.
- The assessment will contribute to the student's final grade or fulfillment of program requirements.

4.5 Health and Safety

- The university will ensure that the host organization provides a safe working environment.
- Students are required to complete any necessary health and safety training before starting their internship/practicum.

4.6 Legal and Ethical Compliance:

- All internships and practicums must comply with applicable labor laws, including those related to unpaid internships.
- The university will not endorse or approve internships or practicums that do not meet ethical standards or exploit students.

5. Responsibilities

5.1 Internship Office

- Secure an appropriate internship/practicum.
- Liaise between the university and the host organization for all related activities and issues.

5.2 Students:

- Adhere to the policies and expectations of both the university and the host organization.
- Complete all required documentation, reports, and evaluations.

5.3 Faculty Supervisors:

- Provide academic guidance to students throughout the internship/practicum.
- Evaluate student performance and provide feedback.
- Ensure that the internship/practicum aligns with academic standards and learning objectives.

5.4 Host Organizations:

- Provide a meaningful, educationally relevant experience for the student.
- Supervise the student's work and provide necessary resources and support.
- Complete evaluations of the student's performance.

5.5 Academic Departments:

- Approve internships and practicums.

- Ensure that all internships and practicums are aligned with program objectives and standards.
- Find and explore new internship opportunities.

5.6 The Vice Chancellor for Academic Affairs

- Oversee the implementation of this policy.
- Regularly review and update this policy to meet the requirements of academic accreditation.

6. Definitions

Internship: It is an accredited course that provides a professional learning experience that offers meaningful practical work related to students' field of study and gives the students the opportunity for career exploration and development as well as to learn new skills.
Interns: Students who have completed the minimum needed credit hours as per the program's requirements.
Academic supervisor: A faculty of UKF who has been assigned the duties of supervising the Intern.
Field supervisor: An employee of the host organization who has been assigned the task of supervising the Intern inside the organization.
The training organization: The organization which has accepted to provide training for an intern.
Internship Coordinator: A faculty member who has been assigned the duties of organizing and managing the administrative work of internship in a college.

7. Related Documents

- Internship Manual
- University Catalog
- Student Handbook
- 2019 CAA Standards for Licensure and Accreditation

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.15 Teaching and Learning Methodologies Policy		
	POLICY No.	**3.15**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan is dedicated to its students' success and involvement, and it values cultural and ethnic diversity. Active and cooperative learning techniques that are intellectually challenging, encourage curiosity, and create critical awareness are used to increase student engagement. Engaging students should:

- Respect, acknowledge, and expand on students' present knowledge and experiences to satisfy the unique requirements of students from various life situations.
- Give opportunity for a formal acknowledgment of earlier learning.
- Recognize unique learning requirements and broaden the student's learning options.
- Offer students a variety of relevant tactics and scenarios in which to create and apply new knowledge and abilities.
- Encourage and facilitate students' learning and application of attributes, or occupational competencies, that are essential in graduate settings.
- Provide chances for regular feedback on learning progress that recognizes individual accomplishments.
- Encourage students to critically reflect on their learning experiences and connect their insights to theoretical models and explanations, relevant fields of practice, and/or working settings.

1. Purpose

This policy provides academic direction to enhance the quality of learning and teaching at the University. It describes the principles and practices that underpin effective learning and teaching, and these principles incorporate both learning processes and learning outcomes. The critical component of this policy is that the adoption of any of these principles and practices is based on the specific needs of learners and the learning outcomes relevant to the programs.

2. Scope

The Teaching and Learning Methodologies Policy applies to all academic programs, courses, and instructional activities at the university. It encompasses all teaching staff, including full-time and part-time faculty, adjunct instructors, and teaching assistants. The policy is relevant across all levels of education offered by the university, including undergraduate, graduate, and professional development programs.

This policy covers:

1. The selection, implementation, and evaluation of teaching methodologies used in the classroom, online, or in hybrid settings.
2. The incorporation of diverse pedagogical approaches to accommodate different learning styles and needs.
3. The use of technology and digital tools in the delivery of instruction.
4. The design and delivery of course content to ensure alignment with learning outcomes.
5. The continuous professional development of faculty in effective teaching practices.
6. The assessment of teaching effectiveness and the impact on student learning outcomes.

The policy aims to ensure that all teaching and learning activities contribute to the university's

mission of providing high-quality education, fostering student engagement, and promoting academic excellence.

3. Policy Statement

The University of Khorfakkan is committed to providing high-quality education through the use of diverse and effective teaching and learning methodologies. This policy ensures that all instructional practices are aligned with the institution's educational goals, support student engagement, and promote academic excellence.

The policy emphasizes the following principles:

1. **Student-Centered Learning:** Instructional methods should focus on actively engaging students in the learning process, encouraging critical thinking, problem-solving, and the application of knowledge.
2. **Diversity in Pedagogy:** Faculty are encouraged to use a variety of teaching approaches to cater to different learning styles and needs, ensuring that all students have the opportunity to succeed.
3. **Integration of Technology:** The effective use of technology and digital tools is supported to enhance the teaching and learning experience, making education more accessible and interactive.
4. **Alignment with Learning Outcomes:** Course content and instructional methods must be designed to align with clearly defined learning outcomes, ensuring that students achieve the desired competencies.
5. **Continuous Improvement:** The university supports ongoing professional development for faculty to stay updated on best practices in teaching and to continuously improve their instructional skills.
6. **Assessment and Feedback:** Regular assessment of teaching effectiveness and student learning outcomes is essential. Feedback from these assessments should be used to refine and improve teaching methodologies.

This policy guides the university's approach to teaching and learning, ensuring that all students receive a rigorous, engaging, and supportive educational experience.

4. Procedures

- Before the commencement of each academic semester, faculty members carefully choose the endorsed teaching and learning methodologies. These methods undergo a rigorous evaluation by the College Council who offer constructive feedback to faculty members regarding potential suggestions and improvements.
- International examination and certification can be part of the evaluation.
- The Head of Department or the Program coordinator undertake the revision of course file documents, with a specific focus on: Actions Taken and Proposals for Improvement. These documents incorporate recommendations provided by instructors.
- Subsequently, a committee is formed at the program level, based on specialization, to address the recommended improvements; thereby completing the feedback loop. Concluding these deliberations, resolutions are formulated, which are then endorsed by the program council and subsequently integrated into the syllabus.
- At the end of each semester, members of each department or academic program convene to

review and assess the teaching methods employed in their courses. This evaluation includes analyzing the sections of student evaluations that pertain to teaching methods, as well as examining the assessment tools used in measuring Course Learning Outcomes (CLO). Based on these analyses, they formulate recommendations for improvement, which are then submitted to the College Council for approval.

- Approved recommendations are implemented in the following semester.

Educational Support for Students with Special Needs

- UKF's respect and tolerance core value makes the University practices equity and fairness by listening to understand and support shared governance, inclusion, and diversity.
- The University believes in equal opportunity for education and welcomes students of determination to join UKF equal-footed with their other colleagues. In the meantime, UKF's supports students with special educational needs through, but not limited to, the followings:
    - KFF lecture halls, offices, and facilities are physically accessible for students of determination.
    - Student Affairs Department (SAD) can provide exam arrangement.
    - SAD organize one-on-one weekly sessions with specialized counsellors to boost the student's study skills and foster independent learning.
    - SAD coordinate with academic department about other reasonable adjustments, regarding:
        - Class scheduling.
        - Extra-time for homework, assignments, and exams.
        - Digital copies of textbooks and lab manuals.
        - Inclusion with other colleagues in group learning and problem solving.
        - Awareness orientation sessions among other students at USTF.

5. Responsibilities

5.1 Faculty Members

- **Instructional Design:** Develop and implement course content that aligns with the teaching and learning methodologies policy, ensuring that lessons are engaging, student-centered, and aligned with learning outcomes.
- **Adoption of Diverse Methodologies:** Employ a variety of teaching methods to accommodate different learning styles and needs, including the use of technology where appropriate.
- **Assessment and Feedback:** Regularly assess student performance and provide constructive feedback. Use assessment results to improve teaching strategies.
- **Professional Development:** Engage in ongoing professional development opportunities to enhance teaching skills and stay informed about current educational practices.

5.2 Department Heads/Program Coordinators

- **Oversight and Support:** Ensure that faculty members are implementing the policy effectively. Provide guidance and support for the adoption of innovative teaching methodologies.
- **Curriculum Alignment:** Work with faculty to ensure that teaching practices are aligned with the curriculum and institutional learning outcomes.
- **Evaluation:** Regularly evaluate teaching practices within the department or program to ensure compliance with the policy and recommend improvements where necessary.

5.3 Dean of the College

- **Leadership:** Provide strategic leadership in the implementation of the teaching and learning methodologies policy within the college. Promote a culture that values diverse and effective teaching practices.
- **Resource Allocation:** Ensure that resources, such as technology and training, are available to support faculty in implementing innovative teaching methodologies.
- **Monitoring and Evaluation:** Oversee the monitoring and evaluation of teaching practices across the college, ensuring that they align with the policy and contribute to student success.

5.4 Vice Chancellor for Academic Affairs

- **Policy Implementation:** Oversee the implementation of the teaching and learning methodologies policy at the institutional level. Ensure that the policy is integrated into the university's broader academic strategies.
- **Institutional Support:** Provide institutional support for the adoption of diverse teaching methodologies, including access to professional development and instructional resources.
- **Quality Assurance:** Monitor the effectiveness of the policy across the university, ensuring that teaching practices meet the institution's educational goals and standards.

5.5 Teaching and Learning Committee

- **Professional Development:** Organize and deliver workshops, seminars, and resources that help faculty develop and implement effective teaching methodologies.
- **Consultation and Support:** Offer consultation services to faculty and departments seeking to improve their teaching practices in line with the policy.
- **Research and Innovation:** Encourage and support research into innovative teaching practices and methodologies, disseminating findings that can benefit the wider university community.

5.6 Students

- **Active Participation:** Engage actively in the learning process by participating in diverse learning activities, providing feedback on teaching practices, and utilizing the available learning resources.
- **Feedback Contribution:** Provide constructive feedback on teaching practices and methodologies, which can be used to improve the learning experience.

6. Definitions

Pedagogy and its Forms: Pedagogy refers to the "interactions between teachers, students, and the learning environment and the learning tasks. This broad term includes how teachers and students relate together as well as the instructional approaches implemented in the classroom.

Pedagogical approaches: This is often defined as the way teachers teach their pedagogy discipline that deals with theory and practice of teaching.

Pedagogic Strategies : can be defined at 3 levels: General instructional designs. Designs applied to

a teaching/learning unit (e.g. a lesson or a course module) Pedagogic methods that are part of a wider design.

Pedagogical Practices: The learning activities that support the unit of content; the instructional approach such as active learning, constructivist model, student-to-student engagement; teaching to multiple learning styles, variety of assessments.

Pedagogic planning: Is the process of developing a schema for a learning activity or session, which defines and may organize in advance some aspects of the learning environment, interactions, tasks, scheduling, and resources.

Effective pedagogy: An effective teacher must have a range of different teaching and learning

tools that can be drawn upon and used in the classroom.
Blended learning: Blended learning offers tutors the opportunity to engage students in a variety of ways, enhancing the learning of all.
Feedback and feedforward: If assessment is at the heart of the learning experience, feedback on students' responses to assessment is critical for all universities.
Flipped Classroom: The flipped classroom is a pedagogic model where the typical structure of a lecture followed by self- study is reversed or flipped.
Assessment: Have assessment practices kept pace with the vast changes in the context, aims and structure of higher education?
Collaboration and co-creation: Co-creation is the development of student-led, collaborative initiatives leading to co-created outputs.
Engagement: The student experience throughout their time in UKF is a key focus for the university with engagement being a vital component.

7. Related Documents

None.

8. Appendices

2019 Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.16 Course Syllabus Policy		
	POLICY No.	**3.16**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Course Syllabus Policy ensures that all courses offered by the University of Khorfakkan have a consistent and comprehensive syllabus that effectively communicates course expectations, content, and assessment methods to students. The policy aims to standardize the structure and content of syllabi across all programs, ensuring clarity and transparency for students and faculty.

1. Purpose

The primary purpose of the Course Syllabus Policy is to:

1. Provide students with clear and detailed information about course objectives, content, assignments, grading criteria, and other expectations.
2. Ensure consistency in the structure and content of syllabi across different courses and programs within the university.
3. Serve as a contract between the instructor and students, outlining the responsibilities and expectations of both parties.
4. Support accreditation and quality assurance processes by documenting course content and learning outcomes.

2. Scope

This policy applies to all undergraduate and graduate courses offered at the University of Khorfakkan, including mandatory, elective, and special topics courses. It is applicable to full-time, part-time, and adjunct faculty members who are responsible for course delivery.

3. Policy Statement

The course syllabus is a document, summarizing basic information about the course, must be distributed to students on the first day of class. The course syllabus should include, at a minimum, the following information:

- Course title and course code/number, credit hours, prerequisites (if any) and corequisites (if any).
- Indication of whether the course is required/free elective/or selected elective.
- Name, contact information and office hours of the current instructor.
- Brief course description (should be identical with that in the Course Catalog).
- Teaching and learning approaches, including any use of online instruction.
- Course textbooks and recommended readings listed in standard bibliographic detail, and any other learning resources.
- A brief bulleted list of the main topics covered in the course.
- Intended course learning outcomes and performance indicators, with clear indication of assessment venues; Linkage and contribution of Course Learning Outcomes (CLOs) to the Program Learning Outcomes (PLOs).
- Methods and dates of examinations and other student assessments, including the relative weight of various assessment elements in determining the course grade.
- Information on out-of-class assignments with due dates for submission.
- A description of what students are expected to do to be successful in the course.
- Course policies regarding attendance, examinations, assignments, and academic

integrity that are compliant with governing KU policies.

- Course topics and content on a week-by-week basis, including sessions for assessments.

4. Procedures

4.1 Syllabus Creation and Review:

- Faculty members are required to create a syllabus for each course they teach, following the standardized template provided by the university.
- The syllabus should be submitted to the department head or program coordinator for review before the start of the semester.
- Any significant changes to the syllabus after the semester begins must be communicated to students and approved by the department head.

4.2 Content Requirements:

- The syllabus must include all elements stated in the above section of policy statement.

4.3 Distribution:

- The syllabus must be made available to students at least one week before the start of the course, either through the university's learning management system (LMS) or other approved channels.
- Faculty members should review the syllabus with students during the first-class meeting to ensure understanding.

4.4 Storage and Archiving:

- A copy of the syllabus must be submitted to the department office for archiving at the beginning of each semester.
- Syllabi should be retained for a minimum of five years to support academic review and accreditation processes.

5. Responsibilities

5.1 Faculty Members

- Create, review, and update the course syllabus according to university guidelines.
- Ensure that the syllabus is comprehensive, clear, and accurately reflects the course content and expectations.
- Communicate any changes to the syllabus to students in a timely manner.

5.2 Department Heads/Program Coordinators:

- Review and approve course syllabi to ensure they meet university standards and align with program objectives.
- Provide guidance to faculty on syllabus development and address any discrepancies or concerns.

5.3 Dean of the College:

- Ensure that all departments within the college comply with the Course Syllabus Policy.
- Support faculty in the development of high-quality syllabi and provide resources as needed.

5.4 Vice Chancellor for Academic Affairs:

- Provide a standardized syllabus template and guidelines to ensure consistency across the university.
- Monitor compliance with the policy and conduct periodic reviews of syllabi to ensure quality and alignment with institutional goals.

5.5 Students:

- Review the syllabus thoroughly and understand the course requirements and expectations.
- Seek clarification from the instructor on any aspects of the syllabus that are unclear.

6. Definitions

Syllabus: A document that outlines the key components of a course, including objectives, content, assessments, and policies, serving as a guide for both instructors and students throughout the semester.
Course Objectives: Specific goals that the course aims to achieve, reflecting the knowledge and skills that students are expected to acquire.
Learning Outcomes: Statements that describe what students will know, be able to do, or value by the end of the course.
Assessment Methods: Various tools and strategies used to evaluate student learning and performance in the course.
Grading Criteria: The standards and weightings used to determine students' final grades in the course.
Academic Integrity Policy: The set of rules and expectations regarding honesty and ethical behavior in academic work.
Program Learning Outcome: Program Learning Outcomes (PLOs) are comprehensive, broad statements pertinent to the knowledge, skills, and aspects of competence that a learner is expected to know and be able to do by the time of graduation (completion of a program).
Performance Indicator: A specific, measurable statement identifying the performance(s) required to demonstrate attainment of a Course Learning Outcome (CLO) or Program Learning Outcome (PLO), confirmable through evidence. A performance indicator identifies the performances that the faculty will look for to determine the level at which an outcome is being achieved.

7. Related Documents

Course syllabus Template.
2019- CAA Standards.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.17 Course File Policy		
	POLICY No.	**3.17**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Course File Policy establishes procedures for maintaining comprehensive records related to each course offered at the University of Khorfakkan. It ensures that essential documents and materials are organized, accessible, and preserved for purposes such as accreditation, quality assurance, and future reference.

1. Purpose

The primary purpose of the Course File Policy is to:

- Maintain accurate and organized records for each course to support academic integrity and institutional accountability.
- Provide a repository for essential course documents, including syllabi, assessments, and feedback, which can be used for accreditation, review, and improvement purposes.
- Ensure that course records are accessible to faculty, department heads, and accreditation bodies as needed.

2. Scope

This policy applies to all courses offered at the university, including undergraduate and graduate programs. It encompasses records maintained by faculty members, department offices, and other relevant administrative units

3. Policy Statement

The University of Khorfakkan is committed to maintaining comprehensive and up-to-date course files for all courses. These files will include, but are not limited to, syllabi, instructional materials, assessments, student feedback, and records of academic performance. Course files must be managed in accordance with university guidelines and be readily accessible for review and audit purposes.

The course file should include the following:

A. copies of all instructor teaching materials.
B. copies of all assessment instruments.
C. instructor worked answers and marking schemes for all assessment instruments.
D. examples from across the range of student performance of graded responses to all assessment instruments.
E. a comprehensive instructor review of the presentation of the course, covering:
   - appropriateness of the course learning outcomes.
   - extent to which the syllabus was covered.
   - extent to which learning outcomes were met (with evidence).
   - appropriateness of textbooks and other learning resources.
   - appropriateness of assessment instruments in relation to learning outcomes.
   - appropriateness of the balance of assessment.
   - appropriateness of prerequisites.
   - general comments on any problems encountered with the course.
F. quantitative analysis of student performance during the course presentation (e.g., grade distributions).
G. summary of student feedback on the evaluation of the course.

4. Procedures

The academic course e-portfolio is a workspace that documents reliable and objective information about course activities during each offering to demonstrate its effectiveness. It also ensures efficiency, easy documentation, easy access, better archiving and more transparent sharing of information between eligible stakeholders.

The course e-portfolio is structured according to UKF policies and the accreditation Standards. The accumulation of both quantitative and qualitative data documented in each cycle would help faculty to develop appropriate recommendations for improvement to be implemented during the next cycles. This process would ensure the continuous improvement of students' experience in the course and the achievement of its leaning outcomes.

The collected data in each course e-portfolio would serve to build the program e-portfolio. The procedure for developing and maintaining course e-portfolio is as follows:

- The DIEA create an e-portfolio for each course in the proper department and college, that include the standing requirements (course description, goals and learning outcomes) as well as the cycles of course offering.
- The DIEA gives access to the course e-file to all course instructors, chairperson and dean. In case of multi-sections, the course coordinator is given view and edit access while other instructors will be given view only access.
- The course instructor/coordinator is responsible for completing all components for each course offering within the semester of the course offering.
- The course instructor/coordinator closes the loop in the course e-portfolio no later than the second week of the semester that follows the semester of course offering. In case of approved course improvement/modifications actions need more time for implementation the instructor/coordinator is responsible for documenting them as soon as possible but no later than the second subsequent offering of the course.
- The Head of Department is responsible for ensuring that each course e-portfolio is completed on time.
- The college dean is responsible for coordinating with the chairpersons to ensure completion of all course e-portfolios in the college before the end of each semester.
- The DIEAE is responsible for coordination with instructors, chairpersons and deans to ensure proper completion of all course e-portfolios on time.

5. Responsibilities

5.1 Faculty Members

- Develop and maintain a course file that includes the syllabus, instructional materials, assignments, assessment tools, and any other relevant documents.
- Ensure that course files are updated regularly to reflect any changes made during the semester.
- Submit the course file to the department office at the end of each semester.

5.2 Department Heads/Program Coordinators

- Oversee the collection and organization of course files for all courses within the department or program.
- Ensure that faculty members adhere to the Course File Policy and address any issues related to file management.
- Review and verify the completeness and accuracy of course files as part of departmental quality assurance processes.

5.3 Vice Chancellor for Academic Affairs

- Provide guidance and support for the implementation of the Course File Policy across the university.
- Develop and maintain centralized systems for storing and accessing course files.
- Conduct periodic audits to ensure compliance with the policy and address any gaps or inconsistencies.

5.4 IT Department

- Assist in the organization and archiving of course files as required.
- Ensure that course files are securely stored and protected from unauthorized access.

5.6 Institutional effectiveness and Accreditation (IEA):

- The DIEA conduct periodic audits to ensure course files are meeting the CAA standards and requirements.

6. Definitions

Course File: A collection of documents and materials related to a specific course, including the syllabus, instructional resources, assessments, and student feedback.
Syllabus: A document outlining the course objectives, content, assessments, and policies.
Instructional Materials: Resources used by faculty to teach the course, including lecture notes, presentations, and reading materials.
Assessments: Tools and methods used to evaluate student performance and learning outcomes, such as exams, quizzes, and assignments.
Student Feedback: Information provided by students regarding their experience in the course, including evaluations and surveys.

7. Related Documents

Faculty Manual.
2019 CAA Standards for Licensure and Accreditation.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.18 Class Size Policy		
	POLICY No.	**3.18**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**September 1, 2024**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Class Size Policy outlines the guidelines for determining and managing the size of classes offered at the university. It aims to balance the quality of education, resource utilization, and operational efficiency by setting standards for the maximum and minimum number of students per class.

1. Purpose

The primary purpose of the Class Size Policy is to:

- Ensure that class sizes are conducive to effective teaching and learning.
- Optimize the allocation of university resources, including faculty, classrooms, and support services.
- Maintain a manageable student-to-teacher ratio to support personalized instruction and student engagement.
- Align class sizes with accreditation and institutional standards.

2. Scope

This policy applies to all undergraduate and graduate courses offered by the university. It covers guidelines for both lecture-based and laboratory-based classes, as well as online and hybrid courses.

3. Policy Statement

The University of Khorfakkan is committed to maintaining class sizes that support high-quality educational experiences. Class sizes will be determined based on factors such as course content, instructional methods, available resources, and student needs. The policy aims to strike a balance between maximizing resource efficiency and ensuring effective learning environments.
Cooperatively, the Admissions and registration department, Colleges, Administrative Units, and Information Technology Centre distribute the halls among the sections, as follows:

Type and Level of Class	Minimum Enrolment	Maximum Enrolment
Undergraduate University Requirement	**5**	**40**
Undergraduate College Requirement	**5**	**40**
Undergraduate Specialization Courses	**5**	**30**
Postgraduate Courses	**5**	**30**

The College Dean and the Registrar monitor students' enrolments in advance so that the faculty members will have adequate time for modifications if their teaching schedules change.

4. Procedures

4.1 Class Size Determination:

- **Standard Class Sizes:** The university will set standard class size ranges based on the type of course and instructional format. For example, lecture-based classes may have larger capacities compared to laboratory or discussion-based classes.

- **Approval Process:** Any deviations from standard class sizes, whether larger or smaller, must be reviewed and approved by the department head and, if necessary, the academic affairs office.

4.2 Monitoring and Evaluation:

- **Regular Review:** Class sizes will be monitored regularly to ensure compliance with policy guidelines. Departments are responsible for tracking enrollment numbers and adjusting class sizes as needed.
- **Adjustments:** If a class exceeds or falls short of the standard size range, adjustments will be made by adding or merging sections, adjusting teaching methods, or reallocating resources.

4.3 Resource Allocation:

- **Classroom Space:** The availability of classroom space will be considered when determining class sizes. Larger classes may require larger or multiple classrooms.

4.4 Special Considerations:

- **Special Programs:** Some programs, such as those requiring specialized equipment or facilities, may have different class size guidelines based on program-specific needs.
- **Online and Hybrid Courses:** Class sizes for online and hybrid courses requirements are the same as for the face-to-face classes.

5. Responsibilities

5.1 Faculty Members

- Adhere to the class size guidelines as set forth by the policy.
- Provide feedback on class size impacts on instructional effectiveness and student learning.

5.2 Department Heads/Program Coordinators:

- Implement the Class Size Policy within their departments or programs.
- Review class size data regularly and make necessary adjustments to ensure compliance.
- Seek approval for any deviations from standard class sizes.

5.3 Vice Chancellor for Academic Affairs:

- Develop and maintain the Class Size Policy and related guidelines.
- Provide support and guidance to departments on class size management.
- Monitor overall compliance with the policy and address any systemic issues.

5.4 Facility Management Staff:

- Assist with tracking and reporting class sizes.
- Support departments in managing class size-related data and resource allocation.

6. Definitions

- **Class Size:** The number of students enrolled in a particular course section.
- **Standard Class Size Range:** The predefined range of students that is considered optimal for a particular type of course or instructional format.
- **Faculty Assignment:** The allocation of teaching responsibilities to faculty members based on class sizes and course requirements.

- **Resource Allocation:** The distribution of university resources, including faculty, classrooms, and equipment, in relation to class sizes.

7. Related Documents

Independent study Policy.
CAA Standards for Licensure and Accreditation.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.19 Intensive Modes of Course Delivery Policy		
	POLICY No.	**3.19**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Intensive Modes of Course Delivery Policy outlines the framework for delivering courses in a condensed format, allowing students to complete course requirements in a shorter time frame than traditional semester-based courses. This policy ensures that such courses maintain the same academic rigor, learning outcomes, and quality standards as courses delivered over a standard academic term.

1. Purpose

The purpose of this policy is to provide guidelines for the development, approval, and delivery of courses offered in an intensive format. It aims to ensure that these courses are designed and delivered in a way that upholds the university's academic standards while meeting the diverse needs of students, including those with non-traditional schedules or those seeking accelerated learning options.

2. Scope

This policy applies to all credit-bearing courses offered by the university in an intensive format. It is relevant to faculty members, academic departments, and administrative units involved in the planning, approval, and delivery of these courses. The policy covers various types of intensive courses, including but not limited to, short courses, workshops, summer sessions, and intersession courses.

3. Policy Statement

The University of Khorfakkan is committed to ensure that intensive modes of course delivery maintain the high-quality education while offering flexible learning options to meet the diverse needs of the student body.

A. **Academic Rigor:** Intensive courses must meet the same academic standards as courses offered during the regular academic term. The content, learning outcomes, and assessment methods should be equivalent, ensuring that students achieve the same level of competency.

B. **Course Design:** Faculty members must carefully design intensive courses to ensure that the compressed schedule does not compromise the quality of instruction or student learning. Consideration should be given to the pacing of the course, workload, and the time required for students to absorb and reflect on the material.

C. **Approval Process:** All intensive courses must undergo the same approval process as standard courses. This includes review by the department or program committee, curriculum committee, and relevant academic oversight bodies to ensure alignment with academic standards and institutional goals.

D. **Student Support:** The university is committed to provide adequate support services for students enrolled in intensive courses, including access to academic advising, library resources, and other necessary support services. This ensures that students can successfully navigate the accelerated learning environment.

E. **Faculty Workload:** The policy acknowledges the increased demands placed on faculty when delivering intensive courses. Departments should consider this when assigning faculty workloads and provide appropriate support and compensation.

F. **Evaluation and Feedback:** Intensive courses must be subject to the same evaluation and feedback mechanisms as traditional courses. This includes student evaluations, peer reviews, and assessment of learning outcomes to ensure continuous improvement and adherence to academic standards.
G. **Duration:** A summer teaching session must be a minimum of six (6) weeks in duration. The number of credit hours that a student can take during a summer session is normally limited to six credit hours.

4. Procedures

4.1 Course Proposal and Approval:

- **Faculty Submission:** Faculty interested in offering an intensive course must submit a detailed course syllabus that includes a schedule that outlines the compressed timeline, and a plan for ensuring that learning outcomes are met within the shorter time frame.
- **Departmental Review:** The course proposal is first reviewed by the respective department or program committee to ensure that it aligns with the academic goals and standards of the program.
- **Curriculum Committee Approval:** After departmental approval, the proposal is submitted to the curriculum committee, which evaluates the course for academic rigor, workload appropriateness, and alignment with institutional standards.
- **Final Approval:** Once approved by the curriculum committee, the course is forwarded to the appropriate academic oversight body (e.g., Vice-Chancellor for Academic Affairs or the Dean's Office) for final approval.

4.2 Course Delivery:

- **Scheduling**: The course must be scheduled in a way that ensures students have sufficient time to engage with the material. This may include full-day sessions, weekend classes, or multiple sessions per week.
- **Instructional Methods**: Faculty are encouraged to use a variety of instructional methods to maintain student engagement and facilitate deep learning in a compressed format. This might include blended learning approaches, interactive sessions, and frequent assessments.
- **Student Communication:** Prior to the start of the course, students should be informed about the intensive nature of the course, including expectations for attendance, participation, and workload.

4.3 Assessment and Evaluation:

- **Student Assessment:** The course should include multiple forms of assessment to measure student progress and ensure that learning outcomes are achieved. These assessments should be spaced throughout the course to allow for timely feedback and adjustment of teaching strategies.
- **Course Evaluation:** After the course concludes, students should complete a course evaluation to provide feedback on the effectiveness of the intensive delivery format. Faculty should also reflect on the course's success and identify areas for improvement.

4.4 Support Services:

- **Academic Support:** Students enrolled in intensive courses should have access to academic support services, such as tutoring and library resources, which may need to be adapted to the course schedule.

Administrative Support: The university should ensure that administrative support is available to assist faculty with the logistical aspects of delivering an intensive course, including classroom scheduling, technology support, and material preparation

5. Responsibilities

5.1 Faculty:

- Develop and submit course proposals that meet the academic standards for intensive delivery.
- Ensure that course content, delivery methods, and assessments are appropriate for the condensed format.
- Communicate with students regarding expectations and provide timely feedback throughout the course.

5.2 Department Chairs/Program Directors:

- Review and approve course proposals before submission to the curriculum committee.
- Monitor the implementation of intensive courses to ensure they meet departmental and institutional standards.
- Support faculty in the development and delivery of intensive courses.

5.3 Curriculum Committee:

- Evaluate course proposals for academic rigor, alignment with program goals, and feasibility within the intensive format.
- Approve or recommend revisions to course proposals.

5.4 Vice Chancellor for Academic Affairs/Dean's Office:

- Provide final approval for intensive courses.
- Ensure that the university's policies and standards are upheld in the delivery of intensive courses.
- Allocate resources and support for the successful implementation of intensive courses.

5.5 Student Services:

- Provide access to academic and administrative support services tailored to the needs of students in intensive courses.
- Ensure that students are aware of the resources available to them.

6. Definitions

Intensive teaching models, also known as '**accelerated**', '**time-shortened**', '**block format**', '**compressed**' or '**intensive modes of delivery**' (IMD), have been defined in various ways. It refers to courses that are offered over a shorter duration than the generally accepted period of a standard -semester (16 weeks). These may include -short courses of a few weeks' duration, courses offered in a shortened term (such as a **summer session**), blended learning courses where face-to-face contact with the instructor occurs only over a short period, or similar -intensively delivered courses or programs.

7. Related Documents

Student Handbook
CAA Standards for Licensure and Accreditation.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template	June 2024

	POLICY NAME	3.21 Direct Study/Independent Study Policy		
	POLICY No.	**3.21**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Direct Study/Independent Study Policy outlines the guidelines and procedures for students who wish to pursue individualized learning opportunities outside the traditional classroom setting. This policy enables students to engage in a course of study tailored to their specific academic interests, under the guidance and supervision of a faculty member.

1. Purpose

The purpose of this policy is to:

- Provide a structured framework for students to undertake independent or directed study that aligns with their academic goals.
- Ensure that independent study experiences maintain the same academic rigor and integrity as traditional coursework.
- Facilitate personalized learning experiences that allow students to explore topics in-depth, develop specialized skills, or conduct research.
- Promote academic flexibility by allowing students to tailor their educational experiences to their unique interests and career aspirations.

2. Scope

This policy applies to all undergraduate students at the University of Khorfakkan who wish to undertake a direct study or independent study course. It is applicable across all academic disciplines and is designed to complement the existing curriculum by providing additional learning opportunities. The policy covers both credit-bearing and non-credit-bearing independent study courses.

3. Policy Statement

This policy ensures that independent study opportunities are academically rigorous, well-structured, and aligned with the student's overall educational goals, while providing flexibility in their learning journey.

Students in good academic standing may pursue academic opportunities and the learning of content not included in existing courses through independent study.

Direct Study or Independent Study is an academic opportunity that allows students to explore a topic of interest in depth, which is not available through the standard curriculum. It typically involves self-directed learning under the supervision of a faculty member, culminating in a final project, paper, or other form of assessment.

Key elements of the policy include:

- **Eligibility:** Students must have a satisfactory academic record and obtain approval from a supervising faculty member, their academic advisor, and the department head. Independent study normally will only be permitted for one course in a student's program, except with prior approval from the CAA.
- **Proposal:** Students are required to submit a detailed proposal outlining the objectives, methodology, expected outcomes, and timeline for the independent study.

- **Supervision:** The faculty member supervising the independent study is responsible for providing guidance, setting expectations, and evaluating the student's progress and final work. Student who wishes to opt for this mode of delivery should undergo the Academic advising procedure as per the Academic advising policy of the institution.
- **Credit:** The amount of academic credit awarded for an independent study is determined based on the scope and depth of the work, in alignment with university credit hour policies. The credits earned through independent study will count towards the student's degree requirements, subject to departmental approval. Independent study courses must have an appropriate learning plan (typically a syllabus), learning outcomes, end of term evaluations and appropriate assessment.
- **Assessment:** The final grade for the independent study will be based on the quality of the work produced, the student's engagement throughout the process, and the successful achievement of the learning objectives outlined in the proposal.

4. Procedures

- The student's final grade for the independent study course will be determined by the student's supervisor and the internal examiner after evaluation of the student's work, written report, oral presentation, and response to questions.
- If the independent study course is from outside the student's study plan, assessment of the course will be conducted as follows:
  - Students will be required to sit for a written exam to be evaluated by the supervisor. This exam will be weighted at 20% of the final course mark.
  - At the end of the semester, students will submit a written report to the supervisor detailing the work carried out. This report will be weighted at 50% of the final course mark.
  - Students will present their work to an internal examiner who will not be the supervisor. The oral presentation will be weighted at 30% of the final course mark.

5. Responsibilities

- The Office of Admissions and Registration is responsible for developing, maintaining, and making available the Independent Study Request form.
- The student is responsible for submitting the Independent Study Request form.
- The student and faculty are responsible for developing and agreeing to an appropriate learning plan.

6. Definitions

Directed/Independent Study: The CAA Standards define Directed/Independent Study as a "course in which a student is individually supervised by a faculty member, which enables a student to undertake a learning opportunity which is otherwise unavailable". These courses must have an appropriate syllabus, learning outcomes, teaching/learning methods and assessment tools. The CAA Standards limit the amount of such credit that can be applied to an undergraduate qualification. The UKF offers independent studies in the form of "special" or "selected" topics.

7. Related Documents

CAA Standards for Licensure and Accreditation

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.22 Graduate Study Policy		
	POLICY No.	**3.22**	**VERSION NO**	**V 1.0**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Graduate Study Policy outlines the principles and guidelines that govern graduate education at the university of Khorfakkan. It is designed to ensure that graduate programs maintain high academic standards, provide a rigorous and supportive learning environment, and foster research and professional development. The policy applies to all graduate programs, including master's and doctoral degrees, and sets forth the responsibilities of faculty, students, and administrators in maintaining the quality and integrity of graduate education.

1. Purpose

The purpose of the Graduate Study Policy is to establish a clear framework for the administration and delivery of graduate education. This includes setting the standards for admission, progression, and completion of graduate programs, as well as defining the roles and responsibilities of students, faculty, and administrative staff. The policy aims to support the academic and professional development of graduate students and ensure that they are prepared for careers in academia, research, and other professional fields.

2. Scope

The Graduate Study Policy applies to all graduate students, faculty members, and administrative staff involved in graduate education at the university. It covers all aspects of graduate studies, including program development, admission criteria, assessment, and degree completion requirements.

3. Policy Statement

3.1 Goals of Graduate Studies

In establishing graduate studies and conferring graduate degrees, the University of Khorfakkan (UKF) aims to achieve the following objectives:

i. To enrich human knowledge in all fields through specialized programs of study and serious research aiming at making original contributions in arts, sciences, marine, maritime research and practical applications and discovery of new scientific facts.
ii. To pay particular attention to Arab-Islamic studies by expanding their scope and publishing their findings.
iii. To provide high-quality scientific and professional training to individuals working in the various fields of knowledge, theoretical and applied, to carry out the comprehensive development plans of the United Arab Emirates.
iv. To encourage those working in science to be abreast of fast-paced scientific and technological knowledge and to motivate them to be creative and innovative, to offer scientific and technical consultations to public and private institutions in the state and to encourage the scientific approach in dealing with the social problems in the Sharjah, UAE and the Arab World.
v. To enable outstanding undergraduate students to pursue their higher studies locally.
vi. To enhance the quality of current university-level programs by interacting with the

graduate programs, and to reinforce the University's status as a center for intellectual and cultural activity by opening channels to scientific endeavors worldwide.

3.2 The Organizing of Graduate Studies

A Graduate Studies Council shall be set up to oversee all matters related to graduate studies. The council shall be empowered to take all the necessary and relevant decisions in accordance with the provisions of these by-laws. It shall:

i. Propose, amend, and coordinate the general graduate studies policies in all colleges, and ascertain their implementation after their approval.
ii. Propose subsidiary by-laws in coordination with the academic programs, departments, and colleges regarding the organization of graduate studies.
iii. Propose, implement, and supervise admission criteria.
iv. Recommend the approval of new programs after studying them and harmonizing them with existing programs.
v. Recommend the approval of the decisions of graduate studies and their amendments along with changes and modifications to study plans.
vi. Recommend graduate degree titles in both Arabic and English based on the recommendations of college councils.
vii. Recommend the conferral of academic degrees.
viii. Approve the proper decisions regarding all graduate students' affairs.
ix. Approve the formation of academic committees to supervise and examine theses.
x. Lay down the general framework for research proposals, thesis-format guidelines, and the forms to be used by examining committees.
xi. Conduct periodic evaluations of graduate programs in consultation with internal and external specialized committees or bodies.
xii. Review the annual reports on graduate studies submitted by Chair's of the Program/department/College Graduate Studies Committee in the University.
xiii. Study matters referred to it by the Council of Deans, and the Chancellor, and submit recommendations thereon.

The Graduate Studies Council shall consist of the following:

- The Vice Chancellor for Academic Affairs; VCAA (chairman)
- Chair's of the Program/Department Graduate Studies Committee for colleges that have master programs.
- Faculty members who are teaching graduate classes or who have other significant involvement in graduate studies nominated by the Vice Chancellor for Academic Affairs and appointed by the Chancellor for one renewable year.
- Director of Admission and Registration

The Council shall convene upon an invitation by the chair at least once a month. The meeting shall not be deemed legal if less than two-thirds of its members are present. Decisions shall be taken by a simple majority of the members present. In the case of a tie, the side on which the chair has voted shall carry the motion. The Council may also form standing or ad-hoc committees from among its members or others to study matters referred to them.

3.3 Educational System

i. Study for the master's degree shall take one of these two forms:
   - Course work and a thesis.
   - Course work and a research project
ii. Study for the doctorate shall be by course work and a thesis. The academic year consists of two semesters.

iii. The minimum time required for the award of the master's degree is three semesters and the maximum is eight. The minimum time required for the award of a doctorate is six semesters for a person with a master's degree, and the maximum is twelve.

3.4 Tests and Examinations

Tests and Examinations in graduate courses shall be governed by existing regulations.

3.5 Thesis Preparation and Supervision

i. Theses shall be written in Arabic or English in accordance with the policy of the Department, with an abstract provided in the other language.
ii. Supervision of theses is the responsibility of full and associate professors. However, assistant professors may be permitted to supervise theses at the master's level, based on the approval of the Graduate Studies Council.
iii. The Graduate Studies Council may permit supervision for someone of distinguished experience and scientific knowledge from outside the teaching staff.
iv. Co-supervisor from outside the Department of specialization may be appointed when the need arises.
v. The maximum number of theses that can be supervised at any time is four for the full professor, three for the associate professor, and two for the assistant professor. The Council, however, may increase the number if necessary.
vi. A supervisor may be replaced by another in accordance with the same procedures followed in the appointment of the first if compelling circumstances arise requiring such a replacement.

3.6 Theses Defense

i. The defense committee shall be appointed, and a date therefore shall be set by a decision of the VCAA based on a proposal from the supervisor, the recommendation of the Postgraduate Studies Committee in the Department and the approval of the College Postgraduate Studies Committee.
ii. The examination committee shall submit its recommendation to the VCAA through the Program/Department's Chair within one week from the defense date.

3.7 Remuneration

i. Each examiner shall be paid AED. 500 for a master's thesis and AED. 1,000 for a doctorate thesis. Examiners from outside the UAE for the master's or a doctorate thesis shall be paid AED. 2,000 and provided with a return business ticket and full board in a suitable hotel for a maximum of three nights.
ii. The Chancellor shall issue the regulations and decisions necessary for the implementation of these by- laws.
iii. The Chancellor, VCAA and the Department of Admission and Registration shall be responsible for implementing the provisions of these by-laws. These by-laws shall render any text or decision that contravenes its provisions null and void.

3.8 General Provisions

i. The student will be awarded the master's degree by a decision of the Council of Deans upon the recommendation of the Graduate Studies Council, which will base its recommendation on the decision of the viva panel to accept the thesis.
ii. The student will grant the University in writing the right to photocopy the entire thesis or parts thereof for research purposes and exchange with other universities.
iii. The Council of Deans will take decisions on Graduate Studies council recommendations for matters not provided for in these by-laws.

iv. The VCAA and the Department of Admission and Registration will be responsible for the implementation of these instructions.

4. Procedures

4.1 Admission and Registration

i. The Graduate Studies Council shall determine, upon the recommendation of the Colleges and Department Councils, the number of students to be admitted into the Graduate Studies Programs each year.

Each applicant for admission into the Master's programs shall:

- Be a holder of a bachelor's degree from a recognized university.
- Have their degree in an area that qualifies him/her to join the program he/she is seeking to join.
- Submit a medical certificate attesting that he/she is free from infectious diseases.
- Submit recommendations by two of their former instructors.
- Submit a letter of approval from their employer if he/she is employed.

ii. The minimum admission requirement for the master's degree is a grade of Good in the first degree and a cumulative grade-point average (CGPA) of not less than 3.0 on a 4- point scale. Applicants whose CGPA is less than 3 may be admitted conditionally in accordance with the executive instructions of the University and pursuant to the decisions of the Ministry of Higher Education. The Graduate Studies Council may, upon recommendation from the department, add other conditions it deems necessary for admission. Applicants shall satisfy all the other admission requirements stipulated by the' Department concerned.

iii. Each applicant to the doctorate program shall have had at least a very good standing (3 out of 4 points) on the master's level. Admission to the master's or doctorate programs in areas other than those of the applicant's area of specialization may be granted upon the recommendation of the Department and College Councils and the approval of the Graduate Studies Council.

iv. The Program/Department concerned may recommend admission to the master's and doctorate programs conditional on the candidate passing a number of pre-requisite courses within a period not exceeding two semesters.

v. The student shall be admitted by a decision of the Graduate Studies Council upon a recommendation from the Postgraduate Studies Committee in the Program/Department, and the VCAA shall communicate the decision to the student, the Department, the College, and the Department of Admissions and Registration to carry out the registration of students.

vi. No student shall be allowed to join two graduate programs at the university at the same time.

vii. Postponement and interruption of studies, transfer, dismissal from, or reinstatement in, the program shall all be governed by existing regulations. These actions shall be based on a decision by the Department Council and the approval of the College and the Graduate Studies Councils.

4.2 Award of master's degree Bylaws

Master's degree Requirements are:

i. The minimum course requirement for the master's degree is at least 30 credit hours composed of 24 credit hours of coursework plus another 6 hours for thesis work or composed of 27 credit hours of coursework plus another 3 hours for a research project.

ii. The master's program comprises the following:

- Compulsory courses: 9 - 24 credit hours.

- Elective courses: 6 - 15 credit hours.
- A thesis: 6 credit hours or A research Project: 3 credits hours.

iii. The Graduate Studies Council may, upon a recommendation from the Graduate Studies Committee in the Department and the College instruct the student to a study a maximum of 12 credit hours as prerequisite courses to be taken during the first year of enrolment in the program, and such credits shall not be included in the CGPA or counted toward the time limit set for graduation.

iv. The time limit set for obtaining the master's degree shall be no less than three academic semesters and shall not exceed eight academic semesters commencing from the semester in which the student starts his studies. The student may postpone study or withdraw from all courses for two additional academic semesters in accordance with the regulations.

- The academic year is made up of two full semesters each lasting for 16 weeks, excluding times for registration & examinations.
- The required credit load for each semester ranges from 6 -12 credit hours.

4.3 Admission

i. The Graduate Studies Council will determine, at the commencement of the academic year, and upon recommendations from the Colleges and the Departments, the number of students to be admitted in that year.

To be admitted into the master's program, a candidate must fulfill the following requirements:

- The student must hold a bachelor's degree or equivalent from a recognized university with a minimum grade of Good and a CGPA of 3 on a 4-point scale. Students with a CGPA of less than 3.0 may be admitted conditionally in accordance with the executive instructions of the University and pursuant to the decisions of the Ministry of Higher Education.
- During his undergraduate years, his attendance must not have fallen below 75% of the required percentage.
- His undergraduate degree should be in a subject that would qualify him for the graduate major he wants to pursue in accordance with the study plan of that major.
- A master's candidate can be accepted for a master's degree in a field different from his major upon the recommendation of the Department, College and the approval of the Graduate Studies Council.
- A Department may require a student to pass 12 credits as prerequisite courses within two academic semesters from enrollment as a condition for admission in the program, subject to the following:

  - Registration for Master level courses are not considered unless candidate has passed the required prerequisite courses. If he has only one or two more prerequisite courses to complete, the Department may allow him to enroll in the higher study courses.

  - The time the student takes to finish the required prerequisite courses shall not be counted in the period set for obtaining the degree unless the student has enrolled in some of the compulsory graduate courses along with the prerequisites.

ii. The Graduate Studies Council may request additional admission requirements for the master's degree based on the recommendations from the Department.

iii. Applications for admission to the master's degree shall be submitted to the admission and registration department on forms prepared by the department. Thereafter, the forms shall be forwarded to the concerned Department for an appropriate decision

considering the conditions of admission.

iv. The student shall be admitted on the recommendation of the Postgraduate Studies Committee in the Program/Department, and the approval of the Graduate Studies Council. The VCAA shall communicate the decision to the Department of Admissions and Registration to complete registration procedures.

v. If a student is expelled from a master's program, he is not allowed to enroll in the same program again.

4.4 Supervision

i. At the commencement of study, the program will assign each student a supervor to provide him with guidance in his studies and assist him in selecting a topic for his dissertation and the research proposal.

ii. A student working towards the master's degree may change his major provided his old Department, the new Department and the College approve such a transfer, subject to the following:

- The candidate must meet all the requirements for admission in addition to any extra requirements that the Department he wishes to transfer to deems necessary.
- The Postgraduate Studies Committee in the Department may recommend to the VCAA that a maximum of 9 credit hours of corresponding courses that was studied at the university to be transferred provided that the student's grades therein are included in his CGPA and not less than Very Good or (B) (3.0 out of 4.0) or equivalent.
- The student registration has not been cancelled for any reason.
- Time spent on a previous major is counted as part of the time needed to complete degree requirements in the master's degree based on nine credits to each semester
- A graduate student is allowed to change his major only once throughout the period allowed for master's degree.
- A student may, by a decision of the Graduate Studies Council based on a recommendation from the Postgraduate Studies Committee in the Department, transfer from a master's program from outside the University to a similar program if he satisfies admission conditions and has not been dismissed from the university he is transferring from.
- A maximum of four years has elapsed since he had studied the courses such counted.

4.5 Limits transferred credits for master's programs from Outside UKF

i. The total transferred credits for master's programs should be maximum of 30% of the total credits required for the program or equivalent to 9 credit hours.

ii. The Graduate Studies Committee in the department may recommend to the VCAA that no more than 9 credit hours (30% of the total credits) of corresponding courses be included provided that the student's grade therein is not less than Very Good or (B) (3.0 out of 4.0) or equivalent. Such grades shall not count in the student's new CGPA. In special circumstances, more than 9 credits can be considered after the recommendations of the Graduate Studies Committee in the Department and upon the approvals of the VCAA.

iii. The student has not been expelled from the university he/she is transferring from.

iv. One semester for each 6-9 hours shall be subtracted from the time limit for obtaining the degree.

4.6 Grades and Examinations

i. All final course grades are evaluated numerically and in point average according to the following grading system:

Grades Percentage Grades Points

- 90 to 100 A 4
- 85 to less than 90 B+ 3.5
- 80 to less than 85 B 3
- 75 to less than 80 C+ 2.5
- Less than 75 F 0

CGPA will be equivalent to the following grades:

CGPA Points Grades

- 3.70 - 4.00 Excellent
- 3.30 - 3.69 Very Good
- 3.00 – 3.29 Good
- Below 3.00 Fail

ii. The minimum passing grade in any graduate course is C+ and prerequisite courses are on a pass-fail basis.
- A minimum C.G.P.A of 3.00 is required for graduation from the Master programs.
- To raise his CGPA, a student may repeat a maximum of two courses throughout his study period. The highest score shall be included in the CGPA.

iii. Grades for the pass/fail credit courses shall not be counted as part of his C.G.P.A.

iv. The distribution of grades in a graduate course is as follows:
- 20% - 30% for semester exams
- 30% - 40% for reports & research work
- 40% for the final exams

v. The by-laws governing the award of the bachelor's degree will be applied to all cases to which no provisions or regulations have been given regarding issues related to master programs.

vi. The Graduate Studies Council will approve the thesis proposal and the appointment of a supervisor.

vii. A student may not register for the thesis credits until he has successfully completed 50% of the required credit hours.

4.7 Attendance

i. If the student absence exceeds 25% of the total number of hours of any course without an excuse acceptable to the course instructor and approved by the College Dean, the student shall be barred from the final examination and shall be given a grade of (F). However, he may duly withdraw from the course if the remaining period permits such withdrawal in accordance with the regulations.

ii. If the student absence with an excuse acceptable to the course instructor and approved by the College Dean exceeds (25%) of the total number of credits of any course, the student shall be considered to have withdrawn from the course and a grade of (W) shall be recorded in his transcript.

iii. Academic rules & regulations governing the award of the bachelor's degree will apply to all the procedures followed in submitting a medical excuse.

iv. A student who has missed a final exam with an excuse acceptable to the VCAA is given an "I" (incomplete) for the course. In this case the instructor concerned will be informed, and the "F" is replaced by an "I". The "I" must be cleared within the first week of the following semester. However, if the student has withdrawn the following

semester, he must clear the "I" in, the following semester.

4.8 Drop-Add, Postponement, and Suspension of Registration FIRST: Drop and Add

A student may withdraw from one or more courses during the first week of the semester without recording the course on his transcript. He may also withdraw from one or more courses during the first eight weeks of the semester with the approval of the college Dean and the recommendation of the course instructor in accordance with a special form prepared by the Admission and Registration Department. The Director of Admissions and Registration and the Chairman of the Department shall be advised in writing of the decision, and a grade of (W) shall be recorded in the student's transcript.

i. The number of credit hours registered by the student should not fall, because of a student's withdrawal, below the minimum study load of 6 credit hours permitted by these by-laws.
ii. A student whose absence exceeds 25% will be deemed to have withdrawn from the course and will receive a (W) grade in his record for that course if he presented an acceptable excuse. His study in that course will be considered postponed.
iii. The VCAA may approve the withdrawal of a student from all the courses in each semester, provided that the request for withdrawal is submitted no later than 2 weeks before the final exams. The student will receive a "W" grade for the courses of that semester.
iv. The VCAA may approve a student's complete withdrawal from the program in which he was admitted, provided that an application is submitted no later than 2 weeks before the start of the final exams. A student who withdraws will not be allowed to enroll in the same program if his CGPA was less than 3.00 at the time of withdrawal.

4.9 Postponement

i. A student is permitted to postpone (Leave) his studies only after he has completed at least one semester in the program he has enrolled in.
ii. A student who has spent at least one semester in the program which he has joined may request a postponement for a period of not more than two consecutive or separate semesters by a decision of the VCAA and a recommendation from the Postgraduate Committee in the Department, if this is done in the first half of the semester.
v. The student's study will be postponed if his application for postponement is approved by the Graduate studies council.

4.10 Suspension of Registration

i. The student's status will be deemed under suspension if the semester starts, and he has not registered for that semester.
ii. If the student stops his studies for two consecutive or separate semesters, he shall be dismissed from the program but may be re-admitted by a Council decision.
iii. A student who has lost the right to study because of study suspension or withdrawal from a program may apply for re-admission. If admission conditions in his old program are satisfied, he may be re-admitted by following the regular admission procedures. His academic record shall be kept intact, and he shall be permitted to resume the program in accordance with the study plan approved after his re-admission provided that the period of suspension or withdrawal does not exceed four years.

4.11 Academic Warning and Expulsion

A student will be placed under academic probation in one of the following two cases:

i. If he fails to obtain, by the end of any semester, a C.G.P.A. of 3 out of 4 in the courses he studied until the end of the semester in question.

ii. If the supervisor decides that the student is negligent in his thesis work.

A student will be suspended from the master's program if:

i. The student fails to score C+ in a course, even when repeated for a better grade.
ii. If his C.G.P.A. falls below 3.00 out of 4.00 for 2 semesters and he fails to clear the probation by the third semester.
iii. If his study period exceeds the maximum time limit allowed in the by-laws.
iv. If he commits any act that violates the rules, regulations and by-laws of the University.

A student who is expelled from the program because of his low CGPA is allowed to re-enroll for 9 credit hours. If he manages to raise his C.G.P.A. to 3.00 & clears the probation, he is allowed to re-enroll provided that:

ii. His C.G.P.A., was a minimum of 2.5 when expelled.
iii. The courses he enrols for are part of his study program.
iv. He completes these courses in no more than two consecutive semesters after his expulsion. The two semesters will, however, be included in the maximum allowed period for graduation.

4.12 Supervision and Defense of Thesis

i. The Graduate Studies Council appoints a supervisor for the master's candidate based on the recommendation of the Graduate Committee in the Department concerned.
ii. The Council shall decide to approve the thesis proposal no later than the end of the third semester from the date when the student joined the program based on the recommendation of the Department.
iii. The supervisor appointed to supervise the thesis must be a full professor or an associate professor.
iv. If need be, the supervisor could be an assistant professor who has at least 2 years of experience and a minimum of two Scopus papers in his field of specialization published or accepted for publication in a refereed journal or two papers.
v. The supervisor could be a distinguished researcher or eminent authority in the field in question from outside the University and will be appointed by a decision of the Council upon a recommendation from the Department and College.
vi. The maximum number of theses supervised by one professor shouldn't exceed:
    - Four in case the supervisor is a full professor.
    - Three in case the supervisor is an associate professor.
    - Two in case the supervisor is an assistant professor, subject to the provisions of paragraph (iv)
    - The Graduate Studies Council, however, has the right to increase the number of theses to be supervised according to the Department recommendations.
    - The Council may decide, upon the recommendation of the Department and the supervisor, to appoint a second supervisor for the thesis if the need arises.
    - In special circumstances, a supervisor may be replaced by someone else in the same manner he was appointed.
    - The Graduate Studies Council may decide, upon a recommendation of the Department, that a supervisor who is on paid or unpaid sabbatical leave, continues to supervise individually or jointly the student's thesis provided that the leave is spent in the United Arab Emirates.
vii. At the end of each semester, the supervisor submits a detailed report to the head of Department in which he charts the student's progress. A copy of the report will also be submitted to the VCAA.
viii. Once the thesis is completed with at least one accepted publication (research article in

conference or journal) indexed in Scopus from the MSc thesis and two accepted publications (Two research articles in journals or one research article in journal and one in conference) indexed in Scopus from the PhD dissertation, the supervisor will submit a final report to the head of Department or to the program coordinator to complete the procedures stipulated by the degree requirements regulations. Publications accepted must be within the student's studying period.

ix. The weight for teaching master courses and thesis supervision load shall be calculated in accordance with the executive instructions issued by the University.

x. Both the title and the theses proposal may be modified if required in the same manner adopted for thesis proposal approval.

xi. The defense committee shall be appointed, and a date shall be set by a decision of the VCAA based on a proposal from the supervisor, the recommendation of the Postgraduate Studies Committee in the Department and the approval of the College Postgraduate Studies Committee.

xii. The number of the defense committee members shall be at least three (excluding the co-supervisor). One of them must be from outside the Department or University and must satisfy the conditions of supervision. The supervisor shall be the Chairman of the Committee which will take its decision by a majority vote (2/3 or 3/4 or 4/5).

xiii. The discussion of the thesis will be in the following manner:

- The student will present a synopsis of his thesis.
- The chairman of the panel will conduct the discussion at the end of which the panel will deliberate, make one of the following decisions and communicate it to the student:
  - To accept the thesis and recommend awarding the degree.
  - To accept the thesis and the award of the degree after the remarks of the panel have been considered. In this case, the student will be given a period of no less than one month and no more than three months from the date of the viva decision. Following this, the panel members will submit individual reports to the chairman of the panel indicating that the student has complied with the remarks. The chairman will convey the reports to the head of Department along with the report of the viva panel for submission to the VCAA.
  - To re-discuss the thesis after major changes have been made, in which case the student will be given a period of no less than six months and no more than one year from the date of discussion.
  - To reject the thesis and state the reasons for the decision. In this case, the student will be awarded a postgraduate diploma.
  - If the period specified in paragraphs (4) and (5) expires without the student submitting his thesis along with the required changes, or if he fails to incorporate the panel's remarks, the thesis will be deemed to have been rejected, and the provisions of paragraph (6) will apply.

5. Responsibilities

5.1 Deans' Council

Taking the following into consideration, the Deans' Council shall lay down detailed criteria for the approval of graduate programs recommended by the Graduate Studies Council:

- That the academic department has a sufficient number of specialized professors and associate professors in the area of the program.
- That research facilities such as libraries, laboratories, computer facilities, etc. are available to ensure the success of the program in term of teaching, supervising and research.

The Council of Deans shall be empowered to recommend the following degrees:

- Master's (M.A. and M. Sc.)
- Doctorate (Ph.D.).
- Higher Graduate Studies Diploma

5.2 Program/Department

The Program/Department shall submit to the College Council a detailed description of the program it wishes to offer, in which it points out the following:

- The objectives of the program and its relevance to UAE society.
- The nature of the program regarding its academic, professional and scientific orientation.
- The significance of the program and its rationale compared to programs offered by similar departments within the University and other universities in the UAE.
- Available or requisite manpower needed to offer a high-quality program, both pedagogically and professionally, with special reference to the main areas of research in the Department.

5.3 Graduate Studies Council

The Graduate Studies Council shall study the proposed program and coordinate its requirements with those of existing programs, if any, to avoid duplication. Thereafter, a recommendation shall be submitted to the Council of Deans to decide on the matter.

Changes in courses, program requirements, or admission criteria shall be made by a decision taken by the Council of Deans upon the recommendation of the Graduate Studies Council and in coordination with the colleges concerned.

The University may offer joint programs administered by two or more colleges in accordance with rules laid down by the Council of Deans upon the recommendation of the Graduate Studies Council and in coordination with the colleges concerned.

6. Definitions

Graduate Student: An individual who has been admitted to a graduate program (master's or doctoral) at the university and is actively pursuing advanced study and research in a specific field.

Graduate Program: An academic course of study beyond the undergraduate level, leading to a master's or doctoral degree, which includes coursework, research, and other scholarly activities.

Thesis: A substantial research project or dissertation that is a requirement for the completion of a graduate degree, particularly in research-oriented programs.

Graduate Faculty: Faculty members who are authorized to teach graduate-level courses, supervise graduate student research, and participate in the governance of graduate programs.

Credit Hour: A unit of measurement representing an hour of instruction per week over a standard academic term, used to quantify the amount of work required for a graduate course.

Academic Integrity: The commitment to honesty, trust, fairness, respect, and responsibility in academic work, ensuring that all scholarly activities are conducted ethically and without plagiarism or other forms of misconduct.

7. Related Documents

Student Handbook.

Students Bylaws.

8. Appendices

None.

9. Change History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	3.24 Remedial Courses Policy		
	POLICY No.	**3.24**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Remedial Courses Policy outlines the university's commitment to providing targeted academic support for students who may not yet meet the proficiency standards required for college-level coursework. The policy ensures that students who are identified as needing additional preparation in core subjects—such as mathematics, reading, and writing—have access to specially designed remedial courses. These courses are intended to build the foundational skills necessary for success in their academic programs.

1. Purpose

The purpose of the Remedial Courses Policy is to provide guidelines for the development and implementation of remedial courses designed to help students who are not adequately prepared for college-level coursework. The policy aims to ensure that all students have the necessary foundational knowledge and skills to succeed in their academic programs. Remedial courses address gaps in students' understanding and competency in core subjects such as mathematics, reading, and writing, enabling them to meet the academic standards required for their chosen degree programs.

2. Scope

This policy applies to all students who are identified as needing additional academic support to meet the minimum entry-level requirements for their respective programs. It encompasses all remedial courses offered by the University of Khorfakkan, which may be required for students based on their performance in placement exams, standardized test scores, or previous academic records. The policy is relevant to all academic departments and faculty members involved in the delivery and assessment of remedial education.

3. Policy Statement

The University of Khorfakkan is committed to providing remedial courses to support students in achieving the academic proficiency necessary for success in their college coursework. Remedial courses are designed to help students build the skills needed to meet the academic expectations of their degree programs.

This policy ensures that students who enter the university with academic deficiencies receive the support they need to reach their full potential and succeed in their academic pursuits. The following guidelines apply:

Assessment and Placement: Students who do not meet the minimum required standards may be placed in remedial courses. They are conditionally admitted to the university.

Course Structure: Remedial courses are designed to address specific deficiencies in students' knowledge or skills. These courses are developmental in nature and focus on building a strong foundation in critical areas such as math, reading, and writing.

Credit: Remedial courses do not count towards the total credit hours required for graduation. However, successful completion of these courses is often a prerequisite for enrolling in college-level courses.

Support Services: In addition to classroom instruction, students enrolled in remedial courses may have access to additional academic support services, such as tutoring, study groups, and advising, to further aid their progress.

Evaluation: Students' progress in remedial courses will be regularly assessed to ensure they are achieving the desired learning outcomes. Successful completion of remedial courses will allow students to advance to credit-bearing, college-level coursework.

Transition: Once students successfully complete the necessary remedial courses, they will be eligible to enroll in the required college-level courses for their degree program. Their status will be changed from conditional enrolment to official enrolment.

4. Procedures

4.1 General Guidelines

- Remedial courses may be offered for graduate or undergraduate students.
- Remedial courses should have a clear course syllabus which contains measurable student course learning outcomes (CLOs).
- Faculty teaching remedial course should have experience in a field related to the subject and appropriate qualification in related field.
- Students who are admitted conditionally and required to complete some remedial courses in UKF in order to fulfil the admission requirements, shall register for the remedial courses that are specified by UKF.
- The student should pass the minimum grade assigned for this course. The student GPA will not include the grade of remedial course.
- The maximum period to pass the remedial course(s) is specified to the student before registering for the remedial course.
- In case students do not pass the remedial course in their first attempt, they have the chance to repeat it the following semester if UKF and ministry of education by-laws allow that.
- In case the student fails, their record may be terminated and leave the institution based on the UKF by-laws and CAA standard.
- The graduate students can register for a credit-bearing course after they have successfully completed remedial course if required.
- Remediation usually takes place during the first Year (Foundation Year) and it is preferable to be in the first semester to make the program study plan for the student more effective and practical.
- Each remedial course has E-file for archiving and assessment purposes.

4.2 Remedial Courses for Undergraduate Program

- The minimum passing grade for remedial courses is (D).
- Remedial courses are non-credit short-term courses offered to undergraduate applicants according to their individual need and lacking sufficient background in a topic which is important.
- Remedial courses help high school students to compensate needful in the short term without major disturbance of semester and other regular teaching-learning duties.
- All students taking remedial courses are given conditional admission and are eligible for full admission relevant to the undergraduate program only on passing the same.

4.3 Remedial Courses for Graduate Programs

- Students admitted conditionally are not eligible to register in graduate courses unless they complete the prerequisite courses, including remedial courses.
- The minimum passing grade in the remedial courses is ‘B’.
- Students who are admitted in programs that are taught in Arabic and do not require an English proficiency test; are required to take and pass an English course as a prerequisite during the first semester of enrolment. The student, however, will be exempted from this

prerequisite if he/she scores 400 points in TOEFL or 4.0 in the IELTS or any equivalent score in an accepted English proficiency test.

- The grades obtained in the remedial courses are not included in the graduate CGPA.
- The maximum period to pass the remedial course(s) is communicated to the student before registering the remedial course(s).
- Student must finish remedial courses within two semesters.
- In case students do not pass the remedial course in their first attempt, they have the chance to repeat it the following semester if UKF and ministry of education by-laws allow that.
- In case the student fails, their record may be terminated and leave the institution based on the UKF by-laws and CAA standard.
- The graduate students can register for credit-bearing course after they have successfully completed remedial course if required.
- Each remedial course has E-file for archiving and assessment purposes.

4.4 Remedial Courses for Conditional Admission (English Skills (Undergraduates)

- Students who obtain their English proficiency score and fulfil all English conditions are re-instated in their majors.
- Students, who do not obtain the required score in parts of the English proficiency test, may be required to register in the related English Skills courses.
- Students accepted in the College of Medicine, Dentistry, Pharmacy or Health sciences who are required to register more than one skill are not allowed to register for the program courses, until they obtain the required English proficiency score or pass the relevant skill course.
- Students are not allowed to register in the English freshman-level courses until they pass the English Skills or meet the English proficiency requirements.
- The grading mode in the English Skills courses is pass/fail.
- The English Skills courses are zero credit hour courses that do not count in the CGPA yet the contact hours are considered in the registration load.
- Students who are admitted on the condition of passing a remedial course are registered in the course by the registration department and a ‘Registration Hold’ is applied to their record. If the student passes the course, a letter is issued by the Registrar Office to the Ministry of Education stating the completion of the remedial courses, in order for the Admissions Department to receive their high school equivalency certificate. Else, the enrolment of student is terminated from the University by the Office of the Registrar.
- Students who are required to register for English Skill(s), are registered in the skills course(s) by the Registrar Office and a ‘Registration Hold’ is applied to their record until they pass the course(s). If they fail the course, they may repeat it until it is completed.
- Postgraduate Students who are required to register for remedial courses, are registered in the course(s) by the Registrar Office and a ‘Registration Hold’ is applied to their record until they pass the course(s). If they do not pass the remedial course(s), the student will be dismissed from the program.

4.5 Remedial Courses for Postgraduate Students

- Students admitted conditionally are not eligible to register in postgraduate courses unless they complete the prerequisite courses.
- The minimum passing grade in the remedial courses is ‘C’ and above if the course was an undergraduate level course, while it is ‘B+’ if the remedial course was a master level course.
- Students who are admitted in programs that are taught in Arabic and do not require an English proficiency test, are required to take and pass an English course as a prerequisite during the first semester of enrolment. The student, however, will be exempted from this

prerequisite if he/she scores 400 points in TOEFL or 4.0 in the IELTS or any equivalent score in an accepted English proficiency test.

- The grades obtained in the remedial courses are not included in the postgraduate CGPA.

5. Responsibilities

5.1 Vice chancellor for Academic Affairs Office

- Oversees the implementation of the Remedial Courses Policy.
- Ensures that remedial courses align with the university's academic standards and objectives.
- Coordinates with departments to develop and review remedial course content.

5.2 Dean of the College:

- Monitors the effectiveness of remedial courses within the college.
- Ensures that students enrolled in remedial courses receive the necessary academic support.
- Works with faculty and the Vice chancellor for Academic Affairs to assess the progress of students in remedial programs.

5.3 Department Heads:

- Identify the need for remedial courses based on students' performance and placement test results.
- Collaborate with faculty to design and update remedial course curricula.
- Ensure that faculty teaching remedial courses are adequately prepared and supported.

5.4 Faculty Members:

- Teach remedial courses with an emphasis on improving students' foundational skills.
- Assess and monitor students' progress throughout the remedial course.
- Provide feedback and support to students to ensure their successful transition to credit-bearing courses.

5.5 Student Support Services:

- Offer additional tutoring and academic counseling to students enrolled in remedial courses.
- Assist in tracking students' progress and identifying those who may need further intervention.
- Provide resources and workshops to enhance students' learning experiences in remedial courses.

5.6 Students:

- Actively participate in remedial courses and utilize available resources to improve their skills.
- Meet the attendance and performance requirements set by the instructors.
- Seek help from faculty and support services as needed to succeed in the course.

6. Definitions

Remedial Courses: courses that prepare a student for enrolling in a regular program and aid the student in rectifying an area or areas of deficiency. Remedial courses are non-credit courses and do not count toward the requirements of an academic qualification.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

4. Research and Scholarly Activities

	POLICY NAME	4.1 Research Support Policy		
	POLICY No.	4.1	**VERSION NO**	1.1
	DATE OF APPROVAL	2022	**EFFECTIVE**	2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Research Support Policy outlines the framework and guidelines for supporting research activities within the University of Khorfakkan. It defines the resources, infrastructure, and services available to faculty, staff, and students to facilitate high-quality research. The policy also establishes the procedures for applying for research funding and accessing research facilities.

1. Purpose

The purpose of the Research Support Policy is to provide a structured framework that ensures researchers within the university have the necessary resources, guidance, and assistance to effectively conduct their research activities.

2. Scope

This policy applies to all research activities conducted at the University of Khorfakkan.

3. Policy Statement

The University of Khorfakkan provides appropriate support for research and funded projects conducted by faculty members working at the University. The funded projects include seed projects, competitive projects, collaborative research, and targeted research in accordance with the detailed guidelines of the Scientific Research Regulations at the University.

The University provides support to individuals, research group, center and institute which may include students, faculty, or both.

The University provides faculty members with opportunities for participation and cooperation with researchers at other local and international scientific institutions through research grants visits.

The University provides opportunities for hosting visiting researchers to promote scientific research and consolidate cooperation with the international scientific institutions in accordance with the Scientific Research Regulations at the University.

The University support the faculty, researchers and students for exchange program with other universities, research institutions and industry.

3.1 The University Research Committees and Unit

University Research Committee

A council named the "Scientific Research Council" shall be established at the university by a decision of the Chancellor.

The Scientific Research Council is responsible for the following duties:

1. Overseeing the implementation of the university's scientific research policy in accordance with its strategic plan, reviewing, and monitoring its progress.
2. Reviewing and endorsing scientific research activities conducted at the university.

3. Review and recommend the proposals of establishing research institute, centres, units, laboratories, and research groups for Chancellor approval.
4. Providing advice on the establishment of various research chairs as needed.
5. Evaluating the performance reports of research groups, centres, institutes, and colleges within the university, and making recommendations to the Chancellor.
6. Review and recommend the research projects for Chancellor approval.
7. Provide recommendations to the Chancellor on the approval of intellectual property and startups applications in accordance with university regulations.
8. Developing mechanisms for collaboration with external institutions funding research and attracting external funding.

The University Research Board shall be comprised of the following members:

- ✓ VCAA (Chair)
- ✓ Dean of the College
- ✓ Director of Research and Innovation.
- ✓ Vice Dean (if present- member).
- ✓ Secretaries or Representatives of the Scientific Research Committees in the colleges (members).

The Chair of the Board has the right to add any new member to the board.

The Chairman of the Board has the right to invite anyone involved with academic research to attend its meetings with an observer status, without having the right to vote.

The University Research Board shall convene at least twice each semester and as the need arises. In case the Board is unable to convene during holidays, it may delegate some of its duties and powers to the Chair of the Board and chair must present these decisions in the first Board meeting after the vacation.

Director of research and innovation

The director's office shall include the following activities, and this can be expanded into section as the university grow.

- ✓ Scientific Funding
- ✓ Research Institute, Centers, and Groups
- ✓ Scientific Publishing
- ✓ Transport research into commercialization.
- ✓ Graduate Studies

College Research Committees

Each college of the university shall establish a committee named the "Scientific Research Committee" by a decision of the respective Dean of the college. The committee shall be chaired by a professor or associate professor and include several faculty members of the college.

Each college nominate one representative (ideally a PhD) to actively engage with Research and Innovation Department for all administrative matters.

3.1 Research Institute, Centre, and Group

The University of Khorfakkan encourages the formation of research groups within and among disciplines that aim to activate scientific research in various fields of research which contribute to social, economic, and scientific development, and provides appropriate support for their continuity.

The university actively promotes the establishment of research institute, centres, groups, laboratories, and facilities within research institutes. These initiatives aim to invigorate scientific research across various fields, contributing to societal, economic, and scientific development. The university ensures the provision of suitable support for their success and continuity.

3.2 Conferences

The university contributes to supporting and organizing internal, national, and international conferences that emphasize scientific and literary research, aiming to enhance the university's global standing.

3.3 Research Grants

The University of Khorfakkan provides appropriate support for research projects conducted by faculty members working at the University. The funded projects include seed projects, competitive projects, collaborative research, and targeted research in accordance with the detailed guidelines of the Scientific Research Regulations at the University.

The University provides faculty members with opportunities for participation and cooperation with researchers at other local and international scientific institutions through research grants visits.

The University provides opportunities for hosting visiting researchers in order to promote scientific research and consolidate cooperation with the international scientific institutions in accordance with the Scientific Research Regulations at the University.

3.4 Researchers

1. Researchers at the university consist of the following:
    a. Faculty members
    b. Researchers who are appointed based on the ranks of their peers from the faculty members directly in the research centers for scientific research purposes.
    c. Researchers who are appointed with the rank of research professor at the expense of any of the research chairs in the university.
    d. Researchers are appointed according to the ranks of their peer faculty members for postdoctoral scientific research purposes.
    e. Visiting researchers who are appointed for scientific research purposes for a period not exceeding one year.
2. Scientific research assistants, associates and fellows may be appointed in accordance with instructions issued by the Chancellor for this purpose.
3. The Chancellor may reduce the teaching load of researchers from faculty members or outside it by at least three credit hours.
4. The university provides support for projects conducted by the following entities as outlined below:

a. Faculty members employed at the university: Support encompasses new research initiatives, competitive research endeavours, collaborative joint research, and targeted field research, in accordance with the guidelines and regulations specified in the executive directives for scientific research at the university.
b. Students: Support includes research undertaken by undergraduate and graduate students, as well as student exchanges with external research institutions for scientific research purposes.
c. Provision of appropriate support for summer research visits, summer research residencies, attendance at prestigious scientific conferences, hosting of researchers, and organization of research activities through research institutes.

3.5 Scientific Publishing and the UKF Journal

The university facilitates scientific publishing endeavours, including the writing and verification of books, the publication of specialized and literary scientific journals, as well as the dissemination of proceedings from specialized scientific events and technical reports. These activities are managed by the Scientific Publishing Unit in compliance with the prevailing regulations and guidelines.

3.6 Collaborative Research Agreements

The University attaches great importance to strengthening cooperation in the field of scientific research with local, regional, and international organizations.

Agreements with external institutions shall be conducted according to the following principles:

a) The agreement should bring benefits to UKF and enhance the University's reputation in the field of research and increase mutual research activities between the cooperating parties.

b) The agreement should be consistent with the objectives of the University and its research guidelines.

c) The financial obligations and other requirements needed to implement the agreement should be clear and appropriate.

d) The agreement should specify the general and specific objectives of cooperation, participants, funding and other resources, duration of cooperation, methods of renewing it, the responsibilities of each party, and a basis for dealing with the outcome of the cooperation.

3.7 Research Funding Resources

The University of Khorfakkan provides the means that are necessary to ensure that the required financial resources are delivered for the implementation of the tasks assigned to the College through the following:

a) Allocations made from the University budget.

b) Funding provided by official institutions concerned with research.

c) Resources from donors.

d) Revenues of scientific research, books, and journals.

e) Any other resources.

4. Procedures

4.1 Procedures for Applying to Research Grants

The university's procedures for applying for research funding involve several key steps designed to ensure that the process is transparent, efficient, and aligned with the university's research goals.

1. Identify Funding Opportunities:

- **Research Funding Sources:** Faculty are encouraged to regularly check for available internal and external funding opportunities. These may include government grants, industry partnerships, private foundations, and university-sponsored funds.
- **Notification of Opportunities:** The university's Research & Innovation Office may disseminate information about funding opportunities through emails, newsletters, or the university website.

2. Pre-Application Preparation:

- **Eligibility Check:** Researchers must ensure that they meet the eligibility criteria specified by the funding agency. This includes confirming their status (e.g., faculty, postdoctoral researcher) and the alignment of the proposed research with the university's priorities.
- **Initial Consultation:** Researchers are required to consult with their department heads, deans, or the university's Research & Innovation office to discuss the proposal's feasibility and alignment with departmental or institutional goals.

3. Proposal Development:

- **Drafting the Proposal:** Researchers develop a detailed research proposal, including objectives, methodology, budget, timeline, and expected outcomes. The proposal must comply with the specific guidelines provided by the university.
- **Budget Preparation:** A detailed budget plan, outlining the estimated costs for personnel, equipment, travel, and other expenses, is prepared in collaboration with the university's finance Department and Research & Innovation office.
- **Ethical Review:** If applicable, the proposal must be submitted to the Ethics Committee for approval, ensuring that the research adheres to ethical standards.

4. Internal Review and Approval:

- **Departmental Review:** The completed proposal is submitted to the Dean for initial review. In case Dean is not from the related area. He/She can take expert opinion from a domain expert. This review ensures that the proposal comply all the requirements.
- **University Research & Innovation Office Review:** The proposal, along with the budget, is submitted to the university's research office for a thorough review. The research office may provide feedback or request revisions to enhance the proposal's competitiveness. The proposal should include University overhead as a part of the budget.

- **VCAA Approval:** Final approval from the university's Vice-Chancellor for Academic Affairs is required before the proposal is submitted to the University or external funding agency.

5. Submission of the research proposal:

- **Final Submission:** Once all internal approvals are secured, the research & Innovation office or the principal investigator submits the proposal to the Deans' Council (Internal Grants) or funding agency(External Grants).
- **Confirmation of Submission:** Researchers should receive confirmation of submission, including tracking or reference numbers for follow-up.

6. Post-Submission Follow-Up:

- **Monitor Application Status:** Researchers and the research office should monitor the application status, responding promptly to any requests for additional information or revisions from the university or funding agency.
- **Review and Negotiation:** If the proposal is successful, the researcher may need to engage in negotiations regarding the terms and conditions of the funding, including reporting requirements and compliance with university or agency policies.

7. Award Acceptance and Management:

- **Acceptance of Award:** Upon receiving the grant, the researcher must formally accept the award, agreeing to the terms set by the university or funding agency.
- **Project Management:** The research project is initiated, with the researcher responsible for managing the budget, adhering to timelines, and ensuring compliance with all ethical and legal requirements.
- **Reporting and Accountability:** Regular progress reports and a final report are typically required by the university or funding agency. The researcher must ensure timely submission of these reports, detailing the research outcomes and financial expenditures.

8. Closeout and Compliance:

- **Final Reporting:** Upon completion of the research, a final report summarizing the outcomes, impact, and financial reconciliation is submitted to the university or funding agency.
- **Auditing:** The university may conduct an internal audit to ensure that the funds were used in accordance with the grant agreement and university policies.

4.2 Procedures for accessing the University research facilities

The university procedures for accessing research facilities are designed to ensure that faculty, researchers, and students can use the institution's resources efficiently while maintaining safety, security, and compliance with relevant regulations.

1. Identification of Required Facilities:

- **Research Planning:** Researchers begin by identifying the specific facilities, equipment, and resources needed for their research project. This could include laboratories, specialized equipment, computing resources, or collaboration spaces.
- **Consultation:** Researchers may consult with their department heads, faculty advisors, or the university's research & innovation office to determine the availability and suitability of the required facilities.

2. Facility Access Request:

- **Access Application:** Researchers or research teams submit a formal request to access the facilities. This request typically includes details about the project, the specific facilities required, the duration of access, and any special requirements.
- **Review of Request:** The facility manager or designated authority reviews the access request to ensure that the facilities can accommodate the research needs without conflicting with other users or scheduled maintenance.

3. Training and Compliance:

- **Mandatory Training:** Before gaining access, researchers may be required to complete training sessions related to the safe and proper use of the facilities and equipment. This training may cover health and safety protocols, equipment operation, and emergency procedures.
- **Certification:** Researchers may need to obtain certification or approval from relevant university bodies (e.g., safety office, environmental health and safety) after completing the necessary training.

4. Access Authorization:

- **Approval:** Once training and compliance requirements are met, the facility manager grants authorization for access. This may involve issuing key cards, codes, or other means of entry.
- **Scheduling:** Researchers often need to book time slots for using specific facilities or equipment.

5. Usage and Monitoring:

- **Facility Use:** Researchers use the facilities according to the approved schedule and under the terms agreed upon during the access request. Adherence to safety protocols and responsible use of resources is mandatory.
- **Monitoring:** Facility managers or designated staff may monitor usage to ensure compliance with university policies, safety standards, and ethical guidelines. This could include regular checks, logging usage hours, and overseeing the proper operation of equipment.

6. Reporting and Documentation:

- **Usage Reporting:** Researchers may be required to document their use of the facilities, including logging hours, recording any issues encountered, and noting any maintenance needs.
- **Incident Reporting:** Any accidents, equipment malfunctions, or breaches of safety protocols must be reported immediately to the facility manager and the university's safety office.

7. Confidentiality and Data Security:

- **Data Protection:** Researchers must follow university policies on data protection and confidentiality when using research facilities, particularly if they involve sensitive information or proprietary research.
- **Security Protocols:** Access to certain facilities may require additional security measures, such as secure logins, restricted access areas, or supervision by authorized personnel.

8. Compliance with External Regulations:

- **Regulatory Compliance:** Depending on the nature of the research, researchers may need to comply with external regulations (e.g., government, industry standards). The university's compliance office may provide guidance on these requirements.

9. Unacceptable Conduct

a. Preventing or limiting the use of lab facilities, equipment, or materials as a result of theft.
b. Damage or misplacement the material or equipment.
c. Misusing, destroying, or corrupting any lab's information resources.
d. Acting in a disorderly or obstructive manner
e. Soliciting or engaging in sales-related activities
f. Entering in unauthorized areas of the lab, or staying in the lab after closing, or when
g. Leave during emergency situations or drills.

10. Other

a. External visitors must be escorted by an UKF member during their presence in labs facilities.
b. Research team members are not allowed to use research equipment for personal or illegal use.
c. Students are not allowed to bring food, drinks, animals inside the computer labs.

4.3 Procedure of Organizing an Internal, National, or International Conference

Goals

- Develop measurable objectives and goals for the conference.
- Reflect on the following questions with your team:
    - What are the primary objectives of this conference?
    - What outcomes do we hope to achieve?
    - Who is our target audience?
    - What value will we offer to attendees and sponsors?
    - How will we define a successful conference?

    - Create ways to measure the success of your goals.
- Communicate the goals and objectives to your team and committee.
- Ensure the organizer has a method in place for tracking progress towards these goals.
- Keep these objectives at the forefront throughout the conference planning process.

The concern Department/College should establish a supervisor committee will be comprised the following members:

- Chancellor
- Vice Chancellor of Academics
- Director of Research and Innovation
- Relevant Directors
- Relevant Dean
- Relevant Heads of Departments (HoDs)

Phases of organizing the conference

1. **Phase 1: Planning Logistics**
   - **a.** Define themes and topics.
   - **b.** Determine the time, date, venue, duration, and target audience.
   - **c.** Planning for establishing committees such as the organization committee and technical program committee.
   - **d.** Select speakers, presidents, dignitaries, and chief guests.
   - **e.** Assess financial, technical, and IT needs.
   - **f.** Address security and protocol requirements.
   - **g.** Identify administrative needs such as travel, lodging, awards, and hall management.
   - **h.** Decide on gifts, souvenirs, shields, and certificates.
   - **i.** Collaborate with the PR office and evaluate marketing needs (e.g., website, social media).
   - **j.** Determine participant categories (Deans, Directors, faculty members, guests).
   - **k.** Arrange refreshments, lunch, and dinner based on participant categories.
   - **l.** Identify required human resources (faculty duties, student volunteers).
   - **m.** Plan venue preparation, including room requirements, safety, and seating arrangements.
   - **n.** Plan VIP protocols.
   - **o.** Arrangement for photography.

2. **Execution Plan**

Pre-event execution phase.

   - **a.** Obtain approval for the proposed event.
   - **b.** Invite papers and send invitations to speakers and guests.
   - **c.** Schedule conference activities.
   - **d.** Follow approved SOPs/Procedures for organizing conferences/events as outlined by the Department of Research and Innovation.

e. Create an event web page with detailed information (browseable program/calendar) and prepare hard copies (brochures/pamphlets).
f. Make the registration form available online.
g. Book the venue and arrange for administrative and security needs.
h. Complete the papers review process on time and follow the schedule.
i. Conference draft agenda should be prepared and approved by the supervising committee.
j. Agenda should be published on website and emailed to all participants.
k. All speakers should be informed.

Pre-Event Execution Timeline

	Activity	Timeline
1	Seeking approval to organize the event.	16 weeks prior to the event
2	Inviting papers and speakers.	16 weeks prior to the event
3	Sending of invitations (emails/cards).	5 weeks prior to the event
4	Confirmation of Speakers/Guests.	7 days prior to the event
5	Reception of guests/dignitaries' protocols	2 days prior to the event
6	Category-wise seating plan of participants.	1 days prior to the event
7	Registration desk with registration forms, pen, lanyards with card (displaying attendee's name and designation) plus, bags containing souvenir.	1 days prior to the event
8	Availability of technical equipment.	2 days prior to the event
9	Preparation of venue and display banners/ flags name tags.	1 days prior to the event
10	Ensure technical arrangements.	1 days prior to the event
11	Perform rehearsal.	1 days prior to the event

4.4 Procedure of establishing Research Institute, Centre, Group

Research Institute and Centre often emerged from collaborative teams of researchers working together and across disciplines. They serve as key indicators of a university's research strengths and interdisciplinary collaborations. In Research Institutes and Centres frequently operate beyond traditional Department, College, and Faculty structures, facilitate the exchange of methodologies, knowledge, and resources. This fosters the creation of innovative research programs and contributes to the development of highly skilled students and professionals. Additionally, Research Institutes and Centres have the potential to expand their influence beyond the university community on local, national, and international levels.
UKF strongly believe to establish these Institutes and Centres from different colleges in five to ten years research and innovation strategy.

- An application to establish a research group, centre or institute will be submitted to the Research and Innovation Department.
- Director Research and Innovation provide guidance on the process related to the establishment of the Centre or Institute.
- The application will be reviewed, forwarded to VCAA, and discussed at the Dean's Council. After the Chancellor approves it, it will be presented to the Board of Trustees for final approval.
- The application will be reviewed on the following conditions:

Criteria	Institute	Centre	Group
Alignment with UKF research and planning	X		
Leading Edge Research	X	X	X
International Recognition	X		
National Impact	X	X	X
National Recognition	X	X	
Enterprise Outcomes and Impact	X	X	
Interdisciplinary/Cross-College and/or high impact discipline specific research	X	X	
Co-funding, Co-publications, research partnerships	X	X	X
Knowledge translation and/or outreach activity: community, professional, sector	X		
Training and Development of Highly Qualified Personnel	X	X	
Knowledge Mobilization Activity (Metrics defined by applicants)	X	X	
Defined membership[3] and identified leadership	X	X	

5. Responsibilities

5.1 University Research committee

The University Research Board is charged with the following duties and authorities:

1. Developing scientific research policy proposals at the University.
2. Approving periodic reports on scientific research at the University.
3. Approving decisions on funding research projects for faculty members and graduate students based on recommendations of the College of Graduate Studies and Research.
4. Following up scientific research projects in collaboration with the College.
5. Approving funding decisions for major research equipment upon recommendation of the College.
6. Approving decisions related to registering and re-registering research groups at the University.
7. Approving the annual research budget for research grants, research groups and major research bodies at the University upon recommendation of the College.
8. Identifying the foundations of cooperation in the field of scientific research and agreements with scientific institutions inside and outside the UAE.
9. Handling issues pertaining to the ethics of scientific research.
10. Dealing with issues related to intellectual property.
11. Considering any other matters related to scientific research.

5.2 College Research Committee

The committee shall have the following responsibilities:

1. Reviewing and recommending various scientific research projects and activities.

2. Providing a report on the scientific research activities and outcomes within the academic colleges and submitting them to the university administration.
3. Monitoring the implementation of strategic research plans within the colleges in collaboration with the relevant scientific research center.

5.3 Director of Research and innovation

- Develops and implements the university's research strategy, aligning it with the institution's broader mission and objectives.
- Promotes a research culture that emphasizes innovation, quality, and impact across the university.
- Oversees the creation, review, and enforcement of research policies, including those related to ethics, intellectual property, and funding.
- Ensures compliance with national and international research regulations and standards.
- Identifies and secures funding opportunities for research projects, both internally and externally.
- Manages the distribution of research funds, ensuring that resources are allocated efficiently and transparently.
- Provides support to faculty members in the development of research proposals and projects.
- Facilitates professional development opportunities for researchers, including training and workshops on research methodologies and ethics.
- Monitors the progress of research projects and ensures that they meet established timelines, budgets, and objectives.
- Reports on the outcomes of research activities to senior management, stakeholders, and funding bodies.

5.4 Faculty

- Engages in original research that contributes to their field of expertise, generating new knowledge and innovations.
- Adheres to the university's research policies, including those related to ethics, data management, and intellectual property.
- Supervises students and junior researchers, providing guidance on research methodologies, project design, and academic writing.
- Encourages the professional development of students and early-career researchers by involving them in research projects.
- Collaborates with colleagues within the university and with external partners, including industry, government, and other academic institutions.
- Participates in academic conferences, seminars, and workshops to disseminate research findings and establish professional networks.

6. Definitions

Research Grant: A research grant is a financial award provided by the university (Internal Grant) or funding organization (External Grant) to support specific research projects. These grants are awarded to researchers to cover costs associated with conducting research, such as personnel, equipment, materials, travel, and other project-related expenses. The primary purpose of a research grant is to fund innovative and valuable research that contributes to the advancement of knowledge in a particular field or addresses specific societal, scientific, or technological challenges.

Principal Investigator (PI): A Principal Investigator (PI) is the lead researcher responsible for the overall design, conduct, and management of a research project. The PI is accountable for ensuring that the research is conducted according to the project plan, ethical standards, and applicable regulations. This includes overseeing the research team, managing the project budget, ensuring compliance with the university and funding agency requirements, and reporting on the progress and outcomes of the research. The PI is often the primary contact between the research team and the university or funding agency and is typically the individual who submits the grant application and is named as the awardee of the research grant.

Research facilities: Research facilities are specialized environments, infrastructure, and resources provided the university to support the conduct of scientific, academic, or technical research. These facilities typically include laboratories, equipment, libraries, data centers, and other spaces or tools necessary for conducting experiments, analysis, or scholarly work. Research facilities are designed to accommodate various disciplines and often include access to advanced technology, specialized software, and materials that are essential for researchers to carry out their projects effectively and efficiently.

Researcher: A researcher is an individual (faculty, staff, or student) who systematically investigates and studies materials, sources, or data to establish facts, develop new theories, or contribute to knowledge in a particular field. Researchers may work in academic, scientific, medical, social, or industrial contexts, conducting experiments, surveys, or analyses to answer specific questions or solve problems. Their work often involves the collection, evaluation, and interpretation of information, with the aim of advancing understanding, improving practices, or developing new technologies or solutions.

7. Related Documents

University Bylaws 5: President's Decision No. (5) of 2023 On Regulations for Scientific Research at the University of Khorfakkan.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy was reviewed to be aligned with the university Bylaws 5 related to research support	June 2024

	POLICY NAME	4.2 Ethical Research Policy		
	POLICY No.	4.2	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The UKF is highly committed to the code of responsible research practice, and it fully adheres to the international standards of research integrity. Its policy on ethical research follows the most upstanding principles of the code of good practice and gives clear instructions and guidance on responsible research conduct. It also has clear rules and procedures for handling and correcting misconduct in research practice.

1. Purpose

The purpose of this policy is to ensure that all UKF researchers, administrators, and technical staff are aware of the code of responsible research conduct, that they act according to it, and that their failure to observe this code may result in suspension of research activity and other counteractive measures. This policy also aims at maintaining the highest standards of integrity and professionalism in conducting research, managing research data and materials, publishing research outputs, exploiting research results and other matters pertaining to research in all its aspects at UKF, in addition to specifying the procedures for reporting allegations or breaches of the code of responsible research conduct and for dealing with those allegations.

2. Scope

This policy applies to: (1) all UKF faculty, graduate and undergraduate students, and researchers who are involved in research at the UKF; (2) all administrators and research assistants who participate in any research activity within or under the auspices of UKF; and (3) all technical staff and employees.

3. Policy Statement

The University is committed to ensuring that scientific research activities align with the principles of true Islamic teachings, public ethics, research ethics, intellectual property rights, and the legislation enforced in the United Arab Emirates.

3.1 Code of Ethical Research at the UKF Overview

The UKF's policy on Ethical Research clearly sets out its commitment to research integrity and its expectations of the highest standards of compliance with the code of research ethics by its researchers, regardless of the sources of their funding, their area of research, and whether they are members of research groups or lone researchers. In addition to its being in total harmony with the UKF's mission to encourage innovative and world-class research within the terms of institutional compliance, this policy sets out the obligations on researchers and administrators to observe the standards of good practice in all aspects of their work, including the way research is planned, funded, and conducted, as well as the way research outputs are recorded, disseminated, applied and exploited. This policy also provides guidance on ways of dealing with situations involving misconduct in research.

3.2 Principles of Ethical Research

All UKF faculty member, researchers, administrators and technical staff involved in research activities conducted at the University or under its auspices must act according to the following principles:

1- **Responsibility**: responsibility for performing or completing assigned or willingly chosen research tasks and accountability to superiors for the implementation of such tasks.
2- **Honesty**: integrity in presenting research goals, practices, and findings; conducting research, reporting on research methods and procedures; managing research data and materials, publishing research outputs and exploiting research results; using and acknowledging the work of other researchers; as well as making justifiable claims based on research findings.
3- **Transparency and open communication:** mean clarity in presenting the methods of research data collection; analyzing and interpreting data; giving access to research findings; discussing the work with other researchers; and communicating the work to other researchers and to the public.
4- **Good Governance:** good management practices by providing an appropriate research management framework through which quality research is encouraged and evaluated with safety, confidentiality, risk management, and compliance with the international standards of responsible research conduct.
5- **Objectivity:** impartiality and independence in making decisions about research funding, research management, interpretation of research results, publications of research findings, communication of results to the general public, and investigation of research misconduct.
6- **Respect and Care:** humane concern for participants involved in research, including humans, animals, the environment, and objects of cultural or historical value.
7- **Care for future generations:** the preparation and training of young researchers through adoption of high standards of mentoring and supervision within a constructive and supportive environment.
8- **Fairness:** scientific integrity and justice in providing correct references and giving right attribution to the work of other researchers and in treating colleagues with truthfulness and honesty.

3.3 Standards of Ethical Research

The code of ethical research at UKF is meant to help individual researchers and research groups to undertake and accomplish research projects in a transparent, trustworthy, and reliable manner. UKF maintains the highest standards of Research Integrity in all stages of research activity, including research planning and conduct, research data management, publications, authorship, collaborative research, and conflicts of interest.

Compliance with Policies

All UKF researchers, administrators and technical staff should be familiar with the University policies and procedures regulating the research process, including policies regulating the ethical review of the use of human subjects and animals; policies regulating research management, reporting, publication and exploitation of results; as well as policies governing the investigation of misconduct in research.

Research Planning and Conduct

a- UKF advocates responsible planning and conduct of research to ensure transparency and credibility of research activities in all disciplines. Thus, individual researchers and research groups are obliged to justify their research plans and their implementation in accordance with the standard practice within the discipline in question.

b- UKF is responsible for ensuring that rules are put in place for handling research plans in all fields of inquiry as well as procedures for any required approvals or permissions for research activities.

c- Principal Investigators (PIs) must be reasonable for ensuring the truthfulness and completeness of information that is contained in applications for funding. It is the PI's responsibility to ensure that the planned research is vigorous and adequately funded.

d- All UKF researchers must maintain high standards of responsible research conduct promoting intellectual integrity, and scholarly rigor. Researchers must:

i- Respect the rights of all individuals or parties involved in their research.

ii- Manage conflicts of interest in a way that prevents personal advantage from violating ethical standards.

iii- Follow proper practices for safety and security.

iv. Cite research publications fairly and accurately.

v. Observe and respect the policies adopted by their research sponsors, whether their research is internally or externally funded.

vii. Keep clear and accurate records of the procedures followed and of the results obtained from their research works.

e- All reporting obligations related to collaboration with external partners must be approved by the VCAA.

3.4 Ethical Issues

a- All ethical matters must be taken into consideration before any research work begins. For research activities involving human participation, the University's policies, and procedures on the protection of human subjects must be observed.

b- For any research that involves patients, samples, tissue or data, the approval of the Research Ethics Committee (REC) must be obtained before the beginning of research. Researchers must accordingly discuss any research that involves human subjects, human tissue, or data with the REC chair.

c- Research involving animal subjects must obtain the approval of the Animal Care and Use Committee (ACUC) before the beginning of the research activity and must consider the possibility of reducing, replacing or refining animal involvement.

d- Any other ethical considerations pertaining to the environment or the use of sensitive economic or social data must be considered.

3.5 Conflicts of Interest

a- All research activities at UKF must be conducted in a responsible manner and free from any possible influence arising from personal interest or advantage.

b- All UKF researchers are obliged to disclose any conflict of interest that has a potential influence on grant applications, appointment of research assistants, research investigations,

publication, media reports or any other process/aspect related to the research activity.

c- In circumstances where a conflict of interest is seen or anticipated to occur, the researcher must provide sufficient information to the VCAA, to allow for a proper examination of the matter.

d- In circumstances where student supervisors or research trainees identify an actual or a potential conflict of interest, either on personal or professional grounds, they must provide sufficient information to the VCAA, to allow for a proper examination of the matter.

e- Researchers must obey all the instructions given by the VCAA regarding existing or potential conflict of interest.

4. Procedures

4.1 Handling Research Misconduct

Research misconduct is commonly defined as the deliberate fabrication, falsification, or plagiarism in proposing, conducting, or reviewing research, or in describing research results.

1- UKF is highly committed to the international standards of research integrity, and it condemns all types of research misconduct in all phases of the research activity. It also holds seriously any information that reports suspicion of research misconduct and handles allegations in the most serious and timely way.

2- UKF encourages all its researchers, administrators, and technical staff to report on any suspicions on the violation of the code of responsible research conduct of research, so that the case may be investigated immediately.

3- All allegations must be addressed appropriately and presented to the office of the VCAA in written form.

4- Upon receipt of information on suspicious research misconduct, the VCAA forms a Review Committee (RC) as expeditiously as possible to investigate the suspected violation of research integrity.

5- Any investigation of research misconduct allegations conducted by the RC at UKF must be impartial, thorough, and fair.

6- The RC may interview any person it thinks suitable to honestly describe the circumstances of the case.

7- The committee may choose to reject the case and stop the investigation process if no sufficient or explicit evidence is provided in support for the allegation(s).

8- The person(s) who is/are the subject of an allegation must be treated fairly and be given the opportunities to respond to allegations in writing.

9- If a given allegation on research misconduct is proved to be well-founded and supported with solid evidence, the researcher or the staff member will be penalized according to the degree of violation.

10- A person who raises a suspicion of research misconduct in good faith may not be punished or intimidated, and it is the University's duty to protect the complainant against this.

11- If it turns out that the complainant was in bad faith, s/he may be charged with breach of responsible research conduct.

12- In handling allegations, the RC must ensure that all parties involved in the case receive prompt, thorough, and fair treatment.

5. Responsibilities

5.1 Researchers (Faculty, Students, and Staff)

- Ensure that all research is conducted in accordance with the ethical guidelines established by the university, relevant professional bodies, and applicable laws.
- Obtain informed consent from participants involved in the research, ensuring that they are fully aware of the nature of the research, any potential risks, and their rights.
- Safeguard the confidentiality of research participants and securely manage all research data to prevent unauthorized access, ensuring compliance with data protection regulations.
- Disclose any potential conflicts of interest that may affect the research process or outcomes, and take appropriate steps to manage or mitigate these conflicts.
- Ensure the accuracy, honesty, and integrity of all research data and publications, avoiding any form of fabrication, falsification, or plagiarism.

5.2 Research Ethics Committees (RECs)

- Review research proposals to ensure they meet ethical standards, particularly in terms of participant welfare, informed consent, and data protection.
- Monitor ongoing research projects to ensure continued compliance with ethical guidelines and address any ethical issues that arise during the research process.
- Provide training and resources to researchers on ethical research practices, ensuring they are informed about the latest ethical standards and expectations.
- Investigate and address any complaints or concerns raised about the ethical conduct of research, taking appropriate action where necessary.

5.3 Principal Investigators (PIs)

- Lead by example in upholding ethical standards in research, ensuring that all team members are aware of and adhere to these standards.
- Oversee the ethical aspects of the research process, including the design, execution, and reporting phases, to ensure that all activities are conducted ethically.
- Ensure that all members of the research team receive appropriate training in ethical research practices, especially those new to research.

5.4 University Administration (including the Office of Research and Innovation)

- Develop, implement, and regularly review the university's Ethical Research Policy, ensuring it aligns with national and international standards.
- Provide resources and support to researchers to help them meet ethical standards, including access to ethics training, consultation, and compliance tools.
- Maintain records of ethical approvals, compliance reports, and any incidents of ethical breaches, ensuring transparency and accountability.
- Foster an institutional culture that prioritizes ethical research practices and encourages open discussion of ethical issues.

5.5 Vice Chancellor for Academic Affairs

- Provide strategic oversight of ethical research practices across the university, ensuring that the Ethical Research Policy is effectively implemented.
- Ensure that the university's ethical standards are enforced and that any violations are addressed promptly and appropriately.
- Act as the primary liaison with external regulatory bodies, ensuring the university's compliance with national and international research ethics standards.

5.6 Human Resources (HR)

- Collaborate with the Research Ethics Committees and university administration to provide training programs focused on ethical research practices for all staff and faculty.
- In cases of ethical breaches, work with university leadership to determine and implement appropriate disciplinary actions.

6. Definitions

Allegation: an allegation that a researcher has breached the Code of Responsible Research Conduct.
Code of Ethical Research: the code of ethical integrity in research set out this policy.
Complainant: a person who has made an allegation of research misconduct against a researcher or a staff member
Conflict of Interest: a situation in which a researcher or staff member is in a position to derive personal benefit from actions or decisions made in their official capacity.
Plagiarism: the practice of taking someone else's work or ideas and passing them off as one's own.
Research Misconduct: breach of the ethical code of responsible research conduct by a researcher or a staff member.
Violation of Ethical Integrity: breach of the ethical code of responsible research conducted by a researcher or a staff member.

7. Related Documents

University Bylaws 5: Regulations for Scientific research

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy was reviewed to ensure full alignment with the University Bylaws 5 related to the regulations for Scientific Research	June 2024

	POLICY NAME	4.3 Student Involvement in Research Policy		
	POLICY No.	4.3	**VERSION NO**	1.0
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Student Involvement in Research Policy is designed to encourage and facilitate the active participation of students in research activities across various disciplines within the university. This policy outlines the principles, guidelines, and support mechanisms that enable students to engage in research, fostering a culture of inquiry, innovation, and academic excellence.

1. Purpose

The purpose of this policy is to:

1. **Enhance Learning and Development**: Provide students with opportunities to apply theoretical knowledge to real-world problems through research, thereby deepening their understanding of their field of study and developing critical thinking and problem-solving skills.
2. **Promote Research Engagement**: Encourage students to contribute to the university's research initiatives, fostering a sense of ownership and involvement in the advancement of knowledge.
3. **Support Academic and Professional Growth**: Prepare students for future academic pursuits or professional careers by offering hands-on research experience, mentorship, and opportunities to present and publish their findings.
4. **Ensure Ethical Research Practices**: Guide students in conducting research responsibly and ethically, in accordance with university policies and relevant legal and ethical standards.

2. Scope

This policy applies to:

1. **All Students**: Undergraduate, graduate, and doctoral students enrolled at the university who wish to participate in research activities, either as part of their coursework, thesis, or independent research projects.
2. **Faculty and Research Staff**: Faculty members and research staff who supervise, mentor, or collaborate with students in research activities, ensuring that students receive appropriate guidance and support.
3. **Research Facilities and Resources**: The use of university research facilities, resources, and funding allocated for student research projects, ensuring equitable access and appropriate use.
4. **Collaborative Research**: Partnerships between students, faculty, and external organizations or institutions, ensuring that all collaborations align with the university's research goals and ethical standards.

3. Policy Statement

The university of Khorfakkan is committed to fostering a vibrant research culture that actively involves students at all levels of study. UKF recognizes the value of integrating research into the student experience as a means of enhancing learning, promoting innovation, and preparing students for academic and professional success.

UKF encourages students to engage in research activities that align with their academic interests and career goals, providing them with the necessary resources, mentorship, and support to do so. The university is dedicated to ensuring that all research conducted by students adheres to the highest ethical standards and contributes meaningfully to the advancement of knowledge within their respective fields.

3.1 Principles

1. **Inclusivity**: All students, regardless of their level or discipline, are encouraged to participate in research activities. The university strives to provide opportunities that are accessible and equitable for all students.
2. **Ethical Standards**: Research conducted by students must adhere to the highest ethical standards. This includes obtaining necessary approvals from the Ethical committee, ensuring the integrity of research processes, and respecting the rights and welfare of all research subjects.
3. **Academic Integration**: Research activities should be integrated into the academic curriculum, enhancing students' learning experiences and linking theoretical knowledge with practical application.
4. **Mentorship and Guidance**: Students are provided with access to experienced faculty mentors who offer guidance, support, and supervision throughout their research endeavors.
5. **Innovation and Excellence**: The policy supports and encourages innovative research that contributes to academic excellence and advances knowledge in various fields.

3.2 Guidelines

1. **Eligibility**: All students, including undergraduates and postgraduates, are eligible to participate in research activities. Specific criteria for involvement may vary depending on the level of study and research discipline.
2. **Training and Development**: The university provides training and resources to prepare students for research activities. This includes workshops on research methods, ethical considerations, and data analysis.
3. **Resources**: Students may apply for access university research facilities and resources. Support mechanisms are in place to assist students in securing necessary equipment.
4. **Collaboration**: Students are encouraged to collaborate with faculty members, research centers, and other students. Collaborative research can enhance the quality and impact of the research.
5. **Dissemination**: Students are encouraged to present their research findings at academic conferences, publish in peer-reviewed journals, and share their results with the university community.

3.3 Support Mechanisms

1. **Research opportunities:** Support includes research undertaken by undergraduate and graduate students, as well as student exchanges with external research institutions for scientific research purposes.

2. **Research & Innovation Office**: The university's research office provides administrative support for student research, including guidance on proposal submission and ethical approvals.
3. **Faculty Mentorship**: Faculty members are available to mentor students, offering expertise, feedback, and support throughout the research process.
4. **Workshops and Seminars**: Regular workshops and seminars are organized to help students develop research skills, stay updated on current trends, and learn about best practices.
5. **Facilities Access**: Students have access to research facilities, including laboratories, libraries, and technical equipment, to support their research activities.

4. Procedures

Applications for supporting students' scientific research are to be submitted using the approved "**Student Research Project Form**".

1. The student can fill in the form online and send it to his/her supervisor using the faculty ID number. The faculty then completes filling in the form.
2. The HOD thoroughly assesses the research project from both administrative and scientific perspectives. Subsequently, the HOD presents it, along with recommendations, to the Dean of the College related to the subject matter. A copy of the form is retained for record-keeping purposes.
3. The College Dean refers the form, along with any added administrative or/and scientific comments to the Director of Research and Innovations.
4. The Director of Research and Innovations forwards the submitted applications to the Scientific Research Committee. The Committee evaluates the applications, taking into consideration the compliance of the projects to ethical standards. External specialized reviewers could be sought if needed.
5. Follow-up reports signed by the students and the supervisor are submitted twice a year to the Director of Research and Innovations, the first after six months after the beginning of the research. The report would include the achievements, related publications, and the budget.
6. Upon completion of the research, the student submits a hard copy and an electronic copy of the research report to the Director of Research and Innovations.
7. When publishing the research, an acknowledgment to the UKF Research and Innovations at Khorfakkan University must be included for its role in financing the project.
8. The student and the supervisor have the right to publish the research by any means, provided mentioning the University's role in supporting the project. In addition, adhering to the instructions regarding the role of the student and the supervisor in the research.
9. The Scientific Research Committee considers the research after its completion based on the final report submitted by the researcher.
10. The support of the researcher shall be discontinued by a decision of the VCAA upon the recommendation of the Scientific Research Committee in the following cases:
    a) Failure to carry out the research according to the specified timeline stated in the proposal without a justification accepted by the Scientific Research Committee
    b) The conviction of the committee of the incompetency of the researcher in carrying out his research.
    c) The student is no longer enrolled in the university.
    d) Proof of disbursement of funds in other than the aspects decided upon or failing to

gain necessary approvals. In this case, the amounts disbursed may be recovered.

e) Conducting a serious breach by the student requiring a warning or a final warning as determined by the disciplinary committee.

11. Financial support shall be disbursed in accordance with the Financial Regulations of the University and within the limits and budgetary provisions.
12. The financial support for the research project would be on an annual basis or according to the project's acceptance letter. If the researcher needs to continue for a longer period, he must apply for an extension, with a written justification at least three months before the end of the research.
13. Disbursements are made according to the approved budgets and within the University's financial system, including the procurement system and contracting procedures, by the HOD with which the supervisor is affiliated. Procurement is governed by the university system and coordinated with the Department of Finance.
14. The transfer of allocations from one budget section to another requires the approval of the VCAA.
15. All references, supplies and equipment, including computers of all kinds, purchased from the scientific research support funds are to be the property of the University.
16. At the end of the research, any remaining budget that has not been spent or reimbursed is to be returned.
17. In the case that one or more members of the research team are incapable of fulfilling their responsibilities in the project, the research team can be amended in an order determined by the program manager to be followed by the supervisor and approved by the Committee.
18. The scientific outcomes resulting from the projects supported by the university are subject to the scientific research governance policy in the university, including, but not limited to, the policy of publishing and intellectual property and the trading of scientific research products and scientific research ethics and others announced.

5. Definitions

Undergraduate student: An undergraduate student is an individual enrolled in a post-secondary educational program that leads to a degree such as a Bachelor of Arts (BA), Bachelor of Science (BSc), Bachelor of Business Administration (BBA), or other similar undergraduate qualifications.

Postgraduate student: A postgraduate student is an individual who has already completed an undergraduate degree and is enrolled in advanced academic programs such as a Master's degree (MA, MSc, MBA), Doctorate (PhD, EdD), or other specialized postgraduate qualifications.

Student Research: Student research refers to the process by which students engage in systematic investigation and inquiry to answer questions, solve problems, or contribute to knowledge in a particular field of study. This research is conducted as part of their academic curriculum or as an extracurricular activity and is aimed at developing critical thinking, analytical skills, and a deeper understanding of the subject matter.

6. Related Documents

Bylaws 5: Regulations for Scientific Research

7. Appendices

None

8. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	4.4 Management and Commercialization of Research Output Policy		
	POLICY No.	4.4	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Management and Commercialization of Research Output Policy outlines the procedures and principles for managing and commercializing research outputs generated within the institution. It aims to ensure that research findings and innovations are effectively managed and have the potential to be developed into commercial products or services, thereby contributing to the institution's mission, supporting economic development, and fostering industry collaboration.

1. Purpose

The purpose of this policy is to:

2. **Maximize Impact:** Ensure that research outputs are managed and commercialized in a way that maximizes their societal and economic impact.
3. **Protect Intellectual Property:** Provide a framework for protecting intellectual property rights associated with research outputs.
4. **Foster Innovation:** Encourage the development and commercialization of research findings, translating academic innovations into practical applications.
5. **Ensure Compliance:** Adhere to legal, ethical, and regulatory standards in the management and commercialization processes.

2. Scope

The policy applies to:

1. **All Research Outputs:** Including inventions, patents, research data, publications, software, and other intellectual property generated by faculty, researchers, and students.
2. **Institutional Stakeholders:** Such as faculty members, researchers, students, and administrative staff involved in the research and commercialization processes.
3. **External Partners:** Collaborators, industry partners, and other stakeholders involved in the commercialization of research outputs.
4. **Commercialization Activities:** Including licensing agreements, partnerships, startup creation, and other methods of bringing research outputs to market

3. Policy Statement

3.1 Intellectual Property and Commercialization

a- All UKF researchers must be aware of and take appropriate steps to protect any intellectual property (IP) arising from their work.

b- The UKF supports the development and exploitation of IP belonging to it through its TTO using any means, deemed appropriate, for the interest of the University, its researchers, and administrative staff and as part of its contribution to the local, regional and international communities.

c- All UKF researchers must be aware of the University’s IP and commercialization policy

and procedures, which include details of rights to any kind of IP and to any income that may be generated from their research work.

3.2 Authorship

UKF acknowledges that accurate attribution of authorship is a significant element of responsible research conduct.

a- Authors should acknowledge the efforts of all those who have contributed to their work as well as the funding agencies behind a project. They should also acknowledge the sources of funding for their research in their publications (research, books, reports, patents, and others).

b- Attribution of authorship, co-authorship and responsibility must be based on the ethics of research integrity. This requires that authors must fulfill the following requirements:

i- Contribution to the conception or the research work, or the acquisition, analysis, and interpretation of data.

ii- Drafting the work or reviewing it for important scientific content; iii- Acceptance of accountability for all aspects of the work; and iv- Resolution of all ethical issues related to the work.

c- All authors are responsible for the content of the published work. Even so, the responsibility of each author should be evaluated in relation to their role in the research and in relation to their area of expertise.

d- Unacceptable authorship offered to individuals who do not meet the requirements for authorship is considered a breach of the code of responsible research conduct.

e- Research works submitted for publication to UKF journals must abide by the publication policy and procedures of the UKF Scientific Publishing Unit, including the double-blind peer review of manuscripts and the declarations on conflicts of interest.

f- Disputes on authorship shall be dealt with and resolved by a special committee appointed by the VCAA.

3.3 Data Management

UKF maintains the highest standards of responsible handling and storage of research data. For any research conducted at UKF:

a- All basic material and data derived from research carried out at UKF must be stored at the University and made available on demand.

b- All protocols and plans for experiments or studies, notes, laboratory registers, data and basic material must be stored for at least three years after the completion of the research project and must be accessible provided that this does not conflict with other regulations.

c- All basic research material and data obtained from research carried out at UKF belongs to the University and can only be displaced under permission of the concerned department, college, or institute.

d- Disposable research material must be disposed of in a safe and secure manner with due consideration of the involved ethical and environmental issues.

5. Procedures

5.1 Management and Commercialization of Research Output

1. **Identification and Documentation**
    - **Identification:** Researchers must notify the university's Research & Innovation Office about any new research outputs, including inventions, patents, software, or other intellectual property.

- **Documentation:** Comprehensive records of the research output, including development history, technical details, and potential applications, should be maintained.

2. **Intellectual Property Assessment**
   - **Evaluation:** The Research Office & Innovation will assess the commercial potential of the research output, including its novelty, market demand, and potential for patentability or protection under intellectual property laws.
   - **Protection Strategy:** Develop a strategy for protecting intellectual property rights, which may include filing patents, trademarks, or copyrights.
3. **Commercialization Strategy**
   - **Market Research:** Conduct market research to identify potential applications, industry needs, and competitive landscape.
   - **Business Plan:** Create a detailed business plan outlining commercialization goals, target markets, development timelines, and funding requirements.
   - **Partnerships:** Establish partnerships with industry players, potential licensees, or investors to facilitate the commercialization process.
4. **Licensing and Agreements**
   - **Licensing Agreements:** Negotiate and draft licensing agreements that outline terms for the use of intellectual property, including royalties, fees, and obligations of both parties.
   - **Contracts:** Ensure all agreements comply with legal and institutional requirements and are reviewed by the university's legal team.
5. **Startups and Spin-offs**
   - **Support:** Provide support for the creation of startups or spin-offs based on research outputs, including business development resources, mentorship, and access to funding.
   - **Incubation:** Utilize university incubators or accelerators to support early-stage commercialization efforts.
6. **Monitoring and Reporting**
   - **Progress Tracking:** Monitor the progress of commercialization activities, including milestones, financial performance, and market penetration.
   - **Reporting:** Regularly report on commercialization outcomes and impact to the university administration and relevant stakeholders.
7. **Ethical and Legal Compliance**
   - **Compliance:** Ensure all commercialization activities adhere to ethical standards and legal requirements, including regulations related to research ethics, intellectual property laws, and contractual obligations.
   - **Training:** Provide training for researchers and staff on intellectual property rights, commercialization processes, and compliance requirements.

6. Definitions

Intellectual Propriety: The University defines "intellectual property" as "any result of intellectual or artistic activity, regardless of format." In the UAE, intellectual property is legally protected, covering patents, copyrights, industrial designs, trademarks, and trade secrets. However, much of the research conducted at the University is voluntarily shared by researchers to advance knowledge, support basic science, inform public policy and debates, and contribute to the intellectual commons for the benefit of society.

Commercialization refers to the process of bringing intellectual property to the marketplace, making it available for public use and generating economic value from it.

Patent: Patent is a legal right granted by a government authority to an inventor or assignee for a fixed period, usually 20 years from the filing date, in exchange for the public disclosure of the invention. A patent provides the inventor with exclusive rights to make, use, sell, or license the invention, preventing others from exploiting it without permission. Patents are typically granted for new, useful, and non-obvious inventions or discoveries.

Spin-Offs: Spin-Offs are new companies or organizations that are created from an existing parent organization (UKF), often based on the parent's research, technology, or business ventures. These new entities are generally established to commercialize innovations, technologies, or research outputs developed by the parent organization. Spin-offs typically operate independently but may retain some form of relationship with the parent organization, such as shared resources or ongoing collaboration.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

5. Faculty and Professional Staff

	POLICY NAME	5.1 Faculty Role Policy		
	POLICY No.	5.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Role Policy outlines the expectations, responsibilities, and professional conduct required of faculty members within a university. It provides a framework for understanding the various roles and duties faculty members are expected to fulfill, ensuring that academic, research, and administrative responsibilities are clearly defined and aligned with the institution's goals.

1. Purpose

This policy sets forth the rights and responsibilities of faculty members at University of Khorfakkan (UKF) by identifying the role and responsibilities of the faculty which extends beyond academic affairs, to an active participation in service (community, students, and University) and the development of the University.

2. Scope

This policy applies to all faculty members at the university of Khorfakkan.

3. Policy Statement

3.1 Faculty Role

Faculty members are responsible for developing, evaluating, and periodically updating all educational programs offered by the University of Khorfakkan. In every College, committees comprising of faculty members analyse the feedback received from various sources and accordingly revise and update the courses and curriculum and assess student learning at multiple levels. The same applies to the development of laboratories, training programs, and other related aspects of an academic program. For every program, a faculty member is assigned as the Program Coordinator who has the overall responsibility of program coordination, curriculum development, assessment and updating.

3.2 Faculty Responsibilities

The primary responsibility of faculty members is to teach, conduct research, acquire skills through ongoing training, and take part in service which includes a) department, college and university service, b) academic and professional activities outside the university, and c) contribution to students' co-curricular activities. Other responsibilities, as stipulated in the contract, relate to professional development, institutional confidentiality, professional ethics, as well as responsibilities towards the development of their Department, College and the University.

- **Teaching:**
  - Teach UKF students in classes and in laboratories/clinics/studios (as applicable).
  - Establish course policies and requirements.
  - Establish clear grading standards, to fairly evaluate students based on their academic performance.
  - Assess student learning at multiple levels
  - Advise students on an ongoing basis outside regularly scheduled classes.

- Supervise graduation (capstone) projects and Master and Doctoral theses as applicable.
- Supervise students' research projects, such as term papers and practical works, within the rules and regulations of the Department, College and University.
- Maintain professional demeanour within and outside the classroom.
- Adhere to the University administrative policies and procedures on issues related to exams, incompletes, withdrawals, drop-adds, and so on.

In addition to the above, faculty who are teaching online/blended learning courses shall ensure that expectations for faculty engagement relating to online teaching and student support are adequately met.

- **Research:**

University of Khorfakkan (UKF) considers research an essential activity in the production and dissemination of knowledge. UKF faculty members are encouraged to devote a reasonable amount of time and effort to scholarly research in order to maintain academic competence and development of students' education.
The following is a description of what constitutes "academic research":

- Studies and works that can be published in high quality books, journals and/or other means.
- Individual or group research to be published and/or presented in reputable academic conferences or seminars.
- Research aiming at developing teaching and learning skills and techniques.

UKF shall support and facilitate cooperative joint research conducted in cooperation with public and private institutions. It shall also provide grants for research projects on a university-wide competitive basis in accordance with its policies for internal funding. Furthermore, the University shall coordinate and assist faculty members to obtain research grants from external sources. For externally funded research projects, UKF will provide support to the Principal Investigator (PI) in utilization of approved funds in accordance with specified procedures. The Principal Investigator will be responsible for managing the research funds, submitting the progress and final reports, and closing the account at the completion of the research project.

- **Service :**

Service includes:
a. ***Service to the University:*** this includes administrative positions held, membership of committees at the department, college and university levels, recruiting of faculty and students, providing professional development workshops and training to faculty and staff, organizing conferences, serving in partner organizations boards, participating in fund raising campaigns, establishment of external connections and partnership etc.

b. ***Service to Students:*** Advising students, involvement in student clubs, mentoring and helping senior students in job placement and applications to graduate studies, providing research experience and other assistance for undergraduates, contributions to Ph.D. and Masters' theses.
c. ***Service to Community:*** Presentation to community groups, writing articles for newspapers, media interviews, professional activities undertaken as a practitioner or a consultant, volunteering in community activities, serving in community boards and NGOs.
Services may include organizing short courses, national/international conferences, seminars and workshops, authoring articles for the public and translations from and into Arabic, etc.
Contributions might also include identifying industry needs and elaborating coherent training

programs in their areas of expertise, as well as establishing a link for technical cooperation between UKF and other institutions in specific areas of expertise.
Faculty members are expected to perform all the duties assigned to them. Any departure from a normal work schedule should receive prior approval from the Dean.

- **Other Responsibilities**

Other responsibilities may also be related to management and administration in the Department or College, working in different committees, and providing support to various student activities.

4. Procedures

4.1 Recruitment and Hiring

Job Posting: Clearly define faculty roles, including teaching, research, and service responsibilities, in job descriptions.
Selection Process: Ensure a fair and transparent hiring process, including interviews, reference checks, and assessment of qualifications.
Onboarding: Provide new faculty members with orientation programs to familiarize them with university policies, expectations, and resources.

4.2 Teaching Responsibilities

Course Preparation: Faculty members must prepare course syllabi, instructional materials, and assessments in accordance with institutional guidelines.
Instruction: Deliver course content effectively, using a variety of teaching methods to accommodate diverse learning styles.
Assessment and Grading: Evaluate student performance fairly and consistently, providing timely feedback and maintaining accurate records.
Office Hours: Faculty should maintain regular office hours to provide students with opportunities for individual consultation and support.

4.3 Research and Scholarly Activity

Research Conduct: Faculty are expected to engage in research activities, adhere to ethical standards, and contribute to their field of study.
Publication: Faculty should aim to publish research findings in reputable journals, present at conferences, and contribute to academic knowledge.
Funding: Seek external funding and grants to support research activities, in line with institutional goals and priorities.
Collaboration: Encourage interdisciplinary research and collaboration with colleagues, students, and external partners.

4.4 University Service

Committee Participation: Faculty members are expected to serve on academic and administrative committees, contributing to the governance and development of the institution.
Advising and Mentorship: Faculty should provide academic advising to students, guiding them in their academic and career paths, and mentoring junior faculty.
Community Engagement: Faculty are encouraged to participate in community service, outreach programs, and other activities that enhance the university's relationship with the broader community.

4.5 Professional Development

Continuous Learning: Faculty are expected to engage in ongoing professional development to stay current in their field and improve their teaching and research skills.

Workshops and Training: Participate in institutional workshops, seminars, and training programs to enhance teaching effectiveness, research capabilities, and service contributions.

4.6 Performance Evaluation

Annual Review: Faculty performance is evaluated annually based on teaching effectiveness, research output, service contributions, and professional development.
Feedback and Improvement: Constructive feedback is provided, and faculty are encouraged to develop action plans for areas requiring improvement.
Promotion and Tenure: The policy outlines the criteria and process for faculty promotion and tenure, based on a comprehensive evaluation of their contributions to teaching, research, and service.

5. Responsibilities

The responsibility for ensuring that the various roles and duties assigned to faculty members are performed effectively typically falls to several key individuals and bodies within the university. Here's an overview of who is responsible:

5.1 Department Chairs or Heads:

Role: Oversee the daily operations within their departments, including faculty performance.
Responsibility: Monitor faculty adherence to their assigned roles, provide support, and address any issues related to teaching, research, or service.

5.2 Deans:

Role: Manage the broader academic unit or college that encompasses multiple departments.
Responsibility: Ensure that departmental and faculty goals align with the university's mission, support department chairs in faculty management, and handle broader issues affecting multiple departments.

5.3 Vice Chancellor of Academic Affairs:

Role: Oversee the academic affairs of the entire university.
Responsibility: Develop and implement academic policies, ensure alignment with institutional goals, and address issues that require university-wide intervention.

5.4 Faculty Evaluation Committees:

Role: Assess faculty performance regularly.
Responsibility: Evaluate faculty members based on teaching, research, and service contributions, providing feedback and recommendations for professional development.

5.5 Human Resources (HR):

Role: Support the administration of faculty roles and responsibilities.
Responsibility: Ensure that policies related to faculty duties, compensation, and professional conduct are implemented, and provide resources for faculty development.

5.6 Faculty Members Themselves:

Role: Directly perform their assigned roles and duties.
Responsibility: Fulfill their responsibilities in teaching, research, and service, and adhere to the university's policies and standards.

5.7 Deans' Council:

Role: Represent faculty interests and participate in policy development.
Responsibility: Contribute to the establishment of academic standards and ensure that faculty roles and responsibilities are well-defined and supported.

6. Definitions

Faculty: Academic staff member who holds an academic position and is primarily responsible for delivering instruction, conducting research, and contributing to the governance and development of the institution. Faculty members typically possess advanced degrees in their field of expertise and are involved in various aspects of academic life. It includes:

- ✓ **Tenured Faculty**: Faculty members with a permanent position, typically achieved after a probationary period and evaluation.
- ✓ **Non-Tenured Faculty**: Includes adjunct, visiting, or contract faculty who may have temporary or part-time roles.
- ✓ **Full-Time Faculty**: Faculty members who work on a full-time basis and are often involved in a wide range of institutional activities.
- ✓ **Part-Time Faculty**: Faculty members who teach on a part-time basis, often without full involvement in other institutional roles.

7. Related Documents

- Faculty handbook
- Research Policies
- Community Engagement Policies

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy was fully reviewed to ensure its completeness and alignment with the new policy template.	June 2024

	POLICY NAME	5.2 Professional Staff Role Policy		
	POLICY No.	5.2	**VERSION NO**	1.1
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Professional Staff Role Policy is designed to define and clarify the roles, responsibilities, and expectations of professional staff members within the university. This policy provides a framework to ensure that professional staff contribute effectively to the university's mission, vision, and strategic goals. It outlines the duties, rights, and career development opportunities available to staff, ensuring a consistent and fair approach to professional growth and performance management across the institution.

1. Purpose

The primary purpose of this policy is to establish clear guidelines and standards for the roles and responsibilities of professional staff within the university. It aims to:

1. Ensure Alignment: Align the roles and responsibilities of professional staff with the university's strategic objectives and operational needs.
2. Promote Professional Development: Encourage ongoing professional growth and development by providing access to relevant training, career advancement opportunities, and performance evaluations.
3. Enhance Efficiency: Foster a work environment that supports efficiency, productivity, and collaboration among professional staff members.
4. Ensure Fairness: Provide a transparent and equitable framework for managing performance, resolving disputes, and recognizing the contributions of professional staff.
5. Support Staff Well-being: Ensure that the roles and responsibilities assigned to professional staff contribute to their overall job satisfaction and well-being.

2. Scope

This policy applies to all professional staff at the university of Khorfakkan.

3. Policy Statement

The Professional Staff Role Policy articulates the expectations, responsibilities, and standards of conduct for non-faculty professional staff within the University of Khorfakkan. It emphasizes the importance of professionalism, ethical behavior, and continuous improvement in supporting the institution's mission and goals. The policy is designed to ensure that all professional staff contribute effectively to the institution's academic and operational success, while fostering a positive and inclusive work environment.

The institution values the critical role that professional staff play in maintaining the quality and efficiency of services provided to students, faculty, and the broader community. This policy ensures that professional staff are equipped to perform their duties effectively, adhere to the university policies and legal requirements, and engage in continuous professional development.

The role of professional staff is to fully support faculty members in order to achieve the goals and objectives of every course that requires practical work or tutorials.

They are responsible for the development of laboratories, workshops, studios, clinics, etc. under the guidance of the faculty and to maintain these in good order.

They shall contribute to developing the practical skills of students in laboratories, workshops, clinics, and studios (as applicable).

4. Procedures

4.1 Administrative Support:

Professional staff often handle administrative tasks such as scheduling, record-keeping, and managing correspondence, which are essential for the smooth operation of the university.

4.2 Student Services:

They may be involved in advising, counseling, admissions, career services, and other support roles that directly impact student success and well-being.

4.3 Operational Management:

Professional staff might oversee logistics, facilities management, IT services, financial operations, and other essential services that ensure the university functions efficiently.

4.4 Academic Support:

They support the academic mission by assisting faculty with research, managing academic programs, coordinating events, and providing technical support in classrooms and laboratories.

5. Responsibilities

5.1 Job Performance

- **Effective Service Delivery:** Professional staff are responsible for performing their duties efficiently, accurately, and in alignment with the institution's goals and standards.
- **Competence and Expertise:** Staff should maintain the necessary skills and knowledge to perform their roles effectively, seeking professional development opportunities as needed.
- **Problem-Solving:** Staff are expected to identify issues within their areas of responsibility and propose or implement solutions that align with institutional policies and objectives.
- **Innovation and Improvement:** Continuously seek ways to improve processes, services, and overall job performance, contributing to the institution's innovation and success.

5.2 Compliance with Institutional Policies

- **Adherence to Guidelines:** Professional staff must comply with all institutional policies, procedures, and regulations, including those related to workplace safety, confidentiality, and ethical conduct.
- **Reporting Obligations:** Staff are responsible for accurately reporting any incidents, breaches, or concerns according to institutional guidelines, including financial irregularities, discrimination, or harassment.
- **Legal and Regulatory Compliance:** Ensure that all activities, particularly those involving student services, data management, and financial transactions, comply with relevant laws and regulations.

5.3 Support and Collaboration

- **Teamwork:** Professional staff are expected to work collaboratively with colleagues, faculty, and administration, fostering a positive and supportive work environment.
- **Student Support:** Provide high-quality support to students, addressing their needs in a timely and respectful manner, and helping them navigate institutional resources.
- **Interdepartmental Coordination:** Work effectively across departments to ensure that institutional objectives are met, and that services provided to students, faculty, and other staff are seamless and efficient.

5.4 Professionalism and Conduct

- **Ethical Behavior:** Staff are responsible for maintaining the highest standards of professional ethics, including honesty, integrity, and respect for others.

- **Confidentiality:** Protect the privacy and confidentiality of student records, institutional data, and other sensitive information as required by institutional policies and legal standards.
- **Professional Demeanor:** Exhibit professionalism in all interactions with students, colleagues, and external partners, serving as a positive representative of the institution.

5.5 Communication

- **Clear and Effective Communication:** Professional staff must communicate clearly, both verbally and in writing, with students, faculty, colleagues, and external stakeholders.
- **Responsiveness:** Staff are expected to respond promptly to inquiries, requests, and issues, ensuring that communication channels remain open and effective.
- **Feedback and Reporting:** Provide regular feedback to supervisors and participate in reporting processes related to job performance, departmental outcomes, and institutional goals.

5.6 Continuous Professional Development

- **Skill Enhancement:** Staff are encouraged to participate in professional development opportunities to enhance their skills, knowledge, and competencies related to their roles.
- **Staying Informed:** Remain current with industry trends, technological advancements, and best practices that can improve job performance and institutional effectiveness.
- **Mentorship:** Where applicable, staff should mentor and guide less experienced colleagues, contributing to their professional growth and development.

5.7 Leadership and Initiative

- **Proactive Contribution:** Take initiative in identifying areas for improvement within the department or institution and contribute to projects that enhance institutional effectiveness.
- **Leadership Role:** For those in supervisory positions, staff are responsible for leading their teams effectively, providing clear direction, support, and feedback to their subordinates.
- **Decision-Making:** Staff are expected to make informed and responsible decisions within their areas of responsibility, contributing to the smooth operation of the institution.

5.8 Institutional Representation

- **Ambassadorship:** Staff represent the institution in various external settings, such as conferences, community events, and partnerships. They are responsible for upholding the institution's reputation and values in all external interactions.
- **Networking:** Build and maintain professional networks that can benefit the institution, including relationships with industry professionals, alumni, and community organizations.

5.9 Accountability

- **Goal Achievement:** Professional staff are accountable for meeting the goals and objectives set by their department and the institution. They should regularly assess their progress and adjust their strategies as needed.
- **Performance Evaluation:** Staff are responsible for participating in regular performance evaluations, taking feedback constructively, and implementing improvement plans where necessary.
- **Responsibility for Resources:** Ensure responsible management of institutional resources, including financial assets, equipment, and facilities, to prevent waste and ensure sustainability.

5.10 Support for Institutional Mission

- **Mission Alignment:** Staff are expected to understand and actively support the institution’s mission, vision, and values in their daily work.
- **Engagement in Institutional Initiatives:** Participate in institutional initiatives, such as strategic planning, accreditation processes, and diversity and inclusion efforts, contributing to the broader goals of the institution.

6. Definitions

Professional Staff: refers to non-academic employees of a university who provide essential support services that contribute to the overall functioning of the institution. Unlike faculty members, who are primarily responsible for teaching and research, professional staff work in various administrative, technical, and operational roles that are crucial to the university's day-to-day operations and long-term success.

7. Related Documents

Staff Handbook

UKF Bylaws relating to Staff

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised for accuracy and compliance with the new policy template. Missing sections are added, and restructuring are made.	June 2024

	POLICY NAME	5.3 Faculty Compensation		
	POLICY No.	5.3	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Compensation Policy establishes the framework for compensating faculty members, including visiting, adjuncts, and part-time instructors. The policy aims to attract, retain, and motivate high-quality faculty by offering competitive and equitable salaries and benefits. It aligns with the institution's commitment to academic excellence, equity, and fiscal responsibility.

1. Purpose

The purpose of the Faculty Compensation Policy is to establish a clear, equitable, and transparent framework for compensating faculty members. This policy aims to:

1. Attract and Retain Talent: Ensure that the university offers competitive salaries and benefits that attract and retain highly qualified faculty members, supporting the institution's commitment to academic excellence.
2. Promote Fairness and Equity: Provide guidelines that ensure all faculty compensation decisions are made fairly, consistently, and without discrimination based on factors such as gender, race, ethnicity, or other protected characteristics.
3. Reward Performance: Recognize and reward faculty members for their contributions to teaching, research, service, and other professional activities, thereby motivating continued excellence and professional development.
4. Align with Institutional Goals: Ensure that compensation practices are aligned with the university's strategic objectives, budgetary constraints, and market conditions, contributing to the overall mission and sustainability of the institution.
5. Ensure Transparency: Provide a transparent process for setting, adjusting, and communicating faculty compensation, fostering trust and clarity among faculty members and administrators.

This policy serves as a guiding document to maintain a fair and supportive working environment, ensuring that faculty members are compensated in a manner that reflects their value to the university community.

2. Scope

This policy applies to full-time faculty members employed by the UKF.

3. Policy Statement

3.1 General guidelines

a) UKF aims to attract the best-qualified talent, motivate and stimulate employees, and encourage retention.
b) The implemented salary scale is aligned with the Government of Sharjah's salary scale while reflecting compensation practices implemented by peer organizations. (C24/2018)
c) UKF aims to periodically participate in compensation surveys to ensure that employees are compensated fairly and by the latest market trends.
d) The compensation components include monthly gross salary, allowances, and benefits.

e) Compensation for faculty members is determined based on a rank-specific salary scale, highlighting the ranks' entitlements in basic salary, allowances, and benefits. The approved ranks are as follows:
f) New hires will be assigned the appropriate salary for the rank/grade position. The basic salary for the newly hired faculty will also reflect the years of experience before joining UKF. Each year's experience will be the equivalent of one annual increment.

3.2 Basic Salary

Academic Ranks	Salary Range (AED)
Professor	30,576-39,434
Associate Professor	25,318-33,621
Assistant Professor	20,142-28,120
Lecturer	18,744-22,744

3.3 Housing Allowance

- ✓ UKF shall provide expatriate faculty members appointed to the University with suitable accommodation on the university campus. If UKF employs the husband and wife, accommodation shall be assigned to one of them.
- ✓ UAE national faculty members are paid a monthly housing allowance as follows:

Faculty Member Rank	Housing Allowance Entitlement (AED)
Lecturer	10,000,00
Assistant Professor	10,000,00
Associate Professor/ Professor	10,000,00

- ✓ When suitable accommodation is unavailable on campus, faculty members are entitled to an annual housing allowance as follows:

Faculty Member Rank	Housing Allowance Entitlement (AED)
Lecturer	60,000,00
Assistant Professor	65,000,00
Associate Professor/ Professor	70,000,00

- ✓ Divorced / widowed female faculty members living off-campus shall be entitled to a housing allowance. If the female faculty member is married, she shall be entitled to a housing allowance provided the husband does not receive a housing allowance from a governmental department.
- ✓ Faculty are entitled for the amount of 300 AED for Internet charges and 600 AED for electricity charges on monthly basis.
- ✓ Faculty members are responsible for paying all accommodation-related fees (e.g., commissions, service charges, security deposits, annual fees, etc.).
- ✓ Faculty members entitled to accommodation /housing allowance shall not under any circumstances sublease the residence to any other party whosoever.

3.4 Furniture Allowance

Faculty members are entitled to a furniture allowance of (AED 30,000). This amount covers four years of employment. If the service ends before this period, the faculty member shall pay back the remaining balance based on years of use and the depreciation of the furniture.

3.5 Furniture Maintenance Allowance

- ✓ Faculty members entitled to a furniture allowance are entitled to a furniture maintenance allowance calculated at (10%) of the entitled furniture allowance. The furniture maintenance allowance will be paid yearly after (4) years of employment at UKF.
- ✓ The furniture maintenance allowance is paid as a lump sum and electronically transferred to faculty members' bank accounts during the last week of October.

3.6 Relocation Tickets

- ✓ When joining UKF from outside the UAE, expatriate faculty members shall be entitled to economy-class air tickets for themselves, their spouses, and their dependent children from their home country to the UAE.
- ✓ Expatriate faculty members joining UKF from outside the UAE are entitled to a cash amount of (AED 4,000) for shipping luggage or personal items to the UAE. If the faculty member joins UKF for one semester only, they are entitled to a cash amount of (AED 2,000).
- ✓ The shipping cost will be reimbursed to the faculty member as part of the first salary after joining UKF upon submitting the original shipping invoices. (C 2/2019)

3.7 Annual Leave Air Tickets

- ✓ UKF shall provide expatriate faculty members appointed using secondment or a contract, their spouses, and dependent children roundtrip economy air tickets to their place of work or home country once every academic year throughout the contract period.
- ✓ UAE and GCC national faculty members are paid one basic annual salary as an air ticket allowance.
- ✓ Air ticket fares are transferred electronically to faculty members' bank accounts during the last week of May.
- ✓ Home country is defined as the place of citizenship per the passport held by the faculty member at the time of appointment. If the faculty member obtains another citizenship while employed by UKF, air tickets remain to be issued to the home country identified upon appointment.
- ✓ The home country is specified in the employment contract and determined by the passport on which the UAE resident visa is stamped.
- ✓ If the home country does not have an airport or where the flights have stopped, the air ticket allowance will be paid based on the nearest international airport.
- ✓ If the faculty member exits UKF during the year – due to termination initiated either by the faculty member or UKF - after serving the probation period, the annual ticket entitlement will be prorated and only paid for the number of months served after the completion of the probation period, provided that the employment duration is at least one month in addition to the probation period.
- ✓ If the air ticket entitlement has already been paid at the time of exit, UKF reserves the right to recover the amount paid after reflecting the faculty member's dues as per the above clause.

3.8 Children's Education Allowance

- ✓ Children's education allowance is granted to assist UKF's faculty members in providing quality education to their children. UKF shall cover the cost of annual tuition fees for the children enrolled in primary school (KG1) through high school inside the UAE up to the amount of (AED 25,000) for one child and at most (AED 75,000) for all children.
- ✓ Tuition fees shall be paid in a lump sum to the faculty member after the official receipts or original invoices are submitted.

3.9 Children Tuition Scholarship

- ✓ UKF shall cover the cost of university tuition fees for two children studying at the same time at UKF to complete a bachelor's degree in any of the programs offered at UKF.
- ✓ UKF will cover tuition fees only for the number of credit hours specific to the specialization for which the concerned student has been accepted. If the student changes their major, the faculty member will be required to pay the tuition fees for the credit hours added by the new major, beyond those of the first major and the credit hours of the first specialization that cannot be transferred to the latest major. The faculty member must also pay the tuition for any courses the student fails and must repeat or make up with another class.
- ✓ The additional tuition fees will be deducted from the faculty member's salary if they fail to make the required payments when due.

3.10 Medical Insurance

- ✓ Expatriate faculty members shall receive medical insurance for themselves, their spouses, and dependent children sponsored by the faculty member.
- ✓ Medical insurance shall also be extended to expatriate faculty members in the below cases when the faculty member does not sponsor the dependent:
    a. Unemployed spouse /employed spouse who does not receive medical insurance from their employer.
    b. Unemployed /unmarried daughters
    c. Sons under 18 years or still studying at a university (First degree).
- ✓ UAE national faculty members shall receive medical insurance for themselves, their spouses, and dependent children mentioned in the UAE citizen's family book.
- ✓ Medical insurance shall also be extended to UAE national faculty members in the following cases:
    a. Unemployed spouse /employed spouse who does not receive medical insurance from their employer
    b. Unemployed /unmarried daughters
    c. Unemployed sons
- ✓ Retired UAE national faculty members are not eligible for medical insurance under UKF but will be covered under the Government of Sharjah's medical insurance plan.
- ✓ UAE national faculty members who hold an Abu Dhabi UAE citizen's family book are not eligible for medical insurance under UKF.
- ✓ On joining UKF, the necessary arrangements will be made to enrol the faculty members and their dependents in the medical insurance plan, as appropriate.
- ✓ Eligible faculty member's participation in the medical insurance plan is subject to the terms and conditions of the agreement with the insurance provider.
- ✓ Eligible insured faculty members will receive information on the medical insurance policy, network providers, reimbursement claims, etc. They should contact the concerned Employee Engagement in charge for any assistance related to medical insurance coverage.
- ✓ Medical Insurance Cards shall be submitted to Employee Engagement at the time of separation from UKF during the clearance process to terminate the provided medical insurance. UKF reserves the right to claim all the damage caused by using the medical insurance card after the termination of employment.
- ✓ A loss of a medical insurance card must be reported immediately to the concerned Employee Engagement. A fee of (AED 100) may be charged to replace the lost card.
- ✓ UKF reserves the right to amend the medical coverage policy and engage different providers yearly to ensure the most cost-effective coverage. All amendments of such nature will be communicated to faculty members.

3.11 Life Insurance

- ✓ Faculty members shall receive life insurance by the approved policy as per their eligibility and contractual entitlements.
- ✓ In case of a faculty member's death while in service, UKF may pay the beneficiaries a cash sum subject to the insurance scheme's terms and conditions and the submission of all the required documents as requested by the insurance provider.
- ✓ The faculty member may be covered for permanent total disability (subject to the insurance scheme terms and conditions) to the same value.
- ✓ Faculty members may also receive cover for temporary and partial accidental disability on terms and benefits defined in the scheme.
- ✓ Sharia law will apply concerning determining the beneficiaries entitled to payment of the benefits under the life insurance policy in the event of the death of a Muslim faculty member.

3.12 Statutory Allowances

- ✓ UAE national faculty members are paid statutory allowances every month as follows:

Grade	Social Allowance (Monthly AED)	Child Allowance (Monthly AED)
1	3,000	600

- ✓ Statutory allowances are paid monthly as part of the faculty member's gross monthly salary.
- ✓ Child allowance is only paid to male UAE national faculty members.

3.13 Annual Increment Allowance

- ✓ UKF recognizes employment continuity and loyalty to UKF by awarding its faculty members an Annual Increment Allowance as follows:

Rank	Annual Increment Allowance (Monthly AED)
Professor	550
Associate Professor	500
Assistant Professor	450
Lecturer	400

- ✓ Annual increment allowances are transferred electronically to faculty members' bank accounts with October's salary (C 2/201)

3.14 Employee Loyalty Programs

- ✓ Upon joining UKF, faculty members may enrol in the government of Sharjah's employees' loyalty programs to access special rates and discounts in various outlets and organizations.
- ✓ Faculty members will receive email information and updates on participating organizations, new entrants, and special offers.
- ✓ Faculty members will be provided with employee loyalty program cards, which they should present to avail themselves of special rates/discounts. Upon separating from UKF, faculty members shall return loyalty program cards to Employee Engagement as part of the clearance process.

- ✓ A loss of a loyalty program card must be reported immediately to Employee Engagement. A fee of (AED 50) may be charged for replacing the lost card.

3.15 End of Service Gratuity

- ✓ Faculty members, other than UAE and GCC Nationals, who have completed one year of service (or one academic year of service for faculty) in the UKF shall be eligible for end-of-service gratuity to be paid after completing the employment clearance process.
- ✓ The table below outlines expatriate faculty members' End of Services Gratuity entitlement.

✓ Length of Service	✓ Gratuity (Basic Salary) / AED
	Expatriate Faculty Members
Less than one year	Nil
One year and < 5 years	30 Calendar Days
Five years and < 10 years	45 Calendar Days
10 years +	60 Calendar Days

- ✓ The gratuity amount will be determined based on the faculty member's basic salary on separation.
- ✓ If the faculty member exits UKF during the year (after completing a minimum of one full year), they will receive a prorated gratuity.
- ✓ Faculty members who resign without observing the notice period shall forfeit half of their end-of-service gratuity, which shall be returned to UKF if received. They will not be entitled to repatriation tickets or a shipping allowance.
- ✓ to calculate the end-of-service gratuity, periods of unauthorized leave absences and authorized unpaid leaves shall be excluded from service periods.
- ✓ A partial month shall be considered an entire month during the first year only in the case of the faculty member's death or termination of employment by UKF for reasons other than disciplinary.
- ✓ The end-of-service gratuity shall be granted to expatriate faculty members who acquire Emirati citizenship based on their last basic salary received before acquiring Emirati citizenship. (Circular No. (39)/2018-2019 – End of Service Gratuity for Non-UAE Nationals Academic Employees / Circular No. (40)/2018-2019 – End of Service Gratuity for Non-UAE Nationals Administrative Employees)
- ✓ The faculty member must pay any outstanding amount to UKF. Suppose the final gratuity is insufficient to recover the dues owed by the faculty member. In that case, UKF reserves the right to withhold the release of the employee's gratuity until all financial matters are settled.
- ✓ UKF shall not pay the end-of-service gratuity to expatriate faculty members before completing all of the necessary clearance procedures, including the canceling and transferring of residency visas and handover of assigned work and documents.

2. The end-of-service gratuity will be paid by bank transfer after the last day of employment at UKF.

3.16 UAE and GCC Pension

- ✓ Enrolment of eligible professional staff in the UAE or GCC pension schemes is mandatory and required by law. The continuity of the employment contract is contingent on this.
- ✓ UAE national faculty members and faculty members whose mothers are UAE nationals are enrolled in the national pension and social security system scheme upon joining UKF. The General Pension and Social Security Authority (GPSSA) defines the monthly contributions of UKF and faculty members to the pension scheme.

- ✓ GCC National employees will be enrolled in their respective pension schemes as governed by the regulations defined by their home countries.
- ✓ Gratuity payments or other alternative compensation cannot substitute for benefits under pension schemes.

3.17 Repatriation Tickets

- ✓ When leaving UKF, expatriate faculty members are entitled to economy-class air tickets to their home country for themselves, their spouse, and their dependent children.
- ✓ Expatriate faculty members leaving UKF are entitled to a cash amount of (AED 4,000) for shipping luggage or personal items to their home country. If the duration of the faculty member's employment at UKF is one semester only, they are entitled to a cash amount of (AED 2,000).
- ✓ If the faculty member leaves employment without submitting a six-month notice before the end of the contract, or if the contract is terminated using a disciplinary decision, the faculty member shall not be entitled to repatriation tickets or a shipping allowance.
- ✓ The repatriation ticket /shipping allowance will only be provided if the faculty member's sponsorship is cancelled and they are leaving the UAE. If the faculty member joins another employer within the UAE, they will not be entitled to the repatriation tickets/shipping allowance.

4. Procedures

4.1 Payroll Administration

a) Employees are paid a monthly gross salary (or, in exceptional cases, a monthly lump sum) as outlined in their employment contract and based on the approved salary scale.
   a. Monthly salaries are transferred electronically to employees' bank accounts on the 27th of the month or earlier when the date falls on a weekend or a public holiday. Employees should be advised that an additional 1 to 2 days should be allowed for the salary to be credited to the employee's bank account. (C 2/2019)
   b. In the unlikely event that a salary transfer may be delayed, the concerned employees will be notified by Employee Engagement through an email. (C 2/2019)
   c. Upon joining, the employee will provide bank account details in writing. The employees are responsible for notifying Employee Engagement of any bank detail changes before the 15th of the month to enable a prompt salary transfer.
   d. In the unlikely event of an error in the salary payment, employees must promptly bring the discrepancy to the attention of Employee Engagement for investigation so that the correction can be done as soon as possible. If the employee willfully fails to bring any cases of overpayment to the attention of Employee Engagement, appropriate disciplinary actions will be taken against the employee.
   e. Electronic pay slips can be accessed and generated through the employee's portal.
   f. All statutory deductions and additions will be made before the transfer of monthly salaries. This includes:
      - ✓ Deduction of monthly UAE and GCC Pension contribution
      - ✓ Deductions resulting from violating the attendance policy and loan/advance payments.
      - ✓ Additions resulting from working overtime and reimbursements.
      - ✓ Adjustments from previous salary payments
   g. The processing /transfer of monthly payroll must be approved per the DoA.

h. UKF will define all processes for determining and administering salary adjustments/increments. All increments must be within the approved budgets and approved in line with the DOA.

4.2 Salary Advance

- ✓ Employees may apply for a salary advance to cover the following expenses:
  - Rent instalments and new housing-related fees – for newly hired employees
  - Fees, penalties, and legal costs relating to the arrangement of visas for employees and their dependents.
  - Medical treatment and related costs for first-degree relatives not otherwise covered by medical insurance.
  - Tuition fees for dependent children
  - Special education support for dependent children with special needs
  - Expenses related to purchasing special equipment and providing care to first-degree relatives with special needs /disability.
  - Other unexpected /exceptional circumstances may result in financial constraints for the employee.
- ✓ Salary advances will not be granted to pay everyday living expenses and obligations.
- ✓ Salary advance requests will be submitted to Employee Engagement on or before the 15th of any given month to receive the payment with the monthly salary. Approval of submitted requests will be as per the approved DoA within (7) calendar days of submitting the request.
- ✓ Employees on continuing contracts may apply for a salary advance once during their existing employment contract term. Subsequent applications may be considered for an extension or renewal of the employment contract. Salary advances may only be considered once every (2) years.
- ✓ The salary advance will not exceed three months' salary and for a term not to exceed 18 months or to the end of the employee's existing contract, whichever occurs first.
- ✓ The salary advance will be repaid via payroll deduction in the entire month after it was funded.
- ✓ The terms of the salary advance will be documented, signed by all parties concerned, and filed in the employee's employee file.
- ✓ Should the employee leave the UKF before the full repayment of the advance, the remaining balance will be deducted from the employee's salary, benefits, gratuity, and accrued annual leave.

4.3 Duplication of Benefits

- ✓ Duplication of benefits refers to when an employee of UKF receives specific allowances and benefits provided to their spouse who works in the government sector.
- ✓ Employees are required to submit details of their spouse's entitlements before being granted the following allowances/benefits by UKF (if applicable):
  - Accommodation / Housing Allowance
  - Air Tickets
  - Medical Insurance
  - Children's Education Allowance

5. Responsibilities

It's the responsibility of the HR department to ensure the implementation of this policy.

6. Definitions

Allowance: An allowance is a financial benefit or payment provided by an employer to an employee or a student for a specific purpose or as part of their compensation package. Allowances are typically intended to cover expenses related to the individual's role or position.

End of Service Gratuity: End of Service Gratuity is a financial benefit paid to employees upon the completion of their employment term or retirement. This payment is usually based on the length of service and is intended as a form of compensation for the employee's tenure with the organization.

Payroll: Payroll refers to the process of calculating and distributing wages and salaries to employees. It encompasses all the activities involved in managing employee compensation, including calculating gross pay, deductions, benefits, and net pay.

Duplication of Benefits: Duplication of benefits occurs when an individual receives the same or similar benefits from multiple sources, such as different employers, insurance policies, or government programs. This can lead to overcompensation and potential conflicts with policies or regulations.

7. Related Documents

Faculty Handbook
UKF Bylaws relating to Academic Staff.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy was fully revised for more accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	5.4 Admin Compensation Policy		
	POLICY No.	5.4	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Admin Compensation Policy provides guidelines and procedures for determining and administering the compensation for administrative staff within an organization. This policy aims to ensure fair, equitable, and competitive remuneration for administrative roles while aligning with organizational goals and budget constraints.

1. Purpose

UKF believes in administering a competitive and equitable compensation policy. This policy outlines the guidelines for administering compensation, including payroll, allowances, and benefits for Admin staff.

2. Scope

The Compensation, Allowances, and Benefits Policies and Procedures cover full-time Admin employees.

3. Policy Statement

3.1 General Guidelines

- ✓ UKF aims to attract the best-qualified talent, motivate and stimulate employees, and encourage retention.
- ✓ The implemented salary scale is aligned with the Government of Sharjah's salary scale while reflecting compensation practices implemented by peer organizations.
- ✓ UKF aims to periodically participate in compensation surveys to ensure that employees are compensated fairly and by the latest market trends.
- ✓ The compensation components include monthly gross salary, allowances, and benefits.
- ✓ Compensation for Admin staff is determined based on a job grade-specific salary scale, which highlights the job grades' entitlements in terms of basic salary, allowances, and benefits. The expatriate Admin staff's grading structure includes 12 grades, while the UAE nationals' grading structure includes 8.
- ✓ New hires will be assigned the appropriate salary for the rank/grade position. The determined basic salary for the newly hired Admin staff will also reflect the years of experience before joining UKF. Each year's experience will be the equivalent of one annual increment.

3.2 Housing Allowance

- ✓ Expatriate Admin staff in all grades are provided with a housing allowance as part of the gross monthly salary as follows:

Marital Status	**Monthly Housing Allowance Entitlement (AED)**
Married	55% of Basic Salary (not to exceed a maximum of 3,500 and a minimum of 800)
Single	45% of Basic Salary (not to exceed a maximum of 2,750 and a minimum of 600)

- ✓ If the husband and wife are both in the service of the Government of Sharjah or if one is in its service and the other is working at a public institution, authority, or company to which the government contributes, the housing allowance shall be paid as follows:
    a. The housing allowance shall be granted to whomever receives the highest salary
    b. If both spouses work at different places at a distance of at least 100 kilometers apart, the single status category shall apply to each of them
    c. If one of the spouses receives a housing allowance, the other shall not
- ✓ The following table details the housing entitlement for the expatriate married female Admin staff:

Marital Status	Entitlement
Married, and the husband works in the private sector and receives a housing allowance (except for institutions for which the government owns more than 25% of their capital)	Entitled to a single-status category housing allowance
Married and the husband is retired, works independently, or is unemployed	Entitled to a single-status category housing allowance
Widowed / Divorced without dependent children	Entitled to a single-status category housing allowance
Widowed / Divorced /Husband with Disability / Ex-husband with Disability and supporting dependent children	Entitled to a married status category housing allowance

a. Evidence to prove the husband's / ex-husband's disability must be submitted after being certified by the authorized relevant UAE authority.
b. Admin staff are responsible for paying all accommodation-related fees (e.g., commissions, service charges, security deposit, annual fees, water and electricity, etc.).
c. Admin staff entitled to housing allowance shall not under any circumstances sublease the residence to any other party whosoever.

3.3 Relocation Tickets

When joining UKF from outside the UAE, expatriate Admin staff shall be entitled to economy-class air tickets for themselves only.

3.4 Annual Leave Air Tickets

- ✓ UKF shall provide expatriate Admin staff in job grades 1, 2, and 3 with roundtrip economy air tickets to their home country once yearly throughout the contract period for themselves, their spouse, and their dependent children.
- ✓ UAE and GCC national faculty members are paid one basic annual salary as an air ticket allowance.
- ✓ Home country is defined as the place of citizenship as per the passport held by the admin staff at the time of appointment. If the Admin staff obtains another citizenship while employed by UKF, air tickets remain to be issued to the home country identified upon appointment.
- ✓ The home country is specified in the employment contract and determined by the passport on which the UAE resident visa is stamped.
- ✓ If the home country does not have an airport or where the flights have stopped, the air ticket allowance will be paid based on the nearest international airport.

- ✓ Air ticket fares are transferred electronically to Admin staff's bank accounts during the last week of December.
- ✓ If the Admin staff exits UKF during the year – due to termination initiated either by the experienced staff or UKF - after serving the probation period, the annual tickets entitlement will be prorated and only paid for the number of months served after the completion of the probation period, provided that the employment duration is one month at least in addition to the probation period.
- ✓ If the air ticket entitlement has already been paid at the exit, UKF reserves the right to recover the amount paid after reflecting the admin staff's dues as per the above clause.

3.5 Children's Education Allowance

- ✓ Children's education allowance is granted to assist UKF's Admin staff in providing quality education to their children. UKF shall cover the cost of annual tuition fees for the children enrolled in primary school (KG1) through high school inside the UAE up to the amount of (AED 15,000) for one child and at most (AED30,000) for all children.
- ✓ Tuition fees shall be paid in a lump sum to the admin staff after submitting the official receipts or original invoices.
- ✓ Children's education allowance will only be paid to Admin staff after completing the probationary period. The amount entitled will be pro-rated to the staff's joining date or the commencement of the school calendar year (Sept – June), whichever is later and as appropriate.

3.6 Children Tuition Scholarship

- ✓ UKF shall cover the cost of university tuition fees for two children studying simultaneously at UKF to complete a bachelor's degree in any of the programs offered at UKF.
- ✓ UKF will cover tuition fees only for the number of credit hours specific to the specialization for which the concerned student has been accepted. If the student changes their major, the admin staff will be required to pay the tuition fees for the credit hours added by the new major, beyond those of the first major and the credit hours of the first specialization that cannot be transferred to the latest major. The admin staff must also pay the tuition for any courses the student fails and must repeat or make up with another class.
- ✓ The additional tuition fees will be deducted from the admin staff's salary if they fail to make the required payments when due.

3.7 Medical Insurance

- ✓ Male expatriate Admin staff shall receive medical insurance for themselves, their spouse, and dependent children sponsored by the experienced staff.
- ✓ Medical insurance shall also be extended to expatriate Admin staff in the below cases when the admin staff does not sponsor the dependent:
  - Unemployed spouse /employed spouse who does not receive medical insurance from their employer
  - Unemployed /unmarried daughters
  - Sons under 18 years or still studying – up to the first year of university or until reaching the age of 26 years
- ✓ Female expatriate Admin staff shall receive medical insurance as follows:

Marital Status	Entitlement
Unmarried / Single	Medical Insurance for Self only
Married	Medical Insurance for Self only
Widowed / Divorced without dependent children	Medical Insurance for Self only
Widowed / Divorced /Husband with Disability / Ex-husband with Disability and supporting dependent children	1. Medical insurance for self, spouse, and dependents who are sponsored by the admin staff 2. Medical insurance shall also be extended in the below cases: - Unemployed /unmarried daughters - Sons under 18 years or still studying – up to the first year of university or until reaching the age of 26 years

- ✓ Expatriate Admin staff appointed on a fixed contract shall receive medical insurance for themselves only.
- ✓ UAE national Admin staff shall receive medical insurance for themselves, their spouses, and dependent children mentioned in the UAE citizen's family book. (was not covered in the answers)
- ✓ Medical insurance shall also be extended to UAE national Admin staff in the following cases:
- ✓ Unemployed spouse /employed spouse who does not receive medical insurance from their employer
- ✓ Unemployed /unmarried daughters
- ✓ Unemployed sons
- ✓ Retired UAE national Admin staff are not eligible for medical insurance under UKF but will be covered under the Government of Sharjah's medical insurance plan.
- ✓ UAE national Admin staff who hold an Abu Dhabi UAE citizen's family book are not eligible for medical insurance under UKF.
- ✓ On joining UKF, the necessary arrangements will be made to enroll Admin staff and their dependents under the medical plan, as appropriate.
- ✓ Eligible Admin staff participation in the medical plan is subject to the terms and conditions of the agreement with the insurance company.
- ✓ Information on the medical insurance policy, network providers, reimbursement claims, etc., should be provided to the insured eligible Admin staff, who should be advised to contact the concerned Employee Engagement in charge for any assistance related to medical insurance coverage.
- ✓ Medical Insurance Cards should be submitted to Employee Engagement at the time of separation from UKF to terminate the provided medical insurance. UKF reserves the right to claim all damages caused by using the Medical Insurance Card after the termination of employment.
- ✓ A loss of a medical insurance card must be reported immediately to the concerned Employee Engagement. A fee of (AED 100) may be charged to replace the lost card.
- ✓ UKF reserves the right to amend the medical coverage policy and engage different providers yearly to ensure the most cost-effective coverage. All amendments of this nature will be communicated to Admin staff promptly.

3.8 Life Insurance

- ✓ Admin staff shall receive life insurance by the approved policy as per their eligibility and contractual entitlements.
- ✓ In the event of an Admin staff's death while in service, UKF may pay the beneficiaries a cash sum subject to the insurance scheme's terms and conditions and the submission of all the required documents as requested by the insurance provider.
- ✓ The admin staff may be covered for permanent total disability (subject to the insurance scheme terms and conditions) to the same value.
- ✓ Admin staff may also receive cover for temporary and partial accidental disability on terms and benefits defined in the scheme.
- ✓ Sharia law will apply concerning determining the beneficiaries entitled to payment of the benefits under the life insurance policy in the event of the death of a Muslim Admin staff.

3.9 Statutory Allowances

- ✓ UAE national Admin staff members are paid statutory allowances every month as follows:

Grade	Social Allowance (Monthly AED)	Child Allowance (Monthly AED)
1	2,000	600
2	2,000	600
3	3,000	600
4	3,000	600
5	3,000	600
6	4,000	600
7	4,000	600
8	4,000	600

- ✓ Statutory allowances are paid monthly as part of the admin staff's gross monthly salary.
- ✓ Child allowance is only paid to male UAE national Admin staff.

3.10 Annual Increment Allowance

UKF recognizes employment continuity and loyalty to UKF by awarding its Admin staff an Annual Increment Allowance as follows:

Grade	UAE National Admin Staff Annual Increment Allowance (Monthly AED)	Expatriate Admin Staff Annual Increment Allowance (Monthly AED)
1	300	300
2	300	300
3	250	250
4	250	250
5	250	200
6	250	200
7	200	100
8	200	100
9	NA	100
10	NA	100
11	NA	100
12	NA	100

Annual increment allowances are transferred electronically to Admin staff's bank accounts with September's salary. (C 2/2019)

3.11 Higher Academic Degree Allowances

UAE national Admin staff who obtain a higher academic degree shall be granted an allowance as follows:

Higher Degree	Allowance (Monthly /AED)
Doctorate	2,000
Masters	1,000

3.12 Employee Loyalty Programs

- ✓ Upon joining UKF, Admin staff may be enrolled in the government of Sharjah's employees' loyalty.
- ✓ Admin staff will periodically receive email information on the participating organizations, new entrants, and special offers.
- ✓ New joiners will be provided with employee loyalty program cards, which they should present to avail themselves of special rates/discounts. Upon separating from UKF, Admin staff must return loyalty program cards to Employee Engagement as part of the clearance process.
- ✓ If a loyalty program card is lost, it must be reported immediately to Employee Engagement. A fee of AED (50) may be charged to replace the lost card.

3.13 End of Service Gratuity

- ✓ Other than UAE and GCC Nationals, Admin staff who have completed one year of service (or one academic year of service for faculty) in the UKF shall be eligible for end-of-service gratuity to be paid after completion of the employment clearance process. The table below outlines the End of Services Gratuity entitlement for expatriate Admin staff.

Length of Service	Gratuity (Basic Salary) / AED Expatriate Admin Staff
Less than one year	Nil
One year and < 5 years	30 Calendar Days
Five years and < 10 years	45 Calendar Days
10 years +	60 Calendar Days

- ✓ The admin staff's basic salary on separation will determine the gratuity amount to be paid.
- ✓ If the Admin staff exit UKF during the year, they will receive a prorated gratuity.
- ✓ to calculate the end-of-service gratuity, periods of unauthorized leave absences and authorized unpaid leaves shall be excluded from service periods.
- ✓ A partial month shall be considered a full month during the first year only if the employee dies or UKF terminates employment for reasons other than disciplinary.
- ✓ The end-of-service gratuity shall be granted to expatriate Admin staff who acquire Emirati citizenship based on their last basic salary received before acquiring Emirati citizenship.
- ✓ The admin staff must pay any outstanding amount to UKF. Suppose the final gratuity is insufficient to recover the dues owed by the experienced staff. In that case, UKF

reserves the right to withhold the release of the admin staff's gratuity until all financial matters are settled.

- ✓ UKF shall not pay the end-of-service gratuity to expatriate Admin staff before completing all the necessary clearance procedures, including canceling and transferring residency visas and handing over assigned work and documents.
- ✓ The end-of-service gratuity will be paid by bank transfer after the last day of employment at UKF.

3.14 UAE and GCC Pension

- ✓ Enrolment of eligible Admin staff in the UAE or GCC pension schemes is mandatory and required by law. The continuity of the employment contract is contingent on this.
- ✓ UAE National Admin staff and Admin staff whose mothers are UAE nationals are enrolled in the national pension and social security system scheme upon joining UKF. The General Pension and Social Security Authority (GPSSA) defines the monthly contributions of UKF and the Admin staff to the pension scheme.
- ✓ GCC National Admin staff will be enrolled in their respective pension schemes, which are governed by the regulations defined by their countries.
- ✓ Gratuity payments or other alternative compensation cannot substitute for benefits under pension schemes.

3.15 Repatriation Tickets

- ✓ When leaving UKF, expatriate Admin staff shall be entitled to economy class air tickets to their home country for themselves only.
- ✓ The repatriation ticket will only be provided if the admin staff's sponsorship is cancelled, and they are leaving the UAE. If the Admin staff joins another employer within the UAE, they will not be entitled to repatriation tickets.
- ✓ New Admin staff terminated by UKF during the probation period will be entitled to repatriation tickets to their home country for themselves only, unless they decide to remain in the UAE, while those who resign during the probation period will not be entitled.
- ✓ Admin staff who resign without observing the notice period or receiving the resignation acceptance may not be entitled to the notice period salary (or part of the salary) and the repatriation tickets.

3.16 Job-Related Allowances

The following allowances are granted to faculty members /Admin staff who are appointed to fill the relevant roles or assigned additional responsibilities:

- ✓ Administrative Role Allowance
- ✓ Faculty members/Admin staff who are assigned administrative responsibilities are entitled to an Administrative Role Allowance as follows to compensate them for the additional workload:

Assigned Administrative Role	Allowance (Monthly /AED)
Vice Chancellor	15,000
Dean	10,000
Vice Dean	5,000
Assistant Dean	4,000
Head of Department	4,000

- ✓ The Administrative Role Allowance will be paid as part of the monthly salary.

- ✓ c. Eligibility is linked to the additionally assigned responsibilities; should this change, entitlement to the Administrative Role Allowance will be stopped.

3.17 Transportation Allowance

- ✓ Admin staff who work on a 24-hour shift basis are entitled to a monthly transportation allowance of AED (300) paid as part of the monthly salary.
- ✓ Academic staff at any college who supervise students while training is entitled to a transportation allowance calculated at (1) AED kilometre of distance.
- ✓ The eligibility is linked to the job role; should the role change during the year, the entitlement to the Transportation Allowance will be stopped.

3.18 Car and Fuel Allowance

- ✓ UKF, at its discretion, may provide a business car arrangement (rent-a-car) to Admin staff whose principal duties require it. Eligibility will be determined after assessing the need based on the job requirements.
- ✓ Cars are usually supplied on contract hire—including maintenance—for a specific period determined between UKF and the supplier in accordance with the Rent-a-Car agreement.
- ✓ Each Admin staff entitled to a Business Car Arrangement (Rent a Car) must sign a "General Acknowledgement and Undertaking - Vehicle/ Fuel Allowance."
- ✓ The car is available to the admin staff for private use and will, therefore, be subject to fines deducted via payroll.
- ✓ The entitled Admin staff will be paid a monthly fuel allowance of AED (500) as part of the monthly salary.
- ✓ Eligibility is linked to the job role; should the role change during the year, the need for a business car arrangement will be reviewed and may be removed, along with the fuel allowance.

4. Procedures

4.1 Payroll Administration

1. Employees are paid a monthly gross salary (or, in exceptional cases, a monthly lump sum) as outlined in their employment contract and based on the approved salary scale.
2. Monthly salaries are transferred electronically to employees' bank accounts on the 27th of the month or earlier when the date falls on a weekend or a public holiday. Employees should be advised that an additional 1 to 2 days should be allowed for the salary to be credited to their bank accounts.
3. In the unlikely event that a salary transfer may be delayed, the concerned employees will be notified by Employee Engagement through an email.
4. Upon joining, the employee will provide bank account details in writing. The employees are responsible for notifying Employee Engagement of any bank detail changes before the 15th of the month to enable a prompt salary transfer.
5. In the unlikely event of an error in the salary payment, employees must promptly bring the discrepancy to the attention of Employee Engagement for investigation so that the correction can be done as soon as possible. If the employee wilfully fails to bring any cases of overpayment to the attention of Employee Engagement, appropriate disciplinary actions will be taken against the employee.
6. Electronic pay slips can be accessed and generated through the employee's portal.

7. All statutory deductions and additions will be made before the transfer of monthly salaries. This includes:
    a) Deduction of monthly UAE and GCC Pension contribution
    b) Deductions resulting from violating the attendance policy and loan/advance payments.
    c) Additions resulting from working overtime and reimbursements.
    d) Adjustments from previous salary payments
8. The processing /transfer of monthly payroll must be approved per the DoA.
9. UKF will define all processes for determining and administering salary adjustments/increments. All increments must be within the approved budgets and approved in line with the DOA.

4.2 Salary Advance

1. Employees may apply for a salary advance to cover the following expenses:
    A. Rent instalments and new housing-related fees – for newly hired employees
    B. Fees, penalties, and legal costs relating to the arrangement of visas for employees and their dependents.
    C. Medical treatment and related costs for first-degree relatives not otherwise covered by medical insurance.
    D. Tuition fees for dependent children
    E. Special education support for dependent children with special needs
    F. Expenses related to purchasing special equipment and providing care to first-degree relatives with special needs /disability.
    G. Other unexpected /exceptional circumstances that may result in financial constraints for the employee.
2. Salary advances will not be granted to pay everyday living expenses and obligations.
3. Salary advance requests will be submitted to Employee Engagement on or before the 15th of any given month to receive the payment with the monthly salary. Approval of submitted requests will be as per the approved DoA within (7) calendar days of submitting the request.
4. Employees may apply for a salary advance once in their existing employment contract term. Subsequent applications may be considered for extension or renewal of an employment contract. Salary advances may only be considered once every (2) year for employees on continuing contracts.
5. The salary advance will not exceed three months' salary and for a term not to exceed 18 months or to the end of the employee's existing contract, whichever occurs first.
6. The salary advance will be repaid via payroll deduction in the entire month after it was funded.
7. The terms of the salary advance will be documented, signed by all parties concerned, and filed in the employee's employee file.
8. Should the employee leave UKF before the full repayment of the advance, the remaining balance will be deducted from the employee's salary, benefits, gratuity, and accrued annual leave.

4.3 Duplication of Benefits

1. Duplication of benefits refers to when an employee of UKF receives specific allowances and benefits provided to their spouse who works in the government sector.
2. Employees are required to submit details of their spouse's entitlements before being granted the following allowances/benefits by UKF (if applicable):
    A. Accommodation / Housing Allowance
    B. Air Tickets

C. Medical Insurance
D. Children's Education Allowance

5. Responsibilities

It’s the responsibility of the HR department to ensure the implementation of this policy

6. Definitions

Allowance: An allowance is a financial benefit or payment provided by an employer to an employee or a student for a specific purpose or as part of their compensation package. Allowances are typically intended to cover expenses related to the individual's role or position.

End of Service Gratuity: End of Service Gratuity is a financial benefit paid to employees upon the completion of their employment term or retirement. This payment is usually based on the length of service and is intended as a form of compensation for the employee’s tenure with the organization.

Payroll: Payroll refers to the process of calculating and distributing wages and salaries to employees. It encompasses all the activities involved in managing employee compensation, including calculating gross pay, deductions, benefits, and net pay.

Duplication of Benefits: Duplication of benefits occurs when an individual receives the same or similar benefits from multiple sources, such as different employers, insurance policies, or government programs. This can lead to overcompensation and potential conflicts with policies or regulations.

7. Related Documents

Staff handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy was fully revised for more accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	5.5 Admin Staff Leave Policy		
	POLICY No.	5.5	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Admin Staff Leave Policy outlines the various types of leave available to administrative staff members, including their entitlements, eligibility criteria, and procedures for applying for leave. It ensures that leave is managed fairly and consistently across the university while balancing the operational needs of the institution with the well-being of its employees.

1. Purpose

The purpose of this policy is to provide clear guidelines for the administration and management of leave for administrative staff. It aims to support the health, work-life balance, and job satisfaction of staff members by ensuring they have access to appropriate leave entitlements. Additionally, the policy seeks to maintain the efficient functioning of the university by setting out the procedures for requesting, approving, and recording leave.

2. Scope

This policy applies to all admin staff of the University of Khorfakkan.

3. Policy Statement

The university is committed to promoting the well-being and work-life balance of its administrative staff by providing a comprehensive leave policy. This policy ensures that all administrative staff members have access to a variety of leave types, including annual leave, sick leave, maternity/paternity leave, and other forms of leave as specified in the policy. The university recognizes the importance of rest, recovery, and personal time for maintaining a healthy and productive workforce.

All leave entitlements are granted in accordance with the university's regulations and applicable labor laws. The process for requesting and approving leave is designed to be transparent, equitable, and consistent, ensuring that the operational needs of the university are met while respecting the rights and needs of staff members.

The university is committed to managing leave in a manner that supports both individual employee needs and the collective requirements of the institution, ensuring minimal disruption to university operations.

The different forms of leave at the Univertsity of Khorfakkan are as follow:

1. Annual Leave
2. Sick Leave (Long and Short)
3. Maternity Leave
4. Paternity Leave
5. Emergency Leave
6. Medical Treatment Escort Leave
7. Haj (Pilgrimage) Leave
8. Bereavement Leave
9. Exam Leave
10. Business Mission Leave
11. Compensatory Leave
12. Spouse Escort Leave (UAE Nationals Only)

13. National Service (UAE Nationals Only)
14. Authorized Unpaid Leave

4. Procedures

The sections below outline the Leave management-related procedures for admin staff according to the University of Khorfakkan Bylaws.

4.1 Annual Leave

- ✓ Department Heads should establish a yearly tentative leave plan, which can be adjusted based on staffing and work needs. These plans should be reviewed and updated on a regular basis to maintain successful and effective leave management.
- ✓ Annual leave plans enable the Department Heads to maintain business continuity while allowing employees to use their leave entitlement.
- ✓ Annual leave plans enable the Department Heads to examine the 'employees' annual leave balances and schedule the leave in accordance with the leave carry-over policy.
- ✓ Leave requests will be accommodated as much as possible; however, line managers reserve the right to modify leave dates based on operational / business requirements and/or staffing changes.
- ✓ Admin ' 'staff's annual leave days entitlement is determined by their job grades as follows:

Job Grade	Annual Leave Entitlement (Calendar Days)
Vice chancellors	60
1 to 3	45
4 and 5	40
6 to 9	35
10 to 12	30

- ✓ Admin staff members are entitled to annual Leave after the completion of the probation period ends and employment is confirmed. All leave entitlements are determined based on the joining date.
- ✓ Annual Leave will be credited/accrued at the beginning of the academic year/or from the date of joining for new joiners, whichever is applicable.
- ✓ UKF does not provide advance payment of the annual leave salaries. Admin staff will receive their monthly salaries for the leave period as part of the routine monthly payroll process.
- ✓ Annual Leave should be taken for a minimum of two weeks, and the line managers have the authorization to give one week for two times only.
- ✓ If necessary, admin staff may be called during their annual Leave if needed to attend to their job-related duties or any other obligations, in return for compensation for the days forfeited from their annual Leave, which shall be determined according to their basic salary.
- ✓ Annual Leave cannot be encashed while the admin staff is still in the UKF service. Any unused annual leave balance will be paid in cash to the experienced staff at the end of their service as part of their end-of-service settlement.
- ✓ When work circumstances prevent the admin staff from taking their entitled Leave, in whole or in part, the remaining period shall be retained in the ‘employee's leave balance for the following year. Line managers will be responsible for ensuring that the days of Leave that are carried over will be available over the following year.

- ✓ Admin staff who do not report directly to work at the end of their annual Leave will have their salary suspended, starting from the first day following the end of the Leave.
- ✓ Admin staff must submit an Annual Leave Request (2) weeks before starting the Leave to their line managers.
- ✓ Admin staff must submit leave requests and obtain line managers' approval before availing Leave. Timely review and approval are crucial, as unauthorized Leave may result in disciplinary action. Line managers must ensure Leave is NOT TAKEN without **approval.**
- ✓ Admin staff who do not report to work for twenty (15) consecutive or thirty (30) separate days shall be deemed to have resigned. Employee Engagement will initiate separation procedures.
- ✓ Recommendations to initiate separation procedures will be made by Employee Engagement and referred to the designated authority for review and decision.

4.2 Sick Leave

- ✓ Admin staff can take **short sick Leave** (5 days each time) for up to 15 days per year, provided they submit a certified medical certificate. If Leave extends beyond this, approval is required.
- ✓ Admin staff are required to immediately notify their line manager if they cannot attend work due to illness.
- ✓ Any leave of more than 5 days each time will be considered Long Sick Leave.
- ✓ Admin staff may be granted **Long Sick Leave** as follows:

Number of Days	Compensation
First (60) Days	Full Pay
Second (60) Days – as per approval of Vice chancellor along with medical report	Half Pay
Third (60) Days - as per approval of Vice chancellor along with medical report	Quarter Pay

- ✓ The Chancellor may terminate the staff services for lack of health and fitness if the competent medical committee determines, following the third extension period, that the staff is not likely to recover.
- ✓ Upon return from short sick leave, admin staff must submit a Short Sick Leave Request and attach an official medical certificate stamped by the health institution.
- ✓ Admin staff returning from long sick Leave must submit a Long Sick Leave Request, accompanied by a medical certificate and report from a local health institution, attested by the UAE health authority and the UAE embassy.
- ✓ Any period of sick leave that is not supported, where required, with an attested medical certificate will be considered leave without pay.
- ✓ Admin staff is entitled to sick Leave during the contractual probationary period upon submission of attested supporting documentation.
- ✓ If the admin 'staff's sickness-related absence from work is frequent or is a cause of concern, the line manager shall request Employee Support to investigate.
- ✓ if the admin staff falls sick during an approved annual leave, the time off will be treated as annual Leave unless the staff was hospitalized. An attested medical certificate and report are submitted.
- ✓ On return from Leave and absence due to sickness, UKF reserves the right to request the following, based on the nature of sickness and the absence days:
    a) Detailed medical reports
    b) Details of hospital admission dates and discharge (if applicable)

c) Dates of follow-up with the hospital (if applicable)
d) Attested medical certificate and reports by the hospital.
e) The above documents must be attested by the concerned health authority (applicable for local treatment in UAE)
f) The above documents must be attested by the Ministry of Foreign Affairs of the country of medical treatment and the UAE Embassy in the country of medical treatment (applicable for treatment abroad)

- ✓ Sick Leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.3 Maternity Leave

- ✓ female admin staff are granted fully paid maternity leave of 90 days.
- ✓ Maternity leave may be granted two weeks prior to the expected date of birth based on a medical report approved by the competent physician, subject to a deduction of 90 days scheduled maternity leave.
- ✓ Post-maternity, female staff can earn "nursing hours" for a duration of one year.
- ✓ If a miscarriage occurs during pregnancy, staff are not entitled for maternity leave but may take sick Leave as determined and recommended by medical authority.
- ✓ Maternity leave ends with the newborn's death, and staff can take 40 days of maternity leave from the date of birth or the remainder of its duration if the child dies during it and five days of bereavement leave if the newborn dies after the 40 days of maternity leave.
- ✓ Official holidays or other types of Leave during maternity leave are considered part of the Leave.
- ✓ Maternity leave can be extended if medical conditions are associated with the childbirth and approved by a certified medical authority.
- ✓ Absent of a medical condition, outstanding annual Leave can be extended for one month.
- ✓ Maternity leave is not a contractual entitlement and cannot be accumulated or carried forward.
- ✓ The female staff may combine maternity leave with annual leave and unpaid leave up to a maximum of one hundred twenty days from the beginning of the maternity leave in all cases, in which case the leave is required to be continuous.

4.4 Paternity Leave

- ✓ Male admin staff with newborn children residing inside or outside the UAE are entitled to a paid paternity leave of three (3) consecutive workdays during the first month of the ' 'child's birth.
- ✓ Paternity leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.5 Emergency Leave

- ✓ Admin staff are entitled to emergency leave for which they cannot give advance notice for a period not to exceed five (5) calendar intermittent or consecutive days per year, which shall not be preceded or followed by an annual leave or leave without pay.
- ✓ Following the admin ' 'staff's return from emergency leave, they must submit an Emergency Leave Request stating the reasons for wishing the period absent to be considered an emergency. If the statement is rejected, the days of absence will be regarded as unpaid Leave.
- ✓ Emergency leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.6 Medical Treatment Escort Leave

- ✓ The provisions stated in Law No. (6) of 2015, regarding the Emirate of Sharjah Human Resources, and its executive bylaws and amendments shall be applied in the case of a UAE national employee who seeks the medical treatment escort leave inside or outside the country.
- ✓ Expatriate admin staff can take up to one month of Leave to accompany a first-degree relative for medical treatment outside the UAE, provided they submit documentation from an accredited medical institution or health authority. The leave request must be approved, and additional medical reports must be submitted. If the leave balance is depleted, the remaining days are considered unpaid Leave for up to one month or the remaining period.
- ✓ Medical Treatment Escort leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.7 Haj (Pilgrimage) Leave

- ✓ After completing one year of employment at UKF, Muslim admin staff are entitled to a fully paid leave of up to twenty (20) calendar days maximum to perform Haj or the actual days spent performing Haj, whichever is less. An additional day before departure and an additional day upon return will also be granted.
- ✓ Admin staff are eligible for Haj leave only once during their service at UKF.
- ✓ Admin staff must submit a Haj Leave Request and attach the supporting documents.
- ✓ Haj Leave may be combined with annual Leave.
- ✓ Haj leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.8 Bereavement Leave

- ✓ Muslim Female Admin Staff is Eligible for fully paid Leave for four months and ten calendar days after the husband's death.
- ✓ Three days bereavement leave for First Degree Relative's death.
- ✓ Eligible bereavement leave is credited to faculty members' annual Leave, subject to an attested death certificate.
- ✓ Eligibility starts on the day of death; additional days are deducted from annual Leave.
- ✓ Staff must submit a Bereavement Leave Request, supported by an authenticated death certificate.

  Bereavement leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.9 Exam Leave

- ✓ Admin staff pursuing higher education are entitled to (1) day at the exam date. In the midterm and final exams.
- ✓ Admin staff must submit an Exam Leave Request and provide exam schedules to obtain the leave period approval.
- ✓ Exam Leave may be combined with annual Leave.
- ✓ Admin staff pursuing higher education but do not benefit from a Study Hours Permit, should inform Employee Engagement to apply for the Exam Leave when required.
- ✓ Exam leave is not a contractual entitlement and cannot be accumulated or carried forward.

4.10 Compensatory Leave (Days in lieu)

- ✓ Admin staff can request overtime during weekends or public holidays, with a minimum of eight continuous hours.
- ✓ A maximum of twelve days in a calendar year can be granted as time off in lieu.

- ✓ Staff must submit a Compensatory Leave Request to their line manager, justifying additional work and resource unavailability.
- ✓ Compensatory Leave can be combined with annual Leave, but not added to the annual leave balance.
- ✓ Leave is only authorized in advance by the line manager.
- ✓ Unauthorized Leave deducts leave days from salary, and a warning letter is issued. Compensatory Leave is not a contractual entitlement.

4.11 National Service (UAE Nationals Only)

- ✓ As per the Federal Law No. 06 for the year 2014, National Service is mandatory for UAE male UAE nationals (optional for UAE female nationals) holding a UAE family book and who fall within the following criteria: -
    a) Between 18 – 30 years old
    b) Are medically fit
    c) Are approved by the National and Reserve Service Committee
- ✓ Admin staff positions at UKF are reserved until completion of National Service. Continued compensation and annual leave entitlement added to leave balance.
- ✓ Personal responsibility for completing registration formalities, medical check-ups, and coordination with authorized authorities.
- ✓ Up to 5 working days paid National Service Leave for attending Military Authority for medical exams and registration.
- ✓ Staff must submit a National Service Leave Request and evidence of enrolment. UKF only supports postponement of National Service if valid and justifiable business needs.

4.12 Spouse Escort Leave (UAE Nationals Only)

- ✓ Admin staff are entitled to request unpaid special (exceptional) Leave to escort their spouse who has been dispatched abroad on a mission for more than four months.
- ✓ The dispatch reasons could include:
    a) Participation in an official delegation
    b) Study leave
    c) Participation in training and development events
    d) Official mission
    e) An overseas-based role
    f) Joining international organizations/governments
- ✓ The leave duration should not exceed the duration of the ' 'spouse's mission.
- ✓ The admin staff must submit a Spouse Escort Leave Request and attach the required documentation to substantiate the request.
- ✓ The approval of the Leave is at the discretion of the senior management.
- ✓ The decision to grant the Leave will be made after assessing work requirements and assigned duties and responsibilities.
- ✓ UKF will pay 20% of the retirement dues for the duration of the Escort Leave to the Sharjah Social Security Fund.

4.13 Authorized Unpaid Leave

- ✓ In Special cases, Admin Staff is allowed for unpaid leave requests. Unpaid Leave may be granted for one month per year, based on the line manager's recommendation.
- ✓ Except housing allowance, and medical insurance, are not provided during unpaid Leave.

- ✓ UAE and GCC national staff bear costs for payments to Sharjah Social Security Fund/pension funds during unpaid Leave.
- ✓ Expatriate admin staff members are not paid end-of-service gratuity during unpaid Leave.

4.14 Return from Leave

- ✓ Upon resuming duty, admin staff are responsible for completing and submitting the Return from Leave Notice or similar note in the ERP system to ensure the processing of monthly salaries. Return from Leave Notice submitted after the 15th of the month will not be accepted and will result in suspending salaries starting from the first day after the end of the Leave.
- ✓ Admin staff must submit all the Leave required supporting documents and justifications to Employee Engagement – when applicable using the ERP system, upon resuming duty.

5. Responsibilities

The implementation of this policy is the responsibility of the concerned department's chair and HR department.

6. Definitions

Leave: refers to a period of authorized absence from work granted to administrative staff members, typically with pay, for reasons related to personal needs, professional development, or other situations as determined by the university's policies. This leave may be used for various purposes, including attending to personal matters, health-related issues, or participating in training and development activities that are not covered by other specific leave categories like sick leave, annual leave, or maternity/paternity leave. The conditions and duration of administrative leave are governed by the institution's regulations and applicable labor laws.

7. Related Documents

Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy was fully revised for more accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	5.6 Faculty Records Policy		
	POLICY No.	5.6	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Records Policy outlines the systematic approach for managing, maintaining, and securing the records of faculty members within the university. This policy ensures that all faculty-related records, including personal information, employment history, academic achievements, evaluations, and other relevant documents, are accurately maintained and updated. The policy establishes guidelines for the confidentiality, accessibility, and retention of these records, ensuring compliance with legal requirements and institutional standards. It also delineates the roles and responsibilities of different university departments in handling faculty records, aiming to protect the privacy of faculty members while supporting the administrative and academic functions of the university.

1. Purpose

Employee records/personnel files are an integral part of maintaining current information on UKF employees. This policy aims to outline the guidelines and standards for record-keeping and personnel information management.

2. Scope

This policy applies to all UKF full-time faculty members.

3. Policy Statement

The university of Khorfakkan is committed to maintaining accurate, secure, and confidential records for all faculty members. These records are essential for supporting the academic, administrative, and professional functions of the university. The university ensures that faculty records are managed in compliance with applicable laws, regulations, and institutional policies. Access to these records is restricted to authorized personnel only, and the confidentiality of personal information is upheld at all times. Faculty members have the right to access their records and request corrections to ensure accuracy. This policy supports the university's dedication to transparency, privacy, and the proper management of faculty information.

4. Procedures

4.1 Employee Files.

1. Upon completing the Appointment procedures, Talent Acquisition will hand over the new joiners' documents to Employee Engagement in order to create the Employee File. Additional documents which are submitted by the new joiner upon joining UKF will also be forwarded to Employee Engagement to add to the Employee File.
2. Employee Engagement is responsible for the maintenance, security and update of all employee files.
3. Employee files shall bear the employee's name and employee number, marked "Strictly Private and Confidential". Access to employee files is restricted to authorized personnel only.

4. Employee files contents will be maintained in hard copy as well as electronically. Documents that are to be inserted into employee file will be scanned before being filed.
5. Employee files should be divided as per the employment life cycle. The below listed documents are typically maintained in a hard copy format/electronically and retrieved when required:
    a. **Personal Documents (Legal / Statuary)**
        1. Passport and residency copies (Employee and dependents)
        2. Emirates ID copies (Employee and dependents)
        3. Marriage Contract
        4. Children's Birth Certificates
        5. Family book
        6. Personal Details Form
        7. End of Service / Beneficiary Form
        8. Annual Family Status Form
        9. Photos
    b. **Recruitment Documents**
        1. CV / Application Form
        2. Attested copies of academic and professional qualifications
        3. Work experience letters / certificates
        4. Interview Assessment Forms
        5. Reference Checks
        6. Tests Results
        7. Appointment Decision
        8. Employment Offer
        9. Employment Contract
        10. Correspondence on Contractual Matters
        11. Confidentiality Agreement
        12. Conflict of Interest Declaration
        13. Outside Employment Form
        14. Performance Management During Probation Assessment Form
        15. Employment Confirmation Letter
        16. Employment Renewal Letter
    c. **Certificate Equivalence**
    d. **Compensation Administration**
        1. Bank Details Form
        2. Spouse's Benefits Certificate (for female employees)
        3. List of Provided Allowances / Benefits
        4. Salary Deductions
        5. Salary Advances / Loans
    e. **Attendance and Time Management**
        1. Attendance Records
        2. Leave Records
        3. Medical Certificates / Reports
        4. Other Leave Certificates / Reports

5. Overtime Records

f. Performance Management /Evaluation

1. Performance Assessment Reports
2. Training Records
3. Promotion Letters
4. Increments Letters
5. Appreciation / Recognition Letters
6. Acting Roles Nomination/Deputation Letters
7. Transfer Letters
8. Secondment Letters
9. Business Missions / Travel Records

g. Disciplinary and Grievances

1. Disciplinary Actions Letters
2. Investigation Reports /Decisions
3. Grievance / Appeal Letters
4. Appeal Decisions

h. Employment Separation (Contract Termination)

1. Resignation / Termination Letter
2. End of Service Settlement
3. Exit Clearance Form
4. Exit Interview Form

6. Employee Files should contain an index of the above sections with dividers to segregate each section. The divider for each section should contain a checklist of documents included in that section. All documents should be sequentially numbered for each section separately.
7. Employee files will be maintained in a fireproof safe.

4.2 Updating the Personnel / Payroll System.

- ✓ Upon receiving the new joiner's New Employee's Employment Joining Date Notice, the employee's personnel data will be entered to the Personnel and Payroll System.
- ✓ Through the Employee Portal, employees will be able to view details related to leave, attendance, pay slips, etc.

4.3 Updating Employee Files / Data

1. Employees are responsible for promptly informing Employee Engagement of any personal changes. This may include:
    a. Birth of Child
    b. Marriage
    c. Death / Disability of Husband (for female employees)
    d. Completion of Additional Academic Qualifications (for UAE national employees)
    e. Amendment to Spouse's Benefits
2. Employees should update personnel data through accessing the Personnel and Payroll System and attaching the required supporting documents. Annual reminders are issued by Employee Engagement to all employees. (C 23/2016-2017 / C 12/2017)

3. Updating bank details requests must be supported with a clearance letter from the employees' existing bank specifying details of any outstanding loans, and a No Objection Certificate (NOC) to change the bank details.
4. Employees are responsible for the renewal of all legal / statuary documents and submission of renewed copies to Employee Engagement.
5. In the case of any legal proceedings brought against an employee in a court of law, employees must immediately report the same to Employee Engagement.

4.4 Employment Certificates

1. Employees may request Employment Certificates in English and/or in Arabic to be addressed to banks, government departments, embassies and other organizations. Such certificates are provided using a standard format.
2. Employees will be required to submit an Employment Certificate request to Employee Engagement. The certificate will be issued within 2 working days.
3. Employees may request Service Certificate at the end of the employment which details service duration, last job title, and if requested, last compensation. Letters of Recommendation are not issued by Employee Engagement to employees upon exiting UKF.

4.5 Employee ID Cards

1. Recruitment Section will provide new joiners with an Employee ID Card in a prescribed format upon joining. The Employee ID Card is intended to serve as an identification of the employment status with UKF.
2. Employees are required to carry the Employee ID Card at all times during working hours.
3. The Employee ID Card is not transferable and any misuse of the same will lead to disciplinary actions.
4. Loss of the Employee ID Card should be directly reported in writing to Employee Support. A fee of AED 50 will be applied to issue a replacement card.
5. The Employee ID Card remains the property of UKF and must be returned to Employee Support Section upon exiting UKF.

4.6 Business Cards

1. Business cards should maintain a consistent and standard design to reflect the brand identity of UKF and adhere to the technical specifications (color, font size and style, content and layout).
2. Eligible employees may submit business cards requests to their line managers. Approved requests will be reviewed by the Employee Support section to verify the job title.
3. Employees will be responsible to laisse with the Procurement Department to ensure the correctness of the printed business cards and adherence to the approved job title.
4. The above policies apply to all business cards requests whether funded by the concerned college / department's budgets or personally.

4.7 Personnel Data Confidentiality

1. All personnel data and information submitted by potential or hired employees to the Human Resources Department are considered strictly confidential.
2. Employee files cannot be removed from the Employee support section.

3. When required and approved, personnel information can be provided upon submitting a formal request to the Office of the Vice Chancellor for Financial and Administrative Affairs.
4. The request must highlight the data fields required and reasons for request.
5. If approved, requested data will be officially released through the VCFA's office.

4. Responsibilities

It’s the responsibility of the HR department to ensure the implantation of this policy.

5. Definitions

Faculty Records: Faculty records refer to the official documentation and data maintained by the university for each faculty member. These records typically include personal information, employment history, academic qualifications, teaching assignments, research activities, performance evaluations, salary details, and any other relevant information related to the faculty member's role at the institution. Faculty records are used to support administrative processes, ensure compliance with legal and institutional requirements, and facilitate the management of faculty careers within the university.

6. Related Documents

Faculty Handbook

7. Appendices

None

8. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	

	POLICY NAME	5.7 Professional Personal records Policy		
	POLICY No.	5.7	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Professional Personal Records Policy outlines the guidelines and procedures for the collection, maintenance, and management of personal records for professional staff within the university. This policy ensures that personal records, including employment history, qualifications, performance evaluations, and other relevant data, are accurately documented, securely stored, and accessible only to authorized personnel. The policy is designed to protect the privacy and confidentiality of staff members while ensuring that the university complies with legal and regulatory requirements regarding employee records. Additionally, it establishes the processes for updating and auditing records to maintain their accuracy and relevance.

1. Purpose

Employee records / personnel files are an integral part of maintaining current information on UKF employees. This policy aims at is outlining the guidelines and standards for record keeping and personnel information management.

2. Scope

This policy applies to all full-time Admin Staff employees.

3. Policy Statement

The university of Khorfakkan is committed to maintaining accurate, secure, and confidential personal records for all professional staff. These records serve as an essential resource for managing employment relationships, ensuring compliance with legal and regulatory obligations, and supporting the professional development of staff members. The university recognizes the importance of protecting the privacy of its employees and is dedicated to upholding the highest standards of data protection and confidentiality. All personal records will be collected, stored, and managed in accordance with applicable laws and university policies, ensuring that only authorized personnel have access to this information. The university also commits to regularly reviewing and updating these records to reflect any changes in employment status, qualifications, or other relevant details.

4. Procedure

4.1 Employee Files.

1. Upon completing the Appointment procedures, Talent Acquisition will hand over the new joiners' documents to Employee Engagement in order to create the Employee File. Additional documents which are submitted by the new joiner upon joining UKF will also be forwarded to Employee Engagement to add to the Employee File.
2. Employee Engagement is responsible for the maintenance, security and update of all employee files.
3. Employee files shall bear the employee name and employee number, marked "Strictly Private and Confidential". Access to employee files is restricted to authorized personnel only.

4. Employee files contents will be maintained in hard copy as well as electronically. Documents that are to be inserted into employee file will be scanned before being filed.
5. Employee files should be divided as per the employment life cycle. The below listed documents are typically maintained in a hard copy format/electronically and retrieved when required:
    f. Personal Documents (Legal / Statuary)
        1. Passport and residency copies (Employee and dependents)
        2. Emirates ID copies (Employee and dependents)
        3. Marriage Contract
        4. Children's Birth Certificates
        5. Family book
        6. Personal Details Form
        7. End of Service / Beneficiary Form
        8. Annual Family Status Form
        9. Photos
    g. Recruitment Documents
        1. CV / Application Form
        2. Attested copies of academic and professional qualifications
        3. Work experience letters / certificates
        4. Interview Assessment Forms
        5. Reference Checks
        6. Tests Results
        7. Appointment Decision
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        11. Confidentiality Agreement
        12. Conflict of Interest Declaration
        13. Outside Employment Form
        14. Performance Management During Probation Assessment Form
        15. Employment Confirmation Letter
        16. Employment Renewal Letter
    h. Certificate Equivalence
    i. Compensation Administration
        1. Bank Details Form
        2. Spouse's Benefits Certificate (for female employees)
        3. List of Provided Allowances / Benefits
        4. Salary Deductions
        5. Salary Advances / Loans
    j. Attendance and Time Management
        1. Attendance Records
        2. Leave Records
        3. Medical Certificates / Reports
        4. Other Leave Certificates / Reports
        5. Overtime Records
    k. Performance Management /Evaluation
        1. Performance Assessment Reports
        2. Training Records
        3. Promotion Letters
        4. Increments Letters

5. Appreciation / Recognition Letters
6. Acting Roles Nomination/Deputation Letters
7. Transfer Letters
8. Secondment Letters
9. Business Missions / Travel Records

l. Disciplinary and Grievances

1. Disciplinary Actions Letters
2. Investigation Reports /Decisions
3. Grievance / Appeal Letters
4. Appeal Decisions

m. Employment Separation (Contract Termination)

1. Resignation / Termination Letter
2. End of Service Settlement
3. Exit Clearance Form
4. Exit Interview Form

6. Employee Files should contain an index of the above sections with dividers to segregate each section. The divider for each section should contain a checklist of documents included in that section. All documents should be sequentially numbered for each section separately.
7. Employee files will be maintained in a fireproof safe.

4.2 Updating the Personnel / Payroll System.

- ✓ Upon receiving the new joiner's New Employee's Employment Joining Date Notice, the employee's personnel data will be entered to the Personnel and Payroll System.
- ✓ Through the Employee Portal, employees will be able to view details related to leave, attendance, pay slips, etc.

4.3 Updating Employee Files / Data

1. Employees are responsible for promptly informing Employee Engagement of any personal changes. This may include:
   - ✓ Birth of Child
   - ✓ Marriage
   - ✓ Death / Disability of Husband (for female employees)
   - ✓ Completion of Additional Academic Qualifications (for UAE national employees)
   - ✓ Amendment to Spouse's Benefits
2. Employees should update personnel data through accessing the Personnel and Payroll System and attaching the required supporting documents. Annual reminders are issued by Employee Engagement to all employees. (C 23/2016-2017 / C 12/2017)
3. Updating bank details requests must be supported with a clearance letter from the employees' existing bank specifying details of any outstanding loans, and a No Objection Certificate (NOC) to change the bank details.
4. Employees are responsible for the renewal of all legal / statuary documents and submission of renewed copies to Employee Engagement.
5. In the case of any legal proceedings brought against an employee in a court of law, employees must immediately report the same to Employee Engagement.

4.4 Employment Certificates

1. Employees may request Employment Certificates in English and/or in Arabic to be addressed to banks, government departments, embassies and other organizations. Such certificates are provided using a standard format.
2. Employees will be required to submit an Employment Certificate request to Employee Engagement. The certificate will be issued within 2 working days.
3. Employees may request Service Certificate at the end of the employment which details service duration, last job title, and if requested, last compensation. Letters of Recommendation are not issued by Employee Engagement to employees upon exiting UKF.

4.5 Employee ID Cards

1. Recruitment Section will provide new joiners with an Employee ID Card in a prescribed format upon joining. The Employee ID Card is intended to serve as an identification of the employment status with UKF.
2. Employees are required to carry the Employee ID Card at all times during working hours.
3. The Employee ID Card is not transferable and any misuse of the same will lead to disciplinary actions.
4. Loss of the Employee ID Card should be directly reported in writing to Employee Support. A fee of AED 50 will be applied to issue a replacement card.
5. The Employee ID Card remains the property of UKF and must be returned to Employee Support Section upon exiting UKF.

4.6 Business Cards

1. Business cards should maintain a consistent and standard design to reflect the brand identity of UKF and adhere to the technical specifications (color, font size and style, content and layout).
2. Eligible employees may submit business cards requests to their line managers. Approved requests will be reviewed by the Employee Support section to verify the job title.
3. Employees will be responsible to laisse with the Procurement Department to ensure the correctness of the printed business cards and adherence to the approved job title.
4. The above policies apply to all business cards requests whether funded by the concerned college / department's budgets or personally.

4.7 Personnel Data Confidentiality

1. All personnel data and information submitted by potential or hired employees to the Human Resources Department are considered strictly confidential.
2. Employee files cannot be removed from the Employee support section.
3. When required and approved, personnel information can be provided upon submitting a formal request to the Office of the Vice Chancellor for Financial and Administrative Affairs.
4. The request must highlight the data fields required and reasons for request.
5. If approved, requested data will be officially released through the VCFA's office.

5. Responsibilities

It's the responsibility of the HR department to ensure the right implementation of this policy.

6. Definitions

Professional Staff Records: Professional personal records refer to the collection of documents and information maintained by the university for each professional staff member. These records typically include employment contracts, performance evaluations, professional qualifications, certifications, work history, training and development activities, payroll information, and any other documentation related to the individual's employment with the institution. These records are used to manage the employment relationship, ensure compliance with legal requirements, and support the professional development and career progression of staff members. The information contained within professional personal records is treated as confidential and is protected under data privacy laws and university policies.

7. Related Documents

Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its full alignment with the new policy template	June 2024

	POLICY NAME	5.8 Faculty Professional Development		
	POLICY No.	**5.8**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2016**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Professional Development Policy outlines the framework for supporting and enhancing the professional growth of faculty members within the university. This policy aims to ensure that faculty members have access to opportunities and resources that will enable them to improve their skills, advance their knowledge, and contribute effectively to the institution's academic mission.

1. Purpose

University of Khorfakkan (UKF) faculty Continuous Professional Development (CPD) policy aims to enhance and support excellence in academic practices and offers many opportunities for faculty to improve, collectively and individually, instructional effectiveness. UKF provides ongoing support by encouraging participation in academic conferences, technology training sessions, professional meetings, and collaborative research activities with scholars inside and outside the UAE.

2. Scope

This policy applies to all UKF faculty members.

3. Policy Statement

3.1 General Guidelines

University of Khorfakkan (UKF) knows faculty development is equivalent to institutional development. For that reason, UKF has always endeavored to provide the best training opportunities and resources to faculty and supporting staff. This policy is aligned with UKF's vision and objectives, mainly:

- To achieve academic excellence.
- To encourage faculty to meet the three main criteria: teaching, research, and service.
- To endow faculty with the skills that make students' learning an enjoyable experience and allow them to develop both intellectually and individually.

Accordingly, UKF has set up a faculty CPD program where faculty members are trained and motivated to perform at the highest possible levels. The faculty continuous professional development policy of UKF strives to ensure that each faculty member:

- Understand their duties and responsibilities.
- is adequately trained to fulfil their duties and responsibilities according to the standards set by the University.
- is allowed to reach their potential personally and professionally.
- gets the necessary assistance and information to develop their performance and effectiveness.
- is provided with appropriate faculty development and training programs.
- is constantly updated on advancements and innovations in pedagogical and instructional design.

- has functional access to and proper training to utilize modern technology.

Faculty CPD programs target all faculty, full-time and part-time, in all ranks and are comprised of three parts as follows:

1. CPD targets faculty at large and aims at enhancing faculty's teaching and pedagogical skills with a greater emphasis placed on online education.
2. CPD targets selected faculty and staff and focuses on building in-house expertise that will be available to the rest of the faculty when needed.
3. CPD is concerned with discipline-specific training and aims to improve faculty knowledge within their areas of specialties, which would benefit their teaching and their students' learning.

3.2 Faculty Continuous Professional Development Objectives

Faculty continuous professional development programs aimed at achieving the following objectives:

- To improve the quality of teaching and research at UKF.
- To provide quality service based on the concepts of equal opportunities.
- To enable the University to determine the implications on faculty development of changes in higher education and the Ministry of Higher Education's requirements and respond to these changes.
- To respond to guidelines from the University as well as to the recommendations of the Ministry of Higher Education.
- To ensure the most advanced technologies and pedagogical techniques are available and fully exploited.

3.3 Faculty Continuous Professional Development Program

To achieve the above objectives, UKF offers, through its faculty continuous professional development program, a wide range of activities and opportunities to all faculty members. This includes seminars, tailored workshops and courses, training in particular issues, and necessary financial help.

The faculty's continuous professional development program also applies to part-time faculty, who are invited and encouraged to participate in professional development activities at the department, college, and campus levels to improve their teaching skills and knowledge of pedagogy.

3.4 Research Seminars and Training

Research seminars are one of the main aspects of faculty development at UKF since they are meant to create a dynamic academic environment conducive to research and creativity. Held every academic year by faculty members and external speakers from each of the nine colleges and research centers at the University, these seminars deal with specialized subject matters. They represent an excellent research opportunity for faculty who must research the subject matter extensively and present it in an accessible manner since the seminars address both specialized and non-specialized audiences from inside and outside the University.

The Deanship of Research and Graduate Studies(DRG) arranges research-related training based on needs and requests from academic colleges. The University also provides opportunities for self-paced online research-related training for the faculty members (e.g., Elsevier Researcher Academy).

3.5 Workshops, Courses, and Training

In close collaboration with colleges, departments, and offices, the Teaching and Learning Center (TLC) develops and sustains faculty's skills and knowledge in pedagogy and technology of education. The TLC designs and implements a broad spectrum of training programs that target faculty and teaching support staff. In-house and external professionals deliver the programs with a proven record of excellence. Our programs cover:

1. curricular and pedagogical innovations, instructional design, and overall education development.
2. technology-assisted education and online learning.
3. course management, student-instructor communication, and automated assessment techniques.
4. educational media, voice, and presentation skills.
5. applied research in teaching and learning.

4. Procedures

4.1 Regulations for Participation in Academic Conferences

- The University of Khorfakkan gives due importance to the professional development of faculty. They are encouraged to participate in high-quality academic conferences and publish their research work in professional journals and well-recognized conferences. Faculty members' participation will help faculty members keep abreast of the latest academic and scientific developments and provide the opportunity to exchange information and knowledge with their peer academicians and researchers.
- Faculty members interested in presenting their papers at research conferences shall submit their request to their Head of Department (HOD). The HOD shall form an ad-hoc committee to review the paper and give its recommendation, along with a brief review report, considering the quality of the submitted paper and the conference's reputation, and submit it to the college Dean for endorsement.
- The Dean will submit the request to the Deanship of Research and Graduate Studies with their recommendations. The submission shall include the following:
  - A completed application form for participation in a conference,
  - Proof of paper acceptance from the conference organizer,
  - A copy of the accepted research paper/abstract and peer review reports (as applicable),
  - Report of the ad-hoc committee,
  - Recommendation of the Dean of the college.
- The Dean of Research and Graduate Studies shall add his/her recommendations (in the relevant section of the Conference Participation Application Form) and forward the complete application to the VCAA for a final decision.
- The DRGS shall communicate the final decision to the applicant.

5. Responsibilities

5.1 Dean of College

Strategic Oversight: The Dean provides strategic direction for faculty professional development within the college, ensuring alignment with the university's academic goals and mission.

Resource Allocation: The Dean allocates resources, including budgetary support, for professional development initiatives.

Approval of Development Plans: The Dean reviews and approves faculty professional development plans, particularly those that require significant time away from teaching or additional funding.
Encouragement and Support: The Dean fosters a culture of continuous improvement and encourages faculty to participate in development opportunities.

5.2 Head of Department

Day-to-Day Management: The Head of Department is responsible for the day-to-day management of faculty professional development activities within their department.
Identifying Needs: They identify the specific professional development needs of faculty members based on departmental goals and individual faculty performance.
Mentorship and Guidance: The Head of Department provides mentorship and guidance to faculty, helping them to identify appropriate development opportunities and career advancement paths.
Performance Review: They integrate professional development goals into the faculty performance review process, ensuring that development activities are aligned with departmental needs.

5.3 HR Department

Policy Administration: The HR Department is responsible for the administration of the professional development policy, including the coordination of leave requests and the processing of funding applications.
Support and Resources: HR provides logistical support, such as organizing training sessions, workshops, and maintaining a database of development opportunities.
Compliance and Record-Keeping: They ensure that all professional development activities comply with university policies and maintain accurate records of faculty participation in these activities.

5.4 Continuing Education Center

Program Delivery: The Continuing Education Center designs and delivers professional development programs, including workshops, seminars, and online courses tailored to the needs of faculty.
Customized Training: They may develop customized training programs in collaboration with departments to address specific skills or knowledge gaps within the faculty.
Partnerships: The center also establishes partnerships with external organizations to bring additional development opportunities to the university.

5.5 Vice Chancellor for Academic Affairs:

Policy Development: The Vice Chancellor for Academic Affairs oversees the development and implementation of the faculty professional development policy at the university level.
Strategic Leadership: They provide strategic leadership to ensure that professional development is integrated into the broader academic strategy of the university.
Evaluation and Reporting: The Vice Chancellor evaluates the effectiveness of professional development initiatives and reports on their impact on faculty performance and academic outcomes.
Advocacy: They advocate for the importance of professional development at the highest levels of the university and ensure that adequate resources are allocated to support these activities.

6. Definitions

Faculty Professional Development: refers to the continuous process of enhancing and updating the knowledge, skills, and competencies of faculty members to improve their teaching effectiveness, research capabilities, and overall contribution to the academic community. This development includes formal and informal learning opportunities such as workshops, seminars, conferences, further education, research activities, and peer collaboration. The aim is to ensure faculty members stay current in their disciplines, adopt innovative teaching methodologies, and contribute to the advancement of their field and institution.

7. Related Documents

UKF Bylaws relating to Academic Staff
Faculty Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure alignment with the new policy template.	June 2024

	POLICY NAME	5.9 Staff Professional Development Policy		
	POLICY No.	5.9	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Staff Professional Development Policy outlines the institution's commitment to fostering continuous learning and growth among its staff members. This policy emphasizes the importance of equipping staff with the necessary skills, knowledge, and competencies to perform their roles effectively and to advance their careers within the organization. It provides a framework for identifying development needs, offering training opportunities, and encouraging participation in professional development activities. The policy ensures that staff development is aligned with the institution's goals, promotes a culture of lifelong learning, and supports the overall success and satisfaction of the workforce.

1. Purpose

The policy aims to promote and support the continuous growth and development of staff members. Its purpose is to ensure that staff have access to opportunities that enhance their skills, knowledge, and professional competencies. This policy seeks to align individual development goals with the institution's strategic objectives, thereby fostering a motivated, skilled, and effective workforce that contributes to the overall success of the organization.

2. Scope

This policy applies to all staff members.

3. Policy Statement

The University of Khorfakkan is committed to providing ongoing professional development opportunities for all staff members. This policy recognizes that continuous learning is essential for personal and professional growth and is critical to maintaining a high standard of performance within the institution. The organization will facilitate access to training, workshops, mentoring, and other development activities that support staff in achieving their career goals while meeting the evolving needs of the institution.

3.1 Professional Development Principles

This policy was developed based on the following:

1. **Strategic Alignment:** The training and professional development activities are conducted with a clear comprehension of the university's strategic requirements and directions.
2. **Career Growth:** Staff members are given the opportunity to improve and enhance their skills and competencies.
3. **Simplicity:** A user-friendly interface and system that are simple to understand, implement, and utilize.
4. **Continuous Improvement:** Maintain an open environment in which processes and systems can be improved under management guidance.

3.2 Objectives

1. To define the training and professional development processes and their sub-methodologies.
2. To provide the Office of Human Resources with a clear, dynamic, and scalable structure for conducting training and professional development courses efficiently and promptly.
3. A strong retention strategy is applied to develop the capabilities of the top talents at the University.

3.3 Training Categories

1. Orientation training for new staff members after the commencement date.
2. Planned or scheduled training conducted per the published annual training calendar.
3. Ad Hoc pieces of training to meet the training and professional development needs of some individuals, offices, and colleges.

3.4 Training and Professional Development Types

1. Classroom training.
2. E-Learning sessions.
3. Mentoring or coaching sessions.
4. On-the-job orientations, shadowing, or training.
5. Job rotation
6. Self-learning.
7. Workshops or conferences.
8. Professional Certifications

3.5 Training Modes

1. The Office of Human Resources shall use the services of internal and external trainers and training vendors as appropriate based on the following factors:
2. Subject matter of the training course.
3. Availability of internal subject matter experts.
4. Cost feasibility to engage external trainers and training vendors.
5. The Office of Human Resources shall approve the cost of engaging an external training vendor.

4. Procedures

4.1 Training Approval

The following points shall be considered when evaluating the training and professional development needs and approving related requests:

1. Staff members need training in line with the University's mission and objectives and set performance goals.
2. Training cost feasibility, including travel cost (if applicable).
3. Amount of time needed for staff members to be away from work.
4. Position and qualifications of staff members about the defined prerequisites or the considered level of training.
5. Other similar training courses previously attended by the staff members.
6. Expected learning outcomes and their impact on staff members' individual performance, office/college performance, and UKF's overall strategic objectives.
7. Staff members must sign a consent form for training requests exceeding a certain monetary value to approve attendance.

4.2 Technical Training and Professional Development Consent Process

The technical training consent is essential to the University's training and professional development process. It aims to simplify obtaining technical certificates or training courses for staff members' professional development. It is an official document that ensures trainees understand the procedures and expenses associated with their professional development. The purpose of the consent form is to:

a. Ensure return on Investment on training invested by UKF

b. Retention of staff member

c. Staff Member: There is awareness of conditional resignation since anticipated training and development costs paid by the University will be refunded.

In line with the University's objectives of bridging the gap between staff members' competencies level and the required level to achieve desirable deliverables and enhancing the skills of its staff members in all fields, eligible staff members may be nominated to attend or participate in any course or training session, be it theoretical or practical, within the UAE or abroad, for which UKF bears all the training program related costs, provided that the staff member abides by the University's policies in committing for a duration not less than the duration specified in this policy.

4.3 General Conditions

1. The following conditions are developed to inform the trainee about the different types of training and professional development and associated regulations:
A. Regular training programs: The trainee commits to continuing his/her work tenure for the University for a year if the training cost is between AED 10,000 and AED 20,000.
b. Two years if the training cost is more than AED 20,000.
c. Professional certificates or diplomas: The trainee commits to continuing his/her work tenure for the University for a period of one year if the training cost is less than AED 10,000.
d. Two years if the training costs between AED 10,000 – AED 20,000.
e. Three years if the training cost is more than AED 20,000.

2. These conditions shall apply after the end of the training program and when the trainee passes the professional certificate or diploma examination on the first attempt.
3. Passing the examination for professional certificates or diplomas is mandatory; otherwise, the trainee bears the total cost of the program.
4. In the event of a staff member's resignation before completing the service period (as explained in the section above), the University is responsible for reclaiming the training costs incurred as described in the table below:

Training Type	Commitment Period	During First 12 Months	From 12 to 18 Months	From 18 to 24 Months	During Third Year
Regular Training Program	One Year (AED 10,000 – AED 20,000)	Recovery of 100% of training cost	Not applicable	Not applicable	Not applicable
Two Years (> AED 20,000)		Recovery of 50% of training cost	Recovery of 25% of training cost		Not applicable

Professional Certificate or Diploma	One Year (< AED 10,000)	Not applicable	Not applicable	Not applicable
Two Years (AED 10,000 – AED 20,000)	Recovery of 50% of training cost	Recovery of 25% of training cost	Not applicable	
Three Years (> AED 20,000)	Recovery of 50% of training cost	Recovery of 50% of training cost	Recovery of 25% of training cost	

4.4 Procedures

4.1 Training Requests:

1. Line managers (training requester) shall submit the training needs for their staff members to the Office of Human Resources by the end of March every year for the next academic year's training requirements. The Training Needs Analysis (TNA) Form shall state these training needs.
2. The training requests and details may be based on the outcome of the college/office objectives, customer/client requirements, staff member's professional development initiatives by the Office of Human Resources, individual's request for training and professional development, leadership development initiatives, mitigating underperformance, achieving organizational training objectives, alleviating performance gaps, or initiatives for succession planning.
3. The training requester shall indicate the preferred training type (like classroom sessions, on-the-job orientations, etc.)
4. The Office of Human Resources shall review, discuss, and agree with the training requester on the best training methodology, mode, and type.
5. The Office of Human Resources shall accumulate the training request details into the Strategic Training Plan (which is subject to change based on the outcome of the Training Need Analysis).
6. Ad-hoc training requests will not be routed through the strategic training plan but will be subject to an approval process.

4.2 Training Need Analysis (TNA):

1. The Office of Human Resources will conduct the training need analysis if there is a persuasive need to ascertain the necessity of a training request.
2. The training needs analysis can be done for an individual or a group, such as a team or department.
3. The training needs analysis typically involves a thorough assessment to determine whether a training course would improve a staff member's skills and competencies.

   b. To determine the actual training needs in opposition to performance issues.

   c. To identify what knowledge and skills need training. This is often based on a problem or issue determined by one of the sources mentioned above in the training requests section.

   d. To understand the obstacles that might prevent the successful implementation of the training at this stage.
4. The Office of Human Resources shall discuss role expectations and performance gaps that initiated the training request with the training requester.
5. The training requester shall agree on the findings of the training needs analysis and sign the TNA form.

6. The Office of Human Resources reviews the training mode and type as required based on the discussions with the training requester.
7. The findings of the training needs analysis will be included in the Strategic Training Plan.

4.3 Training Approval:

1. The Office of Human Resources shall identify the cost of the training course during the training needs analysis phase.
2. After the training needs analysis phase is completed, the Office of Human Resources shall complete the strategic training plan and present it to the Chief Operating Officer for approval.
3. The Chief Operating Officer shall approve or return the strategic training plan to the Office of Human Resources for further review and corrections.
4. The Office of Human Resources uses the plan to develop and distribute the Training Calendar to the appropriate stakeholders.
5. After collecting the training requests, the Office of Human Resources completes the training modes, types, and cost fields related to ad hoc training requests and presents them to the Chief Operating Officer for approval.

4.4 Training Course Design:

1. The Office of Human Resources shall verify if a new training course is required or if the existing courses would meet the requirements of the current training request.
2. If a new training course is needed, the actions below occur:
   a. Determine the most appropriate training method.
   b. Determine the best suitable training types.
   c. Develop the course material or update the existing training in cooperation with the Subject Matter Expert and the training instructor to suit the training needs.
3. The Office of Human Resources shall review and approve the course design and the training material.
4. The Office of Human Resources shall update the training course material master with the relevant details.

4.5 Training Delivery:

1. Coordinating the upcoming training session with trainers, trainees, and line managers.

2. Coordinating with the Office of University Facilities and Services to book the training venue.

3. Requesting specific needs and arrangements such as stationary needed for conducting the training.

4. After the training session, collect feedback on the training session using the training feedback forms.

The steps to start and complete the training are as follows:

4.6 Training Effectiveness Measurement:

1. The Office of Human Resources will conduct a systematic analysis of the feedback and ratings to arrive at training effectiveness and return on investment (ROI) of the conducted training index based on the below ratio: a. 25% based on the trainee's feedback on the training program and trainer.
   b. 25% based on the trainer's feedback on the trainees.
   c. 25% based on the line manager's assessment of the trainees.
   d. 25% based on performance appraisal of the trainees on the year training takes place

2. Training effectiveness is measured by collecting feedback from the trainer's evaluation of trainees, trainees' evaluation of the training delivered and trainer, and on-the-job skill assessments of trainees by the line manager after a minimum of one to three months.
3. The Office of Human Resources will also capture feedback on the improvements and lessons learned in the monthly training tracker, which can be included in the following training courses; this, in return, will help continuously improve the training effectiveness benchmark.

4.7 Update UKF Employee Skill Database:

1. The Office of Human Resources will ensure that staff members' skills are updated immediately after completing the training course or certification.
2. The Office of Human Resources will also capture feedback on the improvements and lessons learned in the monthly training tracker, which can be included in the following training courses; this, in return, will help continuously improve the training effectiveness benchmark.

5. Responsibilities

5.1 Training and Professional Development Responsibilities

The training and professional development responsibilities for each role are detailed in the below categories:

A. Line Manager (Training Requester):

1. Identifies suitable training objectives for the college/ office and specific individuals within the college/ office.

2. Identifies specific training and professional development requirements for their team members.

3. Provide direction and learning opportunities to ensure staff members achieve their objectives and potential.

4. Coaching, mentoring, and supporting staff members in learning and professional development activities.

5. Facilitates the preparation of an individual learning plan for each team member based on their performance and potential.

6. Ensures all the policies and procedures for conducting the training and professional development are followed.

7. indicates the reason for excusing a trainee from taking a training course and professional development opportunities using the training waiver form.

8. Provide honest feedback about the trainees (as applicable).

9. Follow up with the team members and the Office of Human Resources on evaluating the effectiveness of all training and professional development activities.

B. Staff members:

1. Actively participate in the training identification process.

2. Identifies and communicates their training and professional development needs.

3. Participate in the planned training and professional development activities.

4. For specific pre-determined training programs, staff members are expected to share and transfer knowledge with other staff members as agreed with the line manager.

5. Provide feedback to their line managers on the outcomes of the training and professional development courses they have completed.

6. Updates the skill/competency section of the HR System after completing the training/certifications.

C. Office of Human Resources:

1. Initiates and follows up on the training request forms.
2. Conducts training needs analysis.
3. Participate in the training design phase when required.
4. Coordinate with the SMEs and training instructors on developing the training course material (as applicable).
5. Coordinates the upcoming training course with the trainees, trainers, line managers, and other staff members (as required).
6. Collects, manages, and follows up on the training assessments and feedback forms received from all stakeholders, i.e., trainers, trainees, and line managers (as applicable).
7. Prepares the training reports and maintains the training records in the: a. Strategic training plan template.
8. Training calendar template.
9. Training needs analysis forms.
10. Monthly training tracker.
11. UKF employee skill database.

5.2 Miscellaneous

1. This policy supersedes any other related policies, procedures, meeting minutes, manuals, handbooks, and bylaw
2. The Office of Human Resources is responsible for handling any issues that might arise that are not covered in this policy and for raising recommendations for the Chief Operating Officer's final discretion.
3. In case of conflict between the Arabic and English versions of the Policy, the English one prevails.
4. In case of conflict between the contract and the Policy, the employment contract prevails.
5. Any exceptions to this policy must be well justified and raised to the Chancellor for a final decision.
6. The training requests and details may be based on the outcome of the college/office objectives, customer/client requirements, staff member's professional development initiatives by the Office of Human Resources, individual's request for training and professional development, leadership development initiatives, mitigating underperformance, achieving organizational training objectives, alleviating performance gaps, or initiatives for succession planning.
7. The training requester shall indicate the preferred training type (like classroom sessions, on-the-job orientations, etc.)
8. The Office of Human Resources shall review, discuss, and agree with the training requester on the best training methodology, mode, and type.

9. The Office of Human Resources shall accumulate the training request details into the Strategic Training Plan (which is subject to change based on the outcome of the Training Need Analysis).
10. Ad-hoc training requests will not be routed through the strategic training plan but will be subject to an approval process.

Academic year's training requirements. The Training Needs Analysis (TNA) Form shall state these training needs.

6. Definitions

Training: Staff training is a structured program of education and skill development designed to enhance the knowledge, competencies, and performance of employees within an organization. In the context of a university, staff training aims to equip administrative, technical, and support personnel with the necessary tools and expertise to fulfill their roles effectively, adapt to changes, and contribute to the institution's overall mission. Training programs can include orientation for new employees, technical skill development, compliance with legal and institutional policies, leadership and management training, and ongoing professional development opportunities

7. Related Documents

Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure full alignment with the new policy template	June 2024

	POLICY NAME	5.10 Faculty Workload Policy		
	POLICY No.	5.10	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Workload Policy outlines the expectations and guidelines regarding the distribution of academic and administrative responsibilities among faculty members. It aims to ensure a balanced and equitable allocation of workload that supports the university's commitment to high-quality education, research, and service. The policy considers teaching, research, service, and administrative duties, ensuring that faculty members can effectively contribute to the institution's mission while maintaining a manageable and fair workload. The policy also provides flexibility to accommodate different faculty roles and career stages, ensuring that individual and departmental needs are met efficiently.

1. Purpose

The purpose of distributing workload fairly, upholding high standards for education, fostering professional growth and research, maximizing resource utilization, and encouraging responsibility and transparency within the organization are all emphasized in the book. It also highlights the necessity of having precise policies regarding teacher workload.

2. Scope

This policy applies to all UKF faculty members.

3. Policy Statement

3.1 General Guidelines

- UKF is committed to ensure sufficient number of Faculty for each department to deliver the programs and courses in appropriate way based on the national and international standards.
- In the UKF, Workload assignments take into consideration the number of courses preparation, the level of courses taught, student enrolments, subject matter, support from teaching assistant and any other administrative responsibilities.
- UKF ensures workload assignments are reasonable and include the entire range of faculty member's responsibilities such as instruction, advising, project supervision, internship supervision, committee and any other academic activities.
- UKF consider the teaching during summer is optional and it should be compensated separately.
- The maximum number of credit hours for faculty who are teaching in graduate program level or mix between undergraduate and graduate courses is 18 per year (9 credit hours per semester).
- All colleges are required to create and maintain a workload policy approved by the Chancellor that defines the appropriate teaching load equivalence of courses and teaching-related activities (including contact hours) and define what constitutes "research active" faculty. In constructing these policies, these colleges/departments are expected to use selected terms and definitions outlined in this document.
- The total working load of a faculty member will be equivalent to (24) credit hours per academic year for Ph.D. holders and (30) credit hours for Master's holders. The

Chancellor may, however, direct a faculty member to teach extra hours if that is deemed necessary. Faculty will be compensated for any extra working load.

- Teaching during summer term is calculated within the above limits and cannot be mandated for faculty.
- The working load of a faculty member holding the position of Dean or any similar position will be reduced to (3) teaching hours per semester. None of them shall be paid for any extra credit hour he/she might teach. The reason for that is to allow those positions to devote their time and efforts towards fulfilling their job responsibilities. However, the Chancellor may allow for any exception whenever necessary.
- The teaching load of a faculty member who occupies the position of vice-dean, Head of a Department or any similar position shall be reduced to nine (9) credit hours per semester. None of them shall be paid for any extra credit hour he/she might teach. The reason for that is to allow those positions to devote their time and efforts towards fulfilling their job responsibilities. However, the Chancellor may allow for any exception whenever necessary.
- A faculty member may be assigned on a full-time or part-time basis, tasks other than teaching that may serve the objects of the University.
- When the need arises, the concerned vice chancellor may appoint adjunct faculty/part time members who shall be contracted as professors, associate professors, assistant professors, lecturers, or instructors, according to their qualifications. They shall be paid on an hourly teaching basis in accordance with criteria set by the Chancellor and the University bylaws.
- When assign any part time faculty the qualification requirements should be same as full time faculty qualification for the vacant position.
- Adjunct/ part time faculty appointed to teach one or two courses with a maximum of six credit hours. The appointment might be renewed based on the needs.

4. Procedures

1. Seminal activities to the mission of the University are teaching or librarianship; research, scholarship and artistry, creative activity, academic advising; administrative and community service.
2. It is encouraged that deans and chairpersons will meet annually with their faculty to develop workload plans.
3. Summer and off-load assignments are not considered part of the academic year workload assignments for full time faculty member. A faculty member who assumes additional teaching, advising, or other responsibilities during the summer must be compensated.
4. Overload teaching assignments must be approved by the faculty members' supervisor and dean.
5. Faculty members may teach a classroom, laboratory, or equivalent course for a Unit other than their own, and that course may be considered part of the faculty members standard University teaching workload assignment.

5. Responsibilities

5.1 Workload Assignments and Distribution of Responsibilities

1. Individual workload assignments and distribution of responsibilities will be determined for faculty members in accordance with the mission and priorities of the

University, and the goals of that faculty members' college.

2. Teaching Assignments: Teaching assignments approved for faculty cannot be defined by only using the framework of standard lecture and laboratory courses. College teaching workload policies may be different from the standard university teaching workload. Possible adjustments and their value must be identified in the applicable college policies and approved by the faculty members Supervisor and Dean.
3. Adjustments. The university's missions in research and artistry and public and professional service are upheld through the activities of its faculty. In order to fulfill these responsibilities, the teaching workloads of individual faculty may be adjusted by their Units on an annual basis.
4. Reductions in teaching assignments shall not be approved for:

a) Any activities where there is remuneration over and above the faculty members University compensation.
b) Community service activities (e.g., personal volunteer work with civic organizations), unless these are formal, externally funded public service activities of the University and there is a percent of the faculty members' effort committed to the sponsor.

- The teaching load of a faculty member may be reduced by an appropriate number of credit hours to enable him/her to conduct research in a topic that has been approved. Full costing of the release time shall normally be covered by external research grants.
- More details of time release are found in the following table:

Duties	**Release Time (Credit hours per semester)**	**Recommending Authority**	**Approving Authority**
Vice Chancellor	12 Cr	-	Chancellor
Dean	9 Cr	VCAA	Chancellor
Vice Dean	3 Cr or 6 Cr 6 Cr if the number of students in the College are more than 1,000 students or if the college offers services courses having number of registered students exceeding 1,500 students /or conducting services such as accreditation or coordination that involve more than one college)	VCAA	Chancellor
Assistant Dean	Special Appointment 3 Cr	VCAA	Chancellor
Chairperson	3 Cr – 6 Cr (6 Cr if the number of Students in the department are more than 250 students or if the department offers services courses having number of registered students exceeding 1,500 students/ or conducting services	Dean: to recommend the actual release being either 3 Cr or 6 Cr.	VCAA

	such as accreditation or coordination that involve more than one college/ or if the department is offering more than 2 different programs		
Director of Research	3 Cr- 6 Cr (6 Cr to be recommended by director of Institute based on activities and research productivity)	VCAA	Chancellor
Director of Institute /Center	6 Cr	VCAA	Chancellor
Director of Specialized Office	3 Cr	VCAA	Chancellor
Assistant Director for Institute (Instructor)	5 Cr	Dean / Director	VCAA/ VCMA/ VCGSR
Senior Project/ Exhibit Coordinator (Department Level/ College level)	1 Cr per 30 students registered in senior project I & II with a maximum of 3 Cr	Dean	VCAA
Faculty Student Champions (College level)	3 Cr (1000 Students per Faculty)	Dean	VCAA
Student Assessment (college level)	1 Cr- 3 Cr	Dean	VCAA
Internship, Practical Training & Community Engagement Coordinator (Department Level/ College level)	1Cr - 3 Cr (3 Cr if there are more than 1,500 registered students in the college)	Dean	VCAA
Course Coordinator	1 Cr for 150 Students and more / or coordinating more than 4 section	Dean	VCAA
Duties	**Release Time (Credit hours per semester)**	**Recommending Authority**	**Approving Authority**
Program Coordinator(B.Sc/M. Sc/Ph.D) Faculty	1 Cr per 15 Students registered in the program with maximum of 3 Cr, and offered solely by the college	Dean	VCAA
Program Coordinator (Instructor level)	5 Cr	Dean	VCAA

Program Director (Interdisciplinary, Large stand-alone, etc.)	3 Cr-6 Cr (Depending on the Size of the Program/ Number of programs, to be decided by concerned VC)	Dean	VCAA
College Accreditation Coordinator	1 Cr – 3 Cr	Dean	VCAA
Special Assignments by Chancellor Based on Recommendation of Concerned VC	-	Concerned Line Manager	Chancellor

5.2 Private Professional Work, Consulting, and Outside Employment

Private professional work, consulting, outside employment, and other bases of supplemental compensation should not be a factor in workload assessment and determination in any University workload assignments, requests for adjustments, and/or requests for other teaching assignments. Workload adjustments and/or other teaching assignments should not be requested, assigned, and/or approved for any extra-compensation activities.

5.3 Variations to Normal Workload Assignments

To effectively fulfil the University's responsibilities and achieve its mission, it is sometimes prudent to adjust individual faculty members' workloads. Such adjustments may include replacing one or more teaching assignments with other workload assignments. Such assignments might include administrative duties, unusually heavy academic support or university service roles, extraordinary research/scholarly/creative activity.
Adjustments to an individual faculty members' normal workload for the type of faculty appointment may be made by the University Chancellor, Vice Chancellors, or the faculty member's academic dean. Adjustments proposed by the department head must be approved by the dean and Vice Chancellor.

5.4 Determining Workload Credits

Typically, each assigned teaching workload credit is equivalent to each course credit hour taught (e.g., each 3 credit-hour-course taught would be equivalent to 3 workload credits). However, variations exist for different types of courses (e.g., student contact hours are considered in determining the workload credit for natural science laboratory classes; workload credit for applied music classes are determined by a formula that takes into consideration enrollment and course credit hours). Exceptions to using course credit hours for determining teaching workload credits must be approved by the dean of the course and Vice Chancellor. Non-instructional workload assignments are typically made in 3-credit increments. The workload credits associated with non-instructional assignments are based on an estimate of the amount of work involved and its equivalent to teaching one or more 3-credit courses.

5.5 Overloads

Overloads should be avoided and are justified only by extenuating circumstances such as a sudden resignation or illness of a faculty member and/or an unexpected enrolment demand.

Generally, faculty are in overload status when their total assigned workload exceeds their official maximum workload. An overload assignment of more than 1 credit/contact hour must be approved by the dean and the Vice Chancellor. Overloads are compensated in accordance with the University's current overload pay scale. Typically, faculty members receiving course release(s) for a service assignment, or an additional research assignment do not receive teaching overload compensation.

Summary of Workload Credit Equivalencies*	
Activity	**Workload credit hour equivalent (CHE)**
Supervision and/or teaching of students in Laboratories (course connected)	Workload CHE for laboratory section shall be associated with the course, e.g., a 3 credit hour course with lecture and laboratory (2 hrs lecture, 2 hrs lab) has an aggregated workload CHE of 3
Laboratories (not connected to any specific course and not in support of research)	1 CHE per aggregated of 12 student credit hours, not to exceed 3 CHE per semester
Clinics or Clinical courses	1.5 CHE per credit hours, e.g. a 3-credit hour clinical course assignment shall carry a workload CHE of no more than 4.5
Internships, Practicums, Externships, Field Experience, Workshops, Seminars	1 CHE per aggregate of 12 student credit hours, not to exceed 3 CHE per semester
Independent Study	1 CHE per aggregate of 12 student credit hours, not to exceed 3 CHE per semester
Honors Courses (i.e. sections involving only honours students), Themed Learning Community Courses and Study Abroad Courses	1.25 CHE per course credit hour
Engaged Learning: e.g. Undergraduate Research, Experiential Learning, Service-Learning Projects, and/or Other High Impact Activities	1.25 CHE per aggregate of 3 students supervised per semester, not to exceed 3 CHE per semester
Small section (enrolment below minimum levels set forth in APPM, Section I.8)	0.75 CHE and 1.0 CHE per course credit hour, e.g., a 3-credit course has a workload CHE no smaller than 2.25 and no greater than 3.0
Doctoral research committee chair	1 CHE per aggregate of 3 student credit hours of dissertation, per semester; equivalencies are likely to vary by discipline.
Masters/Specialist committee chair	1 CHE per aggregate of 6 student credit hours per semester of research- or performance-based thesis. Equivalencies are likely to vary by discipline.
Innovative teaching	3 CHE per year
Department Chair, Unit Director, Program Director	9 CHE per semester

Major Department or Unit Service (e.g., Assistant Chair, Academic Advisor, Graduate Coordinator, etc.)	6 CHE per semester
Research, Artistry and Creative Activity at high level	6 CHE per year, unless through release time funded by extramural funds.
Significant Professional Development	3 CHE per year
Summary of Workload Credit Equivalencies*	
Activity	**Workload credit hour equivalent (CHE)**
Preparation of Proposals for External Funding	3 CHE per year
Research or Creative Activity Supervisor/Project Director	3 CHE per semester
Major University or College Service	3 CHE per semester
Significant Service to Profession	3 CHE per year

* It is the sole responsibility of the department chair/director under the supervision of the dean to make workload assignments. These equivalencies are designed to provide guidance to department chairs/directors in making teaching assignments. They should not be considered to be guarantees or entitlements regarding teaching workload assignments. With justification, Units may adopt different equivalencies based upon their mission, student demands, and any unique disciplinary considerations.

1. The teaching load of any faculty member is (12) credit hours per week. The Chancellor may assign additional teaching hours when necessary.
2. The teaching load of faculty members in college dean, and similar positions shall be reduced to
   (3) credit hours, and additional teaching hours shall not be considered as overtime hours. The Chancellor may make exceptions in this case when necessary.
3. The teaching load of faculty members in vice dean, chairperson or similar positions shall be reduced to (9) credit hours, and additional teaching hours shall not be considered as overtime hours. The Chancellor may make exceptions in this case when necessary.
4. By decision of the Chancellor, a faculty member may be partially or fully exempted from teaching, or their teaching load may be reduced if s/he is required to perform duties other than teaching, which serve the University and its objectives.
5. By decision of the Chancellor, the teaching load of a faculty member may be reduced to a suitable number of hours for conducting an approved research project. The costs resulting from the reduced teaching load of the faculty member shall be covered by external research grants.

Teaching hours shall be calculated as follows:

a. One theoretical hour of teaching in the bachelor's degree shall be calculated as one credit hour.
b. One theoretical hour of teaching in a Doctorate degree program shall be calculated as 1.2 credit hours.
c. One theoretical hour of teaching in a Doctorate degree program shall be calculated as 1.5 credit hours.
d. One lab hour shall be calculated as 0.5-0.75 credit hours.
e. Faculty teaching graduate level courses should not take more than 9 credit hours.
f. The teaching load of a thesis supervisor shall be calculated as follows:

When their teaching load is complete:

1. He shall be paid AED 2000 per thesis for each semester for a maximum period of

three consecutive semesters.

2. In case of joint supervision, a supervisor shall be paid AED 1000 per thesis for each semester for a maximum period of three consecutive semesters.

When the teaching load is incomplete, thesis supervision shall counts:

1. One credit hour per thesis for each semester for a maximum period of three consecutive semesters. Half a credit hour in case of joint supervision per theses for each semester for a maximum period of three consecutive semesters.
2. One hour in the studios of the College of Fine Arts and Architectural Engineering shall be calculated as 0.66 credit hour.
3. One hour of clinical training in the Medical Colleges and the College of Health Sciences shall be calculated as 0.66 credit hour.
4. One credit hour shall be counted for the faculty member who supervises the design works or graduation research projects of two students.
5. One credit hour shall be counted for the faculty member who supervises graduation projects of 3 students in the departments of the Colleges of Engineering, Medical and Health Sciences, Computer, Applied Sciences or Business Administration.
6. One credit hour shall be counted for the faculty member who supervises the graduation projects of five students in theoretical departments of the College of Sharia, the College of Law and departments in the College of Arts, Humanities and Sciences.
7. Cases that are not explicitly mentioned in the current regulations shall be subject to the decision of the Chancellor.

The teaching load of a doctorate dissertation supervisor shall be calculated as follows:

a. When their teaching load reached the maximum teaching load:
   1. Supervisor shall be paid AED 2,500 per semester for each dissertation with a maximum period of four semesters.
   2. Half of this amount will be paid for each co-supervisor in case of joint supervision.
b. When the teaching load has not reached the maximum teaching load, dissertation supervision shall count as:
   1. One credit hour per dissertation for four semesters will be counted toward their teaching load
   2. Half a credit hour will be counted toward their teaching load in case of joint supervision.
c. A committee member who is from the University will be paid an honorarium of AED 1,500 and a committee member from within the country will be paid AED 2,000. Committee members from outside the country will be paid AED 3,000 plus a return business class ticket and full-board accommodation of a maximum of three nights. Supervisors will not be paid a defense honorarium.

The teaching load of a master's thesis supervisor shall be calculated as follows:

a. When their teaching load reached the maximum teaching load:
   1. Supervisor shall be paid AED 2,000 per semester for each thesis with a maximum period of three semesters.
   2. Half of this amount will be paid for each co-supervisor in case of joint supervision.
b. When the teaching load has not reached the maximum teaching load, thesis supervision shall count as:
   1. One credit hour per thesis for three semesters will be counted toward their teaching load
   2. Half a credit hour will be counted toward their teaching load in case of joint supervision.

c. A committee member who is from the University or the country will be paid an honorarium of AED 1,000. Committee members from outside the country will be paid AED 2,000 plus a return business class ticket and full-board accommodation of a maximum of three nights. Supervisors will not be paid a defense honorarium.

A faculty member shall be entitled to an additional teaching compensation if he/she exceeds the regular teaching load.

The faculty member who is assigned to teach hours beyond their teaching load shall be compensated as follows:

Rank	Compensation
Faculty: Professor, Associate Professor, or Assistant Professor	AED 200/hr.
Non-Faculty: Lecturer or Language instructor	AED 150/hr.

Part-Time Compensation

In case of need and upon the approval of the Vice-Chancellor for Academic Affairs and the recommendation of the concerned College Dean, the University may appoint qualified external part-timers who shall be compensated as follows:

Rank	Compensation
Faculty: Professor, Associate Professor, or Assistant Professor	AED 300/hr.
Non-Faculty: Lecturer or Language instructor	AED 200/hr.

Teaching during summer

If teaching assignments in excess of the above requirements (overloads) are unavoidable, the overload is limited to one three-credit course per faculty member per year, and faculty must be compensated. Each course (3 credit hours) corresponds to one basic salary.

If a faculty member teaches two or more courses, it is considered two basic salaries (max).

The minimum number of students in a section is 30. If there are fewer than 30 students, a proportional calculation is made.

Compensation of Internship Supervision

A faculty member shall be compensated by AED 500 for each student he/she supervises the training of (up to a maximum of 30 students). This is conditional, however, upon covering the required training hours and observing the regulations for supervising student training such as the number of visits.

The policy for remunerating faculty members supervising students' internship in summer shall be as follows:

a. One-month salary shall be paid for internship programs that have credit hours.
b. A supervisor shall be reimbursed 50% of the student's internship fees when no credit hour is counted. Reimbursement shall not exceed an amount equivalent to one-month salary.
c. A supervisor of internship shall perform the supervision task on a full-time basis. He/she may teach one course only in addition to supervising the internship.
d. The number of students should be at least 30 students. If the students are less than 30, the faculty member shall be remunerated a portion of their monthly salary commensurate with the number of the students.

6. Definitions

Workload: The total amount of responsibilities assigned to a faculty member, including teaching, research, administrative duties, and service activities. It encompasses all tasks required to fulfill the faculty member's role within the institution.

Load Release: A reduction in the standard workload, often granted to faculty members to allow them to focus on specific tasks such as research, administrative roles, or other special projects. This release reduces the number of teaching hours or other duties temporarily.

Credit hour: A unit of measurement that represents the amount of instructional time a faculty member spends teaching a course. Typically, one credit hour corresponds to one hour of classroom instruction per week over a standard academic term, often including additional preparation and assessment time.

7. Related Documents

Faculty Handbook

UKF Bylaws relating to Academic Staff.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	5.11 Professional Requirements for Teaching Policy		
	POLICY No.	5.11	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
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	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The Professional Requirements for Teaching Policy outlines the qualifications, competencies, and standards necessary for faculty members to effectively deliver high-quality education. This policy ensures that all teaching staff possess the appropriate academic credentials, professional experience, and pedagogical skills to meet the institution's educational goals. It also highlights the ongoing professional development needed to maintain and enhance teaching effectiveness, ensuring that faculty members remain current in their disciplines and teaching practices.

1. Purpose

This policy ensures that:

- Preparation and qualifications/credentials of all faculty members, both full-time and part-time, are appropriate to their job assignment in the University.
- Faculty members have an earned terminal degree from internationally recognized higher education institutions.
- The minimum expected academic or professional qualifications for different teaching levels are those required by the Commission for Academic Accreditation (CAA).

2. Scope

This policy applies to all academic staff at the University of Khorfakkan.

3. Policy Statement

The UKF is committed to hire faculty members whose preparation and qualifications are appropriate to the field and level of their assignments. The faculty members must have terminal degrees from internationally recognized higher education institutions. The terminal degree is a doctoral degree. However, in exceptional cases, as the UAE Ministry of Education specifies, the terminal degree could be a master's degree in arts or business disciplines.

Teaching in remedial programs requires a baccalaureate degree in a discipline related to the subject taught, teaching experience in that subject, or graduate-level training in remedial education. A baccalaureate degree in a discipline related to the subject taught and appropriate work experience is required for teaching courses in diploma programs.

1. All faculty members employed in the University shall have preparation and qualifications appropriate to the field and level of their assignments.
2. The faculty members must have terminal degrees from internationally recognized higher education institutions.
3. Remedial programs require a baccalaureate degree in a discipline related to the subject taught, teaching experience, or graduate-level training in that subject.

4. a baccalaureate degree in a discipline related to the subject taught and appropriate work experience is required for teaching courses in diploma programs. In addition, relevant professional certification may be necessary in some cases.

5. For teaching general education courses such as the first two courses in English, Arabic, or other languages, and the first course only in Islamic studies, history, or culture; humanities, arts, social sciences, behavioral sciences, natural sciences, physical sciences, mathematics, and information technology: a Master's degree with a major in the discipline taught and one of the following is required:

- five years of teaching experience in the discipline;
- a combination of five years of experience in teaching or other employment-related to the field.
- the equivalent of eighteen credit hours of graduate study in the field beyond the master's degree
- an internationally recognized professional credential (such as certification as a public accountant);
- at least one faculty member teaching in each program area holds a terminal degree.

6. For teaching courses in baccalaureate degree programs, a terminal degree in the teaching discipline, usually a doctoral degree, is required. However, in some specific fields, as approved by the UAE Ministry of Education, a Master's degree may be considered a terminal degree.

7. For teaching courses in graduate degree programs, a terminal degree in the teaching discipline and either a strong record of (or the potential for) research and scholarly activity or significant professional experience as a practitioner in an applied discipline is required.

8. In line with the guidelines of the UAE Ministry of Education, Exceptions to the requirement for a terminal degree are limited to no more than 20% of all faculty teaching in any specific program and are also limited to faculty members in applied fields who have a minimum of either:

a) A Master's degree in the teaching field or a doctorate in a related field, and who also has extensive senior-level experience in the applied field (such as corporate management or accounting); or
b) Experience in the applied field coupled with internationally recognized professional association certification (such as a medical board certificate or Certified Public Accountant)

9. Applications for exceptions to the requirement for a terminal degree are reported to the Commission as exceptions for approval before the semester in which the faculty member will teach.

4. Procedures

These procedures outline the steps and processes required to ensure that all teaching staff meet the necessary professional qualifications, standards, and continuous development expectations in the University of Khorfakkan:

4.1 Recruitment and Hiring

- **Qualifications Verification:**
    - Ensure that all candidates for teaching positions hold the necessary academic qualifications (e.g., relevant degrees, certifications) before being considered for employment.
    - Verify the authenticity of degrees, certifications, and other credentials through background checks and academic transcripts.
- **Experience Evaluation:**

    - Assess candidates' teaching experience, including previous positions, teaching methodologies, and contributions to academic research or curriculum development.
    - Consider relevant industry experience for positions in professional or technical disciplines.
- **Interview Process:**
    - Conduct interviews that include a demonstration of teaching ability, such as a mock lecture or presentation.
    - Include a panel of faculty members, department heads, and academic administrators to evaluate candidates' suitability for the role.

4.2 Ongoing Professional Development

- **Mandatory Training:**
    - Require all teaching staff to participate in regular training sessions on teaching methods, technology in education, and curriculum development.
    - Provide training on university policies, diversity and inclusion, and student support services.
- **Professional Development Plans:**
    - Develop individual professional development plans (PDPs) in consultation with faculty members, aligning with both personal career goals and institutional priorities.
    - Encourage participation in academic conferences, workshops, and seminars relevant to their field of expertise.
- **Teaching Evaluations and Feedback:**
    - Implement regular peer reviews and student evaluations of teaching performance.
    - Use feedback to identify areas for improvement and tailor professional development activities accordingly.

4.3 Accreditation and Certification

- **Accreditation Compliance:**
    - Ensure that all teaching staff meet the accreditation requirements of relevant academic bodies or professional organizations.
    - Provide support for faculty to obtain or renew certifications required for their discipline.
- **Ongoing Certification Requirements:**
    - Monitor and track the certification status of teaching staff, ensuring compliance with any ongoing professional education requirements.
    - Facilitate access to continuing education programs and certifications.

4.4 Performance Evaluation

- **Annual Reviews:**
    - Conduct annual performance reviews that assess teaching effectiveness, contributions to curriculum development, student feedback, and research activities.
    - Set goals for the upcoming academic year, focusing on areas such as pedagogical improvements, research output, or community engagement.
- **Classroom Observations:**
    - Conduct periodic classroom observations by department heads or peer faculty members to assess teaching methods and classroom management.
    - Provide constructive feedback to support teaching improvement.
- **Remediation Plans:**
    - Develop remediation plans for faculty members who do not meet performance expectations, including additional training, mentorship, and monitored improvement plans.

5. Responsibilities

It's the responsibility of the relevant head of department, Dean, and HRM department to ensure the implementation of this policy.

6. Definitions

Professional Requirements for Teaching: it refers to the set of qualifications, skills, and standards that educators must meet to effectively deliver instruction and facilitate learning. This includes academic credentials, relevant professional experience, pedagogical expertise, and a commitment to continuous professional development. These requirements ensure that educators are well-equipped to provide high-quality education and foster student success.

7. Related Documents

Faculty Handbook

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its compliance with the new policy template.	June 2024

	POLICY NAME	5.12 Faculty Performance Evaluation Policy		
	POLICY No.	5.12	**VERSION NO**	1
	DATE OF APPROVAL		**EFFECTIVE**	
	DATE OF LAST REVIEW		**POLICY OWNER**	
	DATE OF NEXT REVIEW		**APPROVED BY**	

Overview

University of Khorfakkan provides for regular and systematic evaluation of faculty performance in order to ensure academic effectiveness. In accordance with the faculty contract agreement, the criteria for reappointment and promotion include evaluation of faculty effectiveness in teaching, research, and professional service.

1. Purpose

In line with University of Khorfakkan commitment to faculty development and mentoring, and in order to achieve its expectations and processes for faculty mentoring and evaluation, the University continually provides constructive feedback to its faculty through various channels. More precisely, the purpose of faculty performance review is to:

a. Provide all full-time faculty with timely information regarding the extent to which they are meeting the college and university expectations of academic performance.
b. Identify aspects of a faculty member's performance that may need further development.
c. Provide a framework to guide performance-related discussions between the faculty member, the Head of Department and the Dean.
d. Help faculty members to plan appropriate and relevant faculty development programs.
e. Help in planning performance-related reward and recognition programs for deserving faculty members.
f. Help determine faculty member eligibility for contract renewal.

2. Scope

The faculty performance evaluation is only applicable to full-time faculty at the University of Khorfakkan.

3. Policy Statement

3.1 Guidelines

The evaluation criteria defined in this document is for faculty members holding terminal degrees including Lecturers. The evaluation is based on performance in three categories: teaching, research, and services. Teaching weight should be between 30% and 50% while research weight (except for lecturers) should be at least 30% of the final evaluation rating in line with UKF policy. The minimum percentage for service should be 20%. Research active lecturers may elect to have a weight not more than 30% of their evaluation for their research. This percentage may vary to accommodate specific University, College, and Departmental needs. The weighting shall be determined during the goal-setting meeting at the beginning of the evaluation period between the faculty member and the HoD. A typical distribution of the weights for faculty members holding an academic rank of Assistant Professor or higher is 50%, 30% and 20%, for Teaching, Research, and Services, respectively. A typical distribution for lecturers, is 60% for teaching and 40% for service. Table 2 summarizes the weights for each component of the faculty evaluation

Table 2: Weights for each component of the faculty evaluation

Category	Weight
Teaching ($\bar{t}$)	30% - 50% (50% - 70% for Lecturers)
Research ($\bar{r}$)	30% - 50% (0 - 30% for Lecturers)
Service ($\bar{s}$)	20% - 40%

A Faculty Member who joins the University after the start of the academic year should meet with their HoD at the beginning of the joining semester to reach an understanding about the percentage that will apply.

For Classroom/Lab courses, the availability and quality of the course file(s), Instructor Course Assessment Report (ICAR), student evaluations, advising evaluations shall be the basis of evaluation for teaching. Any other evidence used must be made known to the faculty member.

The overall performance of faculty members will be rated as ***Outstanding (4.5-5.0 points), Excellent*** **(4.04.49 points)**, ***Very Good*** **(3.5-3.99 points)**, ***Good*** **(3 .0-3.49 points)**, ***Satisfactory*** **(2.5-2.99 points), Needs improvement (2.0-2.49 points)** and ***Unsatisfactory*** **(0.0-1.99 points)** based on the *Evaluation Criteria* defined in the tables below.

The overall score, S out of 5, of the faculty performance is calculated as the weighted average of the ratings of the three components, as follows:

$$S = \bar{t} \times \text{TS} + \bar{r} \times \text{RS} + \bar{s} \times \text{SS}$$

where TS is teaching score, RS is research score and SS is service score and $\bar{t}$ is teaching category weight, $\bar{r}$ is research category weight and $\bar{s}$ is the service category weight.
If any of the components (i.e. TS, RS or SS) is scored ***0.0 -1.99*** then the above formula does not apply and overall score, S is set to 0.

3.2 Faculty Appraisal

Faculty performance appraisal is based on three criteria, which are Teaching, Research, and Service (service to the university, service to students, and service to community). In addition to the Faculty Self- Assessment Report (FSAR), the faculty performance appraisal will include:

- Students' course evaluation feedback.
- Students' evaluation of advising.
- Faculty Self-Assessment Excel (FSAE).
- Any other material provided by the faculty member, the Head of Department or the Dean, which could help in evaluation.
- Where appropriate, Peer Review reports.

3.2.1 EVALUATION CRITERIA FOR TEACHING

All faculty members are generally expected to:

a. Meet the class at scheduled times unless there are extenuating circumstances
b. Be available in his/her office during posted office hours unless there is an unavoidable conflict
c. Prepare examination questions and other coursework that appropriately cover CLOs
d. Provide timely feedback for examinations and other coursework
e. Effectively coordinate with other colleagues involved in team teaching a course or multiple sections of a course

f. Effectively manage clinical teaching duties and control clinical activities
g. Prepare and submit instructor course assessment report(s) and course file(s) of the course(s) taught in a timely manner
h. Effectively coordinate with adjunct faculty, at HoD request, to ensure that the latter meets teaching requirements.

An unsatisfactory performance may include, but not limited to, the following indicators

a. Faculty member does not provide feedback for examinations and other coursework in a timely manner
b. Faculty member is not regularly available to students at posted office hours
c. Faculty member does not provide instructor course assessment report(s) and course file(s) in a timely manner

To make sure that the teaching evaluation is objective, a marking scheme has been developed based on the following criteria:

1- Students' evaluations of the instructor teaching effectiveness based on the Student Course Assessment Survey (SCAS). This is the average of all courses taught by the instructor as shown in the image below.
2- Students' assessment of the instructor advising based on the Academic Advising Survey (AAS), using the rating of the last question
3- The HOD/Dean assessment of the quality of the instructor's course files.
4- The HOD/Dean assessment of the quality of the ICAR.
5- Participation in teaching and learning self-improvement courses arranged or administered by the Teaching and Learning Center (TLC). The Continuous Professional Development (CPD)-Score is part of faculty annual evaluation. The evaluation is directly derived from CPD-Score as follows:
    - Each faculty member is expected to earn 40 CPD-Score each year.
    - A 40 CPD-Score translates into a full mark of 5.0 on the corresponding item of annual evaluation.
    - A CPD-Score less than 40 will be prorated (i.e., it will earn a fraction of the full mark)
    - A CPD-Score of 10 or less, will earn no credit towards the said item.
    - CPD score is based on the training received during the calendar year.
    - The TLC will share the CPD-Score of all faculty with the college deans.
    - Administrative staff members at the level of Dean or higher are exempted from the CPD- Score requirement.
6- Development of innovative methods in teaching assessed by the HoD based on evidence submitted by the faculty member with a maximum score of 1. A score of 1 is granted if strong evidence is provided for using teaching methods that positively influence learning and create a positive learning environment; a score of 0.5 is given if a little evidence of using innovative teaching methodologies; and score of zero if no evidence of using innovative teaching methodologies.
7- A bonus point for incorporating employability and soft skills (e.g. Coursera) in course(s) delivered by the instructor, with zero point if no evidence of effective use of such teaching modules. Maximum is 1.

Because each of the above criteria requires different amount of effort, a weight is assigned to each criterion. A weighted score is then assigned by multiplying the instructor score in each item by the weight. The weighted scores are all added and divided by the maximum possible weighted score. The score is then converted into a 5-point scale. The following table summarizes the different items of teaching evaluation and their weights:

3.2.2 EVALUATION CRITERIA FOR RESEARCH

- For collaborative research outputs, where number of listed authors on research work (Article/Conference/Book chapter) are more than 4, the weight is reduced to 50% unless the applicant is primary author of the research work.
- Any suspicious case, as identified by HoD or college Dean, shall be forwarded to VCAA. The VCAA establish an ad-hoc committee to review and provide recommendations to VCAA for all such cases. The ad-hoc committee is authorised to request more details from the applicant (through VCAA office) to reach a basis for their recommendation. Such suspicious cases may include, but not limited to, cases of publishing out of specialization area, gift authorships etc.
- The faculty must use correct "University of Khorfakkan" affiliation as a primary/main/first affiliation, and it should be visible on the published research paper and on Scopus website, as applicable.
- The same research output cannot be submitted more than once and should be accepted or published during the evaluation period.
- A book chapter, which was presented in a conference, can be submitted only once either as a book chapter or conference paper. However, if an extended version of a conference paper is published as a book chapter, it can be submitted in annual appraisal. The faculty needs to clarify this and submit both conference and book chapter versions of the research work.
- "Scholarly books" exclude textbooks used for teaching purposes or practitioners' books. The focus is on books that contribute to research. Practitioner books and textbooks should be included under "Service".
- Creative works or exhibits are specific to the fields of Architecture, Art and Design only.
- Documentary evidence must be provided in all cases, e.g. copy of emails, link of website etc.
- The Arabic journal articles published or accepted in Scopus indexed journals may be rewarded extra points, as per instructions provided by the VCAA to the college Deans.

3.2.3 EVALUATION CRITERIA FOR SERVICE

The services can be divided into following three categories:

- University/College Level Service based on the level of participation and engagement in committees/tasks within the department, college, or university.
- Community Service such as executing partnership with local, national, or international organizations, workshop participations, advise to governmental organizations, etc.
- Professional Service outside the university such as organization of conferences, invited speakers, editorial board, etc.

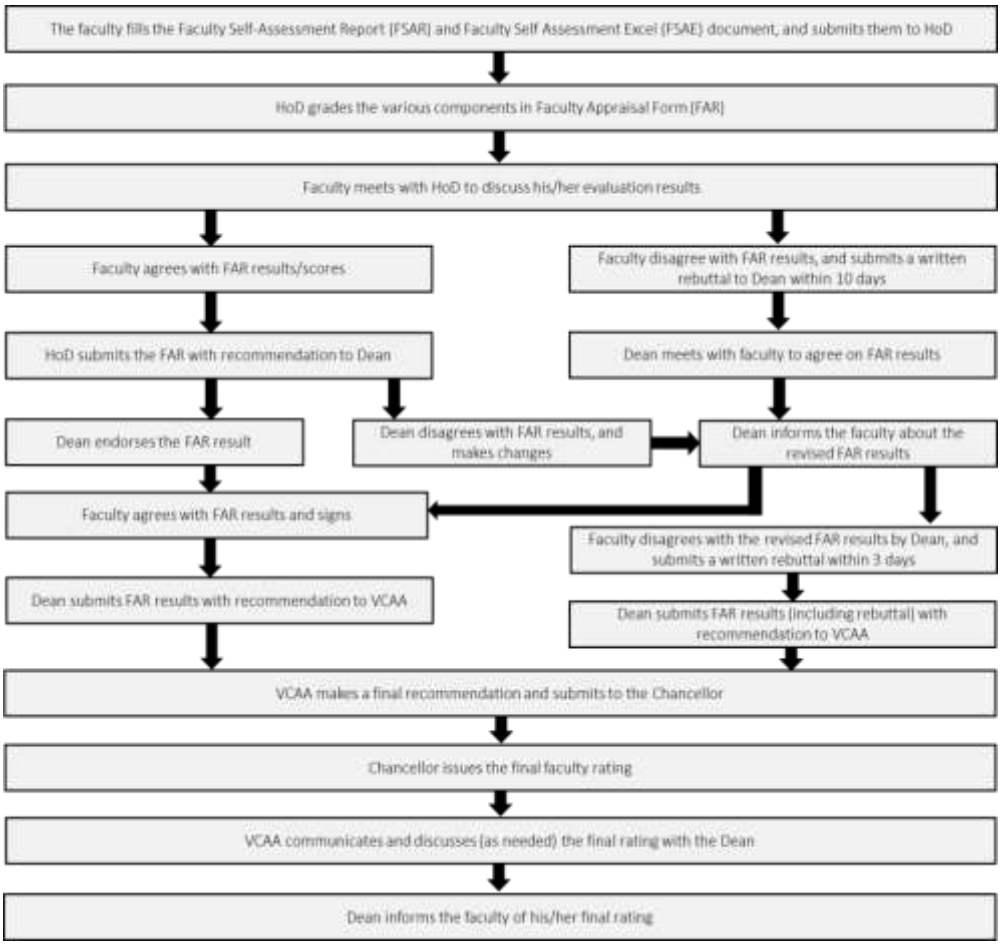
The faculty member is expected to work as an effective team member fostering a collegial work environment.

a. Serving on college committees with a positive evaluation from the committee chair or other approved alternative demonstrating regular attendance to meetings and contributing to the work and activities of the committees.
b. Effective service on departmental /unit committees as rated by the chair of that committee
c. Regular attendance at department and college meetings
d. Being a member in a national or international professional organization
e. An effective team member fostering a collegial work environment

Faculty members are welcome to submit any other service category, not listed above, to the HoD with all necessary details and evidence of engagement. The HoD can review and add in the faculty appraisal with the right justifications.

4. Procedures

4.1 Faculty Evaluation Process Outline



✓

4.2 Faculty Self-Assessment Report (FSAR)

Faculty members are required to complete the Faculty Self-Assessment Report (FSAR) and Faculty Self- Assessment Excel (FSAE) document by the end of the second week of January and submit them to his/her Head of department. The FSAR is used as a tool for faculty self-assessment and development by compiling faculty members' teaching activities, research, professional, creative and service endeavors and future plans. More precisely, the FSAR is intended to:

- Highlight the faculty accomplishments and contributions for the current calendar year.
- To be used as a basis for a yearly performance appraisal, and to assess the extent to which the faculty fulfils his/her job requirements.

Evaluation Period: The evaluation period shall be from January 1st to December 31st of the previous calendar year.

Evaluation Deadlines: Table below summarizes the main evaluation deadlines.

Faculty evaluation deadlines*

Item	Deadline
Faculty Evaluation Cycle for previous calendar year: Faculty completes the Faculty Self- Assessment Report (FSAR) and Faculty Self-Assessment Excel (FSAE) document	Weeks 1-2 of January
Faculty Evaluation Cycle for previous calendar year: Faculty submits the Faculty Self- Assessment Report (FSAR) and Faculty Self-Assessment Excel (FSAE) document to HoD	End of week 3 of January
Faculty Evaluation Cycle: Dean submits the Faculty Self-Assessment Report (FSAR) and Faculty Self-Assessment Excel (FSAE) document to VCAA	Last working day of January
Faculty Evaluation Cycle: Contract Renewal Status	Week 4 of February
Faculty Evaluation Cycle: Dean informs faculty of his/her final rating	Week 2 of March

*Exact dates: Please refer to the Faculty Academic Calendar

5. Responsibilities

Faculty: They conduct self-evaluation
Head of Department: They perform the evaluation of the faculty under his/her department
Dean of the College: They perform the evaluation of the faculty under their colleges
VCAA: Approves the final scoring.
Central Evaluation Committee: Approves the final evaluation and proposes actions to the Chancellor
Chancellor: take the appropriate action based on the recommendation of the central committee.

6. Definitions

Faculty Member: A full-time employee with an academic rank and an employment contract of at least one year and who is assigned a teaching load and directly involved in teaching activities. This does not include the visiting or adjunct Faculty Member, nor the Full- Time Research Associate.
Adjunct Faculty Member: A part time employee with a temporary employment contract who is assigned partial academic load to teach certain courses during a specific academic semester.
Visiting Faculty Member (Visitor): A faculty member who has a temporary employment contract and is visiting the University for one or two academic semesters with an agreed-upon teaching load.
***Faculty performance evaluation*:** Faculty Performance Evaluation refers to the systematic process of assessing and reviewing the effectiveness, productivity, and contributions of faculty members in their roles as educators, researchers, and members of the academic community. This evaluation typically considers various factors such as teaching quality, research output, service to the institution, and professional development, aiming to ensure that faculty members meet institutional standards and support the mission and goals of the university.

7. Related Documents

Faculty Handbook

8. Appendices

Appendix-1 Faculty Appraisal Form (FAR)

This form shall be used and submitted by the HoD and College Dean to the VCAA

Faculty Member Details

Faculty Name	
Department	
College	
Email	
Date of joining UKF	
Faculty Evaluation Dates	

FACULTY MEMBER'S OBJECTIVES

No.		Objectives of Current Evaluation Period	Comments on Performance of each Objectives	Objectives for Next Evaluation Period
1	Teaching			
2	Research			
3	Services			

Evaluation of Teaching by the HoD

Teaching weight ($\bar{t}$) = _____

Teaching Rating, TS (out of 5) = _____

HoD Comments:

Evaluation of Research by the HoD

Research weight ($\bar{r}$) = _____

Research Rating, RS (out of 5) = _____

HoD Comments:

Evaluation of Service by the HoD

Service weight ($\bar{s}$) = _____

Service Rating, SS (out of 5) = _____

Comments by the HoD:

Scores/Ratings and Comments by HOD and Dean:

Component	Teaching	Research	Services
Weight			
Score			

The overall score of the faculty member is calculated as follows *(please refer to Faculty Evaluation Guidelines)*

$S = \bar{t} \times \text{TS} + \bar{r} \times \text{RS} + \bar{s} \times \text{SS}$

Overall Score of Faculty Member, S = _____

Overall Rating of Faculty Member (after additional considerations for Very Good, Excellent, and Outstanding), Overall Rating = _

Additional Comments by the HoD (optional):

Comments on Faculty Member Performance by the Dean:

Faculty Consent and Signature

Faculty consent:

By submitting the evaluation form and the related attachments and files, the faculty will be explicitly agreed on the outcomes of his/her annual evaluation. The following statement will be included in the Self- Assessment Excel (FSAE):

I, [Faculty Name] with UKF ID [Faculty UKF ID Number] understand that this form is designed to serve the following goals:

1) Facilitate the reflection about faculty's professional performance.
2) Document effectiveness in Teaching, Research and Service; and
3) Foster continual improvement in the areas of faculty evaluation through planning and self-assessment.

By submitting this document, I agree that

1) I have read and understood the UKF policies about faculty annual evaluation.
2) The rating in this document is provisional until it is formally validated in the subsequent approval steps; and
3) The final rating by the Chancellor shall be final.

Name of Faculty: _____
Signature of Faculty: _____ Date: / /
Name of HoD: _____
Signature of HoD: _____ Date of Submission to Dean:
Name of Dean: _____ Signature of Dean:
Date of Submission to VCAA: _____
VCAA Recommendation (in case the faculty rebuttal).
Signature of VCAA (if faculty rebuttal): _____
Final Rating Approved by VCAA and Chancellor

Appendix-2 : Faculty Self-Assessment Report (FSAR)

Personal Information

Name .....
Academic rank .....
Department.....
College .....
Joining date .....
Title .....

Important notes

- As per UKF policy, the assessment of faculty performance is based on Teaching, Research and Service.
- The main purpose of the Faculty Self-Assessment Report (FSAR) is to provide the basis for a yearly performance appraisal.

- It is mandatory for all faculty to complete this Faculty Self-Assessment Report (FSAR).
- The faculty member must ensure that all course files with their ICARs are submitted on time.
- The Faculty member is advised to read UKF policy on faculty members' performance review.

I. Teaching

One of the most important criteria in the teaching evaluation of faculty members is Students evaluations of the instructor teaching effectiveness based on the Student Course Assessment Survey (SCAS). This is the average of all courses taught by the instructor. Another important criteria is Course Files that shall also include the ICARs: Instructor Course Assessment Reports ***(see Appendix 3).*** All faculty members are required to submit Students Course Assessment Survey and Course Files for all courses taught by them in the past two semesters. In addition, the faculty member must describe his/her achievements the following criteria of teaching evaluation.

I.1 Courses taught

Spring Semester 20--/20--

Course ID	Course Title	No. of Students

Fall Semester 20--/20--

Course ID	Course Title	No. of Students

I.2 Students evaluations of the instructor teaching effectiveness (Enclose the Student Course Assessment Survey Report for all courses).

I.3 Students assessment of the instructor advising (Enclose the Instructor Advising Report).

I.4 Quality of the ICAR (Enclose Instructor Course Assessment Reports in Appendix 3).

I.5 Participation in teaching and learning self-improvement courses arranged or administered by the Teaching and Learning Center (TLC).

I.6 Development of innovative methods in teaching.

I.7 Incorporating employability and soft skills (e.g. Coursera) in course(s) delivered by the instructor, with zero point if no evidence of effective use of such teaching modules.

II. Research

The faculty member should describe his/her research-related achievements and contributions according to the items mentioned in the EVALUATION CRITERIA FOR RESEARCH above.

Please complete the following table to list your publications (insert more rows as needed)

No.	Publication title	Journal Name	Scopus	UKF Rank	Status	Scopus
			Indexing (Y/N)	(A*, A, B, C)	(Published/ Accepted)	Link (Insert hyperlink)
1						
2						
3						

III. Service

The faculty member should describe his/her service contributions, which include service to the University, service to the profession and service to the national or international community as per the EVALUATION CRITERIA FOR SERVICE above.

Please complete the following table to list your main service contributions (insert more rows in needed)

No.	Task (e.g. Committee name)	Type (standing, ad hoc, etc.)	Level (University, College, Department, Community, etc.)	Role (Chair, member, etc.)
1				
2				
3				

Faculty member comments

Signature of Faculty Member: **Date:**

(Your signature does not necessarily indicate that you agree with the evaluation.

Your signature only indicates that you have had the opportunity to review the evaluation and that you have discussed the content with your supervisor. You reserve the right to submit a written rebuttal of this evaluation to the dean within ten working days of this date).

Head of Department Comments:

Signature of Head of Department Date:

Dean Comments:

Signature of the Dean: Date:

Appendix-3: Instructor Course Assessment Report (ICAR)

General Information

Instructor Name

Calendar year 20……. Semester ☐ Fall ☐ Spring ☐ Summer

Course Code Course Title

Course Credit Hours (Theory, Lab, Total) (2,1,3)

Section No. Total No. of Students Section Gender ☐ Male ☐ Female ☐ Merged

Average Mark for this Section:

Section 1:

Course Assessment

1.1. Quantitative analysis of student performance, including individual student grades, both cumulative and for each assessment, and grade distribution.

1.1.1. Please provide, in Appendix 1 (at the end of ICAR), the individual student grades, both cumulative and for each assessment [Final CAP Sheet].

1.2. Assessment of Course Learning Outcomes (CLOs)

#	**Course Learning Outcomes (CLOs)**	**Average Score (%)**	
		Instructor's Assessment (CAP)	Students' Feedback (Moodle)
a			
b			
c			

1.3. Graphical Representation of Students' Feedback and Instructor's Assessment of CLOs:

1.4. How does students' feedback on course learning outcomes (CLOs) differ from their assessment by the course instructor? Please provide analysis of any discrepancy.

1.5. Comprehensive Instructor review of the presentation of the Course:

a. Appropriateness of the course learning outcomes
b. Extent to which the syllabus was covered
c. Extent to which learning outcomes were met (with evidence)
d. Appropriateness of textbooks and other learning resources
e. Appropriateness of assessment instruments in relation to learning outcomes

f. Appropriateness of the balance of assessment

g. Appropriateness of prerequisites

h. General comments on any problems encountered with the course

Section 2:

Corrective/Improvement Actions Recommended by the Instructor

Recommended corrective actions for unachieved CLOs in the current offering of the course

(Skip if all CLOs were achieved):

CLO #	Course Learning Outcome (CLO)	Recommended Corrective Action

2.1. Instructor's recommendations for course improvements (even if all CLOs were achieved):

#	Recommended Course Improvement Actions
1	
2	
3	
4	

Section 3:

Student Course Assessment Survey (SCAS) Feedback:

3.1. Students' feedback with respect to the **course** as provided in SCAS Report:

Overall achieved Score (out of 5) for this course in rt = SCAS Repo

3.1.1. **Course-related Comments**:

Please read students' comments in SCAS Report related to this course, and categorize them in the below table in the form of Strengths and Concerns (if there is no comment, leave it empty):

#	Strengths	Concerns
1.		
2.		
3.		

3.1.2. Instructor's proposed corrective action plan based on students' above-mentioned feedback:

#	Corrective Action Plan based on SCAS Feedback on the Course
1.	
2.	
3.	

3.2. Students' feedback in SCAS Report with respect to the **instructor**:

Overall achieved score (out of 5)	
Main reason(s) or challenge(s) faced for not achieving the minimum required score of 4 out of 5. (Skip if not applicable)	
Action plan for improvement in the overall score in the next offering of course (if applicable)	

3.2.1 Instructor-related Comments:

Please read students' comments in SCAS Report with respect to the instructor, and categorize them in the below table in the form of Strengths and Concerns (if there is no comment, leave it empty):

#	Strengths	Concerns
1.		
2.		
3.		

3.2.2 Instructor's proposed corrective action plan based on students' feedback on the instructor:

#	Corrective Action Plan based on SCAS Feedback on the Instructor
1.	
2.	
3.	

3.3. Students' Feedback on **Lab/Studio/Clinic instructor** (if applicable):

(If the Lab/Studio/Clinic is taught by more than one instructor, please add the following tables for each instructor of Lab/Studio/Clinic)

Please read students' comments in SCAS Report with respect to the Lab/Studio/Clinic instructor, and summarize the comments and suggestions in the below table (if there is no comment, please leave it empty):

Instructor Name (1)

Overall achieved score (out of 5)

Main reason(s) or hallenge(s) faced for not achieving the minimum required score of 4 out of 5. (Skip if not applicable)

Action plan for improvement in overall score in the next offering of course (if applicable)

		Lab/Studio/Clinic Instructor-related Comments		
	#	Strengths		Concerns
1.				
2.				
3.				

3.3.1. Instructor's proposed corrective action plan based on students' above-mentioned feedback on the Lab/Studio/Clinic instructor:

#	**Corrective Action Plan based on SCAS Feedback on the Lab/Studio/Clinic Instructor**
1.	
2.	
3.	

Section 4:

Continuous Quality Enhancement

4.1. Implementation of corrective actions (for unachieved CLOs) that were recommended in Section 2.1 of CAR for previous offering of the course. (Skip if not applicable)

#	Corrective Actions recommended in Section 2.1 of CAR (as approved by ACIC and CEC)	Were these actions implemented this semester (Yes/No)? If not, why?
1		
2		
3		
4		

4.2. Please summarize how above-mentioned corrective actions helped in improving the course. If no improvement was achieved, explain the possible reasons. (Skip if not applicable)

4.3. Implementation of course improvement actions that were recommended in Section 2.2 of CAR for previous offering of the course:

#	Course Improvement Actions recommended in Section 2.2 of CAR (as approved by ACIC and CEC)	Were these actions implemented this semester (Yes/No)? If not, why?
1		
2		
3		
4		

4.4. Please summarize how above-mentioned improvement actions helped in improving the course. If no improvement was achieved, explain the possible reasons.

4.5. Implementation of corrective actions (based on SCAS feedback) that were recommended in Section 2.3 of CAR for previous offering of the course:

#	Corrective Actions recommended in Section 2.3 of CAR (as approved by ACIC and CEC)	Were these actions implemented this semester (Yes/No)? If not, why?
1		
2		
3		
4		

4.6. Please summarize how above-mentioned corrective actions helped in improving the course. If no improvement was achieved, explain the possible reasons.

Reviewed and Approved:

Instructor's Signature **Date**

…….. ……

Head of ACIC's Signature **Date**

…… ……..……

Head of Department's Signature **Date**

9. Change History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	5.13 Admin staff Performance Evaluation Policy		
	POLICY No.	5.13	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Admin Staff Performance Evaluation Policy outlines the systematic approach for assessing the performance of administrative staff within the university. It aims to ensure that all administrative employees are meeting the expectations and responsibilities of their roles, contributing effectively to the university's operations and strategic objectives. The policy provides a framework for regular performance reviews, feedback mechanisms, and the development of professional growth opportunities. This process is designed to enhance the efficiency, productivity, and job satisfaction of the administrative staff while aligning their contributions with the university's overall mission.

1. Purpose

The purpose of the Admin Staff Performance Evaluation Policy is to establish a consistent and fair process for evaluating the performance of administrative staff within the university. This policy aims to:

1. Ensure that administrative staff are meeting the expectations and responsibilities of their roles.
2. Provide a structured framework for delivering constructive feedback, recognizing achievements, and identifying areas for improvement.
3. Facilitate the professional growth and development of administrative staff by setting clear performance goals and offering opportunities for further training and advancement.
4. Align individual performance with the university's strategic objectives and operational needs.
5. Promote a culture of accountability, excellence, and continuous improvement within the administrative functions of the university.

2. Scope

This policy applies to all staff members across all grades, colleges and offices. It recognizes the mutual obligation of management and staff members to be responsible for performance management.

3. Policy Statement

3.1 General Guidelines

university is committed to maintaining a high standard of administrative excellence through a structured performance evaluation process. This policy ensures that all administrative staff members are regularly assessed on their job performance, with clear criteria and objectives aligned with their roles. The evaluation process is intended to be fair, transparent, and constructive, offering staff members the opportunity to receive feedback, set professional goals, and pursue further development. By implementing this policy, the university aims to foster a supportive and motivating work environment that recognizes and rewards effective performance, encourages continuous improvement, and addresses areas needing enhancement.

The purpose of the staff performance evaluation is to:

a) Align UKF strategic goals with performance contracts of offices and team members.
b) Share performance expectations with all staff members.
c) Identify and recognize high performers and potentials in the University.
d) Identify staff members who do not meet the minimum performance standards.
e) Identify performance gaps and determine performance improvement strategies.
f) Link staff members' performance with rewards system.

3.2 Performance Appraisal Templates (Embedded in HR System)

1. The performance of staff members at all levels is assessed using a Performance Appraisal template.
2. The template consists of three main sections:
Section A – Performance Objectives, Section B – Behavioral Competencies and Section C – Development Objectives.
3. A total weight of 100% is distributed among performance objectives and competencies sections, whereas development objectives have no weight. These sections are embedded in the performance forms, as elaborated in the table below.

Job Grade	Career Band	Section A: Performance Objectives %	Section B: Behavioural Competencies %
AD-12 to AD-15	Executive Management/ Management	80%	20%
AD-10 to AD-11	Heads/Professional Staff	70%	30%
ACS-2 & ACS-3			
AD-6 to AD-9	Administrative/ Technical Support	60%	40%
ACS-1			
AD-1 to AD-5	Business Support	50%	50%

Section A: Performance Objectives:
1. Across all grades, the minimum number of objectives is three (3), and the maximum is Eight (8)
2. Objectives should be directly linked to the functional unit's main objectives and KPI or derived from them. They could involve special assignments or projects as well.
3. Objectives should be SMART; Specific, Measurable, Achievable, Relevant and within Time-Bound.
4. The overall objectives weight is distributed among the number of performance objectives entered by the staff member, where each objective can have a different weight.
5. Minimum weight of each objective can be entered as 5% and maximum weight can be entered up to 40%, depending on the significance of each objective.
6. Set and agreed objectives can be amended once a year due to justifiable changes arising during a given year. Line manager shall communicate the change with the staff member and officially inform the Office of Human Resources in order to reflect such changes.
7. The Office of Human Resources shall send the performance form back to the line manager to reflect the necessary changes in the performance objectives. These modifications can only be accepted if the line manager has enough time during the performance year to evaluate the modified objective.

Section B: Behavioral Competencies:
Behavioral Competencies consist of Core and Leadership competencies.

1. The Office of Human Resources assigns five (5) behavioral competencies for each staff member at the time of joining, being the most relevant to the staff member's job description and work nature.
2. At the time of the performance form approval, the line manager can add, remove or amend any competencies based on the current job duties and needs.
3. The overall competencies weight is distributed among the number of behavioral competencies in different weights, and the line manager has access to modify the weights.
4. The staff member shall be evaluated against each behavioral competency by their line manager at the end of the performance appraisal cycle.
5. Once behavioral competencies are approved by the line manager through the staff member's performance form, they may not be changed during any given academic year. However, behavioral competencies can be revised/ changed from one year to another.

Section C: Development Objectives:

1. The purpose of development objectives is to develop professional skills aligned with the staff member's career path which helps the staff member achieve career progression, as well as achieve greater efficiency in performing current duties.
2. These objectives can support the staff member in the current job role as well as future job roles.
3. Development objectives are not part of the weight criteria, but can be taken into consideration by the line manager to perform the overall assessment.

4. Procedures

4.1 Planning Phase

1. The Office of Human Resources shall officially announce to all line managers and staff members the Performance Appraisal commencement including a particular guide to perform the needed steps. Line managers shall run orientation sessions with all related staff members in their colleges/ offices to provide general guidance on the evaluation process, determine areas of importance, prioritize objectives, and suggest the behavioral competency expectations.
2. The Performance Appraisal Form consists of the following components:

a. Goal Setting: where staff members are required to initially set objectives aligned with office/ college Performance Contracts and KPI's, and in coordination with their line manager.

b. Goal Approval: where the line managers shall approve subordinates' objectives, after discussing with them. Line managers may add, delete or modify any objective or competency for their subordinates, and may modify the percentage distribution. The line manager also approves the "Target" against each objective of their subordinate to set the evaluation criteria.

4.2 Evaluation Phase:

1. The Office of Human Resources shall officially announce to all line managers the beginning of Mid-Year Review phase.
2. During this phase, line managers are required to provide feedback to their subordinates on the progress of their objectives and competencies.
3. After discussing the feedback, the staff members shall acknowledge the mid-year results by completing the sign-off step.
4. The Office of Human Resources shall announce to all line managers and staff members the beginning of the End of Year Evaluation phase.
5. In the 'Self-Assessment' step at the end of the performance cycle, all staff members are required to assess their performance objectives, competencies and provide development objectives.

6. In the ‘Manager Assessment’ step, line managers, in the 1-on-1 discussion with the staff member, shall give their final feedback and ratings for their subordinates’ objectives and competencies and provide final feedback on the development objectives.
7. In the 1-on-1 meeting stage, the line manager shall meet his subordinate(s) to discuss the Performance Appraisal results. In case of disagreement on the rating, the line manager’s rating to be considered and filled in the rating column.
8. In the ‘Employee Sign off’, staff members shall acknowledge the final PA results. In case the staff member doesn’t agree on the rating; she/he can select the option of “Disagree” to the rating or “Grievance’’ and then sign the form.
9. The Office of Human Resources shall obtain and review all the submitted forms and further generate a summary report to analyse the normal distribution and bell-curve of each college/ office and of each Cabinet area and communicate with the concerned line managers in case any changes/ modifications are needed.
10. The line manager shall have 1-on-1 meeting with the staff members whose evaluation is impacted.
11. Upon the completion of all performance forms, the summarized report with bell- curved analysis is forwarded to the area Cabinet member for their review and approval. Once approved, all forms are digitally stored in the staff member’s file.

4.3 Confidentiality of PA Results

The individual performance rating is confidential and represents part of personal information. Staff members must not share their or other staff members’ performance appraisal results, unless being discussed for the purposes of grievance or re-evaluation by an official representative or committee as assigned by the top management.

4.4 Changes of Employment Conditions

In case the staff member is being promoted or transferred to another role during the performance appraisal cycle, the following measures apply:
1. If the period spent in the new position is less than 3 months at the time of PA, the previous line manager is responsible for the staff member’s performance evaluation.
2. If the period spent in the new position is from 3 to 6 months at the time of PA, there should be a combined evaluation from both supervisors – previous and the new one. The final evaluation shall be jointly agreed on by both supervisors.
3. If the period spent in the new position is more than 6 months at the time of PA, then the new supervisor is completely responsible for evaluating the staff member.

4.5 Performance Ratings

The performance ratings are divided into five (5) categories:
1. Substantially Exceeds Expectations (SEE): Staff members are excelling in their role, consistently exceeding all their objectives and competency expectations, and having an overall significant impact. Star Performers are contributing to organizational performance.
2. Exceeds Expectations (EE): Staff members are delivering excellent performance and consistently exceeding most of their objectives and competency expectations.
3. Meets Expectations (M): Staff members are delivering strong performance and meeting most of their objectives and competency expectations.
4. Needs Improvement (NI): Performance did not consistently meet all set standards and expectations, or there was a need for marginal improvement in one or more of the most critical objectives, skills and competencies.

5. Unsatisfactory (U): Consistently below average performance where standards were not met in most essential areas of responsibility.

4.6 Performance Rating Validation

1. A rating of "Meets Expectations '' (M) is the expected rating for the majority of staff members. A normal distribution test is conducted by the Office of Human Resources for each college and office to ensure the compliance of results to the normal distribution.
2. For any staff member receiving an overall rating of (SEE) or (NI) and (U), the line manager should clearly justify the ratings by submitting additional relevant details; supporting documents, description of extraordinary achievements or failure situations of the job requirements, specific incidents of good or bad behavior, problematic areas, etc.
3. A specialized PA Committee shall be formed by the top management to conduct a comprehensive review of the overall PA results to ensure clarity, transparency, and reasonable distribution of the results. The Committee may call for meetings with any of the line managers or staff members to review and validate any PA results.

Performance Rating Scale

Unsatisfactory	0 to 1.99
Needs Development	2.0 to 2.99
Meets Expectation	3.0 to 3.99
Exceeds Expectations	4.0 to 4.49
Substantially Exceeds Expectation	4.5 to 5

4.7 Resolving Appraisals Conflicts

1. If any staff member is not satisfied with his/her performance appraisal's final rating, he/she may request an appointment with their line manager to discuss this matter.
2. If no compromise is reached, and the staff member still believes that he/she had been subjected to any type of discrimination, personal judgement, biased rating, harassment or unfair treatment during the performance appraisal process, the staff member may select disagree or grievance option which is to be reviewed by the Office of Human Resources.
3. Accordingly, the Office of Human Resources shall review the matter and set a meeting with both parties to resolve and then finalize the issue.
4. If the dispute persists, the Office of Human Resources shall escalate these cases to the PA Committee for discussion and recommendation to the Chief Operating Officer for a final decision.

4.8 Performance Appraisal Consequences

1. The Annual Performance Appraisal rating might be used to determine any performance incentive program, such as merit increases or performance bonus.
2. The top management shall decide and announce this incentive scheme upon the completion of the PA process, along with the eligibility criteria to such incentives based on the performance ratings. However, the decision of whether to announce

such an incentive scheme or not is completely discretionary as it relates to financial performance and budget availability.

3. As for those who are rated "Unsatisfactory" (U), the management reserves the right to decide on their continuity at work or any other relevant disciplinary action. Upon the recommendation of the line manager, the staff member rated "Unsatisfactory" may follow a "Performance Improvement Plan" (PIP), giving the staff member another chance of 6 months to improve his/her performance. After 6 months of further evaluation, a decision might be taken on the staff member's continuation or termination.
4. As for those who are rated "Needs Improvement" (NI), the Office of Human Resources shall create a Performance Improvement Plan (PIP), and inform the line manager to add improvement objectives. This form is assessed by the staff member and later by the line manager at the end of 6 months, where the line manager has to recommend on the continuation of the staff member.
5. Exiting staff members due to resignation or termination, before the end of the academic year shall not be entitled to performance incentive programs.
6. Staff members who are eligible to any other type of incentive scheme are not entitled to any performance incentive program/scheme such as bonuses. However, they are still eligible to merit increases, if announced by UKF management, and based on the PA ratings.

4.9 Eligibility of Participation in the PA Program

1. All full-time contracted staff members who have been employed and have worked for a minimum of (6) six continuous months and completed their probationary period during the same academic year are entitled to undertake performance appraisal with their line managers.
2. The line manager is expected to define the relevant objectives and verify the behavioral competencies based on the job role, agree with the staff member, and communicate the same with the Office of Human Resources.
3. The following categories are excluded from the PA program:
    a. Individuals working at UKF on consultancy contract basis.
    b. Part-time staff members.
    c. Staff members who didn't complete the probationary period.
    d. Staff members who have been at the University for less than 6 months during the same academic year.
    e. All staff members whose accumulated leaves during the year (either being annual, sick, or any other type of leaves) exceed a period of 6 months.
    f. Personnel serving as trainees or on voluntary basis.

4.10 Miscellaneous

1. This policy supersedes any other old related policies, procedures, minutes of meeting, manuals, handbooks, and bylaws.
2. The Office of Human Resources is responsible for handling any issues that might arise and are not covered in this policy and raise recommendations for the Chief Operating Officer's final discretion.
3. In case of conflict between the Arabic and English versions of the Policy, the English one prevails.

4. In case of conflict between the contract and the Policy, the employment contract prevails.
5. Any exceptions to this policy must be well justified and raised to the Chancellor for a final decision.

5. Responsibilities

Line Manager:

- Conducting Evaluations: Responsible for conducting regular performance evaluations of their direct reports. This includes assessing the employee's work performance, providing feedback, and identifying areas for improvement.
- Setting Goals: Collaborates with staff to set performance goals and objectives, ensuring alignment with the organization's strategic aims.
- Monitoring Progress: Tracks and monitors employees' progress toward achieving their goals throughout the evaluation period.
- Providing Support and Guidance: Offers ongoing support, training, and resources to help staff meet their performance goals.
- Documenting Performance: Maintains detailed records of performance discussions, evaluations, and any corrective actions taken.

HR (Human Resources):

- Policy Implementation: Ensures that the performance evaluation process aligns with the organization's policies and legal requirements.
- Training and Support: Provides training to line managers on how to effectively conduct performance evaluations and use evaluation tools.
- Managing Records: Oversees the documentation and secure storage of all performance evaluation records.
- Mediation and Support: Acts as a mediator in cases of disputes regarding performance evaluations and provides support for addressing grievances.
- Evaluation Process Review: Regularly reviews and updates the performance evaluation process to ensure its relevance and effectiveness.

Vice Chancellor for Finance and Administrative Affairs:

- Strategic Oversight: Provides strategic oversight of the performance evaluation process, ensuring that it aligns with the organization's financial and administrative goals.
- Resource Allocation: Allocates necessary resources and support to the HR department and line managers for conducting effective evaluations.
- Policy Approval: Reviews and approves the performance evaluation policies and any significant changes to the evaluation process.
- Performance Monitoring: Monitors overall staff performance trends and uses evaluation outcomes to inform decision-making at the executive level.

Chancellor:

- Final Oversight: Holds the ultimate responsibility for ensuring that the performance evaluation process is fair, transparent, and aligned with the university's mission and values.
- Decision-Making: Involved in high-level decision-making based on performance evaluations, such as approvals for promotions, salary adjustments, or disciplinary actions.
- Policy Approval: Gives final approval to any significant changes to the performance evaluation policy or process.

- Appeals and Disputes: Acts as the final point of appeal in cases where staff dispute the outcomes of their performance evaluations, ensuring fairness and equity in the process.

6. Definitions

Staff Member: An employee who is having an employment contract for a minimum duration of one year continuously and assigned certain administrative, technical or academic support duties, working a minimum of eight hours per day or a maximum of forty-eight hours per week, or as stated in the employment contract.

Part-time Staff Member: An employee who is assigned certain administrative, technical or academic support duties with a daily duty of less than eight hours per day.

Line manager: A line manager is a person in a supervisory position who is responsible for overseeing the work and performance of employees within a specific department or team. They are typically involved in day-to-day management, including setting goals, providing guidance, and conducting performance evaluations. Line managers act as the primary point of contact between employees and higher management, ensuring that organizational objectives are met.

Staff performance evaluation: Staff performance evaluation is the systematic process of assessing an employee's job performance against established criteria and goals. This process involves reviewing an individual's work accomplishments, competencies, and overall contribution to the organization. The purpose of a staff performance evaluation is to provide constructive feedback, recognize achievements, identify areas for improvement, and inform decisions related to promotions, salary adjustments, and professional development.

7. Related Documents

Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its consistency with the new policy template	June 2024

	POLICY NAME	5.14 Nepotism /Employment of Relatives Policy		
	POLICY No.	5.14	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy is designed to prevent conflicts of interest and ensure fairness in hiring and employment practices within the organization. The policy typically outlines guidelines for employing relatives of current employees, including limitations on direct supervision, decision-making authority, and influence over employment conditions to avoid favoritism or bias.

1. Purpose

To maintain a professional work environment at the University of Khorfakkan, it is fundamental that familial relationships between community members should not, under any situation, result in a conflict of interest, bias, or undue influence that may negatively affect the work interests.
This policy clearly defines nepotism and provides guidelines for avoiding it among employees. It also clarifies the procedures to follow whenever an instance of nepotism arises and the reporting responsibility. It also defines the consequences and disciplinary actions to be taken when there's an indication of the existence of such acts.

2. Scope

This policy applies to all existing and new employees, whether serving on a temporary, permanent, full-time, or part-time basis. It applies to decisions concerning recruitment and hiring processes, promotions, supervisory relationships, evaluation and determination of remuneration, and any other employment benefits.

3. Policy Statement

The University of Khorfakkan is committed to maintaining a work environment that is free from favoritism, bias, and conflicts of interest. To uphold the principles of fairness and equity in employment practices, this policy prohibits the employment of relatives in positions where one relative would have direct or indirect influence over the employment, supervision, promotion, or evaluation of another relative. All hiring and employment decisions shall be based on merit, qualifications, and the needs of the University, ensuring equal opportunities for all candidates. Employees are required to disclose any familial relationships with current employees or applicants, and the University will take appropriate measures to avoid potential conflicts of interest. This policy is essential to preserving the integrity of the University's operations and fostering a professional and impartial workplace.

4. Procedure

4.1 Familial Relationships:

When evaluating whether a relationship falls within this policy, all employees are urged to disclose the facts if there is any doubt rather than failing to disclose in cases where a familial relationship existed.
A familial relationship involves a marital or other committed relationship or significant familial relationship, including—but not limited to —relationships by blood, adoption, marriage, parent, grandparent, child, sibling, cousin, uncle, aunt, nephew, niece, spouse, brother or sister-in-law, father or mother in law, son or daughter in law, step parent or step child, or other family member.

4.2 Nepotism Avoidance Measures:

a. Employment of staff members with familial relationships with existing UKF staff members is prohibited.

b. No existing employee should be transferred to a position with a direct supervisory relationship with another employee with whom a familial relationship currently exists or existed.

c. Faculty members with familial relationships may work within the same college, provided that no supervisory relationship exists and after satisfying the disclosure requirements.

d. Staff members who have familial relationships should not work in the same college or office.

e. Members of the senior management may not recommend people with whom they have familial relationships for employment.

f. Exceptions from these rules can be granted in certain situations and are subject to the following:

• Clear justification of its necessity to satisfy the work interests.

• A written disclosure of the nature of the familial relationship.

• A written approval from the Chancellor.

4.3 Existing Familial Relationships:

a. Each employee involved in a family relationship before the effective date of this policy must report it to the Office of Human Resources using the standard disclosure form.

b. If such a situation exists, an immediate internal control measure shall be taken to avoid a direct supervisory relationship between related staff members or prevent them from working within the same office or college.

c. Relevant corrective measures can be recommended at any time by the Office of Human Resources and get approved by the relevant authority level to avoid such a situation, which may include the transfer of any concerned employee to another college or office.

d. No existing work relationship will be allowed to be maintained between familial related employees, regardless of the positions involved, if it creates a disruption or potential disruption in the work environment, a conflict of interest, or is prohibited by any legal or regulatory mandate.

4.4 Recruitment Process:

a. An employee who has or has had any familial relationship with an applicant to any vacant position should not participate in any aspect of the recruitment process, whether related to shortlisting, evaluation, interviews, or selection processes.

b. In these circumstances, a person must decline an invitation or nomination to serve on the search committee, participate in shortlisting processes, evaluate the candidates, or be part of the interviewing panel.

c. An internal candidate for a vacant position should disclose any existing or previous familial relationship with any existing employee at the college or office in which this position is to be filled.

d. An external applicant for any vacant position should disclose any existing or previous familial relationship with any existing employee at the University, whether or not there is a direct supervisory relationship with the position s/he’s being recruited for.

4.5 Disclosure Responsibility:

a. Deans, directors, and managers of colleges and offices are completely responsible for reporting any incident of nepotism to the Office of Human Resources.

b. Existing employees with current or previous familial relationships must disclose such relationships to the Office of Human Resources, whether they are working within the same office/ college or have a direct supervisory relationship.

c. Existing employees are responsible for disclosing any change in the relationship that may create a familial relationship with other existing employees (i.e., marriage). This must be reported to the Office of Human Resources in writing.

d. Applicants for vacant positions are responsible for disclosing any familial relationship when applying.

4.6 Non-Compliance Penalties:

a. All employees must ensure full compliance with all terms of this policy.

b. Any employee who fails to disclose familial relationships will be subject to an investigation, and any employee who is involved in such a relationship will be subject to an investigation.

c. Based on feedback from the line manager, colleagues, or general observation, the Chancellor has the right to forward any such cases to the relevant disciplinary committee (i.e., faculty or staff) to conduct a full investigation.

d. According to the disciplinary committee's findings and recommendations, any employee can be penalized, which may include termination of services.

4.7 Miscellaneous

1. This policy supersedes related policies, procedures, meeting minutes, manuals, handbooks, and bylaws.
2. The Office of Human Resources is responsible for handling any issues that might arise that are not covered in this policy and for raising recommendations for the VCFA's final discretion.
3. In case of conflict between the Arabic and English versions of the Policy, the English one prevails.
4. In case of conflict between the contract and the Policy, the employment contract prevails.
5. Any exceptions to this policy must be well justified and raised to the Chancellor for a final decision.

5. Responsibilities

The Office of Human Resources is responsible for dealing with any issues that may arise and are not covered in this policy and raising recommendations to the relevant authority level.

The Office of Human Resources shall review the case, combine all relevant information, and report it to the Vice Chancellor for Academic Affairs (VCAA) if faculty members are involved, to the Vice-chancellor for Finance and Admin Affairs (VCFA) if staff members are involved, or to both if faculty and staff members are involved.

The VCAA and VCFA shall review the case and recommend an investigation or further action to the Chancellor.

6. Definitions

Nepotism: Nepotism is defined as the supervision or influence of an employee over another employee with whom s/he has a familial relationship.

Control measures: are defined as the set of policies, procedures, rules, disclosures, and practices adopted by the University to avoid the existence of or mitigate the effect of nepotism. Such control measures must be regularly reviewed, monitored, and approved by the relevant authority levels.

7. Related Documents

Faculty Handbook
Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	5.15 Faculty Discipline Policy		
	POLICY No.	5.15	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Discipline Policy outlines the procedures and guidelines for addressing instances of faculty misconduct or failure to meet the professional standards expected by the University. The policy aims to maintain a high standard of conduct among faculty members, ensuring that their actions align with the institution's values, mission, and academic integrity. It provides a clear framework for investigating and resolving disciplinary issues, with an emphasis on fairness, due process, and the right to appeal. The policy also emphasizes the importance of corrective action and professional development in addressing minor infractions, while also detailing the procedures for more serious offenses that may lead to suspension or termination. This policy ensures that disciplinary actions are handled consistently and transparently across the University.

1. Purpose

UKF believes in ensuring the highest standards of conduct for all faculty members. This policy aims to administer equitable and consistent measures to address unsatisfactory workplace conduct and apply fair and impartial standards to regulate employee behavior.
Grievances management outlines the framework adopted by UKF to address formal work-related complaints submitted to the Human Resources Department.

2. Scope

The policy applies to faculty members when addressing Faculty Discipline.

1. Employee Discipline
2. Discipline Appeals
3. Employee Grievances

3. Policy Statement

The University is committed to upholding the highest standards of academic integrity, professional conduct, and ethical behavior among its faculty members. The Faculty Discipline Policy establishes a fair and transparent process for addressing violations of these standards. Faculty members are expected to adhere to the University's code of conduct, policies, and regulations. When breaches occur, the University will take appropriate disciplinary action, ranging from corrective measures to more serious consequences, depending on the nature and severity of the infraction. The policy ensures that all disciplinary actions are conducted with due process, providing faculty members with the opportunity to respond to allegations and appeal decisions. The goal is to foster an environment of accountability, respect, and continuous professional growth within the University community.
The disciplinary policy takes into account the following guidelines:

a) Disciplinary actions will be administered in a manner intended to be corrective and not punitive, prevent recurrence, and enable satisfactory behavior in the future.

b) Disciplinary actions will include clarifying expectations and granting the employee opportunities to demonstrate improvement.
c) Disciplinary actions will be progressive, allowing corrective actions to be taken at an early stage, benefiting both the employee and UKF.
d) Disciplinary actions will be taken based on a comprehensive fact-finding process. Actions taken will depend on the nature of the violation, the circumstances surrounding the breach, and the employee's previous record.
e) UKF reserves the right to take any disciplinary action as it deems appropriate and as determined by the disciplinary authority.

4. Procedure

4.1 Disciplinary Investigation

1. The Chancellor may directly warn a faculty member in cases he believes do not require an investigation.
2. No other disciplinary actions will be taken without an investigation or reference to the Disciplinary Council.
3. The Chancellor shall appoint, upon his initiative or based upon the request of the College Dean, a faculty member to investigate the faculty member accused of certain offenses.
4. The faculty member conducting the investigation shall be of an academic rank equivalent to that of the faculty member to be investigated. The results of the investigation shall be submitted in a detailed report to the Chancellor, who may decide as he deems appropriate to close the investigation, impose any of the penalties within his authority, or refer the case (together with the investigation papers and report) to the competent Disciplinary Council. All proceedings in this regard shall be kept strictly confidential and carried out following the proper legal procedures.
5. The Chancellor, or whomever he authorizes, shall send the faculty member under investigation a detailed statement regarding the charges against them (together with a copy of the investigator's report) at least (15) days before the disciplinary hearing.
6. The faculty member whose case has been referred to the Disciplinary Council shall be briefed on the investigation and may request a lawyer or another faculty member to present them before the Disciplinary Council.

4.2 Disciplinary Actions

A faculty member deemed to breach any UKF's standards, regulations, or Code of Conduct shall be subject to disciplinary action. These disciplinary actions may include:

a) Verbal warning
b) Written warning
c) Written warning with a one-year suspension of the annual increment or reprimand with a one-year suspension of promotion to a higher rank
d) Written warning with a suspension of salary payment (no more than a quarter of the monthly salary) for a period not to exceed six months
e) Termination of contract with the full rights to salaries and entitlements

f) Termination of contract with the partial or total withholding of salaries and entitlements

4.3 Authorized Imposing Authorities

1. The Chancellor's decision shall form a Disciplinary Council, which shall be chaired by the Vice-Chancellor. The Chancellor may appoint someone else in place of the Vice-Chancellor if the latter is absent or if there is a legal or other compelling reason to do so. Its membership shall consist of the College Dean to which the investigated faculty member belongs, and a faculty member selected by the Chancellor.
2. Council meetings shall be considered a quorum in the attendance of two-thirds of the Committee members. The majority vote of those present shall issue recommendations. When the votes are equal, the vote of the Council's chairperson shall carry the motion
3. The table below identifies the personnel/parties authorized to impose disciplinary actions

Authorized Imposing Parties	Disciplinary Actions
College Dean / Chancellor / Disciplinary Council	a) Verbal Warning
Chancellor / Disciplinary Council	b) Written Warning
Chancellor / Disciplinary Council	c) Written warning with a one-year suspension of the annual increment or reprimand with a one-year suspension of promotion to a higher rank
Chancellor / Disciplinary Council	d) Written warning with a suspension of salary payment (no more than a quarter of the monthly salary) for a period not to exceed six months
Disciplinary Council	e) Termination of contract with the full rights to salaries and entitlements
Disciplinary Council	f) Termination of contract with the partial or total withholding of salaries and entitlements

4.4 Disciplinary Actions Determination

1. When determining a disciplinary action, the issuing authority shall observe the proportionality between the punishment and the violation committed. Two penalties may not be imposed for the same violation.
2. Disciplinary Council decisions shall be issued, including the reasons and grounds upon which the decision was based, derived from the investigation statements and the provisions of this policy, and declared in a council session set for that purpose.
3. The faculty member shall be notified in writing of the decision and the reasons within (10) days of the issue date.

4.5 Employment during A Disciplinary Process

1. As a precautionary measure, the Chancellor may suspend the faculty member being investigated from carrying on their duties for a maximum of (3) months if he believes that such is in the best interest of the investigation. The suspension period may not be extended unless the Disciplinary Council issues a decision.

2. Unless the Disciplinary Council provides otherwise, suspension from duty entails suspension of salaries as of the date on which the decision is taken to suspend the faculty member.
3. If the case under investigation is not referred to the Disciplinary Council within one (1) month after the decision to suspend the faculty member is issued, the suspension shall be considered rescinded, and the suspended salary shall be paid.
4. The faculty member's resignation shall not be accepted while the investigation is pending, nor shall the disciplinary proceedings against them be discontinued.
5. The disciplinary actions taken against a faculty member shall have no bearing on any criminal or civil proceedings connected with the same event that led to them.

4.6 Promotion during A Disciplinary Process

1. Faculty member suspended from work for investigative purposes or pending detention and subject to disciplinary proceedings shall maintain their right to promotion and a response regarding such by the said promotion date if, during the period of suspension or proceedings, they are acquitted or receive a penalty of no more than a five-day salary deduction. If a stricter penalty is imposed, the faculty member shall be denied the promotion for one year from the designated promotion date.
2. A faculty member's promotion shall not be permitted if the member is charged with a felony or crime related to a breach of public trust or integrity. The faculty member shall retain their right to promotion if the promotion date occurs during the trial and the member is acquitted, and the promotion shall be considered effective as of the said promotion date.

4.7 Dropping / Withdrawal of Disciplinary Actions

1. Disciplinary actions shall be dropped if (3) years have elapsed since the said violation. Disciplinary proceedings shall also be dropped in case of the faculty member’s demise or the lapse of (3) years since the end of their services at the UKF.
2. Disciplinary actions imposed on employees shall be withdrawn with the lapse of the following periods:
    a) (6) months in the case of cautionary notices, warnings, or the salary deduction of no more than (5) days
    b) (1) year in the case of a salary deduction of more than (5) days
    c) (2) years in the case of withholding the annual increment
3. Disciplinary actions may be revoked by decision of the Chancellor if the reports submitted regarding the faculty member’s conduct and performance – since the date the disciplinary action was imposed - are considered satisfactory. Cancelling a disciplinary action shall revoke it for future considerations, and the faculty member shall be entitled to all due rights and compensations.
4. Any documents relating to the disciplinary action shall be removed from the faculty member’s file without a request from the faculty member.

5. Responsibilities

The responsibilities related to the Faculty Disciplinary Policy typically involve various stakeholders within the university. Here’s how these responsibilities are generally distributed:

5.1 Faculty Members:

- Compliance: Adhere to the University's code of conduct, policies, and ethical standards.
- Self-Reporting: Report any potential conflicts of interest or violations of policy.
- Cooperation: Cooperate with any investigations or disciplinary procedures.

- Appeals: Exercise the right to appeal disciplinary decisions within the guidelines provided.

5.2 Department Heads/Chairs:

- Monitoring: Oversee faculty conduct and ensure compliance with university policies within their department.
- Reporting: Report any violations or concerns to the relevant authorities or committees.
- Initial Review: Conduct a preliminary review of any reported violations or concerns within the department.
- Support: Provide guidance and support to faculty members undergoing disciplinary review, ensuring they understand the process and their rights.

5.3 Dean of the College:

- Oversight: Ensure that all departments within the college enforce and adhere to the Faculty Disciplinary Policy.
- Decision-Making: Participate in the decision-making process for disciplinary actions that may affect faculty members within the college.
- Communication: Communicate decisions and outcomes to the relevant faculty member and department, and ensure proper documentation of the process.

5.4 Human Resources (HR) Department:

- Process Management: Manage the procedural aspects of disciplinary actions, including documentation, communication, and ensuring compliance with employment laws.
- Advisory Role: Provide advice on the appropriate disciplinary measures and ensure they align with university policies and legal requirements.
- Confidentiality: Maintain the confidentiality of all disciplinary matters and related documentation.

5.5 Disciplinary Committee:

- Review: Conduct a thorough review of cases brought before them, ensuring an unbiased and fair assessment.
- Recommendations: Make recommendations for disciplinary actions based on the findings of the investigation.
- Due Process: Ensure that all proceedings are conducted fairly, providing faculty members with the opportunity to present their case and respond to allegations.

5.6 Vice Chancellor for Academic Affairs:

- Final Authority: Serve as the final authority on disciplinary matters, particularly in cases where appeals have been made.
- Policy Oversight: Ensure that the Faculty Disciplinary Policy is consistently applied across the university.
- Communication: Communicate final decisions to the involved parties and ensure the implementation of any disciplinary actions.

5.7 Chancellor:

- Ultimate Oversight: Provide ultimate oversight of the Faculty Disciplinary Policy and ensure that it aligns with the university's mission and values.
- Approval: Approve the final outcomes of high-stakes disciplinary actions, especially those involving severe consequences such as termination.

- Accountability: Ensure accountability at all levels of the university for maintaining high standards of conduct and professionalism.

6. Definitions

Faculty Discipline: Actions taken by a university or educational institution to address breaches of conduct, non-compliance with policies, or unethical behavior by faculty members. The goal of discipline is to correct behavior and ensure adherence to institutional standards.
Misconduct: Any behavior by a faculty member that violates university policies, codes of conduct, ethical standards, or legal requirements. Misconduct can include, but is not limited to, academic dishonesty, harassment, discrimination, and misuse of university resources.
Code of Conduct: A set of guidelines and rules that outline the expected behavior and ethical standards for faculty members. The code of conduct serves as a foundation for evaluating faculty actions and determining whether disciplinary measures are necessary.
Disciplinary Action: The specific measures taken by the university in response to faculty misconduct. Disciplinary actions can range from a verbal warning to more severe penalties such as suspension, demotion, or termination of employment.
Due Process: The fair and transparent procedures that must be followed when investigating and addressing allegations of misconduct. Due process ensures that faculty members have the opportunity to respond to allegations, present evidence, and appeal decisions.
Grievance:A formal complaint made by a faculty member regarding perceived unfair treatment, disciplinary action, or violation of their rights under university policies. The grievance process provides a mechanism for resolving disputes and addressing concerns.
Appeal: A request made by a faculty member for a review of a disciplinary decision. The appeal process allows faculty members to challenge the outcome of a disciplinary action and seek a reversal or modification of the decision.
Investigation: The process of gathering facts and evidence to determine whether a faculty member has engaged in misconduct. An investigation typically involves interviews, document reviews, and other fact-finding activities conducted by designated university officials.
Sanction: A penalty or corrective action imposed on a faculty member as a result of misconduct. Sanctions can include warnings, mandatory training, suspension, reduction in rank, or termination, depending on the severity of the misconduct.
Confidentiality: The principle of maintaining the privacy of all parties involved in the disciplinary process. Confidentiality ensures that information related to the investigation, proceedings, and outcomes is shared only with those who have a legitimate need to know.
Ethics Violation: Any action by a faculty member that breaches the ethical standards set forth by the university, professional associations, or relevant legal frameworks. Ethics violations can include academic dishonesty, conflicts of interest, and exploitation of students.
Remediation: The process of correcting or improving a faculty member's behavior following a finding of misconduct. Remediation may involve additional training, mentoring, or other measures designed to prevent future violations.
Termination: The ending of a faculty member's employment as a result of severe or repeated misconduct. Termination is typically considered the most serious disciplinary action and is usually reserved for cases where other sanctions have failed or the misconduct is particularly egregious.
Conflict of Interest: A situation where a faculty member’s personal, financial, or other interests could potentially interfere with their professional responsibilities and decision-making within the university. Managing conflicts of interest is essential to maintaining integrity in the disciplinary process.

7. Related Documents

Faculty Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its consistency with the new policy template	June 2024

	POLICY NAME	5.16 Admin Discipline Policy		
	POLICY No.	5.16	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
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Overview

The Admin Discipline Policy outlines the procedures and guidelines for addressing breaches of conduct and performance issues among administrative staff within the University of Khorfakkan. This policy is designed to ensure that administrative staff adhere to the university standards and maintain a professional working environment. It provides a structured approach for managing disciplinary matters and emphasizes the importance of fair treatment, due process, and consistency in handling disciplinary actions.

1. Purpose

The purpose of the Admin Discipline Policy is to:

1. **Promote Professional Conduct:** Encourage administrative staff to uphold the university's values and standards of behavior, ensuring a positive and productive work environment.
2. **Ensure Fairness:** Provide clear and fair procedures for addressing and resolving performance issues and misconduct, ensuring that all staff are treated equitably.
3. **Maintain Standards:** Safeguard the integrity and efficiency of administrative operations by addressing issues that may affect the performance and reputation of the university.
4. **Provide Guidance:** Offer a structured framework for managing disciplinary actions, including clear steps for investigation, decision-making, and appeals.

2. Scope

The policy applies to Professional Staff when addressing the Employee Discipline.

3. Policy Statement

The university of Khorfakkan is committed to maintaining high standards of conduct and performance among its administrative staff. To achieve this, the following principles govern the Admin Discipline Policy:

1. Fairness and Transparency: Disciplinary actions will be conducted in a fair, transparent, and consistent manner, providing staff with the opportunity to respond to allegations and present their case.
2. Due Process: All administrative staff have the right to a fair hearing and an impartial review of any disciplinary matters involving them. The process will follow established procedures to ensure that decisions are based on evidence and relevant criteria.
3. Confidentiality: All disciplinary proceedings and related information will be handled with strict confidentiality to protect the privacy of the individuals involved and to maintain the integrity of the process.

4. Proportionality: Disciplinary actions will be proportionate to the nature and severity of the misconduct or performance issue. The university will consider all relevant factors when determining appropriate actions.
5. Disciplinary actions will include clarifying expectations and granting the employee opportunities to demonstrate improvement.
6. Disciplinary actions will be progressive, allowing corrective actions to be taken at an early stage, benefiting both the employee and UKF.
7. Right to Appeal: Administrative staff have the right to appeal disciplinary decisions. The appeal process will allow for a review of the decision and provide an opportunity for reconsideration.
8. Support and Development: The university is committed to supporting staff through training and development opportunities to address performance issues and prevent future occurrences of misconduct.
9. UKF reserves the right to take any disciplinary action as it deems appropriate and as determined by the disciplinary authority.

By adhering to these principles, the Admin Discipline Policy aims to foster a respectful and effective work environment while upholding the university's standards and values.

4. Procedures

4.1 Disciplinary Investigation

1. An Investigative Committee shall be formed by decision of the Chancellor at his discretion or based upon a request by the concerned department director to whom the professional staff reports
2. The Investigation Committee may call upon whomever it views appropriate to complete procedures regarding the violation attributed to the professional staff.
3. The Investigation Committee shall file a report containing its recommendations with the Chancellor, who may apply a penalty—as detailed below—or refer the professional staff's case to the Disciplinary Committee.
4. The Chancellor shall issue the decision to refer a professional staff member to the Disciplinary Committee based on the recommendation of the Investigation Committee and shall include a statement of facts regarding the professional staff member and the accusations leveraged against them.
5. The professional staff shall be informed in writing of the referral decision and the date of the Disciplinary Committee session. The experienced staff may defend themselves and be heard before the Investigation and Disciplinary committees.

4.2 Disciplinary Actions

1. A professional staff deemed to breach any UKF's standards, regulations, or Code of Conduct shall be subject to disciplinary actions. These disciplinary actions may include:
    a) Warning
    b) Written notice of caution
    c) Deduction of no more than one-quarter of the employee's salary for a maximum of (2) months per annum
    d) Withholding the annual increment

e) Suspension from work at half of the employee's salary for not more than (3) months, lowering the salary within the job grade limits, or demoting the employee to one job grade lower or both
f) Unpaid suspension from work for not more than (3) months
g) Termination of service with the right to receive one's salary or bonuses, or withholding at most one quarter of the amount of either one or the other

2. Disciplinary actions are determined by job grade. The table below outlines the disciplinary actions by grade:

Job Grade	Disciplinary Actions
1 and 2	a) Warning b) Written notice of caution c) Unpaid suspension from work for not more than (3) months d) Termination of service with the right to receive one's salary or bonuses, or withholding at most one quarter of the amount of either one or the other
1 to 12	a) Warning b) Written notice of caution c) Deduction of no more than one-quarter of the employee's salary for a maximum of (2) months per annum d) Withholding the annual increment e) Suspension from work at half of the employee's salary for not more than three months, lowering the salary within the job grade limits, or demoting the employee to one job grade lower or both f) Termination of service with the right to receive one's salary or bonuses, or withholding at most one quarter of the amount of either one or the other

4.3 Authorized Imposing Authorities

1. The Chancellor shall decide to form a disciplinary committee, which the Vice-Chancellor will chair. The committee will consist of two faculty members (one from the College of Law) and two department directors.
2. Committee meetings shall be considered a quorum in the attendance of two-thirds of the Committee members. The majority vote of those present shall issue recommendations. When the votes are equal, the vote of the Committee chairperson shall carry the motion.
3. The table below identifies the personnel/parties authorized to impose disciplinary actions

Job Grade	Authorized Imposing Parties	Disciplinary Actions
1 and 2	Vice Chancellor	a) Warning b) Written notice of caution c) Unpaid suspension from work for not more than (3) months
	Disciplinary Committee	a) Termination of service with the right to receive one salary or bonus or withholding at most one quarter of the amount of either one or the other

3 to 12	Vice Chancellor/ Disciplinary Committee	a) Warning b) Written notice of caution c) Deduction of no more than one-quarter of the employee's salary for a maximum of (2) months per annum d) Withholding the annual increment e) Suspension from work at half of the employee's salary for not more than (3) months, lowering the salary within the job grade limits, or demoting the employee to one job grade lower or both
	Department Director/ Disciplinary Committee	a) Warning b) Written notice of caution c) Withholding the annual increment
	Disciplinary Committee	**a)** Termination of service with the right to receive one's salary or bonuses or withholding at most one-quarter of the amount of either one or the other

4.4 Disciplinary Actions Determination

1. When determining a disciplinary action, the Disciplinary Committee shall observe the proportionality between the punishment and the violation committed. Two penalties may not be imposed for the same violation.
2. Disciplinary Committee decisions shall be issued, including the reasons and grounds upon which the decision was based, derived from the investigation statements and the provisions of this policy, and declared in a Committee session set for that purpose.
3. The professional staff shall be notified in writing of the decision and the reasons within (10) days of the issue date.

4.5 Employment during A Disciplinary Process

1. The concerned professional staff may be suspended as a precautionary action if the welfare of the investigation so requires. The suspension shall be for no more than three months and may be extended only by a decision from the Disciplinary Committee.
2. The suspension of the professional staff shall result in the withholding of half of their basic salary, starting from the date of suspension.
3. If the professional staff is acquitted, issued a penalty of a warning or notice, or the case is closed, the deducted salary shall be paid. If the professional staff receives a more substantial penalty, the imposing authority shall decide what will follow concerning the withheld salary.
4. The Chancellor may suspend a professional staff member pending detention and withhold half of their basic salary if they return to work. If the investigation finds the staff member innocent of the charge, the experienced staff member will be paid the deducted salary after the detention period ends. Otherwise, the salary will be withheld from the professional staff.
5. A professional staff detained or imprisoned by a court order for a felony or crime related to a breach of public trust, shall be suspended from work by decision of the Chancellor.

The salary of the professional staff shall be withheld throughout their detention/imprisonment, and their services shall be terminated if the period of detention exceeds three (3) months, starting from the date of detention.

6. In cases other than those exempted by a decision of the President, upon the recommendation of the Chancellor, a professional staff member's resignation shall not avert their disciplinary proceedings, and the resignation shall not be approved if they have been referred to the Disciplinary Committee.

4.6 Promotion during A Disciplinary Process

1. Professional staff suspended from work for investigative purposes or pending detention and subject to disciplinary proceedings shall maintain their right to promotion and a response regarding such by the said promotion date if, during the period of suspension or proceedings, they are acquitted or receive a penalty of no more than a (5) day salary deduction. If a stricter penalty is imposed, the professional staff shall be denied the promotion for a period of (1) year from the designated promotion date.
2. The promotion of a professional staff member shall not be permitted if the professional staff member is charged with a felony or crime related to a breach of public trust or integrity. The professional staff member shall retain their right to promotion if the promotion date occurs during the trial and the employee is acquitted, and the promotion shall be considered effective as of the said promotion date.

4.7 Dropping / Withdrawal of Disciplinary Actions

1. Disciplinary actions shall be dropped if (3) years have elapsed since the said violation. Disciplinary proceedings shall also be dropped in the event of the professional staff's demise or the lapse of three years since the end of their services at the UKF.
2. Disciplinary actions imposed on professional staff shall be withdrawn with the lapse of the following periods:
    a) Six months in the case of cautionary notices, warnings, or the salary deduction of no more than five days
    b) One year in the case of a salary deduction of more than five days
    c) Two years in the case of withholding the annual increment
3. Disciplinary actions may be revoked by decision of the Chancellor if the reports submitted regarding the professional staff's conduct and performance – since the date the disciplinary action was imposed - are considered satisfactory. Cancelling a disciplinary action shall revoke it for future considerations, and the professional staff shall be entitled to all due rights and compensations. Any documents relating to the disciplinary action shall be removed from the experienced staff's file without a request from the professional staff.

5. Responsibilities

5.1 Line Manager

- **Initial Investigation:** Responsible for identifying and addressing performance issues or misconduct at an early stage by conducting initial investigations to gather relevant information and assess the nature of the issue.
- **Documentation:** Maintain detailed records of the issues, discussions, and actions taken throughout the disciplinary process. Ensure that documentation is accurate and up-to-date.

- **Communication:** Inform the affected staff member about the issue and the potential disciplinary actions. Provide clear and constructive feedback, outlining expectations for improvement.
- **Support:** Offer guidance and support to the staff member, including recommending appropriate training or development opportunities if necessary.

5.2 HR Department

- **Policy Administration:** Oversee the administration and application of the Admin Discipline Policy, ensuring that it is followed consistently and fairly across the organization.
- **Advisory Role:** Provide advice and support to line managers and staff on disciplinary procedures, including interpreting policy provisions and ensuring compliance with legal and institutional requirements.
- **Investigation:** Conduct formal investigations if required, ensuring that all parties involved are treated impartially and that the process is thorough and objective.
- **Record Keeping:** Maintain records of all disciplinary proceedings, decisions, and actions taken. Ensure that records are kept confidential and are managed in accordance with relevant data protection regulations.
- **Training:** Provide training for line managers and staff on the disciplinary policy and procedures to ensure understanding and effective implementation.

5.3 Vice Chancellor for Finance and Administrative Affairs

- **Oversight:** Monitor the overall implementation of the Admin Discipline Policy to ensure alignment with institutional goals and standards. Review and approve major disciplinary decisions or actions, particularly those involving senior administrative staff.
- **Strategic Guidance:** Offer strategic guidance on handling complex or high-profile disciplinary cases, ensuring that decisions support the university's values and objectives.
- **Policy Review:** Participate in periodic reviews of the discipline policy to ensure its effectiveness and relevance. Provide input on any necessary updates or changes.

5.4 Chancellor

- **Final Authority:** Act as the final authority in the disciplinary process, particularly for appeals or cases involving significant disciplinary actions. Ensure that final decisions are made impartially and are consistent with university policies.
- **Policy Endorsement:** Endorse and support the implementation of the Admin Discipline Policy, demonstrating commitment to upholding university standards and values.
- **Communication:** Communicate the importance of the policy to the entire university community and support a culture of fairness and respect in the workplace.

6. Definitions

Disciplinary Action: Measures taken by the university to address and correct staff behavior or performance issues that do not meet established standards or policies. Disciplinary actions can range from verbal warnings to termination, depending on the severity of the issue and the outcomes of the disciplinary process.

Misconduct: Behavior or actions by an employee that violate the university's policies, rules, or standards of conduct. Misconduct can include but is not limited to, theft, dishonesty, insubordination, harassment, and any actions that compromise the integrity or operation of the institution.

Investigation: The process of gathering information and evidence regarding an alleged disciplinary issue or misconduct. This includes interviewing involved parties, reviewing documents, and collecting relevant facts to determine the validity and extent of the allegations.

Hearing: A formal meeting or process where the employee involved in a disciplinary case has the opportunity to present their side of the story, respond to allegations, and provide any evidence or arguments in their defense before a decision is made.

Appeal: A formal request by an employee to review and reconsider a disciplinary decision. An appeal is typically based on the grounds of procedural errors, new evidence, or a claim that the decision was unfair or disproportionate.

Sanction: A penalty or corrective measure imposed as a result of disciplinary proceedings. Sanctions can include warnings, suspension, demotion, or termination, depending on the nature and seriousness of the misconduct or performance issue.

Documentation: Records and written evidence related to disciplinary actions, including details of incidents, investigation findings, hearing proceedings, decisions, and any communications with the employee. Proper documentation is essential for ensuring transparency and accountability in the disciplinary process.

Due Process: The principle that ensures fair treatment for employees during disciplinary proceedings. This includes providing the employee with notice of the allegations, an opportunity to respond, and a fair and impartial hearing or review process.

Confidentiality: The practice of keeping information related to disciplinary proceedings private and restricted to those who need to be involved in or informed about the process. Maintaining confidentiality is crucial to protecting the privacy and rights of all parties involved.

7. Related Documents

Staff Handbook
UKF Bylaws relating to Staff

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its consistency with the new policy template.	June 2024

	POLICY NAME	5.17 Faculty Appeal Policy		
	POLICY No.	5.17	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Appeal Policy establishes a formal process for faculty members to appeal decisions related to their employment, including disciplinary actions, performance evaluations, and other significant administrative decisions. This policy ensures that faculty members have a fair opportunity to challenge decisions they believe to be unjust or incorrect.

1. Purpose

The primary purpose of the Faculty Appeal Policy is to provide a structured and transparent mechanism for faculty members to appeal decisions that impact their professional standing. This policy aims to:

- Ensure fairness and impartiality in decision-making.
- Provide faculty members with a clear process to contest decisions they believe are erroneous or unfair.
- Uphold the principles of justice and equity within the university.

2. Scope

The policy applies to all faculty members within the university. It covers appeals related to:

- Disciplinary actions, including warnings, suspension, and termination.
- Performance evaluations that affect faculty tenure, promotion, or salary.
- Other administrative decisions that have a significant impact on the faculty member's employment.

3. Policy Statement

The university of Khorfakkan is committed to maintaining a fair and transparent environment where faculty members can appeal administrative decisions affecting their employment. The Faculty Appeal Policy provides a formal procedure for:

- Submitting an appeal: Faculty members may appeal decisions by submitting a written appeal to the designated authority.
- Review process: Appeals will be reviewed by an impartial committee or designated individual who will assess the merits of the case based on established criteria.
- Resolution: A decision will be made regarding the appeal, and appropriate actions will be taken to address any issues identified.

The policy ensures that all appeals are handled with integrity and confidentiality, and that faculty members receive a timely and fair resolution. The university encourages open communication and resolution of issues at the earliest possible stage, but also recognizes the need for a formal appeals process when necessary.

4. Procedures

4.1. Appeal for Disciplinary Action

While UKF will take every measure to ensure that a comprehensive investigation is conducted and that all disciplinary actions are determined based on the input of multiple parties and the review of the submitted reports and statement of facts, employees who receive a disciplinary action may appeal as per the below guidelines.

1. A faculty member who receives disciplinary action in the form of a warning issued by the College Dean may appeal to the Chancellor.
2. The appeal must be submitted in writing within seven (7) days of being notified of the warning.
3. Decisions by the Disciplinary Council shall be final. However, appeals may be directed to the President in writing within (14) days of notifying the faculty member of the disciplinary action.
4. The President's decision on the matter shall be considered final and not subject to appeal elsewhere.

4.2. Appeal for Performance Evaluations

Initial Review and Informal Resolution

- Step 1: The faculty member should first discuss their concerns informally with their immediate supervisor or department head. This informal discussion aims to resolve any issues before proceeding with a formal appeal.
- Step 2: If the issue is not resolved informally, the faculty member should submit a formal written appeal to the department head within 10 working days of receiving the performance evaluation.

Submission of Formal Appeal

- Step 1: The written appeal should include a detailed description of the concerns, any evidence supporting the appeal, and a proposed resolution.
- Step 2: The department head will review the appeal and make an initial determination. The department head may request additional information or clarification from the faculty member.

Review by Evaluation Committee

- Step 1: If the faculty member is dissatisfied with the department head's decision, they may escalate the appeal to the Evaluation Committee, which is composed of impartial faculty members appointed by the Dean.
- Step 2: The Evaluation Committee will review the appeal, conduct hearings if necessary, and make a recommendation. The Committee's decision will be communicated to the faculty member and relevant administrative authorities.

Final Decision

- Step 1: The Dean or designated senior administrator will review the Evaluation Committee's recommendation and make a final decision.
- Step 2: The final decision will be communicated to the faculty member in writing, along with any actions to be taken.

4.3. Appeal for Other Administrative Decisions

Initial Review and Informal Resolution

- **Step 1:** The faculty member should first address the issue informally with the appropriate

administrative office or supervisor.

- **Step 2:** If informal resolution is not satisfactory, the faculty member should submit a formal written appeal to the relevant administrative office within 10 working days of the decision.

Submission of Formal Appeal

- **Step 1:** The written appeal should outline the decision being contested, provide supporting evidence, and suggest possible remedies.
- **Step 2:** The administrative office will review the appeal and may request additional documentation or clarification from the faculty member.

Review by Appeals Committee

- **Step 1:** If the appeal is not resolved at the administrative level, it may be referred to an Appeals Committee. This Committee is composed of individuals from different departments to ensure impartiality.
- **Step 2:** The Appeals Committee will review all documentation, conduct hearings if needed, and provide recommendations.

Final Decision

- **Step 1:** The final decision will be made by the Vice Chancellor for Academic Affairs or another designated senior administrator based on the Appeals Committee's recommendations.
- **Step 2:** The decision will be communicated to the faculty member and relevant parties, detailing any actions or changes resulting from the appeal.

4.4. General Considerations

- ***Timeliness*:** All appeals should be submitted and processed within specified timeframes to ensure prompt resolution.
- ***Confidentiality*:** The appeal process will be conducted with strict confidentiality to protect the privacy of the involved parties.
- ***Documentation*:** All appeal-related documents should be maintained securely and accessible only to those involved in the process.

5. Responsibilities

5.1 Faculty Member

- **Initiating the Appeal:** The faculty member is responsible for initiating the appeal process by submitting a formal written appeal within the designated timeframe after an unsatisfactory performance evaluation or administrative decision.
- **Providing Documentation:** The faculty member must provide a detailed explanation of the issues being appealed, along with any supporting evidence or documentation that justifies the appeal.
- **Participating in the Process:** The faculty member is expected to participate actively in the appeal process, including attending meetings, providing further clarification if requested, and adhering to all procedural requirements.

5.2 Immediate Supervisor/Department Head

- **Informal Resolution:** The immediate supervisor or department head is responsible for attempting to resolve the faculty member's concerns informally before a formal appeal is

submitted.

- **Initial Review:** Upon receiving a formal appeal, the department head is responsible for reviewing the appeal, consulting with the faculty member, and making an initial determination on the matter.
- **Forwarding the Appeal:** If the issue is not resolved at the department level, the department head must forward the appeal to the relevant committee or higher authority, along with all relevant documentation and their initial findings.

5.3 Evaluation Committee/Appeals Committee

- **Objective Review:** The committee is responsible for conducting an impartial and thorough review of the appeal. This includes examining all submitted materials, hearing from the faculty member, and considering additional information as necessary.
- **Recommendation:** After reviewing the appeal, the committee must provide a clear and reasoned recommendation to the relevant senior administrator, based on the evidence and applicable policies.
- **Confidentiality:** The committee is responsible for maintaining confidentiality throughout the appeal process to protect the privacy of the involved parties.

5.4 Dean of the College

- **Oversight:** The Dean is responsible for overseeing the appeal process within their college, ensuring that it is conducted fairly and in accordance with university policies.
- **Final Decision-Making:** In cases where the appeal is escalated to the college level, the Dean reviews the recommendations made by the Evaluation or Appeals Committee and makes the final decision on the matter.
- **Communication:** The Dean must ensure that the final decision is communicated to the faculty member in a timely and clear manner, along with any actions that will be taken.

5.5 Vice Chancellor for Academic Affairs (or Designated Senior Administrator)

- **Final Review:** The Vice Chancellor or designated senior administrator is responsible for making the final decision on appeals that have been reviewed by the Appeals Committee, particularly in complex or high-level cases.
- **Policy Adherence:** This individual ensures that the appeal process adheres to university policies and that the final decisions align with institutional standards and practices.
- **Documentation:** The Vice Chancellor is responsible for ensuring that all appeal decisions are properly documented and that records are maintained in accordance with the university's confidentiality and record-keeping policies.

5.6 Human Resources (HR) Department

- **Support and Guidance:** HR provides guidance to faculty members and administrators on the appeal process, ensuring that all parties understand the procedures and their responsibilities.
- **Policy Enforcement:** HR ensures that the appeal process is conducted in compliance with university policies and relevant employment laws.
- **Record-Keeping:** HR is responsible for maintaining records of all appeals, decisions, and related documentation in a secure and confidential manner.

5.7 Chancellor

- **Oversight:** The Chancellor may have an overarching role in ensuring that the appeal processes across the university are consistent, fair, and in line with the institution's values and policies.

- **Final Arbitration (if applicable):** In rare cases, the Chancellor may be involved in the final arbitration of particularly contentious or high-stakes appeals.

6. Definitions

Appeal: A formal request by a faculty member for reconsideration of a decision made by a supervisor, committee, or administrative body, typically regarding performance evaluations, employment conditions, or other administrative decisions.

Appellant: The faculty member who initiates an appeal by submitting a formal request for reconsideration of a decision that affects them.

Appeals Committee: A designated body within the university that is responsible for reviewing formal appeals submitted by faculty members and providing recommendations or decisions based on their findings.

Due Process: The principle that the appeal process must be conducted fairly, with the faculty member being given an opportunity to present their case, respond to evidence, and receive an impartial review of the decision being appealed.

Grievance: A formal complaint or concern raised by a faculty member, which may relate to perceived unfair treatment, violation of policy, or other issues affecting their employment or work environment. While similar to an appeal, a grievance may not always result in an appeal process**.**

Confidentiality: The requirement that all information related to the appeal, including discussions, documents, and decisions, must be kept private and shared only with those directly involved in the process.

Timeliness: The requirement that appeals must be submitted and reviewed within specific timeframes as defined by university policy, to ensure a prompt resolution.

7. Related Documents

Faculty Handbook

UKF Bylaws relating to Staff.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its consistency with the university bylaws and its alignment with the new policy template.	June 2024

	POLICY NAME	5.18 Admin Appeal Policy		
	POLICY No.	**5.18**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Admin Staff Appeal Policy provides a structured process for administrative staff to formally challenge decisions or actions taken by the university that directly affect their employment status, performance evaluations, or other work-related matters. This policy ensures that all appeals are handled fairly, transparently, and in accordance with established procedures.

1. Purpose

The purpose of this policy is to:

- Ensure that administrative staff have a clear and accessible process to appeal decisions they believe to be unjust or incorrect.
- Promote fairness and transparency in decision-making processes within the university.
- Provide a formal mechanism for reviewing and resolving appeals related to employment conditions, disciplinary actions, performance evaluations, and other administrative decisions.
- Protect the rights of administrative staff while upholding the integrity of the university's administrative processes.

2. Scope

This policy applies to all administrative staff members of the university, regardless of their position or length of service. It covers appeals related to:

- Performance evaluations
- Disciplinary actions
- Employment conditions (e.g., promotions, transfers, terminations)
- Any other administrative decisions that directly impact the staff member’s role or employment status.

3. Policy Statement

The university is committed to maintaining a fair and equitable work environment for all administrative staff. As part of this commitment, the university recognizes the right of staff members to appeal decisions that they perceive as unfair or detrimental to their employment. This policy provides a clear, structured process for submitting and reviewing appeals, ensuring that all parties are heard and that decisions are made impartially and based on all available evidence.
The policy stipulates that:

- All appeals will be handled confidentially, with respect for the privacy of the individuals involved.
- The appeal process will be conducted in a timely manner, with clear timelines for submission, review, and resolution.
- Staff members will not face retaliation or discrimination for submitting an appeal.
- The final decision on an appeal will be communicated to the appellant, along with an explanation of the rationale behind the decision.

This policy serves as a safeguard for the rights of administrative staff, ensuring that any grievances or concerns are addressed through a fair and transparent process.

4. Procedures

While UKF will take every measure to ensure that a comprehensive investigation is conducted and that all disciplinary actions are determined based on the input of multiple parties and the review of the submitted reports and statement of facts, employees who receive disciplinary action may appeal as per the guidelines below.

1. Professional staff in job grades (6) and above may appeal disciplinary decisions issued by the Chancellor to the President or whomever he delegates. Professional staff in job grades below (6) may appeal disciplinary decisions to the Chancellor.
2. The appeal shall be submitted in writing within (10) days from the date the employee is notified of the decision in writing.
3. The appeal shall be considered accepted if no decision is taken within (30) days from the submission date.
4. An appeal will be considered only if the employee appeals on valid grounds, such as further evidence not previously considered being brought to light.
5. Appeal hearings must be held with an independent Appeal Committee whose members were not involved in the disciplinary process investigation /hearing. The Appeal Committee will review all evidence considered at the appeal hearing and may obtain additional information if required.
6. The outcome of the appeal hearing will be communicated to the employee in writing, generally within (7) days.
7. The decision made by the Appeal Committee will be deemed final.

5. Responsibilities

5.1 Line Manager/Supervisor

- Initial Review: Conduct an initial review of the appeal to determine if it falls within the scope of the Admin Appeal Policy.
- Documentation: Ensure that all relevant documentation and evidence related to the appeal are collected and provided to the appropriate parties.
- Communication: Inform the staff member about the status of their appeal and the next steps in the process.
- Follow-Up: Implement any recommendations or decisions made as a result of the appeal, ensuring compliance with university policies.

5.2 Human Resources (HR) Department

- Guidance: Provide guidance to staff members on how to submit an appeal and explain the process and timelines involved.
- Coordination: Coordinate the appeal process, including scheduling meetings, interviews, or hearings related to the appeal.
- Record-Keeping: Maintain detailed records of all appeals, including decisions, communications, and supporting documents.
- Support: Offer support to both the appellant and the decision-makers to ensure that the process is understood and followed correctly.

5.3 Appeal Committee/Panel

- Assessment: Review the appeal thoroughly, considering all evidence and representations made by the appellant and other relevant parties.
- Decision-Making: Make a fair and impartial decision based on the information presented, ensuring that it aligns with university policies and legal requirements.

- Recommendations: Provide recommendations or corrective actions if the appeal is upheld, ensuring that these are feasible and within university policy.

5.4 Vice Chancellor for Finance and Administrative Affairs

- Oversight: Provide oversight to ensure that the appeal process is conducted in accordance with the university's policies and regulations.
- Final Review: In some cases, conduct a final review of the appeal decision, particularly in complex or high-stakes cases.
- Approval: Approve any significant changes to policies or procedures that may arise as a result of the appeal findings.

5.5 Chancellor

- Final Authority: Serve as the final authority in the appeal process if escalated beyond other administrative levels.
- Policy Review: Ensure that the Admin Appeal Policy is reviewed periodically to reflect any changes in legislation, university policy, or best practices.
- Communication: Communicate final decisions to the appellant and, where appropriate, to the broader university community.

5.6 Administrative Staff (Appellant)

- Submission: Submit the appeal in a timely manner, providing all necessary documentation and clearly stating the grounds for the appeal.
- Engagement: Participate fully in the appeal process, including attending meetings or hearings and providing additional information if requested.
- Adherence: Adhere to the decision made following the appeal process and cooperate with any follow-up actions or recommendations.

6. Definitions

Appeal: A formal request made by an administrative staff member to review and reconsider a decision made by the university that directly affects their employment or working conditions. The appeal process allows for a challenge to decisions related to performance evaluations, disciplinary actions, or other administrative determinations.

Appellant: The administrative staff member who initiates an appeal, seeking a review or reversal of a decision that they believe is unjust or incorrect.

Appeal Committee/Panel: A group of individuals, often including representatives from Human Resources, senior management, and possibly peer members, who are appointed to review the appeal, assess the evidence, and make a recommendation or decision.

Outcome: The final decision made at the conclusion of the appeal process, which may confirm, modify, or overturn the original decision. The outcome may also include recommendations for further action or remediation.

Resolution: The formal closure of the appeal process, following the communication of the outcome to the appellant and the implementation of any required actions or changes.

Confidentiality: The obligation to ensure that all information related to the appeal is kept confidential and shared only with individuals directly involved in the process, in order to protect the privacy of the appellant and any other parties.

Documentation: All written records related to the appeal, including the original decision, the appeal submission, any evidence presented, and the final outcome. Proper documentation is essential for transparency and accountability.

7. Related Documents

Staff Handbook

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template	June 2024

	POLICY NAME	5.19 Faculty Grievance Policy		
	POLICY No.	**5.19**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Grievance Policy provides a formal process for faculty members to address and resolve workplace concerns, disputes, or complaints related to their employment conditions, treatment, or interactions with colleagues and administration. This policy ensures that grievances are handled fairly, promptly, and in accordance with the university's commitment to maintaining a positive and productive work environment.

1. Purpose

The purpose of the Faculty Grievance Policy is to:

- Offer a clear and structured process for faculty members to express and seek resolution for grievances.
- Ensure that grievances are addressed in a timely and impartial manner.
- Protect the rights of faculty members by providing a transparent mechanism for resolving disputes.
- Foster a supportive work environment by resolving conflicts and addressing concerns before they escalate.
- Uphold the university's values of fairness, integrity, and respect in all aspects of faculty relations.

2. Scope

The Faculty Grievance Policy applies to all full-time and part-time faculty members of the university. It covers a wide range of issues, including but not limited to:

- Disputes regarding performance evaluations, promotions, or tenure decisions.
- Concerns about working conditions, workload, or administrative decisions.
- Allegations of unfair treatment, harassment, discrimination, or retaliation.
- Violations of university policies or procedures affecting faculty members.
- Any other work-related issues that may negatively impact a faculty member's professional experience.

This policy does not apply to matters that are subject to separate appeal processes, such as those covered by the Faculty Appeal Policy or disciplinary actions that follow a different procedural route.

3. Policy Statement

The university is committed to providing a fair, transparent, and accessible grievance process for faculty members. All grievances will be treated with the utmost seriousness and will be investigated thoroughly. The university ensures that:

- Faculty members have the right to file a grievance without fear of retaliation.
- Grievances will be addressed promptly, with the aim of reaching a fair and equitable resolution.
- The grievance process will be conducted in a confidential manner to protect the privacy of all parties involved.

- The university will take appropriate corrective actions if a grievance is found to be justified.
- The faculty member filing the grievance will be informed of the outcome of the grievance process in a timely manner.

4. Procedures

4.1 Grievances Process

1. Grievances are formal work-related complaints that are raised to the attention of the Human Resources Department. Employees are encouraged first to approach their line manager – when possible – to increase work-related issues and resolve them informally. The employee may initiate a formal grievance procedure if a satisfactory solution is not reached.

The below is an indicative list of valid grievances (refer to **Inclusiveness** under the Employee Code of Conduct):

a) Verbal abuse by the line manager or other employees (humiliation, belittling, shouting, rudeness)
b) Physical abuse / inappropriate physical contact
c) Verbal or written harassment in the form of inappropriate jokes/unwelcome comments
d) Spreading rumors/gossip
e) False or unfairly prejudicial treatment

Below is an indicative list of invalid grievances.

a) Complaints against a particular work assignment
b) Complaints against a transfer which addresses work needs
c) Non-selection for promotion, secondment, delegation
d) Position grade/title
e) Awarded salaries and benefits as per the Employment Contract
f) Work policies and procedures
g) Working hours
h) Office space

2. UKF believes that regular and forthright communication between employees and line managers reduces the likelihood of the need for a formal grievance, which is in the mutual best interest of both UKF and employees.

3. Line managers are encouraged to communicate openly with their teams and invite informal employee feedback. within their best authority, line managers should try to handle employee grievances and bring them to an amicable settlement.

4. The formal grievance process shall include the following:

a) A submission of a formal written grievance to the Employee Engagement Section in the Human Resources Department
b) A hearing managed by Employee Engagement, which includes all the concerned parties
c) A review of the grievance resolution /appeal

5. The Employee Grievance policy will not in any way reflect unfavourably upon any employee's character or employment status. The policy is not intended, nor will it be construed as restricting, limiting, or otherwise affecting an employee's rights.

4.2 Grievance Submission

Grievances should be submitted to the concerned employee whether by email or direct to the line manager or any other relevant authority.

5. Responsibilities

5.1 Faculty Member (Grievant)

- Initiating the Grievance: The faculty member who has a grievance is responsible for formally submitting their complaint in accordance with the policy's procedures and within the specified timeframes.
- Providing Information: The grievant must provide all relevant information and documentation related to the grievance, including any evidence that supports their concerns.
- Participating Actively: The faculty member should actively participate in the grievance process, which may include attending meetings, providing additional information when requested, and cooperating with investigations.
- Adhering to Procedures: The grievant must follow the established procedures and guidelines outlined in the policy to ensure their grievance is processed correctly.

5.2 Immediate Supervisor/Department Chair

- Initial Response: Upon being informed of a grievance, the immediate supervisor or department chair should acknowledge receipt of the complaint and provide information about the grievance process.
- Facilitating Informal Resolution: Encourage and facilitate informal discussions or mediation between the grievant and the involved parties to resolve the issue at the earliest stage.
- Supporting the Grievant: Provide support to the faculty member during the grievance process, including guidance on how to navigate the procedures.
- Ensuring Fairness: Maintain an unbiased stance and ensure that the grievance is handled impartially, without favoritism or prejudice.

5.3 Grievance Committee/Panel

- Composition: Typically composed of faculty members, administrators, and possibly external members to ensure impartiality and a diversity of perspectives.
- Reviewing the Grievance: Conduct a thorough review of the grievance, including examining all submitted documentation, interviewing relevant parties, and assessing the evidence.
- Conducting Hearings: If necessary, organize and conduct formal hearings where the grievant and respondent can present their cases, provide testimony, and submit evidence.
- Deliberating and Recommending: Deliberate on the findings and make recommendations for resolution based on the evidence and university policies.
- Reporting: Prepare a detailed report of the findings and recommendations to be forwarded to the appropriate decision-making authority (e.g., Dean, Vice Chancellor).

5.4 Dean of the College

- Oversight: Oversee the grievance process within their respective college to ensure it is conducted in accordance with the policy and university standards.
- Reviewing Recommendations: Review the recommendations provided by the Grievance Committee/Panel and make decisions or endorse actions based on those recommendations.
- Ensuring Timeliness: Monitor the progress of grievance cases to ensure that they are resolved within the stipulated timeframes.
- Communicating Decisions: Ensure that the grievant and respondent are informed of the final decision and any subsequent actions in a clear and timely manner.

5.5 Human Resources (HR) Department

- Policy Guidance: Provide guidance and support to faculty members and administrators on the grievance process, including clarifying procedures and answering questions.

- Coordination: Coordinate the logistics of the grievance process, such as scheduling meetings, hearings, and ensuring that all parties are informed of their roles and responsibilities.
- Record-Keeping: Maintain confidential records of all grievances, related documentation, and the outcomes of each case in accordance with data protection policies.
- Training: Offer training sessions for faculty and staff to educate them about the grievance policy, procedures, and their roles within the process.
- Ensuring Compliance: Monitor the grievance process to ensure compliance with university policies, procedures, and relevant employment laws.

5.6 Vice Chancellor for Academic Affairs

- Final Review and Decision-Making: In cases where the grievance is escalated beyond the college level or involves complex issues, the Vice Chancellor for Academic Affairs conducts a final review and makes the ultimate decision.
- Policy Implementation: Ensure that the Faculty Grievance Policy is implemented consistently across all colleges and departments within the university.
- Policy Evaluation: Periodically review and assess the effectiveness of the grievance policy and process, recommending improvements or changes as necessary.
- Reporting: Report on grievance trends, outcomes, and any systemic issues to the Chancellor and Deans' council.

7. Chancellor:

- Ultimate Oversight: Provide overall oversight of the grievance process to ensure it aligns with the university's mission, values, and policies.
- Policy Endorsement: Endorse the Faculty Grievance Policy, reinforcing the importance of a fair and transparent grievance process within the university community.
- Addressing High-Level Grievances: In exceptional cases, particularly those involving significant issues or public interest, the Chancellor may become directly involved to ensure resolution aligns with the university's standards and reputation.
- Promoting a Positive Culture: Advocate for a culture of openness, respect, and continuous improvement by supporting the grievance process and addressing any underlying issues revealed through grievances.

6. Definitions

Grievance: A formal complaint raised by a faculty member concerning a perceived wrong or hardship in their employment conditions, treatment, or any other aspect of their work environment. It may involve issues such as discrimination, harassment, unfair treatment, or violations of university policies.

Grievant: The faculty member who files a grievance, seeking resolution or redress for a specific concern or complaint related to their employment.

Grievance Committee/Panel: A group of individuals, usually composed of faculty members, administrators, and sometimes external members, appointed to review, investigate, and make recommendations regarding a grievance. The committee/panel is responsible for ensuring an impartial and thorough examination of the grievance.

Mediation: A voluntary process in which a neutral third party (mediator) facilitates communication and negotiation between the grievant and the respondent to help them reach a mutually acceptable resolution before the grievance proceeds to formal hearings.

Hearing: A formal meeting or session where the grievant and respondent present their cases, submit evidence, and provide testimony before the Grievance Committee/Panel. The hearing is

part of the formal grievance process and is conducted to determine the facts and merits of the grievance.

Resolution: The outcome of the grievance process, which may involve a remedy, corrective action, or dismissal of the grievance. The resolution is based on the findings and recommendations of the Grievance Committee/Panel or the designated decision-making authority.

7. Related Documents

Faculty handbook
UKF Bylaws relating to Academic Staff.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template	June 2024

	POLICY NAME	5.20 Graduate Assistants Policy		
	POLICY No.	5.20	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCFA
	DATE OF NEXT REVIEW	June 2026	APPROVED BY	Chancellor

Overview

The Graduate Assistants Policy outlines the roles, responsibilities, and conditions of employment for graduate assistants within the university. Graduate assistants are typically enrolled in graduate programs and are employed by the university to assist in teaching, research, or administrative duties. The policy ensures that graduate assistants receive appropriate support, fair compensation, and opportunities for professional development while contributing to the university's academic and research missions.

1. Purpose

The aim of graduate assistantship is to promote graduate programs at UKF, increase enrollment in UKF graduate programs and produce graduate students who become more learned, creative, and professional individual through formal instruction, interaction with faculty, research, and relevant academic experience. The objective of this initiative is to increase UKF research outputs and to provide support to graduate faculty in their research.

2. Scope

This policy applies to all graduate students employed as graduate assistants across the university. It covers various types of assistantships, including teaching assistantships, research assistantships, and administrative assistantships. The policy is relevant to graduate students, faculty supervisors, department heads, and administrative staff involved in the hiring, supervision, and evaluation of graduate assistants. The policy sets forth the guidelines for appointment, workload, compensation, benefits, performance expectations, and grievance procedures related to graduate assistantships.

3. Policy Statements

1. A Graduate Assistant (GA) is an individual who serves UKF in a support role (teaching or research) while completing his/her graduate studies at UKF.
2. The UKF may offer selected graduate students:
    a. Sponsored Graduate Research Assistant (SGRA)
    b. Sponsored Graduate Teaching Assistant (SGTA)
3. For graduate programs offered by UKF, the University provides financial support to GA's in terms of full or partial tuition fee waiver and a monthly stipend in some categories. A GA should be enrolled as a full-time graduate student i.e. taking credits as per study plan in the University for the duration of their assignments.
4. The graduate assistantships can be terminated by the University.
5. The graduate assistantship will be provided during Fall and Spring semester only.
6. The maximum duration of graduate assistantship is the approved minimum official duration of the program.
7. Graduate assistantship is contingent upon student status, satisfactory degree progress (i.e. CGPA), and performance evaluation. For full GA's (working 20 hours/week), the supervisor must certify the performance as Good or higher, while for other categories, the performance

must be graded as at least satisfactory at the end of each regular semester (i.e. Fall and Spring semesters only), endorsed by college Dean.

8. A GA must devote effort to formal study and assigned duties of teaching or research that are designed to enhance their university education. The Sponsored Graduate Teaching Assistants assist in the teaching of related undergraduate programs only. The stipend (as applicable) and/or Credit Hour (CR) fee reduction received by the GA is in recognition of these services and continuity of assistantship is subject to their satisfactory performance.
9. The full GA's (working 20 hours/week) shall work in the University as a full-time graduate student without any other part-time or full-time job, within or outside university, and must not be recipient of any other UKF scholarship or discount (either partial or full discount). Further, full GA's shall not be hired as Hourly Paid Research Assistants (HPRA) in UKF internally funded research grants.
10. The appointing of an academic program coordinator and college Dean determines service requirements of students who hold these assistantships. In all cases, the award obliges awardees to no more than 20 hours per week of services that make a substantive contribution to the student's academic and professional development. If the GA determines that he/she cannot meet the requirements of the award, it is imperative that he/she notifies the program coordinator to initiate renegotiation or reassignment of the award with correspondingly less support.
11. It is the responsibility of the Graduate Program Coordinator and/or supervisor to make sure that the graduate assistants are fully aware of all related policies and procedures and abide by them.
12. For all GA categories, students are expected to register the required number of credit hours, as per their study plan and other university requirements.
13. The following table summarizes the SGRA categories and related requirements (applicable for all programs:

SGRA Category	Maximum Tuition Fee Supported by UKF (per semester)	Working Hours / week	Monthly Stipend (AED)	Minimum CGPA Requirements
Cat-1 SGRA (Full SGRA	100% tuition fee up to 9 credit hours	20	4,000	3.5
Cat-2 SGRA (Half SGRA)	50% tuition fee up to 4.5 credit hours	10	2,000	3.0
Cat-3 SGRA (3-CR SGRA)	3 credit hours	5	0	3.0

The Cat-1 SGRA and Cat-2 SGRA are valid for all master's programs where thesis is a requirement as part of degree completion while Cat-3 SGRA is applicable to all graduate programs.

4. Procedures and Guidelines

4.1 Selection Procedures

1. The dean of Deanship of Research and Graduate Studies allocates a suitable budget for relevant graduate assistantship (excluding some categories where budget is allocated by the respective colleges) for graduate programs and informs graduate program coordinators and college deans the allocated funds (i.e. total number of credit hours supported and funds for monthly stipend) as soon as budget is approved.
2. The Graduate Program Coordinators, and College Deans advertise such positions and also use their personal contacts to search outstanding graduates with strong potential for graduate studies and research to apply for these positions. They can also use their networking to invite outstanding graduates from UAE or abroad.
3. All students enroll in the program shall have the opportunity to apply and compete for graduate assistantship, as they wish.

4. At the start of each academic year, the college Dean shall form an ad-hoc selection committee to review student applications, interview the short-listed candidates, assess candidates based on a pre-defined criterion and recommend candidates to the dean of Deanship of Research and Graduate Studies for approval. The college dean sends all details, such as recommendation form (with scores against set criteria), CV's of short-listed candidates, copy of email/advertisement sent to all students etc. to the Deanship of Research and Graduate Studies with recommendations.
5. The dean of Deanship of Research and Graduate Studies sends approval to the college Dean and notify other relevant offices such as Audit, Finance etc. College Dean, then, inform applicants formally and hire them on the positions.
6. All selected GA's will be required to sign service contracts before commencing their work.
7. The graduate program coordinator and college dean will be responsible for assigning a supervisor for each SGRA, while SGTA will work under the program coordinator and college Dean.
8. The supervisor(s) will be informed about expected outcomes and they shall be responsible to ensure that the research task is well-defined and properly supervised to achieve these outcomes.

4.2 Progress Monitoring

1. Graduate Assistants should have regular meetings with the appointed supervisors on a regular basis and keep a record of such meetings.
2. Graduate Assistants submit progress reports to the supervisor, who submits reports with his/her evaluation to the college member of Council of Graduate Studies, at the end of each Fall and Spring semesters.
3. The college member of Council of Graduate Studies forwards progress report to the Deanship of Research and Graduate Studies with his/her comments and endorsement from the College Dean.

5. Responsibilities

5.1 Roles and Responsibilities of SGRA

SGRA are typically involved in conducting research under the supervision of a faculty member or a senior researcher. Their roles and responsibilities may vary depending on the field of study, the research project, and the requirements of the faculty member or researcher they are working with. Some of the typical roles and responsibilities of GRAs include:

a. Successfully executing the tasks assigned to him/her as per agreed upon criteria communicated by the Dean of the College and/or Supervisor.
b. Conducting literature reviews and collecting data relevant to the research project.
c. Assisting with experimental design and data collection.
d. Conducting statistical analyses and interpreting research findings.
e. Participating in lab meetings and presenting research findings.
f. Collaborating with other members of the research team.
g. Assisting with grant proposal writing and manuscript preparation.
h. Cooperate with the Supervisor and Staff Members; shall fulfil all research tasks assigned to them as part-time Research Assistant in the best possible manner and to complete satisfaction of research supervisor(s) assigned by his/her department/college.

5.2 Roles and Responsibilities of SGTA

The typical role and responsibilities of SGTA are as follows:

a. Conduct Seminars/ workshops /work in labs activities as assigned by supervisor.
b. Lectures in the Campus when needed.

c. Work according to supervisory direction and supervision.
d. Ensure to apply the safety roles set by UKF EHS office in the labs and clinics, as applicable.
e. Manage the lab discussion at the beginning of each session, as per supervisor instructions.
f. Work in the lab to provide support to the faculty.
g. Assist the faculty in planning and preparation for lab and clinical activities.
h. Plan, prepare, and develop various teaching aids.
i. Assist faculty in all lab assessment tasks including exam invigilation.
j. Prepare for the lab demonstration including models, instrument, etc. before the beginning of lecture, lab or clinical sessions.
k. Stay abreast of the latest developments and techniques in their area.

6. Definitions

Graduate Assistant (GA): A graduate student enrolled in a master's or doctoral program who is employed by the university to assist in teaching, research, or administrative tasks. Graduate assistants may hold positions such as Teaching Assistants (TAs), Research Assistants (RAs), or Administrative Assistants (AAs).

Teaching Assistant (TA): A type of graduate assistant responsible for supporting faculty in instructional duties, which may include leading discussion sections, grading assignments, holding office hours, and assisting with course management.

Research Assistant (RA): A graduate assistant who contributes to research projects under the supervision of a faculty member or researcher. Duties may include conducting experiments, collecting and analyzing data, literature review, and preparing research reports.

Administrative Assistant (AA): A graduate assistant who provides administrative support within a university department or office. Responsibilities may include managing records, assisting with event planning, and providing general administrative assistance.

Workload: The amount of work assigned to a graduate assistant, typically measured in hours per week. The workload may vary depending on the type of assistantship but is generally expected to be balanced with the assistant's academic commitments.

Supervisor: The faculty member or administrator responsible for overseeing the work of a graduate assistant. The supervisor provides guidance, evaluates performance, and ensures that the assistant's work aligns with the university's academic and research goals.

Tuition Waiver: A benefit provided to graduate assistants that covers a portion or all of their tuition fees as part of their compensation package.

7. Related Documents

UKF Bylaws relating to Academic Staff.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure it covers all the sections stipulated in the new policy template.	June 2024

	POLICY NAME	5.21 Faculty Recruitment Policy		
	POLICY No.	5.21	**VERSION NO**	1.1
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	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Recruitment Policy outlines the procedures and guidelines for recruiting and hiring new faculty members within the university. The policy aims to ensure a fair, transparent, and effective recruitment process that attracts highly qualified candidates who will contribute to the university's academic excellence, research endeavors, and overall institutional goals.

1. Purpose

This policy ensures that the University hires only qualified and competent faculty members with the required qualifications and experience. It defines faculty members' academic ranks and ensures that part-time (Adjunct) faculty members have the same qualifications as full-time faculty members. Furthermore, it specifies the terms of the contract, including its renewal and termination, and restricts the proportion of part-time faculty members.

2. Scope

This policy applies to the recruitment of full-time and part-time faculty members.

3. Policy Statement

UKF employment policies are designed to ensure qualified and competent faculty members with the required qualifications and experience are hired for all vacant or newly created positions. Qualifications, experience, and scholarly work assign faculty members academic ranks. The contract terms are defined, and appropriate procedures are followed for periodic evaluation and professional development. The proportion of part-time (Adjunct) faculty members is restricted, and they must have the same qualifications and scholarly preparation as full-time faculty members.

- ✓ UKF does not discriminate based on sex, race, religion, color, age, national origin, or marital status.
- ✓ UKF prefers to employ faculty members from various educational and cultural backgrounds who have obtained their terminal degrees from internationally recognized and broadly respected institutions. They have contributed to or demonstrated their potential for quality teaching, research, and service to educational institutions and the community.
- ✓ The three main criteria used in the selection of new faculty members are as follows:
  - Teaching
  - Research
  - Outreach/ community engagement/ consultancy
- ✓ Proficiency in English is required for faculty joining any program regardless of the language of teaching in that program. They must also be familiar with the credit hour system of higher education and able to work with students from a variety of backgrounds.
- ✓ All faculty members must be competent in using computers for teaching and research purposes. They must also be familiar with academic advising and be able to contribute to the development of courses and curricula.

- ✓ UKF employs faculty members and academic support staff in the following academic ranks, as explained in detail in the Faculty Handbook:
    - Professor
    - Associate Professor
    - Assistant Professor
    - Lecturer
    - Academic Support Staff:
        - Assistant Instructor/Assistant Clinical Instructor
        - Instructor/ Clinical Instructor
        - Senior Instructor/ Senior Clinical Instructor
- ✓ Part-time (Adjunct Faculty) may be employed in accordance with the ratio of part-time/Adjunct to total faculty (maximum 25%) and the teaching load regulations specified by the Ministry of Education (up to 6 credit hours per part-time faculty member). Their employment is subject to the exact requirements of professional competence and experience as their full-time counterparts. Furthermore, their job is for specified courses, a specific semester, and not a continuing appointment.
- ✓ Faculty members without terminal degrees shall be appointed only as lecturers or instructors and not at professorial ranks.
- ✓ Except for issues, including but not limited to faculty member performance evaluation or program sustainability, the employment contract generally lasts two years and is renewable as per university regulations. However, for faculty who are 69 years of age at the time of renewal of contract and are otherwise eligible for renewal of their employment contract, the contract will be renewed for one last year. The employment contract shall not be renewed for faculty who are 70 years of age or beyond. The exception to the preceding two rules is for faculty working in administrative positions at the University.
- ✓ The contract specifies conditions (academic or moral violations and misconduct) that may result in the termination of the faculty member's contract. These conditions are explained in detail in the Faculty Handbook. The faculty member will be allowed to present their case before a final decision is taken about the termination of the contract.
- ✓ The faculty member is bound to abide by the published policies, rules, and procedures stipulated by the University. He/she shall honestly, diligently, and to the best of his/her abilities carry out assigned duties under the contract. These duties include attending scheduled teaching sessions and meetings (classroom and laboratory), academic advising, conducting examinations, conducting research, offering expertise, and contributing to students' training.
- ✓ The faculty member shall not accept any other professional appointment or consultancy work outside UKF without prior approval from the University. The faculty member engaged in the outside professional activity shall pay 30% of the total compensation received for such activity to the University finance department to sponsor social activities of the department or college.
- ✓ Faculty members shall abide by the university's confidentiality regulations and strive for professional development regularly.
- ✓ The faculty member is entitled to the remuneration package in their contract and specified annual increments. The package includes Basic Salary, Furniture Allowance, Housing Allowance, Children's Education Allowance, and Annual Tickets for travel by air. The University also provides health insurance for all faculty members, spouses, and three dependents. In addition, the faculty member is entitled to End of Service Gratuity (one-month basic salary for every year of service at the University, on the condition that the EOS gratuity shall not exceed the aggregate of two years' basic salary).

- ✓ The faculty member is entitled to annual, sick, and maternity leave as per University regulations specified in the contract.
- ✓ UKF's evaluation policy and procedures ensure a thorough appraisal of each faculty member at the selection stage for contract renewal and promotion in the academic rank.
- ✓ The detailed procedure and criteria used to evaluate faculty members are explained in the Faculty Handbook.
- ✓ UKF recognizes that its faculty members are its most valuable resource and that their competence, commitment, and capacity to change are fundamental to achieving its mission. Accordingly, UKF provides opportunities for individual faculty to:
    - Improve teaching effectiveness.
    - Enhance current academic and technical knowledge and skills.
    - Develop computer and technological proficiency skills.
    - Pursue research and creative projects.
    - Exchange information and ideas.
    - Develop innovative and effective instructional and administrative techniques.
    - Attend academic conferences and professional meetings and engage in research activities inside and outside the UAE.
- ✓ New faculty members will receive a proper orientation about the University's policies, philosophy, work ethics, and rights and responsibilities.

4. Procedures

4.1 Employment Procedure

1. The Dean is expected to submit the faculty hiring plan to the vice chancellor for academic affairs one academic year ahead of time. For instance, the hiring plan for Fall 2018 should be submitted in Fall 2017.
2. The faculty-hiring plan should indicate the following:
    a. Detailed specialization request.
    b. Verification of the requested specialization.
    c. Confirmation of slot availability.
    d. A clear strategic plan for the requested, highlighting how the candidate fits into the department/college/university's long-term strategy.
3. The new faculty slots would be approved based on budget availability, the real need for the requested position, and how it fits within UKF's strategic plan.
4. The College administrator initiates the requisition in the system, which will be approved by authorized personnel at the University.
5. The Representative from the Office of the Vice-Chancellor for Academic Affairs would prepare an advertisement for the available opening.
6. The Representative from the Office of Vice-Chancellor for Academic Affairs handles the new slot advertisement on the University website and renowned international outlets for the specific specialization, which the Dean shall determine in consultation with the department's head.
7. The advertisement should be kept for at least one month before starting the screening process.
8. Applicants should submit the following documents online:
    a. Cover letter with a detailed CV.
    b. Information form.
    c. Any other relevant supporting documents.
9. The Representative from the Office of the Vice-Chancellor for Academic Affairs shall send all applications to the Dean.

10. A "Search Committee" will screen the applicants and must have the following composition:
    - The committee shall be headed by the Dean or the head of the department to which the candidate will be appointed.
    - Four faculty members, with one of the faculty members from outside the department.
11. Short-listed candidates would be interviewed by the "Search Committee."
12. The Search Committee shall ensure that the faculty hiring process abides by UKF's Nepotism Policy that addresses Nepotism and the Employee Code of Conduct, which addresses inappropriate employee relationships.
13. Candidates living abroad can be interviewed remotely.
14. The main criteria for evaluating candidates are:

a. Research record with a particular focus on:
    - Research area and to what extent it fits the announced position.
    - Publications and creative work with particular attention to publications in high-impact factor journals.
    - Citation Record.
    - Amount of external funds secured by the candidate.
    - Research presentations, especially presentations delivered by the candidates at prestigious conferences.
    - International collaboration.

b. Teaching record taking into consideration:
    - Teaching philosophy.
    - Course diversity.
    - Graduate student supervision.
    - Student evaluation.
    - Development of new courses and labs.
    - Introduction of novel teaching pedagogies.

c. Services:
    - Service to the University, including administrative duties, participating in committees, etc.
    - Professional service, including organizing conferences, serving on committees of international conferences, conducting reviews for international journals, etc.

15. If short-listed candidates do not fulfil the above criteria, the advertisement will be re-announced until suitable candidates are available.
16. The "Search Committee" shall submit to the Dean the following documents:
    a. CV of the short-listed candidate.
    b. Information form.
    c. Committee report including the following items:
        - How does the candidate fit into the specific slot and UKF strategic plan?
        - Summary of the candidate's credentials, with specific comments on items mentioned in item 12 above.
        - The strong and weak points of the candidate.
        - Committee recommendations.

The Dean makes a recommendation to the Vice Chancellor for Academic Affairs. The University of Khorkakan's policy is to ensure that all legal issues are addressed when hiring faculty and staff. The Representative from the Office of the Vice-Chancellor for Academic Affairs issues an offer letter for the selected faculty. The Vice-Chancellor for Academic Affairs and the Chancellor shall sign the contract.

4.2 Employment Records Maintenance

The University of Khorfakkan maintains electronic personnel information for each faculty member to ensure a complete, accurate, and current record of documents related to each faculty member's job and employment status. These records are maintained by the Office of Human Resources and their designee at the VCAA office. Faculty academic career records are maintained and stored in officially approved electronic systems (SAP) and University-HR drive and include both pre-employment and after-employment documents such as:

- Application, official documents, and resume.
- Certifications and verification.
- Job Description.
- Interview notes and recommendations.
- Job offers and employment contract.
- Commencement and Pay/Compensation Form.
- Performance Evaluation and Goal Setting Records.
- Other documents related to termination, etc.

Following UKF's Information Technology Policy, regular backup is conducted on the HRNET system and the electronic personnel files through the archiving system.

UKF employees have access to personnel information through the HRNET system, including the right to review the file and correct erroneous information. For items that cannot be edited, the employee can contact the Office of Human Resources for their appropriate action.

5. Responsibilities

5.1 Deans' Council

- Approval and Oversight: Provide final approval for new faculty positions and oversee the recruitment process to ensure adherence to university policies and strategic goals.
- Budget Allocation: Ensure that sufficient funds are allocated for new faculty positions and related recruitment activities.

5.2 Deans and Department Heads

- Position Identification: Identify the need for new faculty positions based on departmental needs, academic program expansion, and strategic priorities.
- Search Committee Formation: Establish search committees for each recruitment process, ensuring diverse representation and appropriate expertise.
- Position Description: Develop and approve job descriptions and advertisements, ensuring they accurately reflect the requirements and responsibilities of the position.

5.3 Recruitment Committee

- Application Review: Review applications and shortlist candidates based on established criteria and qualifications.
- Interview Process: Conduct interviews, evaluate candidates, and provide recommendations to the hiring authority.
- Candidate Assessment: Assess candidates' qualifications, experience, and fit with the department and university culture.

5.4 Human Resources (HR) Department

- Recruitment Process Support: Facilitate the recruitment process by managing job postings, application systems, and coordination of interview schedules.
- Compliance and Fairness: Ensure the recruitment process complies with legal and regulatory requirements, including equal opportunity employment and non-discrimination policies.
- Documentation and Record-Keeping: Maintain records of the recruitment process, including applications, interview evaluations, and hiring decisions.

5.5 Faculty Members

- Participate in Recruitment Committees: Serve on recruitment committees as needed, contributing to the evaluation and selection of candidates.
- Provide Input: Offer input on job descriptions, interview questions, and candidate evaluations based on their expertise and departmental needs.

5.6 New Faculty

- Onboarding: Participate in onboarding and orientation programs to integrate into the university and departmental community.

5.7 Legal and Compliance Offices:

- Policy Review: Review recruitment practices to ensure compliance with legal and regulatory requirements.
- Advisory Role: Provide guidance on compliance issues and address any legal concerns related to the recruitment process.

6. Definitions

Faculty Recruitment: The process of identifying, attracting, and hiring qualified candidates for faculty positions within a university. This includes defining job requirements, advertising positions, reviewing applications, conducting interviews, and making hiring decisions.

Recruitment Committee: A group of individuals appointed to oversee and manage the recruitment and selection process for faculty positions. The committee is typically composed of faculty members, department heads, and sometimes students or external experts, depending on the role and university policies.

Position Description: A detailed document outlining the responsibilities, qualifications, and expectations for a faculty position. It typically includes job duties, required academic and professional credentials, preferred skills, and other relevant criteria.

Shortlisting: The process of reviewing applications to select a subset of candidates who meet the minimum qualifications and criteria for further evaluation. Shortlisted candidates are typically invited for interviews or additional assessments.

Candidate Assessment: The evaluation of candidates' qualifications, experience, and suitability for a faculty position. This involves reviewing application materials, conducting interviews, and sometimes assessing teaching and research abilities through presentations or other methods.

Interview Process: The procedure by which candidates are interviewed to assess their fit for the faculty position. This may include panel interviews, one-on-one interviews, and sometimes teaching demonstrations or research presentations.

Hiring Decision: The final choice of a candidate to be offered the faculty position. This decision is based on the evaluations from the search committee, interviews, and other assessment methods.

Equal Opportunity Employment: A principle ensuring that all candidates are considered for employment based on their qualifications and experience without discrimination based on race, gender, age, disability, sexual orientation, or other protected characteristics.

Onboarding: The process of integrating new faculty members into the university. This includes orientation sessions, introduction to university policies, and providing support to help new hires acclimate to their roles.

Compliance: Adherence to relevant laws, regulations, and university policies throughout the recruitment process to ensure fairness, legality, and ethical standards.

7. Related Documents

Faculty Handbook

UKF Bylaws relating to Academic Staff.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to complete the section stipulated in the new policy template.	June 2024

	POLICY NAME	5.22 Faculty Promotion Policy		
	POLICY No.	**5.22**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Faculty Promotion Policy outlines the procedures and criteria for advancing faculty members to higher ranks or positions within the university. It aims to ensure that promotions are based on merit, academic achievements, contributions to the university, and alignment with institutional goals.

1. Purpose

The purpose of the Faculty Promotion Policy is to:

1. **Establish Clear Criteria:** Define the qualifications and achievements required for faculty promotions, ensuring transparency and consistency in the process.
2. **Promote Excellence:** Recognize and reward faculty members who demonstrate outstanding performance in teaching, research, and service.
3. **Enhance Professional Growth:** Support the professional development and career advancement of faculty members.
4. **Maintain Standards:** Uphold high academic and professional standards within the university.

2. Scope

The Faculty Promotion Policy applies to:

1. All Full-time Faculty: Faculty members who are eligible for promotion according to their contracts and institutional guidelines.
2. Promotion Processes: All processes related to the evaluation, recommendation, and approval of faculty promotions, including the assessment of performance, contributions, and qualifications.
3. Promotion Ranks: The policy covers promotions to different faculty ranks, such as Assistant Professor to Associate Professor, or Associate Professor to Professor.

3. Policy Statement

3.1 General Guidelines

The Faculty Promotion Policy affirms that:

1. **Merit-Based Promotions:** Promotions are based on demonstrated excellence in teaching, research, and service. Faculty members are evaluated on their contributions to the university's mission and goals.
2. **Transparency and Fairness:** The promotion process is conducted transparently and fairly, with clear criteria and procedures communicated to all eligible faculty members.
3. **Comprehensive Evaluation:** The evaluation for promotion includes a review of teaching effectiveness, research achievements, service contributions, and other relevant factors.
4. **Support for Professional Development:** The university is committed to providing resources and support for faculty development to help them meet the criteria for promotion.
5. **Appeals Process:** Faculty members have the right to appeal promotion decisions in accordance with established procedures.

This policy ensures that faculty promotions are conducted in a manner that recognizes and rewards academic and professional achievements while aligning with the university's strategic objectives.

3.2 Promotion Criteria

The criteria for faculty promotion at the University of Khorfakkan include evaluating the performance of faculty members in the following three areas:

1. Research
2. Education (Teaching and Academic Advising)
3. University and Community Service

3.2.1 Research

This criterion refers to research and publications in the applicant's field of specialization.
Research admissible for purposes of promotion includes:

A. Research published (or accepted for publication) in recognized specialized or multi-disciplinary periodicals and journals provided that such periodicals and journals are refereed and are in the applicant's field of specialization or a closely related field and are regularly published by universities, academic or scholarly societies, associations or academies, scientific research centers, or international publishing houses in accordance with standards approved by the University. A maximum of two articles, based upon master's or doctorate theses, for which the applicant was the main or associate supervisor, may be considered for promotion to the rank of associate professor, and a maximum of three such articles may be considered for promotion to the rank of full professor. It is expected that the applicant publishes in different journals.

B. A maximum of one granted patent can be used for the promotion to the rank of Associate Professor and a maximum of three granted patents can be used for the promotion to the rank of Professor. Each patent is counted as Class (B) publication.

C. Case studies in the applicant's field of specialization published (or accepted for publication) in refereed academic journals. Only one such article may be considered for promotion.

D. Research published in specialized books in the applicant's field of specialization. These books must have been refereed by at least two referees in the applicant's field of specialization prior to publication and must have been published by a university, an academic association, or by an international publishing house in accordance with standards approved by the University. Only one such work may be considered for promotion.

E. Published books that contribute to knowledge in the applicant's field of specialization provided that their contents are of a substantial nature. Such books must have been evaluated by at least two referees in the applicant's field of specialization prior to publication and must have been published by a university, an academic association, or an international publishing house in accordance with standards approved by the University. A maximum of two such books may be considered for promotion.

F. Published university textbooks in the applicant's field of specialization provided that their contents are of a substantial nature. Such books must have been evaluated by at least two referees in the applicant's field of specialization prior to publication and must have been published by a university, an academic association, or an international publishing house in accordance with standards approved by the University. A maximum of one such textbook may be considered for each promotion.

G. Heritage books that have been refereed, reviewed, and published by a university, an academic association, a reputable publishing house or in a refereed scientific journal. Such books must be in the applicant's field of specialization and must have been

evaluated prior to publication by at least two referees in the field of specialization. Only one such book may be considered for promotion.

H. Artistic and creative works of Fine Arts, Design and/or Media, for the Fine Arts, Design, and Communication specializations shall be considered for promotion purposes. In accordance with current polices & regulations for faculty promotion, each new creative work is considered equivalent to one research article provided that the work is documented in accordance with the criteria approved by the university. A maximum of two such creative works may be considered for promotion to the Rank of Associate Professor and a maximum of three for promotion to the Rank of Professor. The creative works for Communication specializations that shall be considered for promotion purpose include:

- Production of radio and television creative works (e.g. programs, documentaries, or drama),
- New media creative works (e.g. website designs, or smart digital applications), Media campaigns
- Applied research.

These works could be done at the international, regional, or national level. The evaluations of each category are subjected to criteria approved by the university.

The creative works for Fine Arts and Design specializations that shall be considered for promotion purpose include:

1. Participation in art biennial/triennial of creative art and design (e.g. painting, drawing, photography, sculpture, printmaking, fashion design, furniture design, interior design, graphic design)
2. Participation in solo exhibition of creative art and design (e.g. painting, drawing, photography, sculpture, printmaking, fashion design, furniture design, interior design, graphic design)
3. New media creative design (e.g. website designs, or smart digital applications)
4. Applied Research in Design.

These creative art and design works could be done at the international, regional or national level. The evaluations of each category are subjected to criteria approved by the university.

I. Under all circumstances, the total number of books referred to in items (D), (E), (F) and (G) above shall not exceed one for promotion to the rank of associate professor and two for promotion to the rank of full professor. All such books are counted as class (B) publications.

J. The publications of the applicant must carry, as first affiliation, "University of Khorfakkan" while the applicant is working at University of Khorfakkan.

3.2.2 Teaching and Academic Advising

The applicant's performance in teaching and academic advising shall be evaluated in accordance with the following criteria:

i- Effectiveness of the applicant's teaching according to student evaluations for courses taught at the University of Khorfakkan.

ii- Effectiveness of the applicant's teaching according to peer evaluations of a sample of courses taught at the University of Khorfakkan.

iii- The variety of courses taught by the applicant in his/her specialization at the University of Khorfakkan.

iv- The applicant's contribution to graduate studies (if offered in concerned college) through teaching graduate courses and/or supervising theses/dissertations if applying for promotion to the rank of full professor.

v- The applicant's contribution to developing study plans and programs, including proposing new courses or modifying already existing courses at the University of Khorfakkan.

vi- The applicant's contribution toward improving the teaching process by introducing effective learning and teaching methodologies and writing instructional materials based on preparing and/or publishing case studies or publishing the results of various applied teaching methodologies.

vii- Utilizing modern educational technologies in teaching.

viii- Organizing and participating in student academic advising.

ix- Participating in seminars, conferences or workshops pertaining to improving and developing teaching methodology.

3.2.3 University and Community Service

The applicant's performance in university and community service shall be evaluated in accordance with the following criteria:

A. Serving on departmental, college and university committees.

B. Contributing to the activities of local, regional, or international academic and professional associations in the applicant's field of specialization.

C. Contributing to training and/or educational activities inside or outside the University.

D. Providing academic or professional consultations in the applicant's field of specialization.

3.3 Criteria for Accrediting Periodicals and Journals for Promotion Purposes

Academic periodicals and journals must meet the following conditions:

1. Periodicals and journals must be published by universities, specialized academic associations, scientific research centers, or international publishing houses and indexed in Scopus.
2. Periodicals and journals must have a specialized editorial board with a membership consisting of academicians of high academic standing.
3. Periodicals and journals must require articles to be refereed before publication by at least two referees. The promotion committee may request applicants to submit all communications with the editors including referees' reports if deemed necessary.
4. Periodicals and journals must publicize their regulations for publishing studies and research articles.
5. Periodicals and journals must state that published research meets established scientific publishing standards in terms of organization, citations/referencing, and editing.
6. Periodicals and journals must be issued regularly and be in circulation.
7. Periodicals and journals must have a national or international standard serial number (ISSN).
8. Periodicals and journals must have been regularly issued for at least three years prior to publishing the applicant's article.
9. In addition to the criteria mentioned above, journals shall be ranked for the purposes of promotion according to the following three classes:
    a) Journals in SCOPUS databases are classified (A) if their SJR metric is in the top 20 % in the journals category in the field of specialization of the applicant, provided these journals are listed in the ISI database and have impact factor.

The rest of journals in that category in the SCOPUS Database are classified (B).

b) Papers written in English Language which are not in SCOPUS Database with SJR metric are not counted.

c) For papers written in Languages other than English, the University Promotion Committee classifies the corresponding journals (which are not in the SCOPUS Database with SJR metric) submitted by the applicant. For future publications, potential applicants should request, from the University Promotion Committee, the classification of the journals to which the applicant is planning to send his/her papers to, before submission.

3.4 Promotion to the Rank of Associate Professor:

An Assistant Professor applying for promotion to the rank of Associate Professor shall:

A. Have spent a minimum of five years as an assistant professor, of which at least two year has been at the University of Khorfakkan.

B. Submit a minimum of seven original publications in his/her field of specialization, or a closely related field, of which at least three must be journal Scopus articles where the applicant is solo or main author. In the case of joint authorship, applicants are required to specify their contribution for each publication and verify this by the main author. The main author is determined taking into consideration the practice of the journals in the different categories (disciplines) and his field of specialization.

C. Have had at least four actually published articles.

D. Have had research articles accepted for publication or published while in the rank of assistant professor that have not been used to fulfill earlier academic degree requirements (i.e. Master's or PhD degrees). A maximum of two journal papers published after obtaining Ph. D. and outside the period of Assistant Professor may be considered.

E. Have had at least five journal articles published (or accepted for publication) while working at the University of Khorfakkan.

F. Research for applicant applying to the rank of associate professor must include at least two journal articles published or accepted for publication in a class (A) journal in which the applicant must be solo or main author. Remaining publications should be at class A or B.

G. Candidates holding a PhD degree from a foreign university are required to include within their research at least three research journal articles published (or accepted for publication) in foreign journals of at least a class (B).

H. Have taught at the university level for the full period stated in item (A) above and received a minimum overall evaluation in teaching and academic advising of at least 'very good', corresponding to the form designated for this purpose.

I. Have contributed to university and community services and received a minimum overall evaluation in university and community service of at least 'very good' corresponding to the form designated for this purpose.

3.5 Promotion to the Rank of Full Professor

An Associate Professor applying for promotion to the rank of Full Professor shall:

A. Have spent five years as an associate professor, of which at least three years has been at the University of Khorfakkan.

B. Submit a minimum of ten original publications in his/her field of specialization, or a closely related field, of which at least five must be journal articles where the applicant is solo or main author. In the case of joint authorship, applicants are required to specify

their contribution for each publication and verify this by the main author the main author is determined taking into consideration the practice of the journals in the different categories (disciplines) and his field of specialization.

C. Have had at least seven actually published articles.

D. Have had research articles accepted for publication or published while in the rank of associate professor that have not been used to fulfill earlier academic rank or degree requirements (i.e. assistant professor rank, master's or PhD degrees). A maximum of three journal papers published outside the period of Associate Professor may be considered, provided the applicant has the rank of Associate Professor before submitting these journal papers.

E. Have had at least five journal articles published or (accepted for publication) while working at the University of Khorfakkan.

F. Research for applicant applying to the rank of full professor must include at least three journal articles published in class (A) journal in which the applicant must be solo or main author. Remaining publications should be at A or B classes.

G. Candidates holding a PhD degree from a foreign university are required to include within their research four research journal articles published (or accepted for publication) in foreign journals, at least four of which must be a class (A) journal.

H. Papers submitted, after the central promotion committee approves the applicant file for promotion to the rank of Associate Professor to be sent to referees, are considered for promotion to the rank of Professor.

I. Have taught at the university level for the full period stated in item (A) above and received a minimum overall evaluation in teaching and academic advising of at least "Excellent" corresponding to the form designated for this purpose.

J. Have contributed to university and community services and received a minimum overall evaluation in university and community service of at least 'very good', corresponding to the form designated for this purpose.

4. Procedures

4.1 Promotion Procedures at the Department level

The following procedures shall be followed at the departmental level for faculty promotion:

a) Applications for promotion (using the form designated for this purpose) may be submitted to the department chairperson/Program coordinator during the first week of October of each year after receiving a call for promotion applications from the vice chancellor for academic affairs office. Applicants should attach a dossier with their application including their curriculum vitae (CV), research submitted for promotion, evidence of the applicant's contribution to teaching, academic advising, and university and community service, and a summary of the applicant's contribution in scientific research. The chairperson/Program coordinator shall present promotion applications to the Department/Program Academic Promotions Committee.

b) The Department/Program Academic Promotions Committee's membership shall include three departmental faculty members holding an academic rank equivalent to or higher than the academic rank for which the applicant is applying. Please note that the members of this committee should not be members of higher-level committees (for the same purpose) and that the committee should be chaired by the department chairperson/Program coordinator (if a Full Professor), or by another Full Professor in the department if the department chairperson is not a Full Professor. In the case that there are no Full professors within the department, the chairperson may chair the committee when reviewing promotion applications equivalent to his/her own academic rank.

c) The Department/Program Academic Promotions Committee shall review promotion

applications to determine the extent to which each application satisfies the promotion criteria. The committee may request additional information and supporting documents from applicants pertaining to the dossier presented to the committee. The committee shall prepare a detailed report including the results of its review of applications. It shall also make recommendations on whether to proceed with the promotion process. If it is recommended to proceed with the promotion process, the department chair shall forward the committee's report (together with the application dossier) to the college dean within one month of the date the department chair received the application.

d) If the number of faculty members in the department holding a rank equivalent to or higher than the desired rank for promotion is less than three, the college dean, in consultation with the chair, shall select faculty members from outside the department/program. The committee should have at least three members, and external faculty members must be in the same field as the applicant and of the same academic rank being applied for or higher.

4.2 Promotion Procedures at the College Level

The following procedures shall be followed at the college level for faculty promotion:

a). In September of each year, the College Council shall form a committee for promotion, called the College Academic Promotions Committee. This committee shall be chaired by the dean of the college if a Full Professor or another professor in the college if the dean is not a full professor. The committee shall include a Full Professor from each department in the college. In case there are no full professors in a particular department, an Associate Professor from the concerned department/Program may be a member of the committee. Under all circumstances, however, Associate Professors shall not participate in reviewing the promotion of applicants to the rank of Full Professor.

b) The College Academic Promotions Committee shall review promotion applications from the various college departments to determine the extent to which candidates meet the requirements for promotion. The College Academic Promotions Committee may request additional information and supporting documents from applicants pertaining to the contents of the applicant's promotion dossier. The College Academic Promotions Committee shall prepare a detailed report containing results from its review of applications. It shall also make recommendations on whether to proceed with the promotion process. If it is recommended to proceed with the promotion process, the college dean shall forward the committee's report and a list of potential referees (together with the applicant's promotion dossier and the report from the concerned Department Academic Promotions Committee) to the chairperson of the University Academic and Administrative Promotion Committee within one month from receiving the report from the Department Academic Promotions Committee.

c) The college dean, in consultation with the department chairperson, and Full Professor members of the College Academic Promotions Committee, shall suggest a list (for each applicant) of ten referees holding the rank of Full Professor in the applicant's field of specialization from outside the UAE. None of the referee nominees shall have supervised research done by the applicant, whether at the master's or PhD levels, or co-authored any studies or research by the applicant. The college dean shall attach with the list of referees the CV of each potential referee, indicating his/her current position, specialization, and recent publications.

d) If the number of members on the College Academic Promotions Committee holding a rank equal to or higher than that being sought for promotion is less than three, the dean shall follow the same procedure mentioned above at the departmental level.

4.3 Promotion Procedures at the University Level

Applications for promotion shall be processed at the University level as follows:

a) At the beginning of each academic year, a committee shall be formed called the Academic and Administrative Promotion committee, which shall be chaired by the Chancellor or whomever he delegates.

b) The Academic and Administrative Promotion committee shall review promotion applications from the various colleges to determine if each application satisfies the promotion criteria, taking into consideration the reports of the College Academic Promotions Committee and that of the Department/Program Academic Promotions Committee. The committee may ask the applicant for additional information and supporting documentation pertaining to the contents of his/her promotion dossier.

c) The Chancellor or his Vice chancellors shall select four referees from those nominated by the college or others specialized in the field to evaluate whether an applicant's research complies with the promotion criteria. The Chancellor or his Vice chancellors may add the names of other specialized referees after consulting with the Academic and Administrative Promotion committee. The Chancellor or his Vice chancellors shall be in charge of corresponding with the referees.

d) Each referee shall be sent a copy of the applicant's CV, the University's promotion by-laws, the research accepted for promotion by the Academic and Administrative Promotion committee, and a designated research performance evaluation form for evaluating the applicant's research profile. The Chancellor or his Vice Chancellors may send the dossier to a replacement referee if any of the original referees do not respond within three months.

e) The University Central Committee for Promotion shall review and discuss the evaluation results after receiving the responses from at least three referees for each case. The committee shall make its recommendation in accordance with the following:

1. The minimum overall average of the three referees evaluating the research of an applicant for promotion to the rank of associate professor must be at least 75 %.
2. The minimum overall average of the three referees evaluating the research of an applicant for promotion to the rank of full professor must be at least 80%.

f) The Chancellor shall refer the recommendations of the University Central Committee for Promotion to the Deans Council for consideration. The decision of the Deans Council to promote an applicant or not shall be made by vote of a simple majority of the full professor committee members in attendance at the meeting and, in the case of promotion to the rank of associate professor, a simple majority of the full professors and associate professors in attendance.

g) The Chancellor shall forward the decision of the Deans Council to promote an applicant to the Board of Trustees for approval. The Chancellor shall be responsible for issuing the Board of Trustee decisions that approve promotion cases. Promotion of candidates shall be effective as of the date of Chancellor's issuance of these decisions.

h) If the Central Committee, the Deans Council or the Board of Trustees does not approve a promotion, the Chancellor shall notify the applicant of this decision in writing. In such case, the concerned faculty member may reapply for promotion after at least one year has passed from the date of his/her notification. This is with the provision that the re-applicant must present a minimum of two new journal articles for the rank of associate professor, for which he/she is the sole or main author of at least one, and one of the articles must have been published (or accepted for publication) in at least a class (A) journal. For the rank of full professor, the re-applicant must 133 present three new journal articles, for which he/she is the sole or main author of at least two, and two of the articles must have been published (or accepted for publication) in a class (A) journal.

4.4 Preparing the Promotion Dossier

The applicant is required to submit a soft copy of the promotion dossier which should contain the following:

1. A completed application form.
2. The applicant's curriculum vitae (CV), indicating academic degrees and the dates each was obtained, academic ranks the applicant attained both before and after joining the University of Khorfakkan, all research output components including all kinds of publications, research funds and other research activities, teaching experience, academic advising and university and community service.
3. Copies of research work submitted for promotion.
4. Sufficient information about the journals and periodicals, in which the research work has been published, including the editorial board, refereeing process, publishing policies, Scopus percentile and, the name of the institution publishing the journal or periodical.
5. A list of research submitted for promotion including citations for various research publications.
6. Evidence to prove the applicant's contribution to teaching and academic advising, including peer evaluation reports and student evaluations.
7. Evidence to prove the applicant's contribution to the university and community service.

4.5 General Provisions

A. The University of Khorfakkan does not take into consideration the promotion or academic ranks granted to faculty by other universities while working at the University of Khorfakkan except in the case of official secondment and provided that the published research works comply with University of Khorfakkan criteria.

B. An assistant or associate professor may apply for promotion to a higher rank four months prior to completing his/her term (at the lower rank) if the other conditions required for promotion to the higher rank have been fulfilled.

C. If the procedures of promotion are completed before the end his/her required term (at a lower rank), the date for promotion to the higher rank shall be at the end of this period.

D. A faculty member who produces a substantial (at least double the points of the required publications for the rank) amount of research may apply for promotion after completing four years in the academic rank required for promotion to a higher rank.

E. All correspondence pertaining to the promotion process at the departmental, college, and university levels shall remain confidential.

F. No individual may participate in evaluating the academic contribution of an applicant for promotion at more than one level. Upon submission of a written request to the Chancellor, an applicant for promotion has the right to request review of any promotion committee's recommendations (departmental, college or university) if any committee has rejected the application for promotion provided that the applicant demonstrates evidence of procedural irregularities in the evaluation of his/her promotion application.

4.6 Policy on Misconduct in research

Professional integrity is of core importance at all reputable educational institutions including research institutions and universities. The University of Khorfakkan is responsible for providing a suitable environment that fosters intellectual and professional integrity and honesty and therefore does not tolerate misconduct in any aspect of research or scholarly endeavor.

The University's policy is based upon the following professional and ethical standards that have been well established in the field of research:

- Applying scholarly and scientific rigor and integrity in obtaining, recording and analyzing data and in reporting and publishing results (not fabricating or falsifying data or results).
- Recognizing the substantive contributions of all collaborators (e.g. using the unpublished work of other researchers and scholars only upon their consent and providing them due acknowledgment).
- Ensuring that the authorship of published work includes all persons who have materially contributed to and/or share responsibility for the contents of the publication, and only those persons.
- Obtaining written consent from authors before using new information, concepts or data originally obtained through access to confidential manuscripts or applications or through refereeing or participating in refereeing projects submitted by other researchers with the aim of securing project funding.
- Obtaining approval from the Research, Innovation and Ethics Committee before engaging in any research that involves human and animal subjects and complying fully with the approved research protocol in performing such research.
- Stating in writing to research sponsors (whether this university or another), journals or funding agencies, any material conflict of interest (financial and/or other) that might influence a sponsor's decision or a sponsor's request of an individual to review research or research project funding applications, test products or to undertake work sponsored by external sources.

Misconduct in research is not limited to any deviation from the above-stated standards. It is the University's responsibility to investigate all allegations of misconduct in research involving any researchers at the University and to take any appropriate action necessary in a prompt and effective manner.

For more details on the University's research code of conduct, faculty members may refer to the University's detailed policy on this matter.

4.7 Appeals

1. If an application for promotion of faculty member is denied he/she may submit an appeal in writing to the chancellor. The appeals must be made in writing within one week of notification of the results of the promotion process and results. Appeals should address the specific procedural grounds upon which the request is based.
2. The Chancellor will form a committee to investigate the case. The committee will make recommendations to the Chancellor within three weeks. The Chancellor may uphold or overturn the original decision based on the committee recommendations. The decision of the Chancellor is final and is communicated to the Dean and the concerned faculty members. Should the application for promotion be approved, the HR Department is notified.
3. Once a final decision has been reached, all original documents prepared and submitted by the candidate will be returned to the faculty promotion office. All confidential reports are withheld in the Chancellor's Office.

5. Responsibilities

5.1 Chancellor/Vice-Chancellor

- Oversight: Provide overall leadership and ensure the promotion process aligns with the university's strategic objectives.

- Final Approval: Review and approve promotion recommendations forwarded by the Provost or Dean.
- Policy Review: Initiate periodic reviews of the promotion policy to ensure its effectiveness and relevance.

5.2 Vice Chancellor for Academic Affairs

- Policy Implementation: Oversee the implementation of the Faculty Promotion Policy and ensure that all procedures are followed correctly.
- Review Recommendations: Evaluate promotion recommendations from Deans and the Promotion Committee, ensuring they meet the required standards.
- Final Reporting: Provide a final report on promotion outcomes to the Chancellor and other relevant bodies.

5.3 Dean of the College

- Initial Review: Conduct an initial review of faculty promotion applications within their college.
- Support and Guidance: Provide faculty with guidance on the promotion process, including requirements and deadlines.
- Recommendation: Forward promotion applications, along with a recommendation, to the Promotion Committee.
- Resource Allocation: Ensure resources are available for faculty professional development to support their promotion prospects.

5.4 Promotion Committee

- Evaluation: Thoroughly evaluate promotion applications based on the established criteria, including teaching, research, and service.
- Peer Review: Engage in peer review to assess the quality and impact of the applicant's work.
- Recommendations: Make informed recommendations regarding promotions to the Dean and Provost.
- Maintain Confidentiality: Ensure that all discussions and evaluations are conducted with the highest level of confidentiality.

5.5 Department Chair/Head

- Mentorship: Provide mentorship to faculty members on their career development and the promotion process.
- Performance Assessment: Conduct annual performance reviews and provide feedback that helps faculty understand their progress toward promotion.
- Documentation: Ensure all required documentation and evidence are compiled and submitted on time for the promotion process.

5.6 Human Resources (HR) Department

- Process Management: Manage the administrative aspects of the promotion process, including timelines, documentation, and communication.
- Record Keeping: Maintain accurate and up-to-date records of faculty promotions, including criteria, decisions, and appeals.
- Policy Communication: Ensure that all faculty members are informed about the promotion policy, criteria, and process.

5.7 Faculty Members

- Application Preparation: Prepare and submit promotion applications, including all necessary documentation, evidence of achievements, and a self-assessment.
- Professional Development: Engage in continuous professional development to meet the promotion criteria.
- Feedback Reception: Actively seek and respond to feedback from peers, Department Chairs, and Deans to improve prospects for promotion.

5.8 Internal and External Reviewers (if applicable)

- Independent Evaluation: Provide independent evaluations of a faculty member's work, especially in cases where external validation of research or professional achievements is necessary.
- Objective Reporting: Offer objective and unbiased assessments that contribute to the overall decision-making process.

6. Definitions

Promotion: The advancement of a faculty member to a higher academic rank or position based on the evaluation of their performance in areas such as teaching, research, and service.

Academic Rank: The hierarchical levels of faculty positions within a university, typically including titles such as Assistant Professor, Associate Professor, Professor, and other equivalent designations.

Criteria for Promotion: The specific standards and benchmarks that a faculty member must meet or exceed in areas such as teaching excellence, research productivity, publications, service to the university, and professional development to be considered for promotion.

External Review: The assessment of a faculty member's work by experts outside the university, often required for promotion to higher academic ranks, especially for evaluating the significance and impact of research.

7. Related Documents

Faculty handbook

Faculty Appeal Policy

UKF Bylaws relating to Academic Staff

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template and UKF Bylaws.	June 2024

	POLICY NAME	5.23 Admin Promotion and Rewards Policy		
	POLICY No.	**5.23**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Admin Promotion and Rewards Policy outlines the principles and procedures for promoting administrative staff within the organization and recognizing their achievements through rewards. This policy aims to establish a transparent and equitable framework for career advancement and reward distribution, ensuring that promotions and rewards are based on merit, performance, and contribution to the organization's goals.

1. Purpose

The purpose of the Admin Promotion and Rewards Policy is to provide a clear and consistent process for the promotion and rewarding of administrative staff. The policy seeks to motivate staff by recognizing their hard work and achievements, encouraging continued professional growth, and fostering a culture of excellence within the organization. It also aims to align the rewards and promotions with the strategic objectives of the organization, ensuring that staff contributions are acknowledged and valued in a meaningful way.

2. Scope

The Promotion and Rewards Policy applies to all full-time employee categories classified under professional admin staff (will be referred to as *Employee*):

- Employment of UAE Nationals (Indeterminate Contracts)
- Full-Time Employment (Admin Positions)

3. Policy Statement

Promotions and Rewards are critical to enable the recognition of good performers financially and professionally enhances employee engagement and satisfaction.
Implementing an effective promotion process ensures the availability of internal talent to fill vacancies, thus reducing the cost and risk of recruitment.
UKF recognizes that its professional staff are fundamental to its success. The purpose of this document is to provide a sound framework for managing the promotion and reward of top performers by administering the following:

- Job Promotion
- Financial Promotion
- Financial Awards

3.1 Job Promotion

3.1.1 Job Promotion General Guidelines

Promotion constitutes the placement of an employee in a position that is evaluated at a higher grade compared to the position they currently hold, which results in additional responsibilities and authority as well as higher compensation.

1. Promotion will only be considered in the following cases:
    - The existence of a budgeted vacancy in the organization chart and as per the Annual Recruitment Plan
    - The existence of a budgeted vacancy arising as a replacement of an incumbent

- Meeting the requirements and evaluation criteria established by the Finance Committee's decision.

3.1.2 Job Promotion Eligibility

1. Promotions will be based purely on merit and the Employee fulfilling the prerequisites for the position nominated for.
2. Employees will only be nominated for a promotion after the:
   - completion of 6 years in the current position and achieving a performance appraisal rating of "Exceed Expectations" for 3 years in a row
   - completion of 3 years in the current position and achieving a performance appraisal rating of "Exceed Expectations" for 2 years in a row for exceptional promotion.
3. Employees nominated for promotion must meet the job's requirements and competencies detailed in the job description.
4. An employee facing allegations related to honor or integrity should not be nominated for promotion until the court issues a final verdict.

3.1.3 Job Promotion Implications

Promotion Implications

1. The promoted Employee is eligible for one grade higher than their current grade.
1. The promoted Employee is eligible for the starting point of the new position's salary. If the promoted Employee is at the end of the salary range of his current grade, he is eligible for a maximum of (3) allowances equivalent to the amount of annual increments for the new grade.
2. Promoted employees are eligible for the new remuneration and benefits from the effective date of promotion, which is the first day of the month in which the promotion is approved unless otherwise specified and must not be awarded retroactively.
3. No promotion should result in a salary reduction or adversely affect the accrued rights of the promoted Employee.
4. A job promotion may not be awarded in combination with a merit-based incentive.

Leadership Promotions Assessments Centers

1. When nominated for a promotion to a leadership position (director), an extensive evaluation is designed and conducted to assess the employee's managerial competencies through a series of tests, interviews, simulations, and exercises.
2. HR committee will be responsible for developing and conducting the assessments per the approved competency framework. The results are used to determine the nominee's readiness and identify areas of improvement.

3.2 Financial Promotion
3.2.1 General Guidelines
3.2.2 Eligibility
3.2.3 Implications
3.3 Financial Awards

4. Procedures

4.1 Procedures for Job Promotion

4.2 Procedures for Financial Promotion
4.3 Procedures for Financial Awards

Job Promotion

Job Promotion Nomination Process
First: Promotion to the first and second grades of departmental director posts, must be approved by the finance committee (Article 52 from the staff bylaws)
Second: Promotion from one position to another will be decided by the chancellor based on a nomination from the line manager and approval from the vice chancellor, management, and committee after fulfilling the requirements listed below.

1. Promotion nominations must be made by Line Managers and shall be supported by the necessary justification for the promotion in accordance with the interests and needs of the University and must be aligned with the nominee's career progression plan, which is developed as part of the Employee's performance management plan;
2. Ensure that the new job title and its related grade are available in the organizational structure and approved budget;
3. The candidate should satisfy all criteria listed in the performance evaluation specified by the Finance Committee decision.
4. ~~Employees should be encouraged ativelt improve their readiness for career progression by acquiring the required knowledge and competencies. The Employee's learning and development plan should be developed to prepare the Employee for their current role as well as enable career advancement.~~
5. Promotion nominations should highlight the eligible Employee's readiness to perform in the new role. This includes:
   - Performing some of the new role's duties under the current role
   - Actions taken by the Employee to acquire the required knowledge and competencies through learning and development, on-the-job training, special assignments/projects
   - Self-initiated achievements and contributions to UKF
6. If more than one Employee is eligible for the promotion nomination, the following factors could be considered to make the nomination:
   - Number of years at the current position (in addition to the mandatory 6 years)
   - Level of knowledge and competency (highlighted through interviews and formal assessment)
   - Personal achievements and contributions
7. Promotion nominations are made as a result of the annual employee performance assessment. Promotion nominations to fill a vacancy as a replacement can be made when needed.
8. HR committee will be responsible for reviewing the promotion nominations and ensuring the following:
   - Availability of approved vacancies as per the organization chart and Recruitment / Workforce Planed budget
   - Nominees' eligibility for promotion
   - Alignment to the Employee's performance management and career progression plan
9. HR committee recommendations are submitted for review and approval per the approved guidelines and DoA.
10. The promotion and rewards budget is determined as part of the yearly budgeting process after reviewing HR committee recommendations as per the approved guidelines and DoA.

Financial Promotion

1. Financial Promotion increments constitute granting the Employee a salary increase to recognize and reward high performers.
2. Financial Promotion increments are not a contractual entitlement and will be determined based on organizational performance results.

3.2 Total Rewards Framework Overview

1. Promotion and Rewards are integral to implementing effective and comprehensive talent management and employee engagement processes. The chart below describes the key elements required to ensure the development of well-defined Promotion and Rewards processes and the alignment required to ensure the full optimization of the framework.
2. The main components of a Rewards Framework are:

- Promotion
- Financial Promotion
- Financial Incentives

3. To implement a practical total rewards framework, the following HR processes and systems must be in place:

- A well-defined job evaluation-based grading structure
- A comprehensive market-based payand compensation scale
- An effective performance management system aligned with organizational strategic objectives

4. Promotion decisions are made based on career progression plans which are developed based on the results of work performance.

3.3 Custody and Control

1. The Promotions and Rewards Policy should be referenced to govern and regulate all related practices.
2. The Promotions and Rewards Policy is implemented based on the approved Delegation of Authority (DoA), which shall identify the appropriate signature authority for activities in connection with this Policy.
3. HR is the custodian of the Promotions and Rewards Policy and is responsible for always maintaining the final and approved versions.
4. Requests for updating the Promotion and Rewards Policy (addition/ deletion/ amendment) must be submitted to HR committee by the authorized stakeholders per the Revision Request Policy.
5. The Promotions and Rewards Policy contains information that is proprietary and confidential. However, a comprehensive communication plan should be implemented to engage the concerned stakeholders.

3.4 Increments Eligibility

1. Employees will only be nominated for a financial promotion increment after the:
   - completion of 3 years at the current position
   - achieving a performance appraisal rating of “Exceed Expectations” for 2 years in a row
2. Upon granting an employee a promotion, they will only be eligible for a financial promotion incentive after 3 years have passed.
3. A period of 3 years should be allowed before granting an employee another financial promotion increment.
4. An employee facing allegations related to honor or integrity should not be nominated for an increment until the court issues a final verdict.

3.5 Financial Awards Eligibility

Employees may be nominated for an incentive award if outstanding contributions and self-initiated projects have been carried out to advance UKF and enhance its offerings to its stakeholders and community, in addition to performing the job duties.

5. Procedures

4.1 Increments Nomination Process

1. Line Managers must make Financial Promotion nominations as a result of the annual employee performance assessment.
2. HR committee will be responsible for reviewing the nominations and ensuring the following:
   - Availability of approved increments budget
   - Nominees' eligibility
3. HR committee recommendations are submitted for review and approval as per the approved guidelines and DoA.
4. The promotion and rewards budget is determined as part of the yearly budgeting process after the review of HR committee recommendations as per the approved guidelines and DoA.

Increments Implications

1. Employees granted an increment are eligible for an increase of the basic salary equal to (3) allowances as a minimum and (3) allowances as a maximum within the new grade level.
2. Employees on grade (1) under the general category and/or similar grades can be granted a (5%,%10, or 15%) increase on their basic or total salary.
3. Employees are eligible for the financial promotion increment from the first day of the month on which the increment is approved unless otherwise specified.
4. A Financial Promotion incentive may not be awarded in combination with a promotion.

Purpose

1. Financial awards constitute granting a lump sum of financial payment to recognize exceptional achievements.
2. Financial awards are not a contractual entitlement and will be determined based on organizational performance results and management's discretion.

4.2 Financial Awards Nomination /Application Process

1. HR will develop and implement a framework to administer the process of nomination and application for financial awards. The framework will outline the following:
   - The Purpose of the Financial Awards Framework
   - Scope of Application
   - Roles & Responsibilities
   - Awards Categories
   - Awards Eligibility / Conditions
   - Awards Criteria
   - Awards Application / Nomination Review & Assessment Process
   - Types of Awards
2. The promotion and rewards budget is determined as part of the yearly budgeting process after reviewing HR committee Engagement Section in the Human Resources Department in writing and should clearly outline the following. Any grievance that does not include the following may be rejected:
   a) Description of the concern
   b) Facts (dates, concerned individuals)

c) Reference to relevant policies, employment contract
d) Supporting documents (copies of emails, communication)
e) Suggested corrective measure/request
f) A signed statement by the employee to initiate a formal grievance procedure

3. The grievance procedure will be handled with the utmost confidentiality. Employees are urged not to share the grievance details with other employees.

4.3 Grievance Hearing

1. The employee raising the grievance (and the employee to whom the grievance may be directed) should be notified of the hearing date within (7) days of receiving the formal written grievance.
2. Employee Engagement will manage the hearing session. Attendees will be selected based on the subject of the grievance and the involved parties.
3. If further information is required, the grievance hearing may be adjourned at the hearing manager's discretion.
4. The hearing manager is responsible for concluding the hearing and considering the evidence before deciding on and issuing a resolution.
5. Employees shall cooperate at all stages in the grievance hearing. This cooperation shall include, but not be limited to, appearing to answer questions and presenting truthful information.
6. Failure to appear to give information and failure to present truthful information may result in disciplinary action.
7. All attempts should be made to settle the grievance at this stage. After considering all the relevant information, the hearing manager will agree on a joint decision and shall render a written decision to provide the outcome of the grievance resolution within (7) days.
8. The employee who raised the grievance and the employee against whom the grievance was raised should be notified of the outcome in writing and person, where possible.

4.4 Resolution Review /Appeal

1. All parties involved in the grievance – if unsatisfied with the grievance resolution - may submit an appeal to Employee Engagement within (7) days of receiving the resolution.
2. Employee Engagement will arrange an appeal hearing to address the grievance. Attendees of the appeal hearing session should not be the same attendees of the grievance hearing.
3. The appeal hearing manager is responsible for concluding the appeal hearing and issuing a final decision.
4. The decision will be deemed final and binding and will have no further appeals.

6. Responsibilities

5.1 Human Resources (HR) Department:

- Policy Administration: HR is responsible for administering the promotion and reward policy, ensuring it is applied consistently across the organization.
- Process Management: HR manages the entire process, from the initial communication about promotion and reward opportunities to the final implementation of decisions.
- Documentation and Record Keeping: Ensures that all relevant documentation, such as performance evaluations, promotion applications, and reward justifications, is properly recorded and maintained.
- Compliance: Ensures that the promotion and reward processes comply with organizational policies, legal requirements, and industry standards.

- Training and Support: Provides training and guidance to managers and employees on the promotion and reward processes and criteria.

5.2 Line Managers/Supervisors:

- Performance Evaluation: Conduct regular performance evaluations of employees, providing feedback that can be used to justify promotions and rewards.
- Recommendation: Identify and recommend employees for promotion or rewards based on their performance, contributions, and potential.
- Communication: Clearly communicate the promotion and reward criteria to employees and ensure they understand the expectations.
- Support and Mentorship: Provide ongoing support and mentorship to employees to help them develop and achieve the competencies required for promotion.

5.3 Department Heads/Directors:

- Review and Approval: Review promotion and reward recommendations made by line managers and ensure they align with the department's goals and the organization's strategic objectives.
- Strategic Alignment: Ensure that promotions and rewards are in line with the department's needs and contribute to the overall effectiveness of the organization.
- Resource Allocation: Allocate resources to support the development of employees who are on the path to promotion.

5.4 Vice Chancellor for Administrative Affairs (or Equivalent Senior Executive):

- Oversight and Final Approval: Provide oversight of the promotion and reward process, including final approval of significant promotions or rewards, especially those that involve substantial changes in status or compensation.
- Policy Development: Play a key role in developing and updating the promotion and reward policy to ensure it remains relevant and effective.
- Strategic Guidance: Ensure that the promotion and reward policy aligns with the organization's long-term strategic goals and objectives.

5.5 Employees:

- Self-Assessment: Actively engage in self-assessment and seek feedback to understand their readiness for promotion or reward.
- Career Development: Take initiative in pursuing opportunities for career development and acquiring the skills and experience needed for advancement.
- Documentation: Prepare and submit any required documentation or evidence when applying for promotion or when considered for a reward.

5.6 Promotion and Reward Committee (if applicable):

- Evaluation: Review all promotion and reward applications or recommendations, ensuring they meet the established criteria.
- Decision Making: Make decisions regarding promotions and rewards based on a fair and transparent evaluation process.
- Appeals Handling: Address any appeals or grievances related to the promotion and reward process, ensuring fairness and equity.

7. Definitions

Promotion: A formal advancement of an employee to a higher position or rank within the organization, usually accompanied by an increase in responsibilities, status, and pay.

Reward: A benefit, bonus, or incentive given to an employee in recognition of their performance, contributions, or achievements within the organization.

Performance Evaluation: The systematic assessment of an employee's job performance, typically involving a review of their achievements, skills, and competencies against set objectives or standards.

Merit-Based Promotion: A promotion awarded based on the employee's performance, skills, and contributions to the organization, rather than on seniority or tenure.

Incentive: A specific reward or benefit offered to employees as a motivation to achieve certain goals or performance targets.

Career Development: The ongoing process by which employees acquire or refine skills, knowledge, and experiences that enable them to progress in their careers.

Job Grade/Level: A classification that indicates the rank or status of a position within the organizational hierarchy, often associated with specific pay ranges, responsibilities, and qualifications.

Competency: A combination of skills, knowledge, and behaviors required to perform a specific job role effectively.

Eligibility Criteria: The specific conditions or qualifications that an employee must meet to be considered for promotion or rewards.

Bonus: A financial reward given to employees, usually as a one-time payment, in recognition of exceptional performance, the achievement of specific goals, or as a share of the organization's profits.

Recognition: The acknowledgment or appreciation of an employee's efforts, achievements, or contributions to the organization.

Succession Planning: A strategic process for identifying and developing potential leaders or key employees who can move into higher roles within the organization as they become available.

8. Related Documents

Staff Handbook
UKF Bylaws relating to Staff.

9. Appendices

None

10.Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with UKF Bylaws and its consistency with the new policy template	June 2024

	POLICY NAME	5.24 Faculty Consultancy Services Policy		
	POLICY No.	5.24	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan supports faculty members engaging in consultancy services, recognizing the mutual benefits to the university and broader community. Consultancy activities should align with the university's mission and values, contributing to professional development and institutional reputation.

1. Purpose

The purpose of the Faculty Consultancy Services Policy is to provide a framework for faculty members to engage in consultancy activities that complement their academic responsibilities, contribute to their professional development, and enhance the university's reputation. The policy aims to ensure that consultancy work is conducted in a manner that upholds the university's standards, aligns with its mission, and avoids conflicts of interest.

2. Scope

This policy applies to all faculty members at the university who wish to engage in consultancy services, whether these services are provided to external organizations or internally within the university. The policy covers consultancy activities related to a faculty member's area of expertise, including but not limited to advisory roles, research projects, expert opinions, and professional services offered to businesses, government agencies, non-profits, or other educational institutions.

3. Policy Statement

The university encourages faculty members to participate in consultancy services as it can lead to professional growth, the application of academic expertise to real-world challenges, and the development of industry relationships that benefit both the individual and the university. All consultancy work must be approved by the relevant university authorities and must not interfere with the faculty member's primary academic responsibilities, including teaching, research, and service commitments. Faculty members are required to ensure that their consultancy activities are consistent with the ethical standards of the university and do not create conflicts of interest or compromise the university's reputation. Additionally, any income generated from consultancy work may be subject to university policies regarding revenue sharing and must be reported in accordance with institutional requirements.

4. Procedures

4.1 Approval Process

- Faculty must obtain written approval from their department head and dean before commencing consultancy work.
- Proposals should include the nature of the consultancy, time commitment, and potential benefits to the university.

4.2 Time Allocation:

- Consultancy work should not exceed one day per week during the academic year to ensure it does not interfere with primary academic responsibilities.
- Income Distribution:
- Income generated from consultancy services should be shared between the faculty member and the university.
- A typical split could be 70% for the faculty member and 30% for the university, but this can be negotiated based on specific agreements.

4.3 Conflict of Interest:

- Faculty must ensure that their consultancy activities do not conflict with their university duties or create a conflict of interest.
- Any potential conflicts must be disclosed and managed appropriately.

4.4 Use of University Resources:

- Use of university facilities or resources for consultancy work requires prior approval and may be subject to fees.

4.5 Reporting and Accountability:

- Faculty members must report their consultancy activities annually, including time spent and income generated.
- The university will review these reports to ensure compliance with the policy and assess the overall impact of consultancy activities.

4.6 Ethical Considerations:

- Faculty members are expected to maintain the highest standards of integrity and professionalism in their consultancy work.
- All consultancy activities should adhere to relevant legal and ethical standards.
- Implementation
- The policy will be reviewed annually by a designated committee to ensure it meets the evolving needs of the university and its faculty.
- Feedback from faculty and stakeholders will be considered in the review process to improve and update the policy as necessary.

5. Responsibilities

5.1 Faculty Members

- Seek Approval: Faculty members must seek prior approval from their department head or dean before engaging in any consultancy work. This ensures that the consultancy does not conflict with their primary academic responsibilities.
- Adhere to Policy: Faculty members are responsible for adhering to the university's consultancy services policy, ensuring that their consultancy activities align with the institution's ethical standards and do not result in conflicts of interest.
- Time Management: They must manage their time effectively to ensure that consultancy work does not interfere with their teaching, research, or service commitments.
- Reporting and Compliance: Faculty members are required to report their consultancy activities, including any income generated, in accordance with the university's reporting requirements. They must also comply with any revenue-sharing policies that apply to income derived from consultancy.
- Maintain Confidentiality: They must ensure that any confidential information obtained through consultancy work is handled in accordance with university policies and does not compromise university interests.

5.2 Department Heads/Deans

- Approval Authority: Department heads or deans are responsible for reviewing and approving consultancy proposals submitted by faculty members. They must ensure that the consultancy work is appropriate and does not conflict with the faculty member's academic responsibilities.
- Monitor Activities: They are responsible for monitoring the consultancy activities of faculty members to ensure that they remain aligned with the university's mission and do not interfere with the faculty member's other duties.
- Evaluate Impact: Department heads or deans must evaluate the impact of consultancy work on the department or college, ensuring that it contributes positively to the faculty member's professional development and the institution's reputation.

5.3 Human Resources/Administration

- Policy Enforcement: The HR department or equivalent administrative body is responsible for enforcing the consultancy services policy, including ensuring compliance with reporting requirements and revenue-sharing arrangements.
- Record-Keeping: HR is tasked with maintaining accurate records of all approved consultancy activities and any associated financial transactions, ensuring transparency and accountability.

5.4 University Legal Advisor

- Legal Review: The legal counsel is responsible for reviewing consultancy agreements to ensure that they comply with university policies and do not expose the institution to legal risks. They also provide guidance on issues related to intellectual property and confidentiality.

5.5 Vice Chancellor for Academic Affairs

- Oversight and Governance: The Vice Chancellor or Provost provides oversight of the consultancy services policy, ensuring that it aligns with the university's broader strategic goals and governance framework. They may also be involved in resolving any disputes or issues that arise from consultancy activities.

5.6 Finance Department

- Financial Management: The finance department is responsible for managing the financial aspects of consultancy work, including processing payments, applying revenue-sharing formulas, and ensuring that all financial transactions related to consultancy are properly recorded.

6. Definitions

Faculty Consultancy Services: Professional services provided by faculty members to external organizations, companies, or individuals, where the faculty member uses their academic expertise to offer advice, conduct research, or perform other related tasks. These services are typically outside the scope of the faculty member's primary responsibilities at the university.

Conflict of Interest: A situation where a faculty member's personal, financial, or professional interests could compromise or appear to compromise their objectivity, decision-making, or responsibilities to the university. This includes any consultancy work that could interfere with the faculty member's duties or the university's interests.

4. Revenue Sharing: The distribution of income generated from consultancy activities between the faculty member and the university. This often involves a pre-determined percentage of the consultancy fees being allocated to the university to support its operations or further research.

Approval Process: The formal procedure faculty members must follow to obtain permission from the university to engage in consultancy services. This typically involves submitting a proposal outlining the nature of the consultancy, potential conflicts of interest, and how it will impact their university duties.

Time Allocation: The amount of time a faculty member is permitted to spend on consultancy services. Universities often have guidelines or limits on the proportion of time faculty can dedicate to consultancy work to ensure their primary academic responsibilities are not neglected.

Consultancy Agreement: A formal contract between the faculty member, the university, and the external client that outlines the terms, conditions, scope of work, payment, and expectations related to the consultancy services. This agreement ensures all parties are clear on their roles and responsibilities.

7. Related Documents

Faculty Handbook

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the university bylaws and its consistency with the new policy template.	June 2024

	POLICY NAME	5.25 Eligibility to Supervise Thesis Policy		
	POLICY No.	5.25	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The "Eligibility to Supervise Thesis" policy is designed to establish clear criteria and guidelines for faculty members who wish to supervise graduate or postgraduate students in the development and completion of their theses. The policy ensures that faculty supervisors possess the necessary qualifications, experience, and expertise to effectively guide students through the research process, uphold academic standards, and contribute to the academic integrity of the institution.

1. Purpose

This policy aims to provide guidelines related to the thesis/dissertation (Masters and Doctoral programs) supervision for the graduate programs offered at University of Khorfakkan (UKF).

2. Scope

This policy applies to all faculty members across the university who seek to supervise postgraduate theses. It encompasses eligibility criteria, the approval process, and the responsibilities of thesis supervisors.

3. Policy Statement

University of Khorfakkan strongly encourages all academic colleges to implement faculty workload allocation for thesis/dissertation supervision that is included in calculation of normal teaching load of faculty. All outload cases are considered as exceptions.

3.1 Master's programs – In load

For the master's programs, the equivalent teaching load for the supervision of thesis (or masters level graduation project) is 1 credit hour per student for the entire duration of thesis/project registration. If the thesis/project work is not completed in the required period as per study plan of the program, then the thesis will be registered as In Progress (IP) with zero supervision load to the faculty till completion.

3.2 Doctoral programs – In load

For the doctoral programs, the equivalent teaching load for the supervision of dissertations is 4 credit hour per student for the entire duration of dissertation registration. If the dissertation work is not completed in the required period as per study plan of the program, then the dissertation will be registered as in progress (IP) with zero load to faculty.

3.3 Additional Guidelines

1. Normally, a faculty member may not receive more than 3 credit hour per semester for the supervision of thesis/project/dissertation.
2. For certain programs where intensive graduate level supervision is required, higher teaching load for supervision may be assigned with prior approval from the Vice Chancellor for Academic Affairs (VCAA).

3. The supervisors (principal and co-supervisors) contribution percentages, wherever applicable, must be defined and agreed by the supervisory team and shall be approved by the college Dean in consultation with the graduate program coordinator at the start of supervision by the main or principal supervisor. The main supervisor always has the highest number allocation as they are administratively responsible for the student.
4. For the cases of outload supervisory arrangements, any paid-incentive for the supervision-load to the faculty will be determined based on related university regulations

4. Procedures

4.1 Application Submission

- Faculty members interested in supervising theses must submit a formal application to the appropriate academic department or faculty committee.
- The application should include the faculty member's updated curriculum vitae (CV), highlighting relevant academic qualifications, research experience, and previous supervisory roles.

4.2 Review of Eligibility Criteria

- The department or committee responsible for overseeing thesis supervision will review the application to ensure the faculty member meets the eligibility criteria.
- Eligibility criteria typically include holding a terminal degree (e.g., Ph.D.), a strong record of research publications, and previous experience in supervising student research projects or theses.
- Assistant professor is eligible for supervision of thesis provided that he/she has 2 years of experience and published at least 2 Scopus papers.

4.3 Evaluation of Research Experience

- The faculty member’s research background will be evaluated to determine if it aligns with the specific academic discipline and thesis topics that the faculty member intends to supervise.
- The evaluation may consider the faculty member's involvement in current research projects, contributions to the field, and peer-reviewed publications.

4.4 Approval Process:

- If the faculty member meets the eligibility criteria, the application will be forwarded to the department chair or an academic committee for approval.
- The department chair or committee may conduct an interview or request additional documentation to further assess the faculty member's suitability for supervising theses.

4.5 Notification of Approval:

- Once the application is approved, the faculty member will be officially recognized as eligible to supervise theses. A formal notification will be sent to the faculty member, and their name will be added to the list of approved thesis supervisors within the department.

4.6 Assignment of Thesis Supervision:

- Eligible faculty members may be assigned students to supervise based on their expertise, research interests, and availability.
- The department will coordinate the assignment process, ensuring that each student is matched with a supervisor who can provide appropriate guidance and support.

5. Responsibilities

5.1 Faculty Members

- Application Submission: Faculty members who wish to supervise theses must take the initiative to submit their application, including all necessary documentation such as an updated CV, evidence of research experience, and any prior supervisory roles.
- Compliance: They must ensure that they meet the eligibility criteria set by the institution and adhere to any ongoing requirements for maintaining their eligibility, such as engaging in continuous professional development and maintaining an active research agenda.
- Supervision Duties: Once approved, faculty members are responsible for effectively guiding and mentoring students through the thesis process, providing appropriate feedback, and ensuring that the research meets academic and ethical standards.

5.2 Department Chair/Head of Department:

- Initial Review: The Department Chair or Head of Department is responsible for the initial review of faculty applications to supervise theses, ensuring that the applicants meet the established criteria.
- Approval and Oversight: They play a key role in approving eligible faculty members and ensuring that they are matched with students whose research aligns with the faculty's expertise.
- Monitoring: The Chair or Head is also responsible for monitoring the faculty members' ongoing eligibility and performance in thesis supervision, conducting periodic reviews as required.

5.3 Academic Committee/Thesis Committee:

- Evaluation of Applications: This committee is responsible for a thorough evaluation of the applications submitted by faculty members, assessing qualifications, research experience, and alignment with departmental needs.
- Decision Making: The committee makes final decisions on faculty eligibility and handles any appeals from faculty members whose applications were not initially approved.
- Policy Development: The committee may also be involved in developing and updating the eligibility criteria and procedures, ensuring they reflect the institution's academic standards and strategic goals.

5.4 Human Resources (HR) Department:

- Professional Development: The HR Department may be responsible for facilitating professional development opportunities for faculty members to enhance their supervisory skills and stay updated on best practices in research supervision.
- Documentation: HR also assists in maintaining accurate records of faculty qualifications and professional development activities that relate to their eligibility to supervise theses.

5.5 Graduate Studies Committee:

- Student-Faculty Matching: The Graduate School or Research Office may assist in the process of matching students with eligible supervisors, ensuring alignment between the student's research interests and the faculty's expertise.
- Support Services: They provide support services to both students and faculty in the thesis supervision process, including training, resources, and workshops.

5.6 Vice Chancellor for Academic Affairs:

- Oversight and Policy Enforcement: The Vice Chancellor for Academic Affairs has overarching responsibility for ensuring that the policy is enforced across the institution,

maintaining academic standards, and addressing any issues that arise in the implementation of the policy.

- Strategic Alignment: They ensure that the policy aligns with the institution's strategic goals and academic mission, making adjustments as needed to support institutional objectives.

6. Definitions

Eligibility Criteria: Specific qualifications and conditions that faculty members must meet to be considered eligible to supervise theses. These criteria typically include academic qualifications, research experience, and relevant publications or contributions to the field.

Thesis Supervision: The role and responsibility of guiding and mentoring students through their thesis or dissertation research. This includes providing academic advice, overseeing the research process, and ensuring that the student meets the required standards for the thesis.

Academic Qualifications: The educational background and credentials required for faculty members to be eligible to supervise theses. This usually includes holding a relevant advanced degree (e.g., Ph.D. or equivalent) and having a track record of academic and research achievements.

7. Related Documents

Faculty Manual

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its complete and aligned with the new policy template.	June 2022

6. Students

	POLICY NAME	6.1 Admission Policy		
	POLICY No.	6.1	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan (UKF) offers an opportunity for the students to enroll in programs available at the university with all the rights, privileges, and activities irrespective of their national origin, color, gender, or religion. The students intending to enroll in a program offered at UKF must apply online via the University of Khorfakkan website. The admission process starts with the students making sure that they meet the general admission requirements and academic qualifications required to apply for a program.

1. Purpose

University of Khorfakkan (UKF) is committed to ensure that its admission policies and procedures are fair, transparent, and ethical for making education accessible to a diverse range of prospective students. UKF has developed an admission policy as a guiding framework for students to prepare themselves for continuing their studies regardless of their academic background.

2. Scope

UKF admission policy applies to all the applications for undergraduate and graduate programs offered by UKF.

3. Policy Statement

This admission policy document sets out UKF's admission criteria for undergraduate and graduate degree programs that applies to the Director, Office of Admissions and Registration and the Admissions Officers. Specifically, the admission policy is intended to provide guidance for the staff, related faculty, and the prospective students about UKF's admission procedures to attract, select, and admit undergraduate as well as graduate students to all the programs offered by UKF.

4. Admission Procedure

4.1 General Guidelines

- The first step in the admission process requires the student to fill out the electronic admission application, upload the required documents, and pay the application fee.
- The student will receive an admission application response within 3 to 5 working days via email. The admission process will be continued further conditional to the eligibility status of the applicant.
- The eligible candidates whose application has been accepted for admission must reserve their seat by paying an amount of AED 12,000. This amount will be considered as preliminary payment for the tuition fees subject to the student's enrollment. Please note that, in case of withdrawal or non-enrollment in the university, an amount of AED 3,000 will be deducted from this initial payment.
- Upon successful completion of seat reservation process, the student must submit all

required documents including an attested/notarized copy (original) of their previous educational documents (secondary school certificates and others), passport size photos, and original certificates for English proficiency tests such as TOEFL, IELTS, or the UAE standardized test (EmSAT), if applicable, and any additional documents requested by the admissions office.

Note: The students cannot obtain university ID cards or register for the courses until all the required documents are submitted to the Office of Admissions and Registration.

- The student should apply for one of the admission tests according to the college or program requirements.
- The student should register for the studies within the specified time by strictly following the schedule of UKF academic calendar.

4.2 General admission requirements for undergraduate programs

All applicants must satisfy the following general admission requirements:

- Applicants should have completed a secondary education, or an equivalent level with the required grade average for the program they are applying to, no earlier than three years before joining the university.
- Applicants should not have been expelled from the UKF or any other institution for academic or disciplinary reasons.
- Applicants should be medically, physically, and mentally fit to be admitted to the university in accordance with their desired major.
- Applicants should indicate their order of preference for their majors on the online application form.
- Applicants are accepted in different majors conditional to the student's preferences, their grade average, and the admission capacity of each college.
- Applicants should complete and submit the online application form and required documents to the Admissions and Registration Department by the stated deadlines and pay the application fee of AED 250.
- Applicants should be aware that meeting the secondary education grade requirements, as well as other admission requirements, and submitting the application, paying the application fees, and receiving an ID number do not automatically mean that an applicant has been admitted to the university. Students are required to pay a reservation fee after meeting specific criteria on a competitive basis, in accordance with university policy. Student reservation fees are non-refundable if the student withdraws or does not enroll in the University but are adjusted in the tuition fees if the student enrolls in his/her program.
- Applicants who are still reserving their seats will receive conditional admission until the finalized admission application results are submitted, and they fulfill the requirements based on competitive criteria.
- Applicants will not be issued an ID or allowed to register for courses unless the admission file is complete.
- Students who have been conditionally accepted will be given a specific period of time to fulfill the conditional admission requirements to continue their studies at the university.

4.3 Academic qualification requirements for undergraduate programs

All applicants must satisfy the following academic qualification requirements:

- Students applying to join the UFK must have completed his/her secondary education and have had, at least, 12 years of schooling prior to the date of application.

- Applicants should have graduated from a school licensed and recognized by the Ministry of Education in the UAE and must submit a certified copy of the secondary school certificates or its equivalent, with a grading script certified by the school and the Ministry of Education or the Education Zone in the UAE.
- Applicants who attended school outside the UAE should have graduated from a school recognized by the official education authority in the country of study. Certificates submitted must be authenticated by the Education Authority in the country of study, such as the Ministry of Education, Boards of Education, or the British Council, the Ministry of Foreign Affairs in the country, then the relevant Embassy of the United Arab Emirates or the Embassy of the Country in the UAE, and the Ministry of Foreign Affairs of the United Arab Emirates.

4.4 Secondary Certificates from foreign countries and/or educational systems

- **Applicants holding a High School Diploma (American system), or its equivalent, may be admitted upon meeting the following requirements:**
  - Applicants have completed 12 years of study by the time they have finished secondary education and must provide proof thereof.
  - Applicants' certificates are recognized and equivalenced by the Ministry of Education in the UAE.
  - Applicants must have studied 6 courses in the fields of Mathematics, Sciences, Social Studies, and Languages with English as the language of instruction.
  - The Diploma study track (Literature or Science) is determined based on the courses studied in the 12th year (Two Science and one Mathematics subjects constitute a Science Track).
- **Applicants holding Certificates from the British System (IGCSE, GCSE, GCE) may be admitted upon meeting the following requirements:**
  - Applicants have completed 12 years of study by the time they have finished secondary education and must provide proof thereof.
  - Applicants' certificates are recognized and equivalenced by the Ministry of Education in the UAE.
  - Applicants' grade average will be calculated based on special criteria specified by the University of Khorfakkan, and the student must meet the criteria of minimum average required for the desired Major. The highest 7 grades obtained will be considered as follows:
    - A minimum grade of C in 5 O-Level subjects, and a minimum grade of D in 2 AS-Level subjects or;
    - A minimum grade of C in 6 O-Level subjects, and a minimum grade of E in one A-Level subject.
  - The courses should cover at least four areas of study: Mathematics, Sciences, Social Studies, Fine Arts & Design, and Languages.
  - For an applicant to be considered as a graduate of the Science Track in secondary education she/he must have successfully studied at least 2 Science and one Mathematics subject at O-Level and AS-Level or A-Level.
  - The UKF may award up to 12 credits for students who have successfully achieved a grade of C or better in specific A-Level subjects if he/she takes substitute courses instead of the authorized elective courses according to the student study plan.

- **Applicants holding an International Baccalaureate Certificate (IB) may be admitted upon meeting the following requirements:**
  - Applicants must have 12 years of study by the time she/he has finished secondary

education and must provide proof thereof.

- Applicants' IB Diploma must be awarded in accordance with the IB Board requirements, and recognized and equivalenced by the Ministry of Education in the UAE
- Applicants must have successfully completed at least 6 subjects during secondary school (IB) distributed over four subject areas: Mathematics, Sciences, Social Studies and Humanities, and Languages. Three of these must have been completed at the higher level (HL).
- Applicants must have scored a total of no less than 24 out of 45 points. The student's grade average will be calculated based on the criteria specified by the University of Khorfakkan.
- Applicants IB's study track (whether literary or science) is determined by the subjects studied during secondary school. For the IB to be counted as a scientific track, the student must have studied at least two science subjects and one mathematics subject.
- The university may award up to (12) credit hours for students who have successfully achieved a grade of (5) or higher in specific high-level (HL) subjects if he/she takes substitute courses instead of the authorized elective courses according to the student study plan.

4.5 Admission requirements for Master programs

All applicants for the Master programs at UKF must satisfy the following admission requirements:

- The applicant must hold a bachelor's degree or equivalent from a university recognized and equivalenced by the Ministry of Education (MOE) in the UAE with a minimum CGPA of 3.00
- Applicants with a CGPA between 2.5 -2.99 may be admitted conditionally.
- Applicants' attendance in their bachelor's degree program must not be less than 75%
- Applicants to programs taught in English must obtain a TOEFL score of 550 as a prerequisite, prior to starting their first semester.
- In programs taught in Arabic, the student must also pass an English course as a prerequisite during the first semester of admission. The student, however, may be exempted from this prerequisite if they score 400 points on TOEFL or 4.0 on the IELTS. But the student must obtain a score of 450 on the TOEFL for admission in Applied Sociology and law programs.
- Applicants must pay the application fees of AED 500, which are non-refundable should the applicant decide not to continue.

4.6 Required documentation for Bachelor program applicants

The following documents are required to apply for a Bachelor program offered at UKF:

1) A valid copy of the applicant's passport
2) A copy of UAE National Family Registry for local applicants
3) Copy of a valid residence visa for non-local applicants
4) A certified copy of the applicants Secondary School Certificate or its equivalent.
5) 4 recent passport-sized color portrait photos
6) A health fitness certificate from a university hospital or clinic, or any Governmental authority in the UAE (the form can be downloaded from UFK's admission website)
7) A valid Good Conduct Certificate
8) A copy of Birth Certificate

9) A copy of UAE National Identity Card
10) A copy of Mother's passport
11) AED 250 cash in application fees (non-refundable)
12) An English language proficiency certificate (TOEFEL, IELTS, PTE or EmSAT)

4.7 Additional requirements for applicants with foreign certificates

1) Document proving that the student completed 12 years of school.
2) Certified copy of grades 10-12 certificates and the graduation certificate
3) Equivalency certificate from the Ministry of Education in the UAE
4) A document proving that the provided High School Certificate is accepted by governmental universities in the country from which the certificate is from.

4.8 Additional requirements for UAE local male students

1) National service completion letter or no objection to completing the study from the Authority of National Service and Reserve.
2) Additional requirements for Kuwait students: No objection letter from the Consulate General of the State of Kuwait - Cultural Office in UAE specifying the program the student is allowed to take at the University of Khorfakkan.
3) Important notes:
   - Certificates issued from inside the country must be authenticated by the educational institution in which the student studied in the country, and the Ministry of Education.
   - Certificates issued from outside the country must be authenticated by the official educational authority in the country of study (such as the Ministry of Education, Boards of Education, the British Council ...), the Ministry of Foreign Affairs, and the embassy of the United Arab Emirates in the country of study, or the Embassy of the Country in the UAE, and the Ministry of Foreign Affairs of the United Arab Emirates.

4.9 Required documentation for Master program applicants:

1) A certified copy of the applicant's university degrees and transcripts
2) Equivalence certificate from the Ministry of Education (MOE), if the certificate is issued outside the UAE.
3) A copy of the passport and family register for UAE nationals
4) Two or more recommendation letters.
5) Evidence of English Language Proficiency.
6) Two recent photographs.
7) Curriculum Vitae (CV).

4.10 Admission Requirements for Undergraduate Programs

The grade average and proficiency requirements for attending the various programs in the different Colleges at UKF are listed in the Table below:

College	Major	Teaching Language	GPA/Track		English Proficiency Tests (Can chose any below)					Emirates Standardized Test (EmSAT)					Other/ Interview
			General	Sci/Adv/Elite	TOEFL (Paper)[a]	TOFEL (IBT)	IELTS	PTE (Academic)	EmSAT English	Arabic	Mathematics	Physics	Chemistry	Biology	
Sharia & Law	Foundations of Religion	ARA	70%	70%	-	-	-	-	-	-	-	-	-	-	-
	Law	ARA	75%	75%	400	45	4	30	750	850	500	-	-	-	Inter view
Arts, Sciences & IT	Sociology	ARA	70%	70%	-	-	-	-	-	-	-	-	-	-	-
	History & Islamic Civilization	ARA	70%	70%	-	-	-	-	-	-	-	-	-	-	-
	Public Relations	ARA	70%	70%						-	-	-	-	-	Inter view
	Radio & Television	ARA	70%	70%						-	-	-	-	-	Inter view
Business Admin.	Business Management	ENG	75%	70%	500	61	5	42	1100	-	600	-	-	-	-
Marine Science & Aquatic Biology	Marine Biology	ENG	75%	75%	500	61	5	42	1100	-	-	750	750	750	-

Notes:

- ARA = Arabic; ENG = English
- The grade averages listed above represent the minimum required for admission to the respective program. Please note that students meeting the above grade average requirements are not guaranteed admission but will still be subject to competitive regulations and standards.

5. Responsibilities

- The VCAA is responsible for the implementation of admission policy documents.
- The OAR is responsible for the initial screening of students' admission application, scheduling of their entrance exams, and scheduling of admission interviews.
- The Departmental Graduate Admissions Committee and the University Graduate Council are responsible for preparing a finalized list of students recommended for new admissions in UKF, exceptions to the set criteria, and assignment of scholarships.
- The VCAA reserves the authority for final approval of the list of the students recommended for new admissions.

Important Notes:

- Applicants shall fill in the application form personally and be responsible for the accuracy of the information filled in therein. Incomplete applications will not be considered.
- Applicants are responsible for completing all admission procedures by the specified deadlines, in accordance with the instructions of the Admissions Office as announced in the academic calendar. The university is not responsible for incomplete or late

applications. All students are required to visit the University's website (www.ukf.ac.ae) to learn about the dates and locations of the admission exams, language tests, and personal interviews as well as to see their results.

- Admission seat reservation fees are non-refundable if the student withdraws admission or does not enroll in the University. However, this fee is adjustable to the tuition fees if the student enrolls in the program.
- Admission is granted for the semester to which the student is applying. A student's admission will be canceled if the student does not enroll in the same semester as when the application has been submitted.
- New students are permitted to postpone their admission for a maximum of one semester for all programs after paying the required fees and submitting the required form to the Admission and Registration Office.
- The University does not accept the submission of the original High School Certificate. Instead, applicants are required to provide copies of their High School Certificates that have been certified/attested by the appropriate authorities.
- All documents submitted for admission to the University are considered the property of the University. Students are not permitted to request any documents from their personal file once submitted to a staff member.
- The University is not responsible for scholarship applications. Applicants are required to contact sponsors on their own.
- Applications received after the admission period will not be considered.
- The University reserves the right to increase the tuition fees from year-to-year.
- Students shall abide by all other university requirements.

6. Definitions

Admissions Period: The period during which applicants can submit their admission application.

Application Level: Admission application category, whether undergraduate, graduate, or transfer.

Active Application: An application that is not marked as Cancelled, Expired, Enrolled, Rejected, or Declined.

Inactive Application: An application in process that is marked as Cancelled, Expired, Enrolled, Rejected, or Declined.

Admissions Offer Letters: Letters issued by the OAR and sent to the applicants notifying them that they have been admitted into one of the academic programs they have applied for.

Application Rejection Letters: Letters issued by the OAR and sent to the applicants notifying them of the rejection of their admission application.

Waiting List: A list in which the college temporarily places students until a seat for the selected program is available. Only students who opted for the waiting list on their application can be placed on the list.

Admission Fee: The fee collected to process the admission application.

Registration Fee: The fee collected to process a student's application and registration throughout his/her study at the University.

Application Number: A generated number, to be used as a password, to track the status of the submitted application before a decision is taken.

International student: A non-native Arabic-speaking student holding an international

secondary school certificate.

7. Related Documents

Students Bylaws.
Student Handbook.
2019 Standards for Licensure and Accreditation.

8. Appendices

If you have any questions regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 3:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	6.2 Registration Policy		
	POLICY No.	6.2	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan **Registration Policy** outlines the procedures and guidelines for students to officially enroll in courses each academic term at the university. This policy ensures that the registration process is clear, efficient, and equitable for all students, supporting their academic progress and timely graduation.

1. Purpose

The purpose of the Registration Policy is to provide clear, consistent, and equitable guidelines for the enrollment of students in courses each academic term. This policy aims to facilitate a smooth registration process, support students in achieving their academic goals, and ensure that the university's resources are utilized effectively.

2. Scope

This policy applies to all undergraduate and graduate students, including those enrolled in full-time, part-time, and special programs. The scope of this policy covers all aspects of student registration, including:

- Eligibility criteria for course enrollment.
- Registration periods and deadlines.
- Procedures for course selection and enrollment.
- Management of course waitlists and availability.
- Financial responsibilities related to registration.
- Procedures for making changes to registration, such as adding or dropping courses.
- Special circumstances and accommodations related to registration.

3. Policy Statement

The university is committed to providing an efficient and transparent registration process for all students. The Registration Policy ensures that:

- All students have access to clear information about registration procedures, deadlines, and requirements.
- Students are supported in selecting courses that align with their academic and career goals.
- The registration process is conducted fairly, with mechanisms in place to manage course availability and waitlists.
- Financial obligations related to registration are clearly defined and communicated to students.
- Procedures for making changes to registration are straightforward and accessible.
- Special considerations and accommodations are provided as necessary to support students with unique needs.

3.1 Undergraduate Student Registration

- Students studying for an undergraduate degree (semester-based) at the University of Khorfakkan must be registered for a minimum of 12 credit hours each semester to maintain their registration.
- The minimum/maximum academic load depends upon the students' academic standing,

and is determined once final grades are released, but generally follows the rules below:

- Students with CGPA<2.00 should register for 12 or 13 credit hours.
- Students with CGPA>=2.00 should register for 12 to 19 credit hours.
- Students with CGPA>=3.6 are permitted to register for 12 to 21 credit hours.

- Students with GPA (first semester) <2.00 are permitted to register for 16 credit hours.
- A student in good standing may enroll in up to 21 credit hours if taking a higher load will lead to graduation at the end of the same semester.
- Students under academic probation may enroll in up to 15 credit hours if taking a higher load will lead to graduation at the end of the same semester.
- Students who register between 9 to 11 credits will only be permitted to proceed with the approval of the Dean of the College.
- Students registered for fewer than 9 credits will be dropped and considered absent from the semester unless the student is expected to graduate at the end of the semester and requires less than 9 credits to do so.
- The maximum load for the summer semester for semester-based programs should not exceed 2 courses (maximum of 6 credit hours). A student may enroll in 3 courses in the summer semester (maximum of 9 credit hours) if their CGPA>=3.60 or if taking a higher load will lead to graduation at the end of the summer semester.
- Zero credit hour courses (e.g., remedial courses) are counted within the registration load.

3.2 Master Students Registration

- Master's students at the University of Khorfakkan must be registered each semester for the level of credit required to maintain full-time or part-time status (see table below):

	Minimum Credit Hours/Semester	**Maximum Credit Hours/Semester**
Full-Time	9	12
Part-Time	3	<9

- The minimum registration load for full-time students can be less than 9 credit hours subject to meeting one of the following conditions:
    - With approval from the VCAA, OR
    - where only completion of the thesis remains.
- The maximum registration load for students may vary (but will not exceed 15 credit hours for full-time students and 9 credit hours for part-time students) in special circumstances related to the student or the program and will be granted with the VCAA's approval.
- Students registered for fewer than the minimum credit hours allowed without prior approval will be dropped and considered to be absent from the semester.
- The student must register 0 credit hours every semester after the completion of the dissertation credit hours until the thesis is defended.

4. Procedures

The registration process involves four (4) key steps given below:

4.1 Advising and Consultation

- Upon the recommendation of advisors assigned by respective colleges, the college students fill the registration worksheet and receive their registration 'Alternative Pin Number' to complete early registration on 'Banner Self Services'. Then, the students will complete their online registration of the courses. The instructions for online registration are available

on UKF website/ Banner Registration Guide. The students can also request information for online registration from the Office of the Admissions and Registration.

- Students are advised to follow the study plans published by their college for continuous progress towards timely and successful graduation following the major/concentration areas of their study. The students who choose to postpone their courses, or to take courses in an order that is not recommended, must understand that such decisions are made at their own risk and might affect the expected time for the completion of their graduation.
- Before opening the registration and during the advising week, the Office of Admissions and Registration sends the list (updated if needed by the college) of advisees to all the respective advisors with alternate pins. The academic departments/colleges provide clear guidelines to assist all the advisors in their task for smooth advising sessions.

4.2 Selection and Early Registration of Courses

4.2.1 Early Registration for Core and College Courses

- The Office of Admissions and Registration opens 'early registration' process using 'Banner Self Services' following the timetable announced prior to the early registration. This timetable allows specific dates for the beginning of early registration for senior, junior, sophomore, and the freshmen students.
- Early registration will not require early payment for the new semester. Therefore, financial holds will not prevent students from early registration.
- Freshmen (advanced Prep students) and new students will attend 'Banner Registration Workshops' organized by the Office of the Registrar to facilitate their self-services on 'Banner Registration Module'.
- Early registration will not allow any form of override. All overrides applicable may be implemented during confirmation and 'add and drop' weeks only.
- Students with early registration difficulty may require assistance from the Registrar Office who will hold waiting lists when necessary to accommodate all students on the courses required. Waiting lists are maintained through Banner and will guarantee that the student is on a waiting list ONLY when all sections of a course are closed, or when all offered sections conflict with his/her schedule without possibility of adjustments.
- UKF guarantees the students registration for the needed courses, but not with the selection of preferred timings or instructors.
- The class schedule and the university catalog contain necessary information regarding registration instructions and general items of information, policies, and procedures.

4.2.2 New Student Registration

- New students must ensure that all documents required for finalizing their admission, particularly those indicated in the letter of admission, are submitted to the Office of Admissions and Registration before the registration begins. Upon completion of those documents and payment of registration fees, the registration officers will immediately register the student and provide his/her schedule. The package upon registration confirmation will include: the student schedule (ensuring all rooms are assigned), the student services print out, the Academic Calendar, and an instruction sheet regarding the orientation dates and arrangements, the transportation and other services requests, and the ID reception.

4.2.3 General Education Program Student Registration

- General Education Program students' registration is done by the Office of the Admissions and Registration as block schedules. Schedules can be printed from 'Banner Self Services'

after the exam results and the payment of fees. Bundles of English, math, and study skills sections are prepared ensuring schedules are either day or evening, and the student does not stay on campus for over 10 hours per day.

4.2.4 Transfer Student Registration

- Transfer students cannot register for subsequent courses if their transferred courses do not meet the prerequisite requirements. Transfer students must complete their transfer file and be awarded transfer credits during their first semester at UKF. Request for course transfer must be made with complete documentation before the registration period. Credit transfer requests are sent to the colleges by the Admissions and Registration Office through the Credit Transfer Sheet. Decision on credit transfer should be communicated to the Admissions and Registration Office by the Colleges within five (5) working days of the original request date.

4.3 Payment of Fees

- Students are required to make their fee payments for the confirmation of their schedules prior to the start of classes. Students who have not settled their fees will have financial holds on their accounts and will be dropped from their courses at the end of the Drop Period. In all cases, confirmation will not be possible if the financial hold still applies.
- Payment will be made through bank deposit, bank transfer, or direct payment through debit or credit card. No cash payments are allowed.

4.4 Schedule Confirmation

- Students' schedule may be confirmed after settlement of all financial dues. Students can print their confirmed schedule from Banner Self Services and may proceed to UKF bookstore for the collection of their books.

5. Responsibilities

5.1 Registrar's Office

- **Course Enrollment Management:** Oversees the entire registration process, ensuring that all students have access to the registration system, courses are properly listed, and course capacities are managed.
- **Communication:** Provides students with clear information about registration procedures, deadlines, and policies.
- **Support Services:** Offers assistance to students facing difficulties during registration and manages any technical issues related to the registration system.
- **Policy Enforcement:** Ensures compliance with university registration policies and procedures, including managing course add/drop deadlines and handling exceptions.

5.2 Academic Advisors

- **Guidance:** Assist students in course selection based on their academic goals, degree requirements, and career aspirations.
- **Approval:** Approve course selections for students, ensuring they meet program requirements and prerequisites.
- **Support:** Provide ongoing support to students, especially those with special needs or circumstances that affect their registration.

5.3 Students

- **Responsibility:** Ensure timely registration for courses each term, adhering to the university's deadlines and requirements.

- **Payment of Fees:** Fulfill financial obligations related to course registration, including tuition and any associated fees when applicable.
- **Compliance:** Follow the university's registration procedures, including adhering to add/drop deadlines and understanding the implications of course withdrawal.

5.4 Academic Departments

- **Course Offerings:** Determine course schedules and capacities, ensuring that courses are available to meet student demand.
- **Coordination with Registrar:** Work closely with the Registrar's Office to manage course listings, prerequisites, and capacity issues.
- **Faculty Coordination:** Ensure faculty members are informed about registration policies and deadlines, and assist in managing course waitlists when necessary.

5.5 Vice Chancellor for Academic Affairs

- **Enforcement:** Enforce the implementation of this policy
- **Review:** Periodically review this policy to cope with any additional registration requirements.

6. Definitions

Registration: The process through which students enroll in courses for an upcoming academic term, including the selection of courses, payment of associated fees, and submission of required documentation.

Add/Drop Period: A designated period at the beginning of the academic term during which students can make changes to their course enrollment without penalty, such as adding or dropping courses.

Waitlist: A system that allows students to place themselves in a queue for enrollment in a course that has reached its maximum capacity. If space becomes available, students on the waitlist are given the opportunity to enroll.

Prerequisite: A course or requirement that must be completed before a student can enroll in a more advanced course.

Course Withdrawal: The process of formally removing oneself from a course after the add/drop period, which may have financial or academic consequences depending on the timing of the withdrawal.

Full-Time Student: A student who is enrolled in a minimum number of credit hours as defined by the university, typically required to maintain certain benefits such as financial aid or housing eligibility.

Part-Time Student: A student who is enrolled in fewer credit hours than the full-time requirement, often with different financial aid and housing eligibility.

Registration Hold: A restriction placed on a student's account that prevents them from registering for courses, usually due to outstanding obligations such as unpaid fees or incomplete academic requirements.

7. Related Documents

CAA Standards for Licensure and Accreditation.

8. Appendices

Contact details for the Admissions and Registration Department at UKF: If you have any questions

regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 4:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to ensure its alignment with the new policy template.	June 2024

Overview

The Student Transfer Policy outlines the criteria, procedures, and guidelines for students who wish to transfer into the University of Khorfakkan. This policy ensures that the transfer process is transparent, equitable, and aligned with the academic standards of the institution. It also aims to support students in achieving their educational goals while maintaining the integrity of academic programs.

1. Purpose

The purpose of this policy is to facilitate the transfer process for students by providing clear guidelines and ensuring consistency in the evaluation of transfer applications. The policy seeks to recognize prior learning and credits earned at other accredited institutions, while ensuring that transfer students meet the academic requirements of the University of Khorfakkan.

2. Scope

This policy applies to all undergraduate and graduate students seeking to transfer credits from another institution to the University of Khorfakkan. It covers the criteria for eligibility, the process for applying for transfer, the evaluation of transfer credits, and the conditions under which transfers are approved or denied.

3. Policy Statement

The University of Khorfakkan is committed to supporting student mobility and recognizes the value of academic credits earned at other accredited institutions. Students may apply for transfer to the university, provided they meet the eligibility criteria and adhere to the established procedures. The University of Khorfakkan will evaluate transfer applications on a case-by-case basis, ensuring that transferred credits meet the academic standards of the university and are applicable to the student's chosen program of study. Transfer decisions will be made in a fair and timely manner, with consideration given to the student's academic performance and the compatibility of courses completed at the previous institution.

4. Procedures

4.1 General Guidelines

Students seeking transfer to UKF from another Higher Education Institution (HEI) must satisfy the following conditions:

- Submit original or certified copy of high school certificate or its equivalent approved by the relevant authority from the country where the certificate was granted as well as attested by the Ministry of Education, UAE.
- Provide an official transcript from an accredited institution, attested by the Ministry of Higher Education if from the UAE, or by the equivalent if from an institution outside the UAE.
- Submit course descriptions and syllabus of all transfers as published in the catalogue of concerned institute.
- Provide certificate of achievement for all the EmSAT or IELTS scores for admission in the academic program the applicant is transferring to.
- UKF allows the credit transfer of CAA reviewed and approved clinical training programs attended in UAE only.
- After the student is accepted as a transferred student by satisfying the minimum admission conditions, the student prior transcript, course syllabus, and transcript verifications are forwarded from the Office of Admissions and Registration to the relevant College for course evaluation.

- The college will form a committee to evaluate the course syllabus.
- The result of the evaluation is sent to the Office of the Registrar, where the following conditions should apply for the registrar to include the transferred credits in the student's transcript:
    - The student has completed a minimum of one year or two semesters in his previous institution (for diploma and undergraduate programs).
    - The students' CGPA in previous institution is not below 2.5 out of 4.0 (for diploma and undergraduate programs).
    - The previous institution was accredited by the Ministry of Education and the transcript is verified to be authentic.
    - The grades of the transferred credits comply with the policy.
    - The number of total transferred credits complies with the policy.
    - The number of credits for each transferred course should be equal or higher than the equivalent course in UKF.
    - All transferred credits are inserted in the transcript of the student, however, only those are included in the earned hours that comply with the study plan at UKF.
    - The registrar informs the student of the courses that have been accepted from his previous institution and updates the student study plan accordingly.
    - Transferred courses are indicated in the transcript by the grade 'TR'.
    - The name of the previous institution and UKF equivalent courses shall be displayed on the transcript.
    - In case a student repeats a course that was accepted as a transferred course, the transferred course will be excluded from the transcript and the grade of the course taken in UKF will be counted if it was passed.

4.2 Undergraduate and Diploma Students Transferring from another University

The students who are admitted as transferred students need to recognize that:

- The maximum number of credit hours that can be transferred from another recognized university within the framework of the study plan applicable to the student at University of Khorfakkan shall not exceed 50%.
- The Department Council may transfer credit for all or some of the courses taken in the university transferred from, provided that the grade in each course is not less than C+ (2.5 out of 4.0) or equivalent.
- Students transferred from a recognized institute of higher education to one of the University's colleges may transfer credit for all or some of the courses taken there provided that the grade in each is not less than B (3.0 out of 4.0) or equivalent.
- Students transferring from other universities or institutes of higher education shall not benefit from their academic record if they have discontinued their studies for a period of four regular semesters or more.
- Grades or averages transferred from another university shall not be included in the student's CGPA at UKF.
- Non-transferred credits allowed in the foundation year in Medicine and Dental Medicine as courses grades must be counted for the promotion purposes.
- UKF will not count/credit any courses taken by a newly transferred student for will count for credit if the student has already gained a degree.
- UKF does not allow the transfer of credits for graduation project.

4.3 Postgraduate Students Transferring from another University:

Students who are admitted as transferred students should recognize that:

- The maximum number of credit hours transferred from a recognized university

within the framework of the study plan applicable to the student at University of Khorfakkan is 9 credit hours for postgraduate diploma and masters, and 12 credit hours in the doctorate program depending upon the recommendation of the Departmental Graduate Studies Committee and Dean's approval.

- The Department Council may transfer credit for all or some of the courses taken in previous university, provided that students' grade in each course is not less than B (3.0 out of 4.0) or equivalent for Masters and Doctorate programs, and no less than C+ (2.5 out of 4.0) or equivalent in postgraduate diploma programs.
- Grades or averages transferred from another university shall not be included in the student's CGPA at UKF.
- One semester for each 6-9 hours for the postgraduate diploma and masters, and 9 credit hours for the doctorate shall be subtracted from the duration for completing the degree.
- UKF does not allow credit transfer for Thesis/Dissertation.

- Student working towards a master's degree may change his major provided his old Department, the new Department, and the College approve such a transfer, subject to the following:

- The candidate must meet all the requirements for admission and any extra requirements that the Department he wishes to transfer to deems necessary.
- The Postgraduate Studies Committee in the Department may recommend to the Dean that a maximum of 12 credit hours of corresponding courses that were studied at the university be transferred, provided that the student's grades therein are included in his CGPA.
- The student's registration has not been canceled for any reason.
- Time spent on a previous major is counted as part of the time needed to complete degree requirements in the master's degree based on nine credits each semester.
- A graduate student can change his major only once throughout the period allowed for a master's degree.
- Subject to the provisions of Article 8 (number of students admitted in the program), a student may, by a decision of the Council based on a recommendation from the Postgraduate Studies Committee in the Department, transfer from a master's program from outside the University to a similar program if he satisfies admission conditions and has not been dismissed from the university he is transferring from.
- The Postgraduate Studies Committee in the Department may recommend to the Dean that no more than 9 credit hours of corresponding courses be transferred provided that the student's grade therein is not less than Very Good or (B) (3.0 out of 4.0) or equivalent.
- A maximum of four years has elapsed since he had studied the courses that counted.

Limits transferred credits for master's programs from Outside UKF:

The total transferred credits for master's programs should be a maximum of 25% of the total credits required for the program or equivalent to 9 credit hours.

a) The Graduate Studies Committee in the department may recommend to the Dean that no more than 9 credit hours (25% of the total credits) of corresponding courses be included, provided that the student's grade therein is not less than Very Good or (B) (3.0 out of 4.0) or equivalent. Such grades shall not count in the student's new CGPA.
b) In special circumstances, more than 9 credits can be considered after the recommendations of the Graduate Studies Committee in the Department and upon the approvals of the Dean and the Chancellor.

c) The student has not been expelled from the university to which he/she is transferring for one semester. For each 6-9 hours, the time limit for obtaining the degree shall be subtracted.

4.4 Transfer within the University of Khorfakkan

The students' choice of Specialization/Major are considered while entertaining transfer applications for the University of Khorfakkan. However, students can be allowed to transfer to other specializations available in the College according to the transfer rules and limitations of seats for each specialization., a student may apply to change their major at the Directorate of Admission and Registration (DAR) office After completing at least fifteen (15) credit hours during the last two weeks of the Fall or Spring semesters. After receiving the appropriate fees, the DAR sends their application with its comments to the Dean of the concerned College to decide the matter not later than the end of the first week of the following semester. The College Council sets the procedures for change or transfer of specializations in a college while the Dean approves these changes. A sum of these rules include:

- A student may not be transferred from the specialization from which he/she was transferred by an administrative decision or due to probation.
- No application to transfer or change major is accepted from students in their third year or above, except for the probation.
- No student may change their major voluntarily more than once during his period of study at the University.
- A College Council may accept the transfer of students holding a technical high school certificate from one College to another based on the recommendation of the Department.
- Applications for transfer are submitted to the DAR during the last two weeks of the Fall or Spring semesters. After receiving the transfer application and fees, the DAR sends the application with its opinion to the Dean of the concerned College to reach a decision no later than the end of the first week of the following semester.
- The DAR includes a student's GPA and CGPA. Only the compulsory courses that the student has successfully completed in their old major meet the requirements of the new specialization.
- The DAR counts as part of a student's GPA and CGPA the elective courses that the student completed in their old specialization and that are required by the study plan of his new specialization, but only at their own request.

5. Responsibilities

5.1 Admission and Registration

- Responsible for managing and overseeing the transfer application process, including the receipt of applications, initial assessment of eligibility, and communication with students regarding the status of their transfer requests.
- Ensures that all transfer credits are accurately recorded and applied to the student's academic record in accordance with university policies.
- Evaluates the academic qualifications of transfer applicants to ensure they meet the university's admission standards.
- Coordinates with the Registrar's Office to facilitate the transfer process and to assist in the determination of transfer credit eligibility.

5.2 Academic Departments

- Responsible for evaluating the content and quality of courses taken at other institutions to determine if they are equivalent to courses offered at the university.

- Faculty members or designated departmental staff may be involved in reviewing course syllabi and making recommendations regarding the acceptance of transfer credits.

5.3 Academic Advisors

- Assist transfer students in understanding how their transferred credits apply to their degree program.
- Provide guidance on course selection and help students create an academic plan that incorporates their transfer credits and fulfills the university's degree requirements.

5.4 Students

- Responsible for providing all necessary documentation, including transcripts and course descriptions, as part of their transfer application.
- Must ensure that their transfer application is complete and submitted within the specified deadlines.

5.6 Dean of the College

- Oversees the approval of transfer credits within their respective college, ensuring alignment with academic standards and program requirements.
- May provide final approval for transfer credits that are borderline or require special consideration.

5.7 Vice Chancellor for Academic Affairs

- Approves the final list of recommended new entry transfer students.
- Regularly review this policy.

6. Definitions

Transfer Credit: Academic credits earned at one institution that are accepted and applied toward a degree at another institution. These credits are typically evaluated for equivalency to courses offered at the receiving institution.

Articulation Agreement: A formal agreement between two institutions that outlines which credits from a specific program at one institution will be accepted as equivalent to specific courses at the other institution.

Accredited Institution: An educational institution that has been officially recognized and authorized by an accrediting body, ensuring that it meets certain standards of quality and integrity in education.

Eligibility Criteria: The specific requirements that must be met for a student to be considered for transfer, including academic performance, the accreditation status of the previous institution, and the relevance of prior coursework to the intended program of study.

Course Equivalency: The determination that a course taken at another institution covers the same content and learning outcomes as a course offered at the receiving institution, allowing it to be counted toward a specific degree requirement.

Credit Hours: The units used to measure educational credit, typically based on the number of instructional hours spent in a course. Transfer credits are often evaluated in terms of credit hours to determine their applicability to degree requirements.

Non-Transferable Credit: Credits that are not accepted by the receiving institution, usually because the courses do not meet the academic standards or are not relevant to the student's chosen program of study.

7. Related Documents

	POLICY NAME	6.4 Advanced Standing Policy		
	POLICY No.	6.4	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

CAA Standards for Licensure and Accreditation.

8. Appendices

Contact details for the Admissions and Registration Department at UKF: If you have any questions regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 3:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to be aligned with the new policy template. Undergraduate and graduate students transfer policies were merged.	June 2024

Overview

The Advanced Standing Policy outlines the guidelines and procedures for granting advanced academic standing to students based on prior learning, coursework, or qualifications obtained before enrolling at the University of Khorfakkan. This policy aims to recognize and credit students' prior achievements, enabling them to progress more quickly through their academic programs by reducing the number of required courses.

1. Purpose

The purpose of the Advanced Standing Policy is to:

1. Acknowledge and reward students for prior academic and achievements that meet the university's standards.
2. Provide a clear framework for evaluating and granting advanced standing, ensuring fairness and consistency.
3. Enhance the academic progression of students by allowing them to bypass certain courses or requirements where they have already demonstrated competence.
4. Support student retention and graduation rates by reducing redundancy in learning.

2. Scope

This policy applies to all undergraduate and graduate students who seek advanced standing based on prior coursework or other recognized qualifications. It covers the criteria for eligibility, the process of application, and the evaluation of requests for advanced standing. The policy is applicable to domestic and international students across all academic programs offered by the University of Khorfakkan.

3. Policy Statement

The University of Khorfakkan is committed to recognizing the prior achievements of its students by granting advanced standing where appropriate. Advanced standing may be granted for coursework completed at other accredited institutions or recognized qualifications, or other international equivalents.

1. **Eligibility Criteria:** Students must provide official documentation of advanced standing, which will be evaluated based on the relevance, level, and quality of the work completed.
2. **Application Process:** Students seeking advanced standing must submit a formal application, including transcripts, certificates, or other evidence of prior learning, to the appropriate academic office within a specified timeframe.
3. **Evaluation:** The evaluation of advanced standing applications will be conducted by faculty members or designated academic staff within the relevant department. The decision will be based on the alignment of prior learning with the learning outcomes of the university's courses.
4. **Limitations:** There may be limits on the amount of advanced standing that can be awarded, and certain core courses or capstone experiences may not be eligible for advanced standing.
5. **Notification:** Students will be informed of the decision regarding their advanced standing application in writing. Any awarded credits will be applied to their academic record, reducing the number of courses required for their degree

4. Procedures

4.1 General Guidelines

a) To request advanced standing, a student typically needs to provide documentation of their prior academic experience and may need to complete an application or request form.
b) The institution or program may also require additional materials, such as transcripts, course descriptions, or a portfolio of work.
c) The student's request for advanced standing will then be reviewed by a committee or panel (refer to the forthcoming point (g)) that will make a recommendation on the credits to be awarded.
d) An applicant shall complete an Advanced Standing application form providing complete details of his/her prior learning experience and suggest courses for which credit may be granted to the applicant. The complete application form, along with all supporting documents and evidence as well as receipt of the processing fee, shall be submitted to the Office of Admissions and Registration.
e) In filling in the Advanced Standing application, the applicant can get assistance from his/her academic advisor.
f) The Director of the Office of Admissions and Registration shall forward the application form along with supportive documents to the College Dean who shall provide it to the Head of Department (HOD) for evaluation and recognition.
g) The HOD shall form an ad-hoc committee in the department to study the case.
h) The Committee shall determine the assessment tools for assessing prior learning of the applicant. These may include one or more of the following: written/oral exams, projects, assignments, interviews, skill demonstration or portfolio review.
i) The Committee can ask the applicant to submit other documents or evidence, as required.
j) When the applicant has been assessed, the Committee shall complete an Assessment Evaluation form and submit it to the HOD. This form will list all the courses for which credit has been granted. It shall also list separately the courses for which the applicant requested credit, but no credit was granted by the Committee.
k) The HOD, after approving the recommendations of the Committee, will provide the Assessment Evaluation form to the Dean. The HOD can ask the Committee to explain its recommendations and reasons behind its decisions. He/she can also ask the Committee to reconsider its recommendations.
l) The Dean will submit the Assessment Evaluation form to the Office of Admissions and Registration, who will inform the student with the college decision.
m) If an applicant is not satisfied with the decision of the ad-hoc committee and the HOD, he/she can file an appeal with the College.

4.2 Additional UKF Requirements

Currency Assessment for Advanced Standing will consider all the learning undertaken by the applicant. The currency of learning will be assessed in the context of the student's learning, work, and life experiences. As a guide, previous study and/or experience must have been completed within the ten years prior to entering the program for academic subjects, and within five years of entering the program for applied units.

4.3 Limits on Advanced Standing:

- Advanced Standing may be awarded provisional to the whole subjects only.
- Advanced Standing may be given for all subjects for which equivalent learning is established for up to a maximum of 50% of the credit points within a course.
- In assessing applications, the previous subjects/learning must show at least 80% compatibility with the subjects for which Advanced Standing is sought, except in the case of non-specific or block credit. Assessment of equivalence must consider factors such as the learning outcomes of the subject for which Advanced Standing is sought, the volume of

learning, program of study including content, and learning and assessment approaches.

5. Responsibilities

5.1 Admission and Registration

Oversight and Administration: The University Registrar is responsible for the overall administration and enforcement of the Advanced Standing Policy. This includes ensuring that the policy is applied consistently across all academic programs.
Record Maintenance: Ensures that all granted advanced standing credits are accurately recorded in the student's academic records and reflected in their transcripts.
Communication: Notifies students of the decisions related to their advanced standing applications and provides guidance on the implications for their academic progression.
Initial Review: Conducts an initial review of the documentation submitted by prospective or newly admitted students seeking advanced standing based on prior learning or qualifications.
Liaison Role: Acts as a liaison between students and academic departments during the application process, ensuring that all necessary documentation is submitted and that the process is transparent and efficient.

5.2 Academic Departments

Evaluation of Applications: Faculty members or designated academic staff within each department are responsible for evaluating advanced standing applications. They assess whether the prior learning or experience aligns with the learning outcomes of the courses for which credit is being sought.
Decision Making: Make decisions on whether to grant advanced standing based on the criteria established by the policy. This includes determining the number of credits to be awarded and any specific conditions attached to the granting of advanced standing.
Advising: Provide academic advising to students regarding the implications of receiving advanced standing, such as course sequencing, remaining degree requirements, and graduation timelines.

5.3 Students

Application Submission: Responsible for submitting a complete and accurate application for advanced standing, including all required documentation, such as transcripts, certificates, or evidence of professional experience.
Follow-Up: Must follow up on their application status and work closely with their academic advisor to understand how the granted advanced standing affects their course of study and degree completion.

5.4 Academic Advisors

Guidance and Support: Provide guidance to students on the advanced standing application process, helping them understand the potential benefits and limitations. Advisors assist in planning the student's academic pathway based on the credits awarded.
Impact Assessment: Help students assess the impact of advanced standing on their academic progression, including how it affects course registration, degree timelines, and any prerequisites for further study.

5.5 Dean of the College

Policy Enforcement: Ensures that the policy is enforced consistently within their college and addresses any issues or disputes related to the application of the policy.
Approval of Exceptions: Reviews and approves any exceptions or special cases where advanced standing might be granted outside of the standard criteria.

5.6 Appeals Committee

Handling Appeals: Reviews and makes decisions on appeals related to denied advanced standing applications. Ensures that the appeals process is fair, transparent, and in accordance with university policies.

5.7 Vice Chancellor for Academic Affairs

Policy enforcement: The VCAA is responsible for the implementation of this policy document.
Policy review: The VCAA is responsible for periodically reviewing this policy.

6. Definitions

- **Advanced Standing** The granting of credits (for a program/course/module) indicating that the learner is deemed to have satisfied the requirements for which the credits have been awarded. It may include exemption where applicable.
- **Credit transfer** is a process that provides students with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications.
- **Formal learning** is the learning that takes place through a structured program of learning that leads to the full or partial achievement of an officially accredited qualification.
- **Informal learning** is learning gained through work, social, family hobbies or leisure activities and experiences. Unlike formal or non-formal learning, informal learning is not organized or externally structured in terms of objectives, time, or learning support.
- **Non-formal learning** refers to learning that takes place through a structured program of learning but does not lead to an officially accredited qualification. Pathways allow students to move through qualification levels with full or partial recognition for the qualifications and/or learning outcomes they already have.
- **Recognition of Prior Learning** is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal, and non-formal learning) to determine the credit outcomes of an individual application for credit.
- **Specified credit** is credit granted towards particular or specific components of a qualification or program of learning.
- **Unspecified credit** is credit granted towards components, usually electives, of a qualification or program of learning. Unspecified credit is usually given as credit points not linked to individual subjects.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

Appendix 1: ADVANCED STANDING CREDIT TABLE
College Board Advanced Placement (AP)

UKF grants credit for a score of 4 or 5 on certain College Board Advanced Placement (AP) exams. The university does not grant credit for secondary school courses teaching AP curricula, or partial credit for lower scores. If the AP exam is taken more than once, the higher score will be counted.

Details of credit for various exams appear below (Table 1):

Table 1: Subject-wise Credit Details (College Board Advanced Placement)

AP Exam	Score	Receive Credit for
Math: Calculus AB	4/5	MATH ----
Math Calculus BC with AB sub-score	4/5	MATH ----
Math: Calculus BC	4/5	MATH ---- MATH ----
Physics A or B	Any	No Credit
Physics C Mechanics	4/5	PHYS ---
Physics C Electricity, Magnetism	4/5	PHYS ---
Chemistry	4/5	CHEM ---
Psychology	4/5	HUMA ---
Computer Science A	4/5	ENGR ---

International Baccalaureate

UKF grants credit for a score of 5 or higher on certain Higher Level (HL) International Baccalaureate (IB) exams. The university does not grant credit for secondary school courses teaching IB curricula, or partial credit for lower scores. If the IB exam is taken more than once, the higher score will be counted.

Details of credit for various exams appear below (Table 2):

Table 2: Subject-wise Credit Details (College Board Advanced Placement)

HL Exam	Score	Receive Credit for
Mathematics	5/6/7	MATH ---, MATH ---
Physics with Magnetism	5/6/7	PHYS --- PHYS ---
Chemistry	5/6/7	CHEM ----
Psychology	5/6/7	HUMA ----
Computer Science	5/6/7	ENGR ---

Advance "A" Level GCE (General Certificate of Education)

UKF grants credit for a grade of B or higher on certain A-level exams. The University does not grant partial credit for lower grades. If the A-level exam is taken more than once, the higher grade will be counted.

Details of credit for various exams appear below (Table 3):

Table 3: Subject-wise Credit Details (College Board Advanced Placement)

A-level Exam	Grade	Receive Credit for
Mathematics	B/A	MATH ----, MATH ---
Physics	B/A	PHYS ---- PHYS ----
Chemistry	B/A	CHEM ---
Psychology	B/A	HUMA ---
Sociology	B/A	HUMA ----
Computer Science	B/A	ENGR ----

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised for accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	6.5 Recognition of Prior Learning Policy		
	POLICY No.	6.5	**VERSION NO**	**1.0**
	DATE OF APPROVAL	TBA	**EFFECTIVE**	**TBA**
	DATE OF LAST REVIEW		**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Recognition of Prior Learning (RPL) Policy is designed to formally acknowledge and give credit for learning that has occurred outside of the traditional academic environment. This policy recognizes the knowledge, skills, and competencies acquired through work experience, professional development, or other forms of non-formal education. By implementing this policy, the University of Khorfakkan aims to create more flexible pathways for students to achieve their academic and professional goals.

1. Purpose

The primary purpose of the Recognition of Prior Learning (RPL) Policy is to:

1. **Facilitate Access:** Enable individuals with relevant prior learning to gain entry into academic programs, potentially bypassing certain prerequisites or courses.
2. **Acknowledge Experience:** Recognize and validate the learning and skills acquired through professional, volunteer, or life experiences, thereby reducing the time and cost required to complete a degree.
3. **Promote Lifelong Learning:** Encourage continuous personal and professional development by valuing and integrating learning that occurs outside traditional academic settings.
4. **Ensure Quality:** Maintain academic standards by applying rigorous criteria and processes to the assessment of prior learning.

2. Scope

This policy applies to:

1. Prospective Students: Individuals applying to the university who wish to have their prior learning recognized for admission or advanced standing.
2. Current Students: Enrolled students seeking credit for learning acquired outside of formal education to fulfill degree requirements.
3. All Academic Programs: The policy covers undergraduate and graduate programs across all Colleges and disciplines within the university.

3. Policy Statement

The University of Khorfakkan is committed to recognizing the value of prior learning and providing students with opportunities to receive credit for relevant knowledge and skills acquired outside formal education. The following principles guide the implementation of this policy:

1. **Fair Assessment:** The assessment of prior learning will be conducted in a fair, transparent, and consistent manner, ensuring that it meets the academic standards of the university.
2. **Credit Allocation:** Credits may be awarded for prior learning that is directly applicable to the program of study and aligns with the learning outcomes of specific courses or modules.
3. **Documentation and Evidence:** Students must provide sufficient evidence of their prior learning, which may include portfolios, work samples, certificates, or other relevant documentation.
4. **No Double Counting:** Credits awarded through RPL cannot be used to satisfy the requirements of more than one program or qualification within the university.
5. **Appeals Process:** Students have the right to appeal decisions related to the recognition of prior learning through the established academic appeals process.

The Recognition of Prior Learning Policy aims to bridge the gap between formal education and experiential learning, fostering a more inclusive and diverse academic environment. By valuing prior learning, the University of Khorfakkan supports students in achieving their educational goals efficiently and effectively.

4. Procedures

4.1 General Guidelines

- An applicant shall complete a RPL application form providing complete details of his/her prior learning experience and suggest courses for which credit may be granted to the applicant.

- The complete application form, along with all supporting documents and evidence as well as receipt of RPL processing fee, shall be submitted to the Office of Admissions and Registration (OAR).
- Approval of RPL credit must occur prior to the student's enrolment in the program.
- In filling out the RPL application, the applicant can get assistance from his/her academic advisor assigned to him by the college dean.
- The director of the office of admissions and registration shall forward the application form along with supportive documents to the college dean who shall send it to the head of department (HOD) for evaluation and recognition.
- The HOD shall form an ad-hoc committee in the department to study the case.
- The committee shall determine the assessment tools for assessing prior learning of the applicant. ***The evidence may include authenticated certificates of informal learning, portfolio, projects, but in all cases, the student must sit for and pass a challenge exam for each course he/she is asking to be waived.***
- The committee can ask the applicant to submit other documents or evidence, as required.
- When the applicant has been assessed, the committee shall complete an assessment evaluation form and submit it to the HOD. This form will list all the courses for which credit has been granted. It shall also list separately the courses for which the applicant requested credit, but no credit was granted by the committee.
- The HOD, after approving the recommendations of the committee, will provide the assessment evaluation form to the college dean. The HOD can ask the committee to explain its recommendations and reasons behind its decisions. The HOD can also ask the committee to reconsider its recommendations and ***provide justification for their final decision.***
- The dean will submit the assessment evaluation form to the VCAA. The student will be informed accordingly by the office of admissions and registration. ***The appeal case may be considered by an appeal committee whose decision is final.***

4.2 Important Notes:

- UKF shall not grant credit twice for the same course or repeated course. The University shall not grant credit for training in unaccredited institutes, nor for previous courses studied in unlicensed educational institutions by the Ministry of Education (MoE) inside or outside the UAE.
- For obtaining credit for prior learning experience, applicant's knowledge, skills, and competencies shall be weighed against course descriptions and their learning outcomes.
- Reflective papers, journal articles or similar documents that relate past learning to the competency outcomes of the course or qualification in which the student has previously enrolled can also be submitted.
- UKF has formulated this policy for defining the credit hours which can be gained through RPL. In all cases, credits granted through RPL must not exceed 50% for undergraduate and 25% for graduate programs of the total completion requirements including credit transfer of formal learning.
- For every course that has been successfully recognized against prior learning experience, a grade of 'S' (Standing) shall appear on the transcript. For all such courses, the course classification will be coded as RPL.
- RPL courses shall not be used in determining the Cumulative Grade Point Average (CGPA).

4.3 Appeal Process

- Unsuccessful applicants have the right to appeal to the VCAA within one week of the reception of the decision regarding their applications.

- Along with the appeal form, applicants must submit any additional documents in support of their appeal application.
- The VCAA will ask the college dean to form an ad-hoc appeal committee and will transfer the applicant's appeal to the committee.
- The committee shall review the appeal and make a recommendation to the VCAA through the college dean within three working days, before the end of the add and drop period.
- The VCAA's decision will be final.
- The office of admissions and registration shall inform the applicant of the decision of the VCAA.

5. Responsibilities

5.1 Students

- **Application Submission:** Initiate the RPL process by submitting a formal application for recognition of prior learning along with supporting documentation, such as portfolios, work samples, or certificates.
- **Providing Evidence:** Compile and present clear and comprehensive evidence of prior learning that aligns with the learning outcomes of the program or course for which they seek credit.
- **Follow-Up:** Engage with the assessment process as required, including participating in interviews or additional assessments if necessary.

5.2 Academic Advisors

- **Guidance:** Advise students on the RPL process, helping them understand eligibility criteria, application requirements, and the potential impact on their academic program.
- **Support:** Assist students in identifying relevant prior learning experiences and gathering appropriate evidence for submission.
- **Liaison:** Act as a liaison between the student and the RPL assessment committee to ensure that the process is understood and followed correctly.

5.3 RPL Assessment Committee

- **Evaluation:** Conduct a rigorous and impartial evaluation of the submitted evidence to determine if the prior learning meets the academic standards required for credit.
- **Decision-Making:** Make recommendations on the awarding of credits based on the alignment of the prior learning with the program's learning outcomes.
- **Documentation:** Ensure that all decisions regarding RPL are thoroughly documented, including the criteria used for evaluation and the rationale for the decision.

5.4 Department Chair

- **Consultation:** Provide expertise on the specific learning outcomes of courses or programs and assist in the assessment of the relevance of prior learning.
- **Approval:** Review and approve RPL credits as recommended by the RPL Assessment Committee, ensuring consistency with academic standards and program requirements.

5.5 Admission and Registration Office

- **Record Keeping:** Officially record and update the student's academic transcript with any credits awarded through the RPL process.
- **Communication:** Notify students of the outcome of their RPL application and ensure that all relevant stakeholders are informed of the decision.

5.6 Appeals Committee

- **Review:** Handle appeals related to RPL decisions, ensuring that students have access to a fair and transparent process to contest decisions.
- **Final Decision:** Provide a final decision on appeals, considering all aspects of the student's case and the initial assessment process.

5.7 Faculty/Assessors

- **Evaluation:** Faculty members may be involved in the evaluation of portfolios, interviews, or other forms of assessment to determine the validity of the prior learning claims.
- **Recommendation:** Provide expert judgment on the relevance and sufficiency of the evidence presented by the student in relation to the program's learning outcomes.

5.8 Vice Chancellor for Academic Affairs

- **Policy Enforcement:** Enforce the implementation of this policy.
- **Policy Review:** Periodically review this policy.

6. Definitions

Recognition of Prior Learning (RPL): The process by which the university formally recognizes and awards credit for learning that has been acquired outside of the traditional academic environment. This may include work experience, professional training, or other non-formal education that meets the academic standards of the university.

Credit: A unit of academic measurement that represents the value of specific learning outcomes or the amount of academic work completed. Credits may be awarded through RPL for prior learning that aligns with the university's academic requirements.

Portfolio: A compilation of documents, work samples, and other evidence submitted by a student as part of an RPL application. The portfolio is used to demonstrate the student's prior learning and its relevance to the program of study.

Learning Outcomes: The specific skills, knowledge, and competencies that students are expected to achieve by the end of a course or program. RPL assessments determine whether the prior learning meets these predefined learning outcomes.

Assessment: The process of evaluating the evidence provided by a student to determine if the prior learning is equivalent to the learning outcomes of a course or program within the university.

Exemption: A waiver granted to a student from completing a specific course or requirement within a program, based on the recognition of prior learning. Exemptions reduce the number of credits a student needs to complete for graduation.

Appeal: A formal request by a student to review and reconsider an RPL decision. The appeal process ensures that students have the opportunity to contest decisions they believe are unjust or incorrect.

Formal learning: A type of structured synchronous learning in which the goals and objectives are defined by the training department, instructional designer, or instructor. Examples of formal learning include classroom instruction, seminars, workshops, webinars, web-based training, remote labs, and e-learning courses.

Informal learning: Informal unstructured, asynchronous learning that takes place away from traditional, formal learning settings, like a classroom. Informal learning has no clear goals or set objectives and is often unplanned and self-directed by the learner.

Non-formal learning: Planned, structured learning with educational objectives of personal and social education designed to improve a range of skills and competences, outside the

formal educational curriculum. Non-formal education takes place in youth organizations and sports clubs, where groups of people meet to undertake projects together, discuss, of go camping. Non-formal education is voluntary, accessible to everyone, about learning life skills, based on experience and action, and is based on the needs of the participants.

Credit Transfer: Credit transfer is the terms used by universities for the procedure of granting credit to a student for educational experiences or courses undertaken at another institution. This also includes recognition of prior learning or non-institutional experience for credit.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019.

8. Appendices

Contact details for the Admissions and Registration Department at UKF: If you have any questions regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 3:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.6 Student Records Policy		
	POLICY No.	**6.6**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The Student Records Policy covers guidelines and procedures for maintaining student academic records, including content of academic records, confidentiality of student academic records, student access to academic records, academic transcripts, other academic records, the Student Information System, and non-academic student records at the University of Khorfakkan.

1. Purpose

This policy aims to ensure that student academic records functions of the UKF, whether electronic or physical record-keeping, is conducted in a manner that is consistent with academic principles,

standards, and expectations of the University, appropriate to its educational mission and academic programs, and operates with necessary integrity, fairness, consistency, and effectiveness.

2. Scope

The Student Records Policy applies to all academic and relevant administrative units of UKF as well as all UKF students.

3. Policy Statement

The University of Khorfakkan is committed to the responsible management of student records, ensuring that they are accurate, secure, and confidential. Student records will be maintained in compliance with all relevant legal, regulatory, and institutional requirements. The university recognizes the importance of protecting student privacy and will only disclose student records to authorized individuals and entities, in accordance with applicable laws and university policies. Access to and the release of student records will be governed by established procedures to ensure the integrity and confidentiality of student information.

This policy ensures that all student records are handled with the utmost care, supporting the university's commitment to maintaining high standards of data management and privacy.

4. Procedures

4.1 General guidelines

a) The UKF shall create and maintain an Official Academic Record (OAR) for each student admitted to the University. The OAR shall be created at the time of admission and maintained throughout the student's enrollment as the official record of the student's academic activities, transactions, performance, and achievements. The student's OAR is the UKF's comprehensive permanent record of the student's academic relationship with the University and shall be retained by the University indefinitely.

b) Each student admitted to the University will be assigned a unique Student Identification Number which will be associated with all that student's academic records at the University throughout his or her entire student relationship with the University.

c) The Official Academic Transcript represents the summary of the student's OAR and is recognized internationally as the transactional certification of the student's performance and academic status with the University including degrees awarded.

d) The Student Information System (SIS) is the University's official repository of student academic records and is the definitive source of evidence for OAR. Only the Office of the Registrar can modify student information. Any request to access the Student Information System must get the approval of the Registrar.

e) Depending on their roles and responsibilities, faculty, staff, and students might be authorized access Student Information System (SIS) to perform certain student academic transactions as appropriate.

f) The Registrar is the Custodian of student academic records and data, and the Custodian of SIS.

4.2 Content of Student Academic Records

Consistent with international standards, the Official Student Academic Record (OAR) will include at least the following types of information:

a) Student personal and relevant identifying information such as name, date and place of birth, nationality/citizenship status, address and contact information, unique University identification number (and national identification number as appropriate), and other related information.

b) Admission information such as name(s) of secondary school(s), secondary school academic record including academic program, courses taken, grades, and grade averages, admissions and/or enrollment-related testing information, dates of enrollment and academic record at other post-secondary institutions, and related information.
c) Enrollment and academic performance information including academic semesters, specific courses registered, remediation and required proficiency status, credit hours attempted and earned, final grades in individual courses, courses designated as honor courses, courses completed and credit hours earned through proficiency, advanced placement, or challenge exams, academic standing and actions, withdrawals and leaves of absence, changes in final grades, semester-specific degree program and status, and related information.
d) The student's academic standing at the end of each academic semester in which he or she is enrolled and changes in academic status and degree program.
e) Transfer credit information including names and dates of attendance at other post-secondary institutions, courses taken, and credit hours and final grades earned, degrees, diplomas, and other awards, and related information.
f) Degrees and awards earned including date awarded, degree, college, major(s) and minor(s), graduation honors and awards, title of thesis or dissertation, and degree program and CGPA.
g) Academic disciplinary information, if applicable, including summary facts, nature, and duration of any academic disciplinary actions taken, and related information.
h) Additions, deletions, and changes in a student's OAR may be requested by the College but can be only made by the Office of the Admission and Registration Deanship. Changes in student identification information may be made by the Admission and Registration Department Office upon the request only based on clear, germane, and verifiable documentation of the information's accuracy.

4.3 Confidentiality of Student Academic Records

4.3.1 The University will safeguard the privacy of students and confidentiality of their academic records:

a) Individuals with access to protected student academic records have an affirmative responsibility not to release that information to any third party.
b) Relevant offices with access to student academic records may not release information without the student's prior consent.

4.3.2 Directory Information

a) Directory information is general identifying information about the student and his or her enrollment status as might be found in a general directory, such as name, address, contact information, and related general information.
b) Directory information may not be released to a third party without the student's prior consent.
c) Even if a student has initially specified that Directory Information may be released by the University, the student may choose to restrict the release of Directory Information at any time by written request to the Admission and Registration Department Office.

4.3.3 Access to Academic Records

a) The Office of the Admission and Registration Deanship, Advising Unit, Academic Advisors and students will have access to the relevant student academic record.
b) Scholarships, sponsors, and other higher education institutions may request student academic records.
c) Every student can use the e-service to view his or her academic record and to dispute its accuracy.

d) The Office of the Admission and Registration Department is responsible for resolving all disputes regarding the accuracy of student academic records.

4.3.4 Academic Transcripts

a) The form and content of the Official Academic Transcript will follow internationally recognized standards for academic transcripts.
b) In addition to appropriate identifying information regarding the student and his or her course of study, including degree(s) earned and academic major (including thesis or dissertation title) and minor, the official academic transcript will include:
    i. All final grades for all degree-credit courses in which the student officially enrolled.
    ii. All courses taken as part of an Honors program.
    iii. Term and Cumulative Grade Point Averages.
    iv. Any end-of-term academic standing other than Good Academic Standing.
    v. Course and credit hours transferred from other institutions will be included but grades for such courses will not be reported (and will not be included in the GPA calculation).
    vi. All final grades excluded from the calculation of either the term or Cumulative GPA must be denoted.
    vii. Any end-of-semester honor list academic standing.
    viii. Academic probation or dismissals for academic performance or academic misconduct reasons or dismissals for non-academic reasons will be included in the official academic transcript without specifying the non-academic reason.
    ix. Specific content other than that designated above will conform to the standards published by the American Association of Collegiate Registrars and Admissions Officers (AACRAO) with limited adjustments to reflect distinctive institutional policies and student needs.
c) Official Academic Transcripts are associated with a student's specific academic career, with separate cumulative transcripts for undergraduate, graduate, and professional degree careers.
d) Official Academic Transcripts shall be available to the student in both English and Arabic languages.
e) Degrees are officially awarded and posted on the Official Academic Transcript as of the grade announcement date in that academic semester specified in the Academic Calendar, regardless of the date that completion of the degree is certified by the student's College.
f) Provision of academic transcripts, diplomas, certificates, and related academic records to the student and/or any other designated recipients may be suspended in the case of the student's financial delinquency to the University and any other obligations towards the University.

4.3.5 Other Academic Records

Other documents and records considered to be student academic records whether, in physical or electronic form, include diplomas, attestations, enrollment verifications, certificates, grade assignment forms, advising and registration forms, applications for admission and required supporting documents, admission and placement test scores, student identification cards, student financial aid and scholarship documents, and student billing and accounts receivable documents.

4.3.6 Student Information System (SIS)

a) The Student Information System (SIS) is the official electronic student academic record system of the University and for purposes of this Policy, information

contained in the Student Information System constitutes a student academic record.

b) Faculty members in instructional roles may be granted access during time specified by the Office of the Admission and Registration Deanship to enter grades.
c) All access to SIS must be specifically authorized by the SIS Custodian:
    i. All SIS access for faculty and staff requires approval of the individual's immediate supervisor and Dean or Director of the College/Department.
    ii. All SIS access is granted only to individual users. Group or shared accounts for access to SIS are not permissible.
    iii. Direct access to SIS by third parties is not permissible.
d) Individuals granted inquiry or update access to SIS is obligated to:
    i. Ensure the security of personal SIS access information assigned to or created by the user including user IDs and passwords.
    ii. Ensure the accuracy and legitimacy of all students' academic record transactions made by the user.
    iii. Only perform academic record transactions for which the user is authorized.
    iv. Not allow any other individual to use the user's authorization to access SIS.
    v. Protect the confidentiality of student academic record information according to established policies.
    vi. Not disclose student academic records or information to any individual or organization outside the University.
    vii. Comply with other requirements for SIS access and use as established by the University.
e) Failure to comply with the required responsibilities for SIS access may result in revocation of the user's SIS access, and certain violations of these obligations may result in disciplinary action under applicable University Policies.
f) The Admission and Registration Deanship Office is the official custodian of the Student Information System with final responsibility for SIS content, data integrity, access to SIS, and student academic records.

4.3.7 Non-Academic Student Records

a) The University maintains non-academic student records in other departments interacting with students.
b) Use, confidentiality, and access to such records are determined by the University department responsible for the service, activity, or function involved

5. Responsibilities

5.1 Admission and Registration Office (ARO)

- Primary Responsibility: The ARO is responsible for the overall management, maintenance, and security of student records. This includes ensuring that records are accurate, up-to-date, and stored securely.
- Data Protection: Ensures that access to student records is restricted to authorized personnel and that records are only released in accordance with university policies and applicable laws.
- Record Management: Oversees the archiving and disposal of student records, ensuring compliance with institutional retention policies and legal requirements.

5.2 Academic Departments

- Record Keeping: Responsible for maintaining accurate and complete records related to students' academic performance, including grades and assessments reports.
- Coordination with ARO: Works closely with the ARO to ensure that all academic records are accurately reflected in the official student record.

5.3 Information Technology (IT) Department

- System Security: Ensures that the digital systems used to store and manage student records are secure from unauthorized access, breaches, and data loss.
- Technical Support: Provides technical support for the systems used to manage student records and ensures regular backups are conducted.

5.4 Legal Advising Office

- Policy Enforcement: Monitors compliance with legal and regulatory requirements regarding the management, protection, and disclosure of student records.
- Training: Provides training and guidance to university staff on the legal and policy requirements related to student records.

5.5 Faculty Members

- Grade Submission: Responsible for submitting accurate grades and other academic evaluations in a timely manner to the appropriate department or office.
- Confidentiality: Must maintain the confidentiality of student information and records, ensuring that they are not disclosed to unauthorized parties.

6. Definitions

Student Record: A comprehensive file that contains all the relevant information about a student, including but not limited to academic performance, enrollment status, disciplinary actions, and personal identification details. It is maintained by the university to track and manage a student's academic journey.

Confidentiality: The obligation to protect student records and information from unauthorized access, ensuring that personal data is only shared with individuals or entities that have a legitimate need and legal right to access it.

Data Retention: The process and policies related to the length of time student records are maintained by the university, after which they are securely disposed of or archived in accordance with legal and institutional guidelines.

Authorized Personnel: University staff or representatives who have been granted access to student records as part of their official duties and responsibilities, under strict confidentiality agreements.

Record Disclosure: The process by which student records or information are shared with external entities or individuals, governed by legal requirements and institutional policies to protect student privacy.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019.

8. Appendices

Contact details for the Admissions and Registration Department at UKF: Note: In case of any further questions regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 4:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to ensure its full alignment with the new policy template.	June 2024

	POLICY NAME	6.7 Student Information Release Policy		
	POLICY No.	**6.7**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Students Information Release Policy outlines the guidelines and procedures for the release and disclosure of student information by the University of Khorfakkan. The policy is designed to protect the privacy of students while ensuring that their information is managed in compliance with legal and regulatory requirements. It provides a framework for when and how student information can be shared, both within the university and with external entities.

1. Purpose

The purpose of this policy is to:

- Safeguard the privacy and confidentiality of student information.
- Ensure compliance with relevant laws and regulations, such as data protection laws and educational privacy acts.

- Provide clear guidelines on the circumstances under which student information may be released and to whom.
- Establish procedures for obtaining student consent for the release of their information.

2. Scope

This policy applies to all student information maintained by the University of Khorfakkan, including academic records, personal identification information, disciplinary records, and any other data related to students. It covers all university employees, contractors, and any other individuals or entities that may have access to student information.

3. Policy Statement

The University of Khorfakkan is committed to protecting the privacy of its students and will only release student information in accordance with applicable laws, regulations, and institutional policies. Student information will not be disclosed to unauthorized parties without the explicit consent of the student, except in circumstances where disclosure is required by law or is in the best interest of the student or the university

4. Procedures

4.1 Request for Information Release

- Any request for the release of student information must be submitted in writing to the appropriate university office, typically the Admission and Registration's Office or the Office of Student Affairs.
- The request must clearly state the specific information being requested, the purpose of the request, and the identity of the party requesting the information.

4.2 Student Consent

- Except where legally mandated, student information will only be released upon obtaining written consent from the student. Consent forms must specify the information to be released, the purpose of the release, and the recipient of the information.
- In cases where the student is a minor or is unable to provide consent, the university will seek consent from a parent or legal guardian.

4.3 Authorized Disclosures Without Consent

- The university may disclose student information without consent under certain circumstances, including but not limited to:
    - Compliance with a judicial order or lawfully issued subpoena.
    - In cases of health and safety emergencies where the information is necessary to protect the student or others.
    - Disclosure to university officials with legitimate educational interests.

4.4 Maintaining Records of Disclosures

- The university will maintain a record of all requests for student information and the subsequent disclosures. This record will include the identity of the requesting party, the date of the request, the specific information disclosed, and whether consent was obtained.

4.5 Protection and Security of Information

- The university shall implement appropriate technical and organizational measures to protect student information from unauthorized access, disclosure, or alteration.

- University staff who handle student information shall receive training on the requirements of this policy and related privacy laws.

4.6 Review and Appeals Process

- Students have the right to review the records held by the university about them and to request amendments if they believe the information is inaccurate or misleading.
- If a student disagrees with a decision regarding the release of their information, they may appeal the decision through the university's formal grievance procedures.

5. Responsibilities

5.1 Admission and Registration Department

- Primary Custodian of Student Records: The Admission and Registration is responsible for maintaining and securing all official student records. This includes ensuring that student information is stored safely and only accessed by authorized personnel.
- Information Release Approval: The Admission and Registration must review and approve all requests for the release of student information. This includes verifying that the request meets the policy's criteria, and that any necessary student consent has been obtained.
- Record of Disclosures: The Admission and Registration is responsible for maintaining a log of all instances where student information is released, documenting the nature of the request, the information provided, and the recipients.

5.2 Student Affairs Department

- Consent Management: This Department is responsible for obtaining and storing consent forms from students or their legal guardians, ensuring that these consents are documented and accessible when needed.
- Guidance and Support: The Department of Student Affairs provides guidance to students regarding their rights under this policy, including the processes for granting or withholding consent for information release.

5.3 University Faculty and Staff

- Adherence to Policy: All faculty and staff are responsible for adhering to the policy's guidelines on the handling and release of student information. They must ensure that any request for information release is routed through the appropriate channels (e.g., the Registrar or Student Affairs).
- Training and Awareness: Faculty and staff must participate in training sessions related to student information privacy and the specific responsibilities they hold under this policy.

5.4 Information Technology (IT) Department

- Data Security: The IT Department is responsible for implementing technical measures to protect student information stored electronically. This includes encryption, access controls, and regular security audits.
- Access Management: IT is responsible for managing and monitoring who has access to student information systems, ensuring that only authorized personnel can view or modify student records.

5.5 Legal Advising Office

- Legal Compliance: This office ensures that the policy is in compliance with all relevant local, national, and international laws regarding data protection and privacy.

- Responding to Legal Requests: The Office is responsible for handling subpoenas, court orders, or other legal requests for student information, ensuring that any disclosure is lawful and justified.

6. Definitions

Student Information: Refers to any data or records that identify a student and are maintained by the university. This includes, but is not limited to, academic records, personal identification information (e.g., name, student ID, contact information), disciplinary records, and financial records.

Consent: A written, signed agreement from a student (or their legal guardian, if applicable) authorizing the release of specific information to a designated party. Consent must clearly state the purpose of the release, the information to be shared, and the recipient.

Legitimate Educational Interest: A school official's need to review or access student information to fulfill their professional responsibilities. Examples include academic advising, grading, or compliance with university policies.

Authorized Disclosures: Situations where the university is permitted to release student information without the student's explicit consent, usually due to legal requirements, health and safety emergencies, or other defined exceptions.

Subpoena: A legal document ordering the university to produce specific student records or information for a court proceeding or investigation. Subpoenas must be carefully reviewed by the Legal and Compliance Office before any information is released.

Judicial Order: A mandate issued by a judge or court that requires the university to disclose certain student information. Like subpoenas, judicial orders are reviewed by the Legal and Compliance Office to ensure lawful compliance.

Data Protection: The practices and processes used to safeguard student information from unauthorized access, disclosure, alteration, or destruction. This includes physical, administrative, and technical security measures.

7. Related Documents

a. Student Handbook

b. Students Record Policy

8. Appendices

Contact details for the Information technology Department at UKF: If you have any questions regarding the head of the student housing section at UKF, please contact the IT Department at UKF via email (email: Skaram@ukf.ac.ae) or by phone (+97192085855). The working hours are Monday-Thursday, 8:00am to 4:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

This policy has been fully revised for accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	6.8 Degree Audit Policy		
	POLICY No.	6.8	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	**Chancellor**

Overview

The Degree Audit Policy outlines the procedures and standards for evaluating a student's progress toward fulfilling the requirements of their academic program. The purpose of this policy is to ensure that students, advisors, and administrators have a clear and accurate understanding of academic progress, and the requirements needed to graduate. The policy also serves to identify any deficiencies or unmet requirements that need to be addressed.

1. Purpose

The primary purpose of the Degree Audit Policy is to provide a systematic approach for tracking students' academic progress. It aims to:

- Ensure that students are aware of their academic standing and the requirements they need to complete to obtain their degree.
- Assist academic advisors in providing accurate guidance to students regarding their course selections and degree completion.

- Support the university in maintaining high standards of academic integrity and graduation requirements.

The purpose of this policy is to set clear regulations for the degree audit and the conferral of degrees.

2. Scope

This policy applies to all undergraduate and graduate students enrolled in degree programs at the University of Khorfakkan. It is relevant to academic advisors, faculty members, department chairs, and administrative staff involved in student records and graduation processes.

3. Policy Statement

The University of Khorfakkan is committed to providing students with timely and accurate information regarding their academic progress. The degree audit is a critical tool in this process, serving as an official review of a student's academic record against the requirements of their chosen program. All students must undergo a degree audit to verify that they have met all the academic requirements for graduation. The audit process is mandatory and must be completed within the specified timeframe prior to a student's expected graduation date.

4. Procedures

- After the end of add-and-drop period, the Office of Admissions and Registration (OAR) shall run a degree evaluation process, put together an audit report for students who are expected to graduate by the end of that semester, and submit it to the respective college deans.
- Each college dean, along with academic advisors, shall review the audit report and indicate any problem and submit his/her feedback back to the Office of Admissions and Registration.
- All changes and amendments to the degree audit report shall be shared with the Office of Admissions and Registration (OAR) no later than the eighth weeks (8) after the add-and-drop period.
- The colleges shall submit a clearance audit sheet signed by the deans or the designers to the Office of Admissions and Registration by the tenth (10^{th}) week of the semester. The sheet shall clearly state the student's fulfillment of all the graduation requirements and eligibility criteria.
- At the end of each semester, the OAR shall run a final degree evaluation on the system to ensure all potential graduates have successfully completed their courses as per their study plans.
- The OAR generates transcripts for all the students who have met all graduation requirements and submits them to the college dean for verification, confirmation, and signature.
- Once the college dean confirms, OAR will proceed with graduation completion processes and awarding approved students in the system.
- All graduating students must submit a clearance request and a copy of their valid Emirates ID and passport to receive the graduation certificate.
- Eligible students shall be awarded their degrees without any deferrals. Only students who graduate in the summer term shall receive their degrees in the following Fall semester.
- The OAR shall provide cleared students with all the information and directives relating to their commencement. Students who have not been cleared shall not participate in the graduation ceremony.
- The OAR shall submit a list of students eligible for graduation to the Vice Chancellor for Academic Affairs (VCAA), who shall certify it and send it to UKF Chancellor's Office.

Final approval for the list of graduates must be obtained from the Board of Trustees (BOT).

- The OAR shall post the degree on the student's academic record upon the request of the Chancellor.

5. Responsibilities

5.1 Admission and Registration Office

- Manage Degree Audit Process: The Office oversees the administration of the degree audit process, including initiating audits, reviewing academic records, and communicating results to students.
- Maintain Records: The office is responsible for maintaining accurate records of all degree audits, including documentation of any appeals and their outcomes.
- Ensure Compliance: The Office ensures that the degree audit process adheres to university policies and academic standards.

5.2 Department Chairs and Faculty

- Review Program Requirements: Department chairs and faculty are responsible for ensuring that the program requirements used in degree audits are up-to-date and accurately reflect the curriculum.
- Assist in Appeals: Faculty members may be involved in reviewing and addressing appeals related to degree audits, particularly if there are academic or course-related issues.

5.3 Vice chancellor for Academic Affairs

- Policy Oversight: The VCAA is responsible for overseeing the implementation of the Degree Audit Policy and ensuring it is aligned with the university's academic goals and standards.
- Review and Update Policy: The VCAA reviews and updates the policy as needed to ensure its effectiveness and compliance with accreditation standards.

6. Definitions

Degree Audit: A systematic review of a student's academic record to determine whether they have met the requirements of their academic program. It includes an evaluation of completed courses, grades, transfer credits, and other criteria necessary for graduation.
Academic Record: A comprehensive record maintained by the university that includes all of a student's coursework, grades, credits earned, and other relevant academic information.
Graduation Requirements: The specific set of criteria that students must fulfill to be eligible for the conferral of their degree. This includes core courses, electives, general education requirements, and any additional program-specific requirements.
Credit Hours: A measure of the amount of academic credit a course carries, typically based on the number of hours a student spends in class per week. Credit hours contribute to the total number of credits required for graduation.
Degree Completion: The achievement of all academic and program requirements necessary to receive a degree. This involves fulfilling all coursework, credit requirements, and any other conditions set by the academic program.
Appeal: A formal request by a student to review and reconsider the results of their degree audit. Appeals are submitted if a student disagrees with the audit results or believes that an error has occurred.
Final Degree Audit: The last review conducted after a student has completed their final semester to confirm that all graduation requirements have been met and to verify eligibility for graduation.

	POLICY NAME	6.9 Grade Approval and Change Policy		
	POLICY No.	**6.9**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

Contact details for the Admissions and Registration Department at UKF: If you have any questions regarding admissions to programs at UKF, please contact the Admissions Department at UKF via email (email: admission@ukf.ac.ae) or by phone (+97192085000). The working hours are Monday-Thursday, 8:00am to 3:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised for accuracy and alignment with the new policy template.	June 2024

Overview

The Grade Change and Approval Policy outlines the guidelines and procedures for changing a student's grade after it has been officially recorded and the process for obtaining the necessary approvals. This policy ensures that grade changes are handled fairly, consistently, and in accordance with the university's academic standards.

1. Purpose

This policy applies to all undergraduate and graduate students, faculty members, and administrative staff involved in the grading process at the university. It covers grade changes for all types of assessments, including exams, assignments, projects, and final course grades.

2. Scope

This policy applies to all undergraduate and graduate students, faculty members, and administrative staff involved in the grading process at the university. It covers grade changes for all types of assessments, including exams, assignments, projects, and final course grades.

3. Policy Statement

Grades are an essential component of academic evaluation and must accurately reflect a student's performance. Once a grade has been submitted and recorded, it should only be changed under exceptional circumstances, such as clerical errors, miscalculations, incomplete exams, or the

discovery of additional information that affects the original grade. The university requires all grade changes to be thoroughly documented and approved by the appropriate academic authorities to maintain the integrity of the grading process.
UKF guides its faculty, academic departments, and colleges in final grade approval to help UKF students make steady progress towards completion of their degrees in a timely manner. This policy sets a clear workflow for the Grade approval and Change.

4. Procedures

4.1 General Guidelines

This policy considers the following key aspects for implementation:

- Grades are due within 72 hours (*3 calendar days*) following the scheduled date of the final examination to be submitted to the head/coordinator of the department and the college dean.
- Each student whose name is listed on a grading roster is validly registered for the section and must receive a grade appropriate to the grade type (*A-F, Pass/Fail, or Audit*) for which a student registered.
- Students with undergraduate classifications should be assigned grades using the undergraduate grading system.
- Students with graduate should be assigned grades using the appropriate graduate grading system.
- No grades will be uploaded until the end of the exams and prior to getting the approval of the overall results from the Department/Program council and from the Dean of respective college. The course instructor/coordinator should submit a report about his remarks on the student performance (Course Instructor Feedback).
- Before Uploading the final grades, the Dean will invite the program coordinators to discuss the overall performance of the programs in line with CAA continuous improvement (Program Coordinator Feedback) in the presence of the VCAA; and approve the overall results by considering any special circumstances the students may have (like Marginal Failing Students, Graduating Students, Under Probation students, and others).
- Except for incomplete grade, a final grade that has been submitted to the Office of the Admissions and Registration can only be changed if a clerical error has been made, or if a successful grade challenge or a successful appeal of an academic integrity violation requires the change of grade. Grades should not be changed because of a reassessment of course work, the submission of extra work or by the retaking of an examination. In very rare cases an instructor may request to make a change of grade, but it requires approval by the VCAA.
- Grading is a difficult task, and departments are encouraged to allocate time annually to share the best practices and to discuss grading strategies within the department or program. New instructors should especially be mentored about undergraduate vs. graduate student grades and grading issues while being introduced to the best grading practices.
- Instructors are obligated to evaluate each student's work fairly and without bias and to assign grades based on valid academic criteria that have been well defined for students.
- Grades should accurately reflect the level of the student’s mastery of the course content and related skills regardless of the performance of other students in the course.
- The grading scheme should be described in the syllabus and reviewed with students throughout the course. Once the semester begins, a grading scheme may be modified to benefit students; however, it may not be adjusted to lower students’ grades.

4.2 Final Grades Processing Workflow Approval

4.2.1 The steps for grade change request and approval process

- A student pursuing a grade change should meet with his or her instructor to determine whether an error has occurred, if applicable.
- The instructor should complete a grade change request form and provide a detailed reason for the change.
- The instructor should submit the grade change request form to the discipline chair or program director for signature and approval.
- The discipline chair or program director should submit the grade change request to the department dean for signature and approval.
- The department dean will forward the form to the Office of Admissions and Registration. The dean's signature on the grade change form constitutes approval.
- The Office of Admissions and Registration will record the grade change and notify the department dean after the VCAA's approval.
- The VCAA will notify other appropriate parties.

4.2.2 Guidelines for Changing Grades (Other than Incomplete Grades)

- Grades may be changed if an instructor has made a data entry error or miscalculated a final grade. Such a miscalculation may occur due to the inadvertent omission of an assignment, a missed electronic transmission of a grade or assignment, or a mathematical/calculation error.
- Grades may not be changed if the instructor is offering a student the opportunity to retest when he or she did not give all students in that class the same opportunity. Grades may not be changed for arbitrary reasons. There must be consistency in the way student grade changes are processed and resolved.
- All change of grade requests is to be submitted on change of grade electronic forms for approval by the VCAA. All change of grade requests other than those converting an Incomplete grade to a letter grade require written explanations of the reasons for the changes and must be requested within one calendar year after the original grade was assigned.

5. Responsibilities

5.1 Faculty Member (Course/Section Instructor)

- Ensures that the final exam is reviewed by a faculty member in the relevant area of specialization.
- Records students' attendance of final exam
- Prepares sections' final grades statistics as shown in Table 1 (Appendix).
- Sends email message with Table 1 to Program coordinator with email Subject Line: Course Number-Course Name.
    - **For multi-section courses:** Section instructors review final grades together in consultation with the course coordinator prior to submitting them to the Program coordinator for approval.
    - Section instructors will copy the course coordinator and other course instructors in their email to the Program coordinator.

5.2 Program coordinator

Reviews the course statistics including:

i. Final Grades Normal Range--approves final grades.
ii. Final Grades Outside Normal Range
iii. Forwards faculty member's email to Dean and seek College Pre-approval of final grades.

iv. Approves final grades upon college pre-approval (or proceed as per college instructions).

5.3 College Dean:

i. Final Grades Normal Range--Approves final grades already processed by the program coordinator.
ii. Final Grades Outside Normal Range--Reviews final grades statistics and
iii. Issues pre-approval, or
iv. Issues appropriate instructions to Program coordinator/Faculty member(s)

Vice Chancellor for Academic affairs

i. Enforce the implementation of this policy
ii. Approve the final grades
iii. Approve the grade change
iv. Periodically review this policy

6. Definitions

Grade Change: A modification to a student's recorded grade after it has been officially submitted to the Registrar's Office. This change can result from errors, miscalculations, or new information that affects the original grade.

Clerical Error: A mistake made in the recording, calculation, or submission of a grade, such as typographical errors, incorrect data entry, or miscalculation of scores.

Grade Change Request Form: A formal document completed by a faculty member to request a change to a student's grade. The form includes the reason for the change and any supporting documentation.

Appeal: A formal request to reconsider a decision regarding a grade change. An appeal is typically reviewed by an Academic Appeals Committee or another designated body within the university.

Final Grade: The grade assigned to a student at the end of a course, reflecting their overall performance based on all completed assessments, assignments, and exams.

Academic Appeals Committee: A committee responsible for reviewing and making decisions on appeals related to academic matters, including grade changes. This committee ensures that the appeals process is fair and consistent with university policies.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab -Emirates – 2019

8. Appendices

Table 4: Course Statistics for Program/College Approval of Final Grades

No.	Course Number	Course Name	Section No.	CRN	No. Students	No. Students Present @ Final Exam	*Section Average (%)	*Section Std Dev.	Final Exam Date	Section Instructor

Justification/Comments (if Applicable):	
Expected Section Averages (Normal Range):** **1)** Undergraduate Courses: 70 to 84% **2)** Graduate Courses: 84 to 91%	**Courses with Section Averages Outside Expected Range** H. Requires Justification by Instructor I. Requires College Pre-approval

**Based on No. Students Present at Final Exam; **Tentative, subject to revision as and when required*

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	6.10 Career Services Policy		
	POLICY No.	6.9	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

Career Service Policy (CSP) at UKF provides the guidelines for students' career counselling and placement. These guidelines are designed to promote students' skills involving selection of major areas of specialization related to their aptitude and career interests, their job search skills, and developing their social network with UKF alumni, UKF organizational partners, and a wide variety of organizational members for career success and professional growth.

1. Purpose

This policy outlines the guiding principles for assisting undergraduate and graduates' students in choosing interest-based area of specialization, developing effective job search skills, planning future careers, maintaining healthy social network with alumni and organizational members, finding appropriate sources of employment, and hunting job opportunities.

2. Scope

This policy applies to all University of Khorfakkan (UKF) undergraduate and graduate students.

3. Policy Statement

The University of Khorfakkan (UKF) is committed to preparing undergraduate students and recent graduates to support the country's economy and actively participate in U.A.E. society.
The Student Careers and Alumni office shall ensure that all students from the time of their first enrollment at the university are given the opportunity to enhance their competencies and employment readiness by providing and facilitating various professional services, resources and programs aimed at helping students and recent graduates achieve professional success.
All individual career counselling sessions are private, and any personal information discussed in the sessions is confidential.
The Career Development Office provides career placement services to help students explore and develop their professional skills by offering:

- Seminars and workshops that familiarize students with various aspects of the job market, career planning, resume preparation and interviewing techniques.
- Career Fairs and In-house Job interviews for students to meet, interact, and present their profiles with potential employers for exploring diverse career options.
- Student employment program: in which part-time jobs are offered on campus for eligible undergraduate students to gain work experience while studying.

4. Procedures

4.1 Career Counseling

- Student Appointments: Students must schedule appointments with career counselors by contacting the Career Services Office directly.
- Assessment Tools: The Career Services Office provides various career assessment tools, such as interest inventories and personality assessments, to help students identify career paths that align with their skills and interests.
- Follow-Up: Career counselors conduct follow-up sessions to review progress and adjust career plans as needed.

4.2 Internship and Job Placement

- Employer Partnerships: The Career Services Office establishes and maintains partnerships with employers to create internship and job opportunities for students.
- Application Assistance: The office assists students in preparing and submitting internship and job applications, including resume writing, cover letter preparation, and interview coaching.
- Placement Tracking: The Career Services Office tracks student placements and maintains records of internships and job outcomes.

4.3 Career Workshops and Events

- Event Planning: The office organizes workshops, career fairs, and networking events throughout the academic year, focusing on resume building, interview skills, networking strategies, and industry-specific knowledge.
- Student Participation: Students are encouraged to participate in these events by registering in advance through the university's career portal or directly with the Career Services Office.
- Feedback Collection: The office collects feedback from students and employers after events to continually improve offerings and meet student needs.

4.4 Alumni Engagement

- Alumni Networking: The office facilitates connections between current students and alumni through networking events, mentorship programs, and online platforms.
- Alumni Career Support: Career services extend to alumni, offering ongoing career counseling, job search assistance, and access to career resources.

4.5 Data Collection and Reporting

- Employment Surveys: The Career Services Office in collaboration with the Institutional Effectiveness Department conducts annual surveys of recent graduates to gather data on employment outcomes, job satisfaction, and career progression.

5. Responsibilities

5.1 Career Services Office

- Primary Responsibility: Oversees the development, implementation, and management of all career-related services, including counseling, workshops, internships, and job placement.
- Coordination: Works closely with academic departments, employers, and alumni to ensure students have access to a wide range of career opportunities and resources.
- Reporting: Provides regular reports to university administration on career services activities, student engagement, and employment outcomes.

5.2 Career Counselors

- Student Support: Provide one-on-one counseling sessions, guiding students through career planning, job search strategies, and professional development.
- Resource Development: Develop and update career resources, including guides, workshops, and online content, to support students and alumni.
- Employer Relations: Build and maintain relationships with employers to secure job and internship opportunities for students.

5.3 Academic Departments

- Collaboration: Partner with the Career Services Office to integrate career planning and professional development into the curriculum and advise students on industry-specific opportunities.
- Referral: Refer students to the Career Services Office for specialized support in career counseling and job placement.

5.4 Vice Chancellor for Academic Affairs

- Oversight: Ensure that the Career Services Office has the necessary resources and support to effectively deliver services to students and alumni.
- Policy Development: Collaborate with the Career Services Office to develop and update policies related to career services, internships, and job placement.

5.5 Students

- Engagement: Actively participate in career services offerings, including counseling sessions, workshops, and events, to maximize career readiness.
- Preparation: Take initiative in preparing for job searches by utilizing the resources and support provided by the Career Services Office.
- Reporting: The office compiles and reports data on student and alumni employment outcomes to the university administration for use in program improvement and accreditation reports.

6. Definitions

Career Counseling: A service provided by the university to assist students and alumni in exploring career options, setting career goals, and developing strategies for achieving those goals.

Internship: A temporary position, often with a company or organization, that provides students with practical experience in their field of study, typically as part of their academic program.

Job Placement: The process of helping students and alumni find employment opportunities that align with their career goals and academic qualifications.

Career Fair: An event organized by the Career Services Office where employers and recruiters meet with students to discuss job and internship opportunities.

Alumni Networking: The process of connecting current students with university graduates (alumni) for career advice, mentorship, and professional opportunities.

Employment Outcome: Data reflecting the post-graduation employment status of students, including job placement rates, job titles, industries, and salaries.

Employer Partnerships: Collaborative relationships between the university and external employers to create career opportunities, internships, and job placements for students and alumni.

Career Assessment Tools: Instruments such as tests or inventories used to evaluate a student's skills, interests, and personality traits to help guide career decision-making.

Resume: A formal document that provides a summary of a job applicant's education, work experience, skills, and accomplishments.

Cover Letter: A document sent with a resume that introduces the applicant, highlights their qualifications, and explains their interest in a specific job or internship opportunity.

7. Related Documents

Students Handbook

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

Contact details for the Student Affairs Department at UKF: If you have any questions regarding admissions to programs at UKF, please contact the student affairs Department at UKF via email (email: huda.hassan@ukf.ac.ae) or by phone (+97192085222). The working hours are Monday-Thursday, 8:00am to 4:00pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has ben fully revised for accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	6.11 Academic Advising Policy		
	POLICY No.	6.11	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The colleges at UKF are responsible for providing academic support services to enrich their students' experiences and their learning. Every newly enrolled UKF student is assigned an academic advisor, and students are encouraged to maintain a frequent interaction with their academic mentor during each semester. Academic advisors assist students in developing their career goals, choosing appropriate major/area of specialization, registering courses for effective maintenance of their academic performance (GPA etc.), understanding university policies and regulations, academic schedules for classes and assessment, and connecting to campus resources. The University also provides advising and guidance for all freshmen as part of the student orientation program during their first week at UKF. This introduces students to important information about the University and its facilities, academic support services, registration, and academic probation, curricular- and extracurricular activities, time management, and study skills.

1. Purpose

UKF provides current and prospective students, academic advising that is accurate, consistent, and timely so that students can develop meaningful educational plans compatible with career and life goals.
The purpose of this policy is to:

- Define goals and nature of UKF academic advising program.
- Specify the responsibilities of advisors and advisees; and what students can expect from the advising program.
- Describe the structure of the University's advising program.

2. Scope

This policy document is applicable to all undergraduate and graduate students at UKF.

3. Policy Statement

As part of its dedication to academic success, UKF is committed to providing high quality academic advising to help students in the development and pursuit of academic objectives consistent with their life goal. Academic advising is an ongoing process that connects students to the university. We believe it is important to empower each student with knowledge, resources and skills that will lead to academic success and a lifelong desire to learn inside and outside the classroom.

4. Procedures

4.1 General Guidelines

- Every graduate student at UKF from the time of their enrolment to graduation shall be assigned at least one academic/research advisor who assist her/him in planning a program of study to meet degree requirements.
- The appropriate Department Chair (or program coordinator) will serve as the academic advisor for newly admitted graduate students on a particular program in their first semester of study.
- In the case of graduate programs with a thesis as research component, full-time students will have an opportunity to select their preferred research project and research advisor, who acts as the Main Advisor, normally by the end of the first semester. For part-time graduate students, this is normally completed by the end of the second semester of study.
- The research advisor (Main Advisor) must be from the student's home department. An exception to this is programs that are jointly offered by multiple departments. In such cases, the Main Advisor can be from anyone of the departments involved in offering the program.
- Every student enrolled in a graduate program with thesis/dissertation research component must have at least one Co-Advisor to provide support for the research supervision and guidance of the student. The Co-Advisor does not necessarily have to be from the student's home department. For Master thesis, the number of Co-Advisors should not exceed two while for Doctoral dissertation, it should not exceed three.
- The Main Advisor must be full-time UKF faculty members of with professorial rank appointments (Professor, Associate Professor, and Assistant Professor).
- The Main-Advisor must have prior experience in successful supervision of graduate research thesis/dissertation at the Masters/Doctoral level as applicable.
- Subject to approval of the relevant Department Chair, associate dean for graduate studies of the relevant College and Dean of Graduate Studies, additional Co-Advisor/s may be selected from external experts from industry or reputable academic institutions. In the case of doctoral students, the additional Co-Advisor/s must have a doctoral degree in a field that

is relevant to the student's research. The relevant academic department will appoint academic advisors for students enrolled in programs that do not have a thesis/dissertation research component.

- Students must follow UKF procedures for identifying advisors and committee members for their thesis/dissertation supervision and examination.

4.2 Advising Students at-risk Situation:

4.2.1 Student at Risk

Students can be considered as at-risk situation for different reasons such as:

- Facing any problems or obstacles while doing their activities during the study period.
- Wrong decisions that negatively affect their academic performance.
- Return to the study after long absence and suspended situation.
- Their academic ability is below the average student level in the same college or program they are enrolled in.
- Any physical limitation or brain disability preventing students from completion of their studies.
- Multi probation or warning letters for low academic performance or any inappropriate behaviors.
- Psychological problems that lead students to harm themselves or the people involved in dealing with them.
- Bad circumstances and financial issues.
- Risky environment, facilities, and campuses.

4.2.2 Steps and procedures for advising student at-risk situation

- UKF provide free consultation and advising for any problem may face the students during the study period via different channels and persons. UKF assigns direct supervisor for each student who can guide the student during the academic journey. In addition, UKF has a professional academic advising program to support and monitor the performance of the students.
- The academic supervisor can expect to support students in study skills, learning skills, time management for study plan and study workload, career advising and any difficulties in studies.
- Academic supervisors should stay calm during advising session, deal with students professionally, keep the situation in safe mode, give correct assistance and be clear in giving instructions.
- When the academic supervisors feel the situation need extra support and advising, they can transfer the case to the student counseling, student affairs committee, academic advising committee and social advisor or specialist based on the level of risk may the student face.
- UKF deal with each case in high level of privacy and confidentiality.
- Each case should be under monitoring and supervision until receiving full support and the student solve her/his problem and be in the safe situation.
- UKF encourages students to seek advice and ask for consultation for any type of challenges via different ways.
- UKF provide multi channels for advising such as face to face advising or distance advising throw Microsoft Teams apps, email, phones and messages. These channels play an important role to stimulate students for advising and consultation without embarrassment.

4.3 Peer Mentoring of Students on probation:

Students with CGPA below 2.0 are considered on probation. The advisor shall advise the student to repeat courses with low performance with grades (i.e., "F", "D", and "D+") to improve the

CGPA. Each advisor will provide mentoring for a group of students on probation within his/her department. Mentoring includes peer mentoring, monitoring, and progress reporting. The plan for helping students on probation includes:

- At the beginning of each semester, a list of students on probation is requested by the Deans of Colleges from the Office of Admissions and Registration. The Deans will advise department Chairs to take corrective actions.
- This plan is executed at the departmental level and would include:
  - Hold regular individual meetings with students on probation.
  - Advice students on probation to repeat courses with grades less than "C" prior to registering in any further courses.
  - Request students on probation to visit instructors frequently during office hours.
  - Provide students on probation with peer mentoring from senior students.
  - Request students on probation to meet their peer mentor on regular basis.
- The head of the Department will request a feedback report on the performance record of each student on probation from course instructor(s). Progress is monitored through special forms maintained in the department. The department council will discuss the progress of students on probation in each of its regular meetings. The progress report will be sent to the dean.

5. Responsibilities

5.1 University Responsibilities

- Ensure the availability of resources for initial and on-going training of advisors and peer advisors.
- Gather and disseminate appropriate academic advising materials to assist colleges.
- Act as a reference service and respond to questions from colleges and departments, as well as from faculty and students.
- Be familiar with campus-wide advising problems and formulate and make suggestions for the improvement of the advising program.
- Provide academic advising orientation for newly appointed faculty.
- Provide accurate information to the students, faculty, and staff with-in the student handbook, university catalogs, class timetable, website, and other publications.

5.2 Colleges and Departments Responsibilities

- Academic advising is a primary responsibility of the faculty members in each college. Academic advising should be inherently related to the rest of the educational process.
- It is the responsibility of departments, colleges, and student Services to:
  - Ensure that advising is available for students when they need or wish it rather than merely when the College requires it. This means that advising opportunities shall be available to students throughout the academic year at regular, reasonable intervals.
  - Make all relevant (using any format deemed appropriate) information available to students. The following list is indicative of the types of information that might be made available:
    - University rules, regulations, and procedures.
    - Support resources available on campus.
    - A copy of students' advising responsibilities.
    - Necessary forms and academic calendar.
    - Study plan.
    - Internship opportunities.
    - Projected course offerings by the department.

- A standardized template for students' individual study plans.
- University catalogs.

- Provide training for advisors and peer advisors. They shall receive training in the following areas:
  - Learning principles applicable to advising including:
    - University rules, regulations, and procedures.
    - Support resources available on campus.
    - A copy of students' advising responsibilities.
    - Necessary forms and academic calendar.
    - Graduate programs at UKF.
    - Training opportunity.
    - Program requirements.
    - Projected course offerings by the department.
- Appropriate personal and occupational choices for their advisees
  - Advisors must know the current state of the world outside USTF if they are to give meaningful advice to students.
  - Advisors must be trained to relate students' abilities to requirements of choices.
- Technical or general requirements for general education and major courses.
- Teaching advisees to:
  - Take responsibility for their academic success over their career at UKF.
  - Make realistic self-appraisals of their progress in such areas as:
    - Intellectual development.
    - Working alone.
    - Learning to produce.
    - Learning to consume.
    - Appreciating the differences among human beings while still making value judgments.
    - Overcoming (rather than masking) personal, physical, and educational problems and deficiencies.
- Resources available on campus.
- Consider the entire context of their advisee's learning experience.

5.3 Advisor Responsibilities

- Maintain the primary advising file for each advisee. At a minimum, these files shall contain:
  - A written record of advising and referral documenting each formal advising session.
  - A copy of the advisee study plan.
  - Copies of advisee transcripts.
  - Copies of advisee current semester timetable.
  - Semester by semester graduation study plan for each advisee.
- Listen to advisee's concerns and respect their individual values and choices.
- Understand and effectively communicate all university and college academic policies and procedures.
- Refer advisee to appropriate resources for both academic and non-academic concerns.
- Cooperatively evaluate and assess students' academic performance and areas of strength while assisting in selecting courses.
- Encourage advisee participation in co-curriculum activities.
- Ensure that advisees are aware of opportunities and benefits available at USTF.
- Maintain confidentiality.

- A graduation progress check sheet for each advisee.

5.3 Student Responsibilities

The advising process depends on the thoughtful participation of the students. Students must assume the following responsibilities:

- Become familiar with their advisors and advisor offices by initiating contact and seeking assistance on regular basis through email, phone, and individual appointment.
- Become familiar with academic policies, dates, and deadlines.
- Come prepared and on time to the meeting with your advisor.
- Ask for clarification if the advisor fails to explain an issue or concern in a way that makes sense to you.
- Read all email communication from your advisor and other UKF departments.
- Inform your advisor of problems and concerns which may impact your academic performance as soon as possible.
- Familiarize themselves with requirements for the major/ program, as well as graduation and other requirements, contained in the appropriate University Catalog and other University publications.
- Maintain their own personal academic advising folders and take them to every advising appointment. For undergraduate students, it is recommended that this folder include:
    - Unofficial copies of prior college or university transcripts.
    - Transcript.
    - Current semester timetable.
    - The study plan.
    - Notes from formal advising sessions.
- Obtain academic advice whenever it is needed from your advisor.
- Develop an individual study plan. The individual study plan must be approved by the student's appropriate advisor.
- Accept ultimate responsibility for their selection of classes, which incorporates their decisions as well as the academic advice that has been given.
- Evaluate (if they choose) academic advising programs and individual academic advisors by filling in survey forms, speaking, or writing to the head of departments, or the dean.
- If you are on academic warning or probation, you are required to meet with your advisor on a regular basis.

6. Definitions

- **Academic/Research Advisor:** The individual faculty member assigned to monitor a student's academic/research progress.

7. Related Documents

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

This policy has been fully revised for accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	6.12 Residential Life Policy		
	POLICY No.	**6.12**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Residential Life Policy is designed to ensure that the on-campus living experience at the University of Khorfakkan is safe, inclusive, and conducive to academic success and personal growth. This policy outlines the expectations, responsibilities, and rights of students residing in university housing, as well as the standards for behavior and community living.

1. Purpose

The purpose of the Residential Life Policy is to:

- Provide a framework for maintaining a safe, respectful, and supportive living environment for all students.
- Promote a sense of community, responsibility, and mutual respect among residents.
- Establish clear guidelines for conduct, conflict resolution, and the use of residential facilities.

- Ensure that residential life supports the academic and personal development of students.

2. Scope

This policy applies to all students residing in university-owned or managed housing facilities, including dormitories, apartments, and any other residential accommodations provided by the university. It also covers the responsibilities of the Residential Life staff involved in managing residential facilities and programming.

3. Policy Statement

The University of Khorfakkan is committed to creating a residential environment that fosters academic success, promotes inclusivity and respect, ensures safety and security, encourages community engagement, and supports personal growth.

4. Procedures

4.1 General Guidelines

a) Students living more than 50 km outside the city of Khorfakkan are eligible to avail university-owned housing.
b) Non-scholarship graduate students, visitors, and exchange program students are liable to pay accommodation fees.
c) The University will provide accommodation that is suitable for students with special needs.
d) The University will provide transportation to and from the student's home in Emirates.
e) The University will provide transportation to and from the main University campus if the residence is not located on the main campus.
f) Resident students are expected to abide by the procedures set out within this Policy and supplementary rules and regulations established by the Office of Residence Life and Student Housing.
g) The University has the right to withdraw the student's right to stay in the residence as one penalty in case of student disciplinary action. This action will also result in cancellation of other privileges such as transportation and meals. Cancellation of housing rights for graduate students will not result in reimbursement of fees.

4.2 Housing Assignment

a) Once accepted to the University Housing Program, the student signs a housing agreement. The student then has a contractual responsibility with the Office of Residence Life and Student Housing.
b) The Office of Residence Life and Student Housing is responsible for allocation of rooms to students; students' preferences for roommates may be accommodated if specified in advance and according to the vacancies availability.
c) Under normal circumstances, a student may make one request to change rooms within a single semester.
d) The Office of Residence Life and Student Housing reserves the right to reassign students to a different room for reasons such as room consolidation, vacancies, maintenance, and safety issues.
e) Students must reside in the room assigned to them.
f) The Office of Residence Life and Student Housing has the right to notify students and their families of regulations concerning housing check-in and check-out.
g) In coordination with the Housing Office, students should complete an accurate room inventory ("RCR", Room Condition Report) form after they check in with a Housing Office Representative. This room inventory form will verify the condition of the room and furniture, noting any damage. The inventory form will be used to assess the condition of the room during

a student's stay and at the time of check out.

4.3 Student Liability

a) The housing agreement signed in advance of room allocation and check-in renders the student responsible for the Procedures outlined in this Policy.
b) Non-scholarship graduate students, visitors, and exchange program students' fees must be paid in advance of room allocation and check-in.
c) Keys are the property of the University and must be returned when the student vacates the room allocated to him/her. Students are not permitted to duplicate or share keys with others at any time. Misplaced keys and stolen keys must be reported immediately to the Residence Office. Lost keys will be replaced at the student's own cost.
d) The student is responsible for any damage to, or loss of, University property within the housing that is provided for the student's use.
e) Upon separation of the student from the room, students should leave accommodations and furniture in the same condition as when they checked in.
f) Costs incurred by the University to repair any damage to the accommodation or furniture will be charged to the student.
g) Any University furniture provided to the student at the check-in but not found at the separation will be considered missing and the student will be charged accordingly.
h) The student is responsible for his/her safety and protection of his/her own property.
i) The Office of Residence Life and Student Housing does not assume responsibility for any loss, damage, or theft regarding students' personal property.
j) Residents should report damage and repair needs of property/equipment in their rooms and in common areas to the housing administration.

4.4 Termination of Housing Contract

a) The University may cancel a student's housing contract if the student fails to meet the full terms and conditions of his/her contract, for violation of university or residence hall regulations, or as one outcome of student disciplinary action.
b) Appeals against cancellation of housing are available through university administrative procedures.

4.5 Parental Notification

The Office of Residence Life and Student Housing has the right to notify parents/guardians when a student is involved in matters that may compromise the health or safety of the student or the members of the University community.

4.6 Access to Student Residences

a) Students, guests, and visitors must present proof of identity on entry and exit to student housing within the permitted hours established by the Office of Residence Life and Student Housing.
b) Students enrolled at the University may visit their peers in the residential accommodations within the posted permitted visiting hours.
c) Visitors must be pre-approved by the Office of Residence Life and Student Housing.
d) Residents are expected to inform their guests about the rules and regulations of the housing.
e) Residents are responsible for the actions of their guests, including any damage to university property or the property of other residents.
f) Visitors are not allowed to sleep overnight in student residences.

4.7 Room Entry/Inspection

a) Authorized University officials are entitled to enter, search and/or inspect student rooms/ suites and common areas in the housing complex. Examples of situations that may warrant a

room entry/inspection include, but are not limited to:

1. Scheduled room inspections to verify the acceptable standards of health, safety and hygiene; observance of university housing Policies and Procedures; and maintenance and repair of equipment.
2. Warrant issued by an appropriate legal body.
3. Reasonable cause to believe that there is a violation of the Student Code of Conduct.
4. Reasonable cause to protect any resident student.

b) University officials reserve the right to enter a student room/suite, locked or unlocked, at any time if deemed necessary to resolve immediately any policy violations, or to address disruptive behavior, maintenance problems, a student's illness, health and safety hazards, and other similar emergencies or potential crises.

4.8 Standards of Student Behavior in the University Housing

a) Sustainability

Students must respect and abide by regulations to keep their premises clean and healthy with reasonable use of water, electricity consumption, air conditioning, and heating systems.

b) Fire Safety

a) subject to fire safety rules and regulations, cooking with grills or other portable cookers is prohibited except within activities authorized by the University.
b) Residents are not permitted to use candles and incense sticks of any kind including but not limited to incense-burning candles, candle warmers, Bokhour, lanterns, or similar "open flame" receptacles in rooms/suites.
c) Residents are not permitted to overextend the power points available in their rooms or other parts of the Residences by the multiple use of sockets.
d) Room Personalization: Room furniture modifications are prohibited because of fire safety regulations.

d) Room Decoration

a) Only appropriate photos, posters, calendars, and other wall decorations are permitted and only as long as these items are hung away from sources of heat, including light fittings, and are fire-resistant and non-combustible.
b) Only approved adhesives can be used to hang these items. The use of adhesives that leave marks on the wall will result in a charge to the student to cover the expense of re-coloring the entire wall.
c) No decorations may be placed in the hallways, aisles, stairwells, or exit routes. No items may be hung from the ceiling.
d) Minimum decoration may be attached to the room doors.
e) Exit signs, fire extinguishers, smoke detectors, fire alarm pulls, emergency lights, and audible fire signals/strobe lights may not be decorated, covered, or obstructed in any way.
f) Light bulbs may not be painted, wrapped, or covered.

e) Painting and Wallpapering

a) Students may not paint or wallpaper the walls of their room.
b) Students who paint or wallpaper the walls of their room will be charged the cost of restoring the room to its original state.
c) Students may not make personal attempts to restore the room to its original state, nor arrange for this to be done by a third party.
d) Students may request their room to be repainted. The room will be inspected to determine the need for repainting before a decision is made to grant the request.

f) Food

a) Housing students are provided with free meals using their own University ID card.
b) Graduate students may be provided with meals once housing fees is paid.
c) Other customers (non-housing students, faculty members, staff members, and visitors) can purchase meals according to the student's Meals Contract Agreement.
d) Students are not permitted to order food/meals for delivery from non-University licensed, commercial establishments.

g) Vandalism

a) Malicious damage, due to purposeful/wilful negligence, vandalism, accidents or misuse may result in university disciplinary action.
b) Charges for damage to individual student rooms/suites will be the responsibility of the student who accepts responsibility or is found to be responsible for the damage, or of the residents of a room/suite where the damage occurred.
c) Excessive damage to common areas where individual responsibility cannot be ascertained will be assessed as a group liability and therefore the group of students sharing the common area will be charged to cover the cost of repair.
d) The assessment of "excessive damage" is in the judgment of the Housing Office.

h) Electric Equipment

a) The use of electrical appliances in the Housing complex is limited for safety reasons. (Refer also to Procedure 7b: Fire Safety). Residents are permitted to use only small appliances with enclosed coils (e.g. corn poppers, coffee pots, etc.)
b) Restricted appliances include but are not limited to hotplates, extension cords and refrigerators of more than five cubic feet.
c) If use of a device frequently causes power to trip off, or if its power cord or the outlet feels hot, residents must discontinue the use of the appliance and inform the Student Affairs Facilities and Asset Management Department.
d) Residents who damage the circuitry by overloading it may be responsible for the cost of restoring the system.
e) Residents must follow the Student Code of Conduct for use of electronic equipment like mobile phones, desktops/laptops, cameras, etc.

i) Use of Facilities:

a) Students are allowed to reserve designated housing complex facilities for activities with the understanding that the use must follow the Student Code of Conduct and the academic mission of the University.
b) Residence hall kitchens are provided as a special convenience for students. Students are expected to maintain high standards of hygiene at all times to preserve their own and other students' health and safety.
c) The University does not assume responsibility for damage to clothing resulting from the use of University's laundry facilities.

j) Posting of Personal Notices:

a) Posting notices of personal or student-related activities are subject to prior authorization.
b) Only approved posters and notices may be mounted on the bulletin boards provided by the University in the residence halls.

k) Advertising:

a) Advertisements displayed on campus should be aligned to the vision and mission of the University.
b) Advertisements displayed on campus must belong to a university organization, department, office, or known and approved external agency/organization, and be appropriate in nature. Advertisements violating the Residence Life and Student

Housing standards are not permitted.

c) Violations may result in the loss of the privilege of advertising on the part of the University organization, department, office, and external agency/organization.

l) Pets:

Students are not permitted to house pets in any part of a residential complex. Violation of this rule may result in a university disciplinary action and in a cleaning charge.

m) Smoking

a) The University is mindful of the well-being of persons in both the living and the working environment. Therefore, smoking is not permitted inside the residential buildings and surroundings.

b) Students who are caught smoking within the prohibited areas will be subjected to disciplinary action.

n) Soliciting/Selling

Any activity designed to advertise, promote or sell any product or commercial service is considered soliciting. The University does not permit soliciting or attempt to solicit within university housing.

o) Furniture

a) Residents should not move University furniture into or out of rooms/suites.

b) At the time of resident check-out, all furniture must be returned to the original position in the room/suite.

c) Residents are permitted to bring personal furniture (that meets the University's fire safety standards) to personalize their rooms/suites. Prohibited furniture in rooms/suites includes, but is not limited to, vinyl furniture, inflatable furniture, and bean-bag chairs.

p) Storage

a) The Office of Residence Life and Student Housing provides storage facilities only for international residents on a first-come, first-served basis.

b) Residents must assume full responsibility for items placed in the storage area. The University makes every reasonable effort to protect resident property; however, it will not assume responsibility for the loss, theft, or damage to any property while in storage.

c) All items should be stored as if to be shipped or mailed. Residents are not permitted to store furniture of any kind, carpet, lumber, tires, flammable liquids, or room furnishings. Violation of this policy may result in disposal and/or removal of items placed in the storage area.

d) The University reserves the right to move stored items.

q) Rollerblades/Skateboards

Rollerblades and skateboards are to be used only on paved pedestrian paths within the campus or housing.

5. Responsibilities

5.1 Residential Life Staff

- Oversight and Management: Oversee day-to-day operations within residential facilities, ensuring that policies are implemented and adhered to by residents.
- Student Support: Provide guidance and support to residents, addressing any concerns or issues related to their residential experience.
- Programming: Organize and facilitate educational, social, and cultural programs to foster community engagement and personal development.

- Conflict Resolution: Mediate conflicts between residents and provide disciplinary actions, when necessary, in accordance with the policy.

5.2 Students/Residents:

- Compliance: Adhere to all guidelines and regulations set forth in the Residential Life Policy, including behavior expectations and safety protocols.
- Respect for Community: Actively contribute to a respectful and inclusive living environment, being considerate of others' needs and cultural differences.
- Participation: Engage in community activities and programs that enhance the residential experience.

5.3 Facilities Management:

- Maintenance and Safety: Ensure that all residential facilities are well-maintained, safe, and compliant with health and safety standards.
- Response to Issues: Address maintenance requests and safety concerns in a timely and efficient manner.

5.4 Vice Chancellor for Finance and Administrative Affairs:

- Policy Development and Review: Regularly review and update the Residential Life Policy to reflect changing needs and ensure alignment with the university's mission.
- Resource Allocation: Provide necessary resources and support for the effective implementation of the Residential Life Policy.
- Training: Ensure that residential life staff receive adequate training on the policy, conflict resolution, and student support.

5.5 Security Personnel:

- Safety and Security: Monitor residential areas to ensure the safety and security of all residents, responding to emergencies and enforcing safety protocols.

6. Definitions

Code of Conduct: A set of rules outlining the responsibilities and proper practices for individuals within the residential community. This includes behavior expected in residence halls, communal areas, and during events.

Visitation Policy: Rules regarding when and how residents can have guests in their rooms or residence halls. This may include sign-in procedures, hours of visitation, and restrictions on overnight guests.

Roommate Agreement: A document completed by roommates outlining expectations and responsibilities for sharing a living space. It may cover topics like cleaning schedules, noise levels, and the use of shared items.

Room Condition Report (RCR): A form that documents the condition of a room at the time of move-in and move-out. It is used to assess any damage that may occur during the student's residency.

Community Standards: Guidelines designed to maintain a safe, respectful, and inclusive living environment. These standards often address issues like respect for others, cleanliness, and participation in community activities.

Fire Safety Policy: Rules and procedures to ensure the safety of residents in case of a fire. This includes regulations on the use of candles, incense, and other potential fire hazards, as well as fire drills and emergency evacuation protocols.

Health and Safety Inspections: Periodic checks conducted by residential life staff to ensure that rooms comply with safety and cleanliness standards. Residents are typically notified in advance of these inspections.

Damage Charges: Fees assessed to residents for any damages beyond normal wear and tear that occur in their rooms or communal areas. These charges are typically deducted from a security deposit or added to the resident's account.

Emergency Contact Information: Information that residents are required to provide for someone who can be contacted in case of an emergency. This is typically collected during move-in or through an online portal.

7. Related Documents

None.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised for accuracy and alignment with the new policy template.	June 2022

	POLICY NAME	6.13 Student Scholarship and Financial Aid Policy		
	POLICY No.	6.13	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2024
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCFA
	DATE OF NEXT REVIEW	June 2024	APPROVED BY	Chancellor

Overview

The Student Scholarship and Financial Aid Policy outlines the University of Khorfakkan's approach to administering financial aid and scholarships. It defines the eligibility criteria, application process, awarding mechanisms, and the responsibilities of both the institution and the students. The policy ensures that financial aid and scholarships are distributed fairly, equitably, and transparently to support students in funding their education.

1. Purpose

The purpose of the Student Scholarship and Financial Aid Policy is to:

- Provide financial assistance to eligible students to help reduce the financial barriers to education.
- Ensure that scholarships and financial aid are awarded in a manner that is fair, transparent, and consistent with the university's mission and values.

- Outline the types of financial aid available, including need-based aid, merit-based scholarships, and other financial support options.
- Establish clear procedures for applying for, receiving, and maintaining financial aid and scholarships.

2. Scope

The policy applies to:

- All students enrolled or planning to enroll in the University of Khorfakkan, including undergraduate and graduate programs.
- All forms of financial assistance provided by the University of Khorfakkan, including scholarships and work-study programs.
- All administrative offices and personnel involved in the administration, distribution, and monitoring of scholarships and financial aid.

3. Policy Statement

The University of Khorfakkan is committed to supporting the educational aspirations of its students by providing financial assistance through scholarships, and work-study opportunities. This policy aims to make higher education accessible to a diverse student body by reducing financial barriers. The institution will administer financial aid and scholarships in a manner that is equitable, transparent, and aligned with its mission to foster academic excellence and diversity.

3.1 Scholarships

Full Scholarships

Full scholarship is awarded to national students if they meet the eligibility criteria specified in this policy. This scholarship is awarded by H.H the President of the Board of Trustees.

Discounts

- When the full scholarship does not apply, students can benefit from 50% discount on their tuition fees.

Other scholarships and Financial Aids:

- **Merit-Based Scholarships (High School):** All students receive a 50% discount if they received a 90% or above in their high school grades. This discount is valid for the first semester of enrollment.
- **GPA-Based Scholarships (undergraduate):** the following scheme applies for Undergraduate programs on semester basis:

GPA	**Discount**
3.6 to 3,79	35%
3,8 to 3.99	40%
4	50%

- **GPA-Based Scholarships (graduate):** The following scheme applies for master's degree students on semester basis:

GPA	**Discount**
3.7 to 3,99	40%
4	50%

Siblings' discount:

If a student has a sibling enrolled at Khorfakkan University, they are eligible for a 10% discount. Only the sibling with the lowest tuition fees is covered by this discount.

Dorms Discount:

All students using dorms are eligible to 15% discount on dorms charges.

Student Job Opportunities:

The students may also be offered part-time jobs at the University, such as research assistants, in lieu of financial support.

4. Procedures

4.1 Undergraduate Scholarship

4.1.1 Conditions and Regulations for the Continuation of the Scholarship

1. The beneficiary must commence their studies immediately upon the approval of the scholarship and continue without interruption until the completion of the academic program.
2. The beneficiary must register for at least 12 credit hours or their equivalent each semester. The number of credit hours paid for each semester will be deducted from the total credit hours covered by the scholarship to determine the remaining credit hours available in the scholarship account each semester.
3. The beneficiary's semester GPA must not be less than 2.00 for at least 12 credit hours or their equivalent. The granting authority may temporarily suspend the scholarship if the beneficiary receives a GPA below 2.00 for a second time at the end of any semester.
4. If the beneficiary requests a transfer to a different program and it is approved, the credit hours paid will be deducted from the scholarship account before the transfer, based on the credit hours required for the new program.
5. The beneficiary may not suspend, defer, or withdraw from the university without the granting authority's approval. The scholarship will be automatically withdrawn if the beneficiary suspends their studies or withdraws without the granting authority's consent.
6. The scholarship covers tuition fees for the intensive English language program at the university for a maximum of two semesters. The scholarship will be suspended if the beneficiary exhausts the mentioned duration until proof of program completion is provided.
7. The beneficiary must achieve the required score on the TOEFL, IELTS, or EMSAT test as per the university's or program's requirements within one academic year of enrolling in the intensive English language program.
8. The beneficiary must complete their undergraduate degree within the standard academic period of up to 10 semesters, with a possible extension of one additional semester if the granting authority approves due to expected graduation in that semester. The 10 semesters include up to 15 wasted credit hours.
9. The beneficiary will be responsible for any consequences resulting from non-compliance with the

4.1.2 Suspension of the Scholarship:

The beneficiary may request a temporary suspension of the scholarship once for a semester during their study period, subject to review and approval by the granting authority, under the following conditions:

- Medical Excuse: There is an approved medical excuse acceptable to the granting authority.
- Accompanying a Sick Relative: The beneficiary is accompanying a sick relative outside the country, provided the relative is within the second degree of kinship.

4.1.3 Request for Scholarship Reinstatement

The beneficiary may apply for the reinstatement of the scholarship once during their study period if the suspension of the scholarship was due to a low GPA. This request can be made after the student has continued their studies at their own expense for 12 credit hours and achieved a GPA of 2.00 or higher in the following regular semester, or in the following academic year for students enrolled in programs with annual curricula.

4.1.4 Conditions for Scholarship Withdrawal

The scholarship will be withdrawn from the beneficiary in any of the following cases:
1. Failure to Pass All Registered Courses: The beneficiary fails to pass all registered courses during the semester.
2. Repeated Low GPA: The beneficiary's GPA is below 2.00 for a third time for at least 12 credit hours or their equivalent.
3. Unapproved Study Suspension: The beneficiary suspends their studies for one or more semesters without notifying and obtaining approval from the granting authority.

4. Insufficient Credit Hours: The beneficiary registers for less than 12 credit hours, except in the final semester when completing graduation requirements.

4.1.5 General Notes for the Undergraduate Degree

1. The scholarship will be withdrawn if the beneficiary discontinues their studies without notifying the granting authority, or if the interruption is due to an excuse not accepted by the granting authority.
2. The scholarship will be temporarily suspended for one additional semester if the beneficiary discontinues their studies for an acceptable excuse, with the possibility of extending the suspension for an additional semester, if necessary, as approved by the granting authority.
3. A warning will be issued to the student as soon as their semester GPA falls below 2.00.
4. The university will provide the textbooks required for the courses in which the student is enrolled.

4.2 Graduate Scholarships

Below are the Terms and Conditions related to the graduate scholarship:
1. The student must be a citizen of the UAE holding a valid passport and a family book of the Emirate of Sharjah.
2. Obtain a letter of acceptance from the Graduate Studies Department at University of Khorfakkan.
3. Must be admitted to one of the programs covered by the scholarship.
4. The scholarship covers tuition fees only once, for the minimum requirements of the program in which the student has been admitted.
5. The scholarship is effective from the semester in which the scholarship is approved and does not cover previous semesters.
6. The scholarship is granted only once per academic level.
7. The scholarship does not cover: textbooks, dormitory accommodation, administrative fees, and any financial penalties incurred by the student.
8. The student must repay the tuition fees to the granting authority for any course studied if the required grade is not achieved to include the course in the completed course list as per the current program requirements, or if they withdraw from the course during the semester after paying the tuition fees, or if they re-register in a previously completed course to improve their academic average. The scholarship will be suspended if the student does not repay these fees.
9. If the student changes their program of study, they must repay the tuition fees previously paid by the granting authority for courses that will not count towards the minimum requirements of the new program in the student's academic plan.
10. The student must repay all tuition fees paid by the granting authority from the start of their studies in the event of voluntary withdrawal or dismissal from the program in accordance with university regulations. The scholarship will be automatically terminated in these cases.
11. If the student obtains approval to re-enroll in the previous program, the previous scholarship will be reactivated (after confirming eligibility), and the student will bear any additional financial requirements if applicable.

12. The student may defer their studies in accordance with university regulations after paying the required fees, and the scholarship will be deferred to the following semester.
13. The beneficiary may not suspend, defer, or withdraw from the university without the approval of the granting authority, and the scholarship will be automatically withdrawn.

5. Responsibilities

The responsibilities related to the Student Scolarships at the University of Khorfakkan (UKF) include the roles and duties of various stakeholders involved in its administration, supervision, and execution.

Financial Committee

c) Supervise the Student Scholarship policies
d) Review and approve the scholarship applications.
e) Ensure the fair allocation of scholarships based on established criteria.
f) Oversee the implementation of the scholarship policies.

Students Affairs Department

g) Announce the required documentation and deadlines for scholarship applications.
h) Ensure that all applications are processed in a timely manner.
i) Communicate the students and their guardians about scholarship decisions.

University Administration

j) Allocate the annual budget for the Schoalrships.
k) Manage external scholarships
l) Ensure compliance with the university's scholarship policies and procedures.

Students

m) Submit completed applications and required documentation by the published deadlines.
n) Maintain the academic performance required for scholarship eligibility.
o) Notify the university of any circumstances that may affect their eligibility.

6. Definitions

Eligibility Criteria: The requirements students must meet to qualify for a scholarship, such as academic achievement, financial need, extracurricular involvement, or a specific major.
Merit-based Scholarships: Scholarships awarded based on academic, athletic, artistic, or other achievements, rather than financial need.
Need-based Scholarships: Scholarships given to students based on their financial situation.
Renewal Requirements: The criteria students must meet to continue receiving a scholarship beyond the first year, such as maintaining a certain GPA or completing a specific number of credit hours.
Full-ride Scholarship: A scholarship that covers all study expenses, including tuition, fees, room, board, and sometimes books and supplies.
Partial Scholarship: A scholarship that covers only part of the student's education costs, such as tuition but not room and board.

7. Related Documents

Decree Law No. 1 of 2022 regarding the organization of the University of Khorfakkan and its executive regulations.

Chancellor Decision No. (87) for the Academic year 2023-24 relating to the Scholarships Policy.

Chancellor Decision No. (88) for the Academic year 2023-24 relating to the Graduate Studies Scholarships Policy.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.14 Student Discipline Policy		
	POLICY No.		VERSION NO	1.1
	DATE OF APPROVAL		EFFECTIVE	September 1, 2024
	DATE OF LAST REVIEW		POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	September 1, 2025	PROVED BY	Chancellor

Overview

The Student Discipline Policy sets forth the standards of conduct expected of students of the Universitty of Khorfakkan and the disciplinary procedures that will be followed when those standards are violated. It is a key component of maintaining an educational environment that is conducive to learning and personal development. The policy outlines the types of behaviors that are considered unacceptable and the consequences for engaging in those behaviors.

1. Purpose

The purpose of the Student Discipline Policy is to:

- Promote a safe and respectful learning environment for all members of the university community.
- Define clear expectations for student behavior and the consequences for failing to meet those expectations.
- Ensure that disciplinary procedures are applied consistently and fairly across all students.

- Support the development of students' personal responsibility and ethical behavior.
- Provide a framework for addressing violations of university policies, rules, and regulations in a way that is educational rather than solely punitive.

2. Scope

The policy applies to:

- All students enrolled at the University of Khorfakkan, regardless of their academic level or program of study.
- All faculty, staff, and administrators responsible for enforcing the policy and managing disciplinary processes.

3. Policy Statement

The University of Khorfakkan is committed to fostering a positive educational environment where all students can learn and grow. To achieve this, the University expects students to behave in a manner that respects the rights and dignity of others, upholds the integrity of the academic community, and complies with all University policies and regulations. The Student Discipline Policy is designed to guide students toward making responsible choices, understanding the consequences of their actions, and contributing to a safe and respectful community. Disciplinary actions, when necessary, are intended to be fair, consistent, and educational, helping students learn from their mistakes and encouraging positive behavior.

4. Procedures

The procedure for taking all necessary disciplinary actions to address any violation at UKF must follow the procedure given below:

1. The disciplinary procedures are designed to allow for fact-finding and decision-making in an educational community and encourage students to accept responsibility for their own actions. The intent is to provide adequate procedural safeguards to protect the student's rights and the University's legitimate interests.
2. UKF differentiates among two distinct types of disciplinary violations as:
    - **Academic Violations:** May be processed through a panel hearing composed of faculty members.
    - **Non-Academic Violations:** May be processed through an administrative hearing composed of staff members.
3. Violations to academic honesty may be processed through a panel hearing, in which the panel will be composed of faculty members, while non-academic violations of the Code may be processed through an administrative hearing composed of staff member(s).
4. **Procedure for Pre–Disciplinary Committee Session:** An initial investigation session is convened with the alleged/violator student to determine the extent to which he/she is responsible for the violation, in accordance with the following:
    - **Initial Investigation Session:** Convened with the student to determine the extent of their responsibility. The initial investigation may end with a signed accord by the investigator and the student, imposing a disciplinary sanction to the student; by this accord, all the disciplinary proceedings shall cease including referral of the matter to the Students Disciplinary Committee (SDC), also the student's right to appeal against the disciplinary decision issued according to the aforesaid accord is fortified.
    - **Notification:** The student is notified in a period of not less than five (5) working days from the commencement of the initial investigation session to present him/herself to the investigation committee; if the student fails to attend the investigation session without an acceptable reason, the matter shall be referred to the Students Disciplinary Committee (SDC) to settle the alleged charges.

- **Disregarding Charges:** Whoever undertakes the initial investigation may disregard any charges against the student, if it becomes clear that it is without grounds. In this case, the complainant may file an appeal of the decision to be submitted to the DVC for Students Affairs.
- **Signed Accord:** If reached, imposes a disciplinary sanction, and ends further proceedings, forfeiting the student's right to appeal.
- **Referral to Disciplinary Committee**: In case the mentioned accord in the previous article is not reached, the matter is to be referred to the Students Disciplinary Committee in five (5) working days after the initial investigation session; this period can be extended if the student presents an acceptable excuse to justify this extension.

5. Responsibilities

5.1 University Administration

Responsible for enforcing the Student Discipline Policy and ensuring that disciplinary procedures are followed correctly.

5.2 Disciplinary Committee

Handles the review and adjudication of cases referred to it, ensuring fair and consistent application of sanctions.

5.3 Faculty and Staff

Responsible for reporting violations and participating in hearings as needed.

5.4 Students

Expected to understand and comply with the university's code of conduct and participate in the disciplinary process when involved.

6. Definitions

Misconduct: Any behavior that violates the laws, rules, and policies of the university, including academic dishonesty and non-academic infractions.

Disciplinary Committee: A group of university officials tasked with reviewing cases of student misconduct and determining appropriate sanctions.

Sanctions: Penalties imposed on students who are found responsible for misconduct, which can range from warnings to expulsion.

Initial Investigation: A preliminary review of an alleged violation to determine whether there is sufficient evidence to proceed with formal disciplinary action.

7. Related Documents

Students Bylaws.

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

2. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to ensure its alignment with the new policy template. Some paraphrasing and restructuring are made.	June 2022

	POLICY NAME	6.15 Student Attendance Policy		
	POLICY No.	6.15	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The Student Attendance Policy defines the university's expectations for student attendance in classes, labs, and other required academic activities. It establishes the procedures for monitoring and recording attendance, as well as the steps to be taken when a student has excessive absences. The policy is designed to encourage consistent attendance, which is crucial for academic success and full participation in the educational process.

1. Purpose

The purpose of the Student Attendance Policy is to:

- Promote regular and punctual attendance as essential components of academic success.
- Ensure that students are fully engaged in their learning by attending all scheduled classes and required activities.
- Define the responsibilities of students, faculty, and staff in relation to attendance.
- Provide a clear framework for addressing absenteeism, including the potential academic and disciplinary consequences of excessive absences.

- Support the institution's commitment to providing a quality education and maintaining academic integrity.

2. Scope

The policy applies to:

- All students enrolled in any courses, programs, or activities that require attendance, including undergraduate and graduate programs.
- All faculty and staff responsible for recording, monitoring, and managing student attendance.

3. Policy Statement

Attending classes is compulsory for all courses offred by the University of Khorfakkan. Students are expected to attend all scheduled classes, labs, and other academic activities, arriving on time and prepared to participate. Absences should be kept to a minimum, and students are responsible for catching up on any missed work. Faculty members are required to monitor and record attendance, and they may establish specific attendance requirements as part of their course syllabi. Excessive absences may result in academic penalties, including grade reductions, failure of the course, or other disciplinary actions as outlined in this policy. The university is committed to supporting students who face legitimate challenges to attendance by offering appropriate accommodations, provided these are communicated and documented according to the procedures established in this policy.

4. Procedures

4.1 General guidelines

Attending classes is compulsory for all courses, and a student will not be allowed to take the final examination if he/she has missed 20 percent of the classes in a semester. Absence warning procedures are set out below:

- If a student is absent for 10 percent of theoretical and practical class hours, the course instructor will issue a 10 percent absence warning.
- If a student is absent for 15 percent of theoretical and practical class hours, the course instructor will issue a 15 percent absence warning.
- If a student is absent for 20 percent of theoretical and practical class hours, the course instructor will issue a 20 percent absence warning, and the student will receive the grade of "F." Students will not be allowed to take the final examination if they have missed 20 percent of the classes in each semester.

As classroom attendance is an indispensable part of the learning experience, the University established the following rules to regulate attendance:

- Excused absence is not counted as unexcused absences and is not considered as absence in counting the missed lectures responsible for academic warning.
- Students are expected to be in class on time.
- At the discretion of the Office of the Vice Chancellor for Academic Affairs (VCAA), absences incurred due to participation in UKF-sponsored activities or sports tournaments may not figure in the calculation of a student's total absences. The VCAA in consultation with the athletics coordinator will determine if the tournament deserves official excused absence status.
- Student-athletes are expected to notify their instructors as soon as they are aware they will be missing a class due to a status approved athletic competition.

- Any student who is experiencing psychological distress and is unable to attend his or her scheduled classes must first see the UKF Counselor. The Counselor will carefully assess the student's psychological state. Should the Counselor determine the student is unable to attend classes, the Counselor will immediately contact the VCAA and inform him of the student's condition. Respecting the confidentiality policy of counseling services, the Counselor will only disclose the minimal information needed to explain the situation. The VCAA will authorize any absences, if any, from the course (The student retains the options of withdrawing or seeking an Incomplete).

4.2 Institutional Measures

The following shall apply when a student has been absent, either excused or unexcused, for 20% or more of scheduled class meetings in which s/he is currently enrolled (including excused absences).

- If the 20% limit is reached on or before the last day to withdraw from classes, as specified in the academic calendar, then the course instructor will assign a letter grade of WA (Withdrawn Administratively).
- In all other cases a letter grade of WF (Withdrawn after Deadline) will be assigned.
- All appeals should be referred to the Student Appeals Committee, which will provide a recommendation to the VCAA whose decision shall be final. Students applying for an appeal must provide all necessary documentation within three days of the grade (WA or WF) notification.

5. Responsibilities

5.1 Student Responsibilities

- Regular Attendance: Students are responsible for attending all scheduled classes, labs, and required activities. They should arrive on time and be prepared to engage in the learning process.
- Monitoring Attendance: Students should keep track of their own attendance and be aware of the impact that absences may have on their academic performance.
- Notification of Absences: If a student is unable to attend a class due to illness, emergency, or other valid reasons, they must notify the instructor as soon as possible, ideally before the class begins. Documentation (e.g., a doctor's note) may be required, depending on the circumstances.
- Catching Up on Missed Work: Students are responsible for catching up on any work missed due to absences. This may include obtaining class notes from peers, completing assignments, and seeking additional help from instructors as needed.
- Understanding Course-Specific Policies: Students should be aware of and adhere to any specific attendance requirements or policies outlined in course syllabi, which may include penalties for absences or tardiness.
- Requesting Accommodations: If a student has a legitimate reason that may impact their attendance regularly (e.g., chronic illness, disability), they should communicate with the relevant institutional office (e.g., disability services) to arrange for appropriate accommodations.

5.2 Faculty Responsibilities

- Recording Attendance: Faculty members are responsible for keeping accurate records of

student attendance in their classes, labs, or other academic activities.

- Communicating Attendance Expectations: Faculty should clearly outline attendance requirements, expectations, and potential consequences for absences in the course syllabus provided at the beginning of the term.
- Addressing Absences: Faculty should address excessive absences promptly by communicating with the student and, if necessary, referring the student to academic advising or other support services.
- Providing Make-Up Opportunities: Where possible and appropriate, faculty should provide opportunities for students to make up missed work due to legitimate absences. This may include alternative assignments, make-up exams, or other arrangements.
- Reporting Attendance Issues: In cases of significant or concerning patterns of absenteeism, faculty may need to report the issue to the appropriate academic or student affairs office for further action.

5.3 VCAA Responsibilities

- Policy Development and Review: The VCAA is responsible for developing, maintaining, and periodically reviewing the Student Attendance Policy to ensure it meets the needs of the institution and its students.
- Communication and Training: The VCAA should ensure that both students and faculty are aware of the attendance policy and understand their responsibilities. This may include providing training or resources related to the policy.
- Support Services: The VCAA should provide support services for students who face challenges that may impact their attendance, such as counseling, academic advising, or disability services.
- Enforcement and Appeals: The VCAA is responsible for enforcing the attendance policy, including handling appeals and resolving disputes related to attendance. This may involve working with faculty and students to ensure fair and consistent application of the policy.
- Monitoring and Reporting: The VCAA should monitor overall attendance trends and address any systemic issues that may arise. VCAA may also be responsible for ensuring that attendance data is recorded and reported as required, especially for compliance with external regulations or accreditation requirements.

6. Definitions

Absence: A student is absent from a class, lab, or problem-solving session when s/he is recorded as being so.

Excused Absence: An absence for which either prior or post facto approval has been obtained.

Unexcused Absence: An absence for which no approval has been obtained.

7. Related Documents

UKF Bylaws relating to Students.

Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template. Some restructuring and paraphrasing are made.	June 2022

	POLICY NAME	6.16 Gender Segregation Policy		
	POLICY No.	6.16	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan Gender Segregation Policy outlines the university's approach to implementing gender segregation in specific contexts, such as classrooms, dormitories, sports facilities, and certain events. The policy is intended to provide a structured framework for the equitable and respectful treatment of all students while acknowledging and accommodating cultural or religious practices that require or prefer gender-specific arrangements.

1. Purpose

The purpose of the Gender Segregation Policy is to:

1. **Respect Cultural and Religious Values:** Acknowledge and respect the cultural and religious values of students and their families that necessitate or prefer gender segregation.
2. **Promote Safety and Comfort:** Ensure that all students feel safe and comfortable in their learning and living environments by providing gender-specific spaces where appropriate.

3. **Provide Clear Guidelines:** Establish clear guidelines and procedures for implementing and managing gender-segregated spaces and activities, ensuring consistency and fairness.
4. **Prevent Discrimination:** Ensure that gender segregation does not result in unequal access to educational opportunities, resources, or services, and that it aligns with the university's commitment to equality and inclusivity.

2. Scope

The policy applies to:

- All Students and Staff: All students, faculty, and staff within the university who may be affected by or involved in the implementation of gender segregation.
- Specific Facilities and Activities: Designated university facilities (e.g., buildings, dormitories, restrooms, sports facilities) and activities (e.g., classes, events) that are subject to gender segregation.
- University-Organized Events: Any university-sponsored or affiliated events where gender segregation may be practiced or required.
- Administration and Enforcement: University administrators, faculty, and staff responsible for overseeing and enforcing the policy.

3. Policy Statement

University of Khorfakkan is committed to fostering an inclusive and respectful environment that honors the diverse cultural and religious values of its student body. In recognition of these values, the university may implement gender segregation in certain contexts to ensure the comfort, safety, and dignity of all students. The university will manage gender-segregated spaces and activities in a manner that is equitable and non-discriminatory, ensuring that all students have equal access to educational resources, opportunities, and services. This policy is designed to guide the implementation of gender segregation in a way that aligns with the university's mission to support the personal and academic growth of all students while respecting the cultural and religious practices of the community.

The university will also provide accommodation for students who request or require alternative arrangements due to specific circumstances. All procedures and decisions related to gender segregation will be transparent and communicated clearly to the university community.

4. Procedures

a. There is a separate entrance building for male and female students.
b. There are separate library sections, studying, resting and waiting areas for male and female students.
c. The segregation policy doesn’t apply for graduate students
d. When gender segregation doesn’t apply, students of different genders sit on different sides of the classroom.
e. When physical constraints do not always permit gender segregation, strict time limits will be put in place to allow only male or female students to use the facility at any one time (e.g. Sports complex facilities).
f. Should it be necessary for students of one gender to gain access to an area of the opposite gender, students must be escorted by an authorized person (e.g. Security guard).
g. UKF expects its students to behave in a way that respects academic environment of its premises that mandates segregation. Therefore, any violation of this policy shall be reported as behavioral misconduct.

5. Responsibilities

- **VCAA (Vice Chancellor for Academic Affairs):** Responsible for the overall

implementation and oversight of this policy.

- **Deans and Department Heads:** Ensure compliance within their respective faculties and departments.
- **Security section:** Monitor and enforce the segregation procedures as outlined in this policy.
- **Students:** Adhere to the gender segregation guidelines and report any violations to the appropriate authorities.

6. Definitions

a. **Gender Segregation:** The practice of separating individuals based on their gender (Male and Female) in various settings and activities.
b. **Behavioral Misconduct:** Any action by a student that violates the university's code of conduct, including the Gender Segregation Policy.

7. Related Documents

1) Law No. (2) from 2015 on Combating Discrimination and Hatred: The legislative framework prohibiting discrimination on various grounds, including gender.
2) UKF Bylaws relating to Student.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.17 Student Activities Policy		
	POLICY No.	6.17	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The UKF Student Activities Policy provides a framework for the development, organization, and participation in student activities within the university. It is designed to encourage student engagement, leadership, and community building, while ensuring that all activities are conducted in a safe, inclusive, and respectful manner. The policy outlines the responsibilities of students, staff, and the administration in supporting and regulating student activities.

1. Purpose

The purpose of the Student Activities Policy is to:

- **Promote Student Engagement:** Encourage student involvement in extracurricular activities that complement their academic experience and foster personal growth.
- **Support Leadership and Development:** Provide opportunities for students to develop leadership skills, teamwork, and other essential life skills through participation in student activities.

- **Ensure Safety and Inclusivity:** Establish guidelines that ensure all student activities are conducted safely and inclusively, respecting the diverse backgrounds and needs of the student body.
- **Facilitate Organization and Administration:** Provide clear procedures for the creation, management, and oversight of student organizations and events, ensuring they align with the university's mission and values.
- **Encourage Community Building:** Foster a sense of community and belonging among students through shared experiences and collaborative activities.

2. Scope

The policy applies to:

- **All Students:** All enrolled students who participate in or organize student activities, including those in undergraduate, graduate, and professional programs.
- **Student Organizations:** All recognized student organizations, clubs, and societies that operate within the university, including those that are academic, cultural, social, or recreational in nature.
- **University-Sponsored Events:** All student-led events, activities, and programs that are endorsed, supported, or funded by the university, whether on or off campus.
- **University Staff and Advisors:** Faculty, staff, and advisors who are involved in supporting or supervising student activities.
- **Facilities and Resources:** The use of university facilities, resources, and funding for the purpose of organizing and conducting student activities.

3. Policy Statement

The University of Khorfakkan is committed to providing a vibrant and dynamic campus life that extends beyond the classroom. The Student Activities Policy supports this commitment by encouraging students to engage in a wide range of extracurricular activities that enhance their educational experience. The university recognizes that participation in student activities plays a crucial role in personal development, leadership, and the creation of a cohesive campus community. The student activities may include:

a) Student club activities
b) Cultural exchange activities
c) Music and arts activities
d) Sports and recreational activities
e) Health and fitness activities

All student activities should be inclusive, accessible, and aligned with the university’s values of respect, integrity, and diversity. The university provides resources, guidance, and support to ensure that these activities are safe, well-organized, and meaningful. Students are encouraged to take initiative in creating and leading activities that reflect their interests and passions, while also considering the broader impact on the university community.

The University shall promote various extracurricular activities in the fields of theatre; social, cultural, and heritage activities; and sports and recreation, consistent with its Policies and Procedures to help achieve the University Vision and Mission.

This policy ensures that all student activities are subject to appropriate oversight and that they contribute positively to the university environment. The university also reserves the right to review, regulate, or discontinue any student activity that does not comply with university policies or that poses a risk to the safety or well-being of the community.

4. Procedures

4.1 Student Organizations

UKF has introduced followings guidelines for formation of students' organizations and execution of their academic and non-academic activities:

a) Each organization's purposes and activities are to be consistent with the vision, mission, and strategic goals of the University.
b) Student organization may be clearly defined and classified based on their nature, purpose, and activities as either academic or non-academic.
c) Every organization must have a written vision and mission statement and a clear organizational structure.
d) Student organizations must register/re-register each year to gain University recognition and access to the privileges offered to registered organizations.
e) Student organizations must have a faculty or staff advisor and at least four (4) officers and one (1) active student point of contact. Those students must be in good academic standing and with no disciplinary sanctions against them.
f) Recognized student organizations may seek various resources from the Student Affairs Department (SAD), are eligible to apply for funds, and are entitled to use designated University facilities for meetings, events, and other approved activities.
g) A student organization must operate on a voluntary basis.
h) Before an organization can be registered and recognized, documentation of its mission, vision, organizational structure, planned activities, proposed budget, responsible officers, and faculty/staff advisor, must be submitted and reviewed by the SAD.
i) Recognized student organizations must submit the same documents as above when they submit their annual registration. In addition, they submit documents regarding the activities conducted during the previous academic year and any other data associated with events, any disciplinary notes received during the previous academic year, and the current membership roster.
j) The Student Affairs Department (SAD) is responsible for the recognition and annual registration of all student organizations.

4.2 Event Planning and Approval

- **Event Proposal Submission:** Student organizations must submit a detailed event proposal to the Student Affairs Department or relevant department for approval. The proposal should include the event's purpose, target audience, budget, venue, date, time, and any potential risks.
- **Risk Assessment:** The university may require a risk assessment for events that involve physical activities, large gatherings, travel, or any other factors that could pose safety concerns. This assessment helps identify potential issues and establish mitigation strategies.
- **Approval Process:** The proposal is reviewed to ensure it meets all safety, inclusivity, and logistical requirements. Approval must be obtained from the VCFA before any promotion or booking of venues and services can begin.

4.3 Funding and Budget Management

- **Funding Requests:** Recognized student organizations can apply for funding from the university's Student Affairs fund or other available resources. Funding requests should include a detailed budget and justification for the expenses.
- **Budget Management:** Once funding is approved, organizations are responsible for managing their budget and keeping accurate financial records. They must adhere to the university's financial policies and submit reports on expenditures as required.

- **Sponsorship and Fundraising:** Organizations seeking external sponsorship or planning fundraising activities must obtain prior approval from the university to ensure compliance with policies and regulations.

4.4 Use of University Facilities

- **Booking Procedures:** Student organizations must follow established procedures for reserving university facilities for meetings, events, or activities. This typically involves submitting a facility request form to the relevant office.
- **Compliance with Policies:** Organizations must ensure that the use of facilities complies with all university regulations, including those related to safety, accessibility, and maintenance of the space.
- **Post-Event Cleanup:** It is the responsibility of the organization to ensure that facilities are left in good condition after use. Failure to do so may result in penalties or loss of future booking privileges.

4.5 Promotion and Communication

- **Promotion Guidelines:** Student organizations are encouraged to promote their events through various channels, including social media, campus posters, and university newsletters. All promotional materials must adhere to university guidelines, including those on non-discrimination and appropriate content.
- **University Branding:** Any use of the university's name, logo, or branding in promotional materials must be approved by the appropriate office to ensure consistency with the university's image and values.

4.6 Reporting and Accountability

- **Post-Event Reporting:** After significant events, organizations may be required to submit a report detailing attendance, outcomes, financial expenditures, and any issues encountered. This helps the university monitor activities and provide support for future events.
- **Incident Reporting:** Any incidents that occur during student activities, such as injuries, conflicts, or violations of policy, must be reported immediately to the Office of Student Affairs or relevant authorities for appropriate action.

5. Responsibilities

5.1 Faculty or Staff Advisor

a) Every organization must appoint a faculty member or a staff member as an advisor to assist in resolving disputes and negotiate controversial situations. Advisors must ensure that:
   - ✓ All activities/events organized are in accordance with the University of Khorfakkan (UKF) Vision, Mission, and Policies; and
   - ✓ Promotion and advertisement for activities/events.

5.2 Organization/Group Members

a) The membership of university-recognized student organizations is open to any enrolled University student subject to the membership conditions of that organization and upon application by the student, provided that the student complies with the organization's rules

and bylaws.

b) A student may be an active member in as many student organizations as he/she likes.
c) A student can be an officer (board member) in only one student organization at a time.

5.3 The Vice Chancellor for Finance and Administration

- Policy Development: The VCFA is responsible for developing and updating the Student Activities Policy to ensure it meets the needs of the student body and aligns with the university's strategic goals.
- Resource Allocation: The VCFA allocates resources, including funding and facilities, to support student activities and ensure their success.
- Enforcement: The administration enforces the policy, ensuring compliance and addressing any violations in a fair and consistent manner.

6. Definitions

Student Activities: Any event, program, club, organization, or extracurricular engagement organized or participated in by students, intended to enhance their educational experience and personal development outside the classroom.

Student Organization: A group of students recognized by the university, formed around a common interest or purpose, which conducts activities, events, or meetings. These can be academic, cultural, social, or recreational in nature.

Recognized Student Organization (RSO): A student organization that has been officially approved and recognized by the university through a formal registration or application process, allowing it to operate on campus and access university resources.

Event Proposal: A formal document submitted by a student organization to the university administration detailing the plans for an event, including purpose, logistics, budget, and safety considerations. This is required for approval before the event can take place.

Advisor or Faculty Advisor: A faculty or staff member who provides guidance and support to a student organization, helping them navigate university policies and ensure their activities align with the university's mission and values.

Budget: A detailed financial plan for a student organization or event, outlining expected income and expenditures. This is required for managing funds, applying for university funding, and ensuring financial accountability.

Non-discrimination Policy: A university policy that prohibits discrimination based on race, color, religion, gender, sexual orientation, nationality, disability, or any other protected characteristic in all activities, including student organizations and events.

Risk Assessment: The process of identifying potential hazards or risks associated with a student activity or event and determining ways to mitigate those risks to ensure the safety of participants.

Code of Conduct: A set of guidelines and rules established by the university that students and organizations are expected to follow, including standards for behavior, respect, and integrity during all activities and events.

Fundraising: Activities conducted by student organizations to raise money to support their events, initiatives, or causes. This can include sales, sponsorships, donations, or events specifically aimed at generating funds.

Promotion: The process of publicizing and raising awareness about a student activity, event, or organization through various channels such as social media, posters, newsletters, and word-of-mouth.

Venue: The physical location where a student activity or event takes place, which can be on-campus (e.g., auditoriums, classrooms) or off-campus.

Inclusivity: Ensuring that all student activities and organizations are open and welcoming to all students, regardless of their background, and that activities are designed to accommodate diverse needs and perspectives.

7. Related Documents

Student handbook
UKF Bylaws relating to Students.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised for accuracy and alignment with the new policy template. Some paraphrasing and restructuring are made.	June 2024

	POLICY NAME	6.18 Student Council Policy		
	POLICY No.	**6.18**	**VERSION NO**	**1.0**
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Student Council Policy provides a framework for the establishment, operation, and governance of the student council at the University of Khorfakkan. It defines the roles and responsibilities of student council members, the election process, and the procedures for conducting meetings and activities. The policy is designed to ensure that the student council serves as an effective voice for the student body and fosters collaboration between students, faculty, and administration.

1. Purpose

The purpose of the Student Council Policy is to:

- **Ensure Student Representation:** Provide a formal structure through which students can express their opinions, concerns, and suggestions to the university administration.
- **Promote Student Engagement:** Encourage active participation in campus life and decision-making processes by involving students in governance and leadership roles.

- **Foster Leadership Development:** Offer opportunities for students to develop leadership, communication, and organizational skills through their involvement in the student council.
- **Enhance Campus Community:** Strengthen the sense of community within the university by organizing events, activities, and initiatives that promote student welfare and engagement.

2. Scope

The policy applies to:

- **All Students:** All enrolled students who are eligible to vote in student council elections or to run for a position on the council.
- **Student Council Members:** All elected or appointed members of the student council, including officers (e.g., president, vice president, secretary) and representatives from various student groups.
- **University Administration:** Faculty and administrative staff who collaborate with the student council on matters related to student life, policy development, and campus activities.

3. Policy Statement

The University of Khorfakkan is committed to empowering students to have an active and meaningful role in the governance and enhancement of campus life. The Student Council serves as the primary representative body for the student community, providing a platform for students to voice their concerns, contribute to university policy, and organize activities that enrich the student experience.

The Student Council Policy ensures that the council operates with transparency, accountability, and inclusivity. The council is responsible for representing the interests of the student body, fostering communication between students and the administration, and advocating for the needs and aspirations of students.

The university supports the student council by providing resources, guidance, and opportunities for leadership development. The council is expected to conduct its activities in a manner that reflects the values of the university, including respect, integrity, and commitment to diversity and inclusion.

This policy outlines the procedures for the election and appointment of council members, the roles and responsibilities of council officers, and the protocols for meetings and decision-making. It also sets forth the expectations for council conduct, the management of council resources, and the mechanisms for addressing any issues or conflicts that may arise.

The university will regularly review and update this policy to ensure that it continues to meet the needs of the student body and supports the effective functioning of the student council.

4. Procedures

4.1 Structure

The student council consists of (15) members. One third of the members are elected while two thirds are appointed to ensure that all colleges are represented in the Council, provided that the number of Council representatives from each college does not exceed (5).

4.2 Membership

The membership of the student Council is subject to the following:

- To be a regular, full-time student.
- To hold a good reputation.
- The student’s record must be lacking any penalties or disciplinary warnings.
- The student must have a clear criminal record.

4.3 Tasks of the Student Council

- Developing, reviewing and amending the bylaws of the Council in coordination with the University Administration represented by the Department of Students Affairs.
- Coordinate with council committees, adopt its work programs, and follow-up their implementation.
- Monitor the work of the committees of the Council and ensure their compliance with the terms and conditions of the Council, as well as gaining approvals and necessary permits.
- -Set the annual budget of the Council and its committees and distribute the financial appropriations to the committees.
- -Approve the final budget of the Council.
- Submit periodic reports on the Council's work to the university administration represented by the department of Student Affair.

5. Responsibilities

5.1 Student Council Members

- Act as the voice of the student body, representing the interests, concerns, and suggestions of students in meetings with the university administration and other stakeholders.
- Engage with students regularly to gather feedback and understand their needs, ensuring that these are communicated effectively to the council and administration.
- Lead initiatives and projects that benefit the student community, including organizing events, campaigns, and activities that promote student engagement and well-being.
- Participate actively in council meetings, discussions, and decision-making processes, contributing ideas and solutions that address student issues.
- Serve on various committees (e.g., academic affairs, student welfare, event planning) to focus on specific areas of student life and ensure that diverse aspects of the student experience are addressed.
- Collaborate with other student organizations, faculty, and administrative committees to foster a cohesive and inclusive campus environment.
- Uphold the highest standards of ethical conduct, including honesty, integrity, and respect for others. This includes avoiding conflicts of interest and maintaining transparency in all actions and decisions.
- Ensure that all council activities and decisions are in alignment with university policies, including those related to non-discrimination, inclusivity, and student welfare.
- Maintain open lines of communication with the student body, regularly updating them on council activities, decisions, and upcoming events.
- Use appropriate channels (e.g., social media, newsletters, campus meetings) to inform students and encourage their participation in council-led initiatives.
- Oversee the management of the student council’s budget, ensuring that funds are used responsibly and in accordance with university financial policies.
- Prepare and submit financial reports as required, detailing income, expenditures, and the financial status of the council.
- Plan and execute student events, ensuring they are well-organized, safe, and inclusive. This includes coordinating logistics, securing venues, and managing any associated risks.
- Ensure that events reflect the diverse interests of the student body and contribute positively to campus life.
- Facilitate a smooth transition between outgoing and incoming council members by providing guidance, documentation, and training to new members.

- Ensure continuity in council projects and initiatives by maintaining comprehensive records and passing on relevant information to successors.

5.2 Student Body

- Engage in the election process by voting for council representatives and running for positions, ensuring that the council reflects the diverse voices and perspectives of the student community.
- Attend and participate in student council meetings, events, and forums, providing input and feedback on council activities and decisions.
- Provide constructive feedback to council members regarding their performance, the relevance of their initiatives, and areas for improvement.
- Raise concerns, suggestions, or ideas with the council, contributing to the continuous improvement of student life on campus.

5.3 University Administration

- Provide support to the student council in the form of resources, mentorship, and administrative assistance, helping them fulfill their responsibilities effectively.
- Offer guidance on university policies, ensuring that the council's activities and decisions align with institutional goals and regulations.
- Work collaboratively with the student council on issues related to student life, policy development, and campus improvement initiatives.
- Include student council representatives in university committees and decision-making processes that affect the student body, ensuring their voices are heard.
- Monitor the activities of the student council to ensure compliance with university policies and standards. This includes reviewing event proposals, financial reports, and council decisions.
- Address any issues of misconduct, policy violations, or conflicts that may arise within the council, ensuring a fair and transparent resolution process.

5.4 Faculty Advisors

- Provide mentorship to student council members, offering advice on leadership, decision-making, and effective governance.
- Assist the council in navigating university policies and procedures, helping them plan and execute their initiatives successfully.
- Attend council meetings and events as needed to offer support and ensure that activities are conducted in accordance with university guidelines.
- Help council members develop skills in areas such as communication, conflict resolution, and project management, contributing to their personal and professional growth.

6. Definitions

Student Council: A representative body elected by the student body to advocate for student interests, organize activities, and serve as a liaison between students and the university administration.

Council Member: An individual elected or appointed to serve on the student council, representing the interests of a specific group of students or the entire student body.

Executive Committee: The leadership team within the student council, typically composed of the president, vice president, secretary, and treasurer, responsible for overseeing council operations and decision-making.

Election: The formal process by which students vote to select their representatives on the student council, usually conducted annually.

Constitution: The foundational document outlining the structure, roles, responsibilities, and procedures of the student council, serving as a guide for its operation.

Bylaws: Detailed rules and procedures that govern the internal operations of the student council, supplementing the constitution.

Quorum: The minimum number of council members required to be present for official decisions or votes to take place during a meeting.

Motion: A formal proposal presented by a council member during a meeting, requiring a second and a vote to be adopted.

Agenda: A list of items to be discussed or acted upon during a student council meeting, usually prepared and distributed in advance.

Minutes: The official written record of the discussions, decisions, and actions taken during a student council meeting.

Advisory Committee: A group of faculty or staff members appointed to provide guidance and support to the student council, ensuring its activities align with university policies.

Impeachment: The formal process by which a council member can be removed from office for misconduct, failure to perform duties, or violation of council rules.

Referendum: A direct vote by the student body on a specific issue, policy, or proposal, often initiated by the student council or a petition from students.

Student Body: All students enrolled at the university, collectively represented by the student council in matters related to student life and governance.

Term of Office: The fixed period during which a council member holds their position after being elected or appointed.

Resolution: A formal statement or decision adopted by the student council on a particular issue, reflecting the collective opinion or will of the council.

Committee: A sub-group within the student council tasked with focusing on specific areas such as academic affairs, student welfare, or event planning.

Amendment: A formal change or addition proposed and approved to modify the student council's constitution or bylaws.

7. Related Documents

UKF Bylaws relating to Students
Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.19 Student Rights and Responsibilities Policy		
	POLICY No.	**6.19**	**VERSION NO**	**1.0**
	DATE OF APPROVAL		**EFFECTIVE**	**September 1, 2024**
	DATE OF LAST REVIEW		**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**September 1, 2025**	**APPROVED BY**	**Chancellor**

Overview

The Student Rights and Responsibilities Policy provides a framework that defines the rights of students within the University of Khorfakkan, including their right to a quality education, freedom of expression, and access to campus resources. It also outlines the responsibilities that students must adhere to, including academic integrity, respectful behavior, and adherence to university policies. The policy aims to balance student rights with the need for an orderly and respectful campus environment.

1. Purpose

The purpose of the Student Rights and Responsibilities Policy is to:

- **Protect Student Rights:** Ensure that students are aware of and can exercise their rights within the university, including academic freedoms, privacy, and participation in campus life.
- **Promote Responsible Behavior:** Define the responsibilities of students to foster a respectful, safe, and inclusive environment for all members of the university community.
- **Support Academic Integrity:** Encourage students to uphold the highest standards of academic honesty and integrity in all their academic pursuits.

- **Clarify Expectations:** Provide clear guidelines on the expected conduct of students and the consequences of failing to meet these expectations.

2. Scope

The policy applies to:

- All Students: All individuals enrolled in courses or programs at the university, regardless of full-time or part-time status, and whether they are undergraduate or graduate students.
- Student Organizations: All recognized student groups and organizations that operate within the university.
- University Community: Faculty, staff, and administration who interact with and support students in their academic and extracurricular activities.

3. Policy Statement

The University of Khorfakkan is committed to providing an educational environment that supports the rights of students and fosters a community of mutual respect, accountability, and academic excellence. Students are entitled to the rights necessary for the pursuit of their education, including freedom of thought, expression, and association. These rights are balanced by the responsibilities students have to uphold the values of the university, maintain academic integrity, and respect the rights and dignity of others.

Students have the right to:

- **Quality Education:** Access to quality instruction, resources, and facilities that support their academic and personal development.
- **Freedom of Expression:** Express their ideas, opinions, and beliefs freely, both inside and outside the classroom, within the bounds of respectful discourse.
- **Fair Treatment:** Receive fair and impartial treatment from faculty, staff, and peers, including due process in disciplinary matters.
- **Privacy:** Expect confidentiality in their educational records and personal information, in accordance with university policies and applicable laws.
- **Participation:** Engage in the governance of the university through representation in student councils, committees, and other bodies.

In return, students have the responsibility to:

- **Uphold Academic Integrity:** Submit work that is their own, avoid plagiarism, and adhere to the university's standards of academic honesty.
- **Respect Others:** Treat faculty, staff, and fellow students with respect, and refrain from any form of discrimination, harassment, or disruptive behavior.
- **Adhere to Policies:** Follow all university policies, including those related to conduct, attendance, and the use of campus resources.
- **Participate Actively:** Engage fully in their academic work, attend classes, and contribute to the university community in a positive and constructive manner.

4. Procedure

The procedures outlined in the policy guide how rights are protected, and responsibilities are enforced. These include:

- **Reporting Violations:** Students, faculty, or staff may report violations of student rights or responsibilities to designated university officials or offices (e.g., the Dean, director of Students Affairs, Chancellor and Vice Chancellors).
- **Disciplinary Process:** When a violation is reported, the university will investigate the matter following established procedures, which may include hearings, mediation, or other forms of dispute resolution.
- **Sanctions:** If a student is found to have violated their responsibilities, appropriate

sanctions may be imposed, ranging from warnings and probation to suspension or expulsion, depending on the severity of the violation.

- **Appeals:** Students have the right to appeal disciplinary decisions through a formal process, which is outlined in the student appeal policy. Appeals must be submitted within a specified timeframe and will be reviewed by an independent body or official.
- **Support Services:** The university provides support services to help students understand their rights and responsibilities, including counseling, legal advice, and academic support.

5. Responsibilities

5.1 Students

- **Adherence to Policy:** Students are responsible for familiarizing themselves with the policy and adhering to its guidelines.
- **Respectful Conduct:** Students must conduct themselves in a manner that respects the rights of others and upholds the integrity of the university community.
- **Engagement:** Students should actively participate in their education, including attending classes, completing assignments, and engaging in university life.

5.2 Faculty and Staff

- **Fair Treatment:** Faculty and staff must treat students fairly and impartially, respecting their rights and providing the support necessary for their academic success.
- **Reporting Violations:** Faculty and staff are responsible for reporting any violations of student rights or responsibilities and participating in the disciplinary process when necessary.
- **Guidance:** Faculty and staff should provide guidance and support to students to help them understand their responsibilities and succeed academically.

5.3 University Administration:

- **Policy Enforcement:** The administration is responsible for enforcing the Student Rights and Responsibilities Policy, ensuring that violations are addressed promptly and fairly.
- **Support Services:** The administration must provide resources and services to support students in understanding and fulfilling their rights and responsibilities.
- **Review and Update:** The policy should be regularly reviewed and updated to ensure it remains relevant and effective in promoting a positive campus environment.

6. Definitions

Student Rights: The entitlements and freedoms guaranteed to students by the university, which include access to education, freedom of expression, privacy, and fair treatment.

Student Responsibilities: The obligations and duties that students are expected to fulfill as members of the university community, including adhering to academic integrity, respecting others, and complying with university policies.

Academic Integrity: The ethical code and moral principles related to academic work, including honesty in assignments, exams, and research.

Freedom of Expression: The right of students to express their thoughts, ideas, and opinions freely, within the bounds of respectful discourse and without fear of retaliation.

Due Process: The legal and procedural safeguards that ensure fair treatment in the handling of disciplinary matters, including the right to be informed of charges, the right to a fair hearing, and the right to appeal.

Privacy: The right of students to keep their personal information, educational records, and communications confidential, except as authorized by the student or required by law.

Code of Conduct: A set of rules and expectations that outline acceptable behavior for students within the university, including academic, social, and ethical standards.

Non-Discrimination: The principle that students should not be treated differently or unfairly based on race, ethnicity, gender, religion, disability, sexual orientation, or other protected characteristics.

Harassment: Unwelcome conduct based on a protected characteristic that is severe or pervasive enough to create a hostile or intimidating environment.

Disciplinary Action: The sanctions or penalties imposed on a student for violating the university's policies or code of conduct.

Appeal: The process by which a student can request a review of a disciplinary decision, typically involving a higher authority or an independent body.

Confidentiality: The obligation to keep a student's personal and educational information private, only sharing it with authorized individuals or entities.

Student Conduct Committee: A group of faculties, staff, and sometimes students who are responsible for reviewing cases of alleged misconduct and determining appropriate disciplinary actions.

Sanction: A penalty imposed on a student for violating the Student Rights and Responsibilities Policy or the code of conduct.

Retaliation: Any adverse action taken against a student for exercising their rights under the policy, such as reporting a violation or participating in a grievance process.

Grievance: A formal complaint raised by a student regarding a violation of their rights or unfair treatment under the university's policies.

Inclusive Environment: An educational setting where diversity is respected and all students feel valued, supported, and able to participate fully in campus life.

Restorative Justice: A disciplinary approach focused on repairing harm caused by misconduct, involving dialogue between the affected parties to reach a mutually agreed-upon resolution.

7. Related Documents

UKF Bylaws relating to students.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to include the missing sections as per the new template.	June 2024

	POLICY NAME	6.20 Student Counselling Policy		
	POLICY No.	6.20	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2024**	**APPROVED BY**	**Chancellor**

Overview

The Student Counselling Policy provides guidelines and standards for delivering counselling services to students. It ensures that students at the University of Khorfakkan have access to professional help and support for personal, academic, and psychological issues that may affect their well-being and academic performance.

1. Purpose

The primary purpose of the policy is to:

- Support Student Well-being: Offer assistance to students dealing with emotional, psychological, and academic challenges.
- Enhance Academic Success: Help students overcome obstacles that may impact their ability to succeed academically.
- Promote a Healthy Campus Environment: Foster a supportive and inclusive campus community.

2. Scope

The policy applies to:

- **All Students:** This includes undergraduate, graduate, and non-traditional students.

- **Counselling Services:** Covering individual counselling, group therapy, workshops, and crisis intervention.
- **Staff and Faculty:** Guidelines for referring students to counselling services and maintaining confidentiality.

3. Policy Statement

The University of Khorfakkan (UKF) is committed to providing comprehensive and confidential counselling services to support the mental health and well-being of its students. The counselling services aim to address a range of issues including stress, anxiety, depression, and academic pressures, ensuring that students receive the support they need to thrive academically and personally. This policy is designed to promote students' personal development and prevent personal difficulties from interfering with their studies. Counselling and psychological services are designed to support and enhance the student's experience.

The University is committed to provide all students the access to counselling and psychological services.

The Student Counselling office deals with student needs, counselling program development, outreach programs, and retention activities. It provides the opportunity for students to discuss issues and concerns related to personal development, coping with health, stress, time management, grief and bereavement, and achieving their fullest academic potential. The office Also offers referral services to local qualified and experienced professionals or organizations for further diagnosis and treatment when appropriate.

4. Procedures

4.1 General Guidelines

- The student referral for counselling is based on the condition of any specific concerns raised about the student including attendance, participation, grades and probation, attentiveness, attitude, or general health and specific medical conditions.
- The sources of referral may include the student itself, peers or fellows of student, the parent(s)/guardian(s), faculty, advisors, administrators, university medical staff, doctor, any other university personnel (security staff for instance), and/or legal external institutions (e.g. police).
- The referral can be made formally using electronic or non-electronic sources that can be recorded.
- The relevant UKF counselling department would perform a preliminary examination to diagnose if existing resources at UKF are sufficient to resolve the problem or some additional and external support is required. They will take necessary action according to the diagnosis by involving relevant authorities for necessary approvals and further processing.
- Emergency interventions are required in those situations that need immediate attention (i.e. peer concern about the emotional safety of other UKF students will be treated with dignity and worth, listened to attentively, informed about their rights and responsibilities and treated with a non-judgmental attitude.
- Clients will be informed about the referral service.
- Clients will be provided with adequate information and resources that they may need within the capacity of the University.
- All information about clients is strictly confidential. All SCO members are legally, professionally and ethically bound to maintain clients' confidentiality.
- SCO offers the following programs:
  a) Individual and Group Counselling.

b) Crisis Intervention and Emergency Services.
c) Outreach Intervention.
d) Consultation Interventions.
e) Assessment.

4.2 Informed Consent

a) Counselling staff must obtain informed written consent before initiating services with a student, except in emergency/crisis situations.
b) b) When obtaining informed consent to counselling, the counsellor must inform the student as early as is feasible about the nature and anticipated course of counselling, involvement of third parties, and the limits of confidentiality if any, and must provide sufficient opportunity for the student/client to ask questions and receive answers.

4.3 Confidentiality

The Student Counselling Services Office may not release any confidential information to anyone without the written consent of the client unless as in one of the following conditions:

a. The client is in imminent danger of harm to self or others and notifying medical or law enforcement authorities is necessary to ensure the client's or others' safety.
b. There is a reason to suspect abuse of the client by others.
c. There is a legal obligation, as in a court order signed by a judge, to reveal information.
d. In case of crisis situations. In such a case, the information is limited to what is necessary to protect the student and disclosed only to those who are best able to assist.
e. In the case of clients referred to The Student Counselling Services Office by someone; the counsellor will confirm the source of referral at the client's first attendance at the first session.

4.4 Record Keeping/Archiving

a. The Student Counselling Services Office (SCSO) will archive systematic case records of clients as required by professional standards and applicable codes. The records will include all pertinent documentation related to the service, such as intake and assessment information, case notes, a termination summary, results of any tests or inventories, etc. Information stored will also include contact and background information, signed consent, case notes, process notes and information needed for statistical purposes. Hard copy records will be stored in a secure area, typically in locked file cabinets. In the case of computerized records, password protection and other physical safeguards will be in place to ensure the confidentiality of stored material. All case records are the property of the Student Counselling Services Department.
b. A record of student information and appointments shall be maintained according to professional standards. Procedures for the disposition of client records should be consistent with professional standards and University guidelines. The complete record should be maintained for at least four years from the last date of service.
c. Clients may review their records in the presence of a counselling staff member upon written request. The request and review details will be entered in the student's records. Clients may receive copies of the record or otherwise reproduce it in part or whole.

d. Access may be refused to any part of the records under exceptional circumstances. Examples of situations that might warrant a refusal include but are not limited to:
    a. The counsellor reasonably believes that viewing the records could be harmful for the client.
    b. Information concerning the client has been supplied confidentially by a third party.

5. Responsibilities

The counsellor at University of Khorfakkan (UKF) aims at helping students to understand themselves and to realize their weaknesses and strengths. It also aims at helping students to develop their own potential in an integrated manner and to explore the options available to each student to select appropriate options, while taking into consideration a student's personality, potential, and circumstances. The responsibilities extend to:

a) Counselling Office
b) UKF academic and administrative authorities
c) Faculty
d) Students
e) Parents/Guardians
f) Community members

6. Definitions

Counselling Services: Professional support provided to students to address personal, academic, and emotional issues. This includes individual counselling, group therapy, workshops, and crisis intervention.

Confidentiality: The principle of keeping all information shared during counselling sessions private and protected, except in cases where there is a risk of harm to the student or others, or as required by law.

Crisis Intervention: Immediate and effective support provided to students experiencing a crisis or emergency situation, such as severe mental distress, suicidal thoughts, or other urgent issues.

Referral: The process of directing students to external resources or specialists when their needs exceed the scope of the counselling services available on campus.

Assessment: An initial evaluation conducted by counselling staff to determine the nature and extent of the student's needs and to develop an appropriate treatment or support plan.

Treatment Plan: A structured plan developed collaboratively with the student, outlining the goals and strategies for addressing the student's issues, including any recommended follow-up sessions or referrals.

Emergency Support: Immediate assistance provided in response to urgent situations affecting the student's safety or well-being, which may involve coordination with local emergency services or specialized care providers.

Ethical Standards: Guidelines and principles that govern the conduct of counselling professionals, ensuring that their practices are responsible, respectful, and in the best interest of the students they serve**.**

Well-being: A holistic concept encompassing the physical, emotional, social, and psychological health of students, contributing to their overall quality of life and academic success.

Student Support Services: A broader category of services provided to students beyond counselling, including academic advising, health services, and personal development programs, aimed at enhancing student success and well-being.

Non-Traditional Students: Students who may not follow the traditional college path, such as older students, part-time students, or those with unique educational or personal circumstances.

7. Related Documents

- Informed consent
- Counselling record (confidential)
- Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to include the missing sections in line with the new policy template.	June 2024

	POLICY NAME	6.21 Student Health Services Policy		
	POLICY No.		VERSION NO	1.0
	DATE OF APPROVAL		EFFECTIVE	September 1, 2024
	DATE OF LAST REVIEW		POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	September 1, 2025	APPROVED BY	Chancellor

Overview

The University of Khorfakkan (UKF) student's clinic provides standards of health care services to all enrolled students.

1. Purpose

The University of Khorfakkan (UKF) values and cares about the well-being of its students. Therefore, it is committed to providing the necessary health services and referrals to healthcare centers or hospitals in a timely manner. The Policy focuses on services delivered and provides guidance for users.

2. Scope

This policy governs all healthcare activities, staff members, and patients within the University of Khorfakkan (UKF) Clinic. It covers medical treatment, patient care, administrative duties, and emergency response protocols.

3. Policy Statement

3.1 Patient Care

3.1.1 Confidentiality and Privacy: All patient information must be handled confidentially, and staff must adhere to local regulations to protect patient privacy.

3.1.2 Non-Discrimination: The clinic will provide care without discrimination based on race, gender, age, religion, national origin, disability, or sexual orientation.

3.1.3 The Health Services: complies with Ministry of Health and Prevention (MOHAP) Policies, Procedures, Rules, and Guidelines. The University will facilitate the process of student health insurance coverage according to its Policies and Procedures. **All University students are required to have health insurance in any one of the following schemes:**

- Health card issued by the Ministry of Health and Prevention (MOHAP).
- Health card issued by a private insurance company.

3.2 Clinical Standards

3.2.1 Treatment Protocols: Treatments must follow current medical guidelines and best practices. Staff should stay updated with the latest healthcare standards and protocols. Staff provide responsive medical services to address health problems, illnesses, and injuries by treating them on-site or accessing treatment in a recognized medical center or hospital.

3.2.2 Prescription Management: Medications must be prescribed by the clinic physician (doctor) only, stored, and managed according to established guidelines to ensure safety and accountability. Medications from outside the University of Khorfakkan clinic won't be accepted for use inside the clinic. Students with special cases must keep their own medications with them all the time. Clinic cabinets and fridges should be used for medical purposes only.

3.3 Staffing

3.3.1 Qualifications: All medical staff must have appropriate qualifications and licenses to practice, verified by the Ministry of Health and Prevention (MOHAP). Staff should use their licenses only as per UKF rules and regulations.

3.3.2 Training and Development: Ongoing training is required to ensure staff are competent in clinical skills, patient interaction, and emergency procedures. All clinic staff must hold valid basic life support (BLS) certificates from an authorized organization.

3.3.3 Clinic staff must build trust and respect patients' confidentiality. All patient interactions and treatments must be documented in the patient’s medical record. Records must be stored securely and kept as mandated by law.

3.4 Facility Management

3.4.1 Cleanliness and Safety: The clinic must maintain high cleanliness and safety standards and adhere to MOHAP infection control regulations. Staff should keep a daily record of room temperature, humidity, and disinfectant.

3.4.2 Resource Management: Staff should consume resources and use them for patient treatment when needed. Staff should also check the condition of disposable items and medical equipment.

3.5 Emergency Procedures

3.5.1 Emergency Response: guests and employees who might need urgent health care are entitled to receive first aid services only, which will direct them to external healthcare centers or hospitals,

3.5.2 During an emergency situation, staff members shall perform basic life support (BLS) and a national ambulance shall be called.

4. Procedures

4.1 Daily Operations

4.1.1 **Opening and Closing Times:** The clinic operates from 8:00 AM to 04:00 PM, Monday till Thursday. Emergency contact numbers must be available for after-hours medical situations.

4.1.2 **Treating services:** cases should be classified according to the Emergency Severity Index (ESI) guidelines from the Ministry of Health and Prevention (MOHAP).

4.2 Audits

4.2.1 **Compliance and Audits:** Monthly or quarterly audits should be conducted to ensure compliance with health policies and regulatory requirements. Audits should be done only by the clinic manager or other healthcare providers.

4.2.2 **Patient Referral/Transfer:** Patients seeking services with problems beyond the scope or qualifications of the University Health Services will be referred to the appropriate health care centers or hospitals for assistance.

5. Responsibilities

- **Clinic healthcare providers:** Responsible for delivering healthcare services and adhering to the clinic's policies and procedures.
- **Clinic Manager: Oversees clinic operations, staff performance, and compliance with health regulations.**
- **Administrative Staff:** Manages patient records, manages patient registration, and general administrative duties.

6. Definitions

UKF: University of Khorfakkan.
MOHAP: Ministry of Health and Prevention.
BLS: Basic Life Support.
ESI: Emergency Severity Index.

7. Related Documents

a. Registration Form.
b. Referral Form.
c. Daily disinfectant checklist.
d. Room temperature and humidity checklist.
e. Fridge temperature checklist.
f. Medication Inventory checklist.

8. Appendices

Contact details for the Students Clinic at UKF: If you have any questions regarding the clinic at UKF, please contact the student's clinic at UKF via email (email: clinic@ukf.ac.ae) or by phone (+97192085260, (+97192085261). The working hours are Monday-Thursday, 8:00 am to 4:00 pm.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.22 Student Academic Misconduct Policy		
	POLICY No.	**6.22**	**VERSION NO**	**1.1**
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	**June 2022**
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	**VCAA**
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Academic Misconduct Policy is designed to uphold the integrity of the academic environment within the University of Khorfakkan. This policy provides a framework for identifying, addressing, and resolving instances of academic misconduct among students, ensuring that the academic standards of the institution are maintained.

1. Purpose

The purpose of the Academic Misconduct Policy is to:

- Protect the academic integrity of the university.
- Provide clear definitions of academic misconduct and the consequences of such actions.
- Establish a fair and transparent process for investigating and addressing allegations of academic misconduct.
- Educate students on the importance of ethical behavior in their academic pursuits.
- Ensure consistency in the handling of academic misconduct cases across the university.

2. Scope

This policy applies to all students enrolled in courses or programs at the University of Khorfakkan, including undergraduate and graduate students. It covers all forms of academic work, including but not limited to exams, assignments, research papers, theses, dissertations, and group projects. The policy is applicable to academic activities conducted both on-campus and online.

3. Policy Statement

UKF is committed to the principles of truth and academic honesty. It is the responsibility of all UKF community members – students, faculty, staff and administration alike – to promote academic integrity through active deterrence and reporting of violations.
Academic misconduct is any action that violates the principles of academic integrity, including but not limited to:

- Cheating: Using unauthorized materials, information, or devices in any academic exercise.
- Plagiarism: Representing someone else's work or ideas as one's own without proper attribution.
- Fabrication: Falsifying or inventing any information or data in an academic exercise.
- Facilitation: Helping or attempting to help another student commit an act of academic misconduct.
- Unauthorized Collaboration: Working with others on an assignment or project without the instructor's permission.

The university is committed to ensuring that all instances of academic misconduct are addressed promptly and fairly. Students found guilty of academic misconduct will be subject to disciplinary action, which may include a failing grade on the assignment or course, suspension, or expulsion from the university. All cases of academic misconduct will be documented, and repeat offenses will result in more severe penalties.

4. Procedures

4.1 Procedures of Catching and Reporting Cheating During exams

1. In case a student (male/female) is accused of cheating, the faculty member must immediately ask the student to hand over the answer book and leave the exam hall. If the student refuses to leave or tries to cause any disturbance; the invigilator leaves the student till he/ she finishes and leaves the exam hall at his/her own time. However, the invigilator must record this in the cheating report and, hence, the student is considered to have lost the right to answer and complete the examination.
2. In the event that the invigilator hears a sound emerging from the student, the invigilator must be certain of the source of the sound. Then the other invigilator (if any) or any other faculty member must be called to make sure that the voice came from the student, in case of being suspicious of the existence of anything used by the student to cheat, the invigilator must ask the student to hand it over. If the student refuses, the invigilator must record this in the cheating report; which is considered a sufficient reason and an evidence for proving the student's cheating incident.
3. The students' personal belongings cannot be confiscated without their consent.
4. The faculty member who discovers the incident is obliged to file a report using the designated form prepared for this purpose and to submit it to his/her Dean.
5. The faculty member must write a detailed report about the incident, clarifying and justifying whether or not the student left the exam hall.
6. The Dean submits the cheating report to the Students' Disciplinary Committee chairperson.
7. The Student Disciplinary Committee Chairperson notifies the Admission and Registration Unit, in order to block any access to the grades of the concerned students; until a decision is taken.
8. The Student Disciplinary Committee Chairman calls for a meeting to investigate the incident with the student, and what this entails in terms of listening to testimonies or reviewing papers and documents.
9. Upon completion of the investigation of the cheating incident, the Student Disciplinary Committee considers all details of the incident, an appropriate decision

is then taken according to the university's instructions. A report is then written stating the decision and signed by all members of the Committee.

10. Chairperson of the Student Discipline Committee submits the decision of the Committee to the University the University Student Discipline Committee Chairperson along with all related documents upon which the Committee took its decisions.
11. The University Student Discipline Committee decides whether to approve or reject the decision of the Student Disciplinary Committee. A report is then written stating the decision and signed by all members of the Committee.
12. Chairperson of the University Student Discipline Committee submits the decision of the Committee to VCAA along with all related documents upon which the Committee took its decisions.
13. Via the VCAA Office, the VCAA's decision is forwarded to the relevant university entities for appropriate actions to be taken.
14. The Admissions and Registration department notifies the concerned student with the final decision and notifies the student that they can submit an appeal request to the University Chancellor within 15 days from the date on which the concerned student is informed of the final decision.

4.2 Detecting a violation of Academic Integrity

Faculty member or examination invigilator is responsible for looking for a potential violation of academic integrity. For plagiarism and/or cheating, they can usually use the following detection strategies:

- Search engine (e.g. Google, Yahoo, Bing, etc.) to find matching texts.
- Web Directory to search for a specific sentence, and the subject of the question.
- Research Database provided by UKF Library.
- Commercial software (Turnitin) adopted by UKF. This tool allows UKF faculty members and students to create an account and use the tool anywhere and anytime. Accordingly, they can use Turnitin in the library, in the computer labs, in the offices, at home, and even on their mobile phone, tables, and laptop. In addition, UKF also integrated Turnitin software to the learning platform known as "Moodle". This integration facilitates the communication and the interaction between the faculty members and the students. As such, faculty members invite students to join a class or a group so that they can submit their assignments/reports and projects through the system. At the same time, they will be able to see corrections, suggestions, recommendations made on their assignments/reports by the faculty members.

4.3 After detecting a violation of academic integrity

1. First, the faculty member should report, in written, the case of academic integrity violation, to the HoD / PC, within 24 hours after the incident. The report should contain all details and present explicitly the incident, along with all the supporting documents.

2. Within 24 hours, the HoD / PC meet the student and the faculty member (who reports the case) to discuss the incident.

3. At the end of this meeting: if the HoD / PC classify the case as **an unintended or minor violation** of the policy:

a. The HoD / PC explains to the concerned students about the UKF academic misconduct policy and the importance of integrity in the academic standards (educative response). Such decision is taken for the 1st-semester students and who break the integrity rules for the 1st time.

b. Otherwise, the HoD/PC may provide a "written warning" to the student. For more than three "written warning", a formal investigation will be initiated, and the case will be reported, in written to the Dean.

c. The College Dean saves all documents, including the related details, for record keeping. If the HoD / PC classify the case as **major violation** of the policy, the HoD / PC inform the student that a formal investigation will be initiated and that the case will be reported, in written to the Dean.

4.4 Procedures of Reporting an Academic Integrity

1. Within 24 hours, the Dean should submit the report to the University "Students' Disciplinary Committee" Committee.
2. The committee meets the concerned student who will provide his inputs. Before leaving, the student reads his testimony report and sign it, after making sure that the contents of the report are correct.
3. If the case involves more than one student, the students are heard individually.
4. If needed, the committee chair will ask the faculty member (who did submit the case) to meet the committee and provide his inputs about the incident. Before leaving, the faculty member reads his testimony report and sign it, after making sure that the contents of the report are correct.
5. The committee may ask for the testimony of any other person, which could be relevant to the investigation.
6. By considering all the details and the collected inputs, the committee takes a decision (majority vote). The committee members must sign the decision report.
7. The Committee applies the university Student Discipline regulations/sanctions, as follows:
    - **a.** The student will fail all courses in which he/she has enrolled during the semester in which he/she was found guilty.
    - **b.** A disciplinary warning will be added to his/her file.
    - **c.** The Committee Chair submits the decision report (with all related documents) to the VCAA.
    - **d.** The VCAA can decide whether to approve or not to approve the decision of the committee.
    - **e.** The VCAA's decision is forwarded to (Admissions and registration director, and College Dean) for appropriate actions.
    - **f.** The College Dean should inform the student, in written about the decision.

5. Responsibilities

5.1 Vice Chancellor for Academic Affairs, Dean, and HOD

The VCAA is responsible for the implementation of this policy document.
Colleges' Deans, Head of Department (HoD), and Program Director (PD) are responsible:

- To inform students and faculty members about the UKF policies and procedures related to the academic integrity and academic misconduct.
- To ensure that every faculty member explains (at the beginning of each course, in every semester) to the students about UKF academic misconduct, copyright, plagiarism, and the academic requirements in all the submitted assignments/reports, and the use of the appropriate citations and the references to the sources.

5.2 Students should:

- Review the university regulations and guidelines related to the academic integrity.

- Include a statement, along with any submitted assignment/report, that they:
    - Understand UKF academic misconduct policy and has been informed by the (faculty member and dean) about the details and the related documents.
    - Confirm the originality of the work.
    - Did not receive any unauthorized help or assistance from other persons.
    - Has not include any sources without proper citation or acknowledgment.
- Students will be required to check a box confirming their adherence to the policy before they can upload their assignments on Moodle: I hereby acknowledge that I adhere to the UKF Academic Misconduct policy and that I am fully aware of the consequences of any violation thereof.

6. Definitions

- **Fabrication**: the falsification or invention of any information or citation in any academic course or exercise.
- **Cheating**: fraud, deceit or dishonesty in any academic course or exercise or using unauthorized materials, information, studies, including the ideas or work of another. Examples of Cheating include, but are not limited to:
    - giving unauthorized aid to another student or receiving unauthorized aid from another person on tests, quizzes, assignments or projects.
    - using or consulting unauthorized materials or using unauthorized equipment or devices on tests, quizzes, assignments or projects.
    - submitting as one's own work material written by someone else.
    - falsifying any information on tests, quizzes, assignments, or projects.
    - working on any project, test, quiz or assignment outside of the time constraints imposed.
    - submitting an assignment or using any material portion of a paper or project to fulfill the requirements of more than one course without the permission of the current instructor(s)
    - failing to adhere to an instructor's specific directions with respect to the terms of academic integrity or academic honesty.
    - using fraudulent methods in laboratory, studio, performance, field, computer work or professional placement.
- **Plagiarism**: intentionally or unintentionally presenting thoughts or ideas from another source as one's own or without appropriate attribution; intentionally or unintentionally disregarding proper scholarly procedures; and other acts generally recognized as plagiaristic.
- **Misappropriation of Course-Based Intellectual Property**: the term "Course-Based Intellectual Property" shall include lectures delivered by instructors, as well as course materials instructors create and distribute. Course-Based Intellectual Property is protected by federal copyright law. Misappropriation of intellectual property is the act of intentionally taking the intellectual property of an instructor or the sale or distribution of class notes, tests, assignments or class projects for commercial purposes, either directly or through a third party, without the express consent or permission of the instructor.

- **Facilitating Academic Misconduct**: intentionally or knowingly helping or attempting to help another to violate any provision of this policy.

7. Related Documents

Student Handbook
CAA Standards for Licensure and Accreditation

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	6.23 Student Appeals Policy		
	POLICY No.	6.23	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	**June 2026**	APPROVED BY	**Chancellor**

Overview

The Student Appeals Policy provides a structured process for UKF students to contest decisions affecting their academic standing, disciplinary actions, or other significant administrative decisions. It ensures that students have a fair and transparent mechanism to voice their concerns and seek redress.

1. Purpose

The primary purpose of the policy is to:

- **Ensure Fairness:** Provide a formal process for students to appeal decisions they believe are unjust or incorrect.
- **Maintain Academic Integrity:** Balance the need for academic standards with the rights of students to challenge decisions affecting their academic career.
- **Promote Transparency:** Ensure that the appeals process is clear, consistent, and accessible to all students.

2. Scope

This Policy applies to academic decisions or financial decisions or rulings, or a sanction resulting from a code of conduct violation made by the University affecting all applicants seeking admission to the University and to students enrolled in all University programs decisions on:

- admission and readmission.
- academic integrity breaches or a sanction decision.
- special consideration.
- recognition of prior learning.
- procedural irregularities in the outcome of final grade appeals.
- enrolment, leave of absence, suspension of studies, and withdrawal decisions.
- academic pause and exclusion.
- Exclusion.

3. Policy Statement

University of Khorfakkan is committed to upholding the principles of fairness, transparency, and accountability in all its academic and administrative processes. The Student Appeals Policy provides students with a formal avenue to contest decisions that they believe adversely affect their academic or personal standing within the institution. All appeals will be handled impartially, with the goal of achieving a resolution that is in the best interest of both the student and the institution.

UKF aims to provide a fair, equitable and productive learning environment for all its students that includes a variety of means by which student appeals are brought to consideration and subsequent resolution in a timely manner.
A student has the right to appeal against academic or financial decisions or rulings, or a sanction resulting from a code of conduct violation.

4. Procedures

- In situations involving the appeal of a grade or an instructor-imposed sanction related to a minor violation of the academic integrity policy, the student and instructor are encouraged to resolve the matter informally, amicably, and promptly.
- Should the discussion fail to lead to resolution, the student may file an appeal with the relevant department chair.
- If the department chair, instructor, and student are unable to resolve the issue, the student or department chair may further raise the appeal to the attention of the dean of the college.
- If the Dean and student are unable to solve the issue, the student or dean may further raise the appeal to the attention of the VCAA. In the case of an appeal of an instructor-imposed sanction, the decision of the VCAA will be final.
- A student has the right to formally appeal a university imposed academic or non-academic sanction or a financial ruling subject to the following provisions:
  - All appeals must be in writing and provide new information not considered previously. The student must submit an online Appeal, which is routed to the Office of Admissions and Registration.
  - Upon clearance and approval from the Office of Admissions and Registration the request is routed to the Student Appeals Committee.
  - The Student Appeals Committee will review submitted documentation; where necessary, gather additional information; take into consideration a student's academic progress or special circumstances; and recommend to the VCAA a lesser, identical, or more severe sanction.
  - The recommendation of the Student Appeals Committee shall be reviewed by the VCAA whose decision is final.
  - Results of an appeal will be provided to the student in writing by the Office of Admissions and Registration and a copy of the final decision is placed in the student's file.

5. Responsibilities

5.1 Students

- **Understand the Policy:** Students are responsible for familiarizing themselves with the appeals policy, including the grounds for appeal, deadlines, and required documentation.
- **Submit a Timely Appeal:** Students must file their appeal within the designated time frame, providing a clear statement of the issue and all relevant supporting evidence.
- **Provide Complete Information:** Students should ensure that their appeal submission includes all necessary details, including the decision being contested, the grounds for appeal, and any relevant documentation or evidence.
- **Participate in the Process:** Students may be required to attend hearings or meetings as part of the appeal process. They must engage respectfully and cooperate fully during these proceedings.

5.2 Appeals Committee

- **Review Appeals Impartially:** The committee is responsible for reviewing each appeal without bias, ensuring that all relevant facts and evidence are considered.
- **Conduct Thorough Investigations:** The committee should gather and review all necessary documentation, interview relevant parties, and consider the appeal's merits carefully.
- **Make Informed Decisions:** Decisions should be based on a thorough understanding of the case, institutional policies, and any applicable laws or regulations.
- **Maintain Confidentiality:** The committee must ensure that all aspects of the appeal process are conducted confidentially, with information shared only with those directly involved in the decision-making process.
- **Communicate Outcomes:** The committee is responsible for informing the student of the decision in writing, providing clear reasons for the outcome.

5.3 Faculty and Staff

- **Provide Documentation:** Faculty and staff may be required to provide records or information relevant to the appeal, such as grading records, communications with the student, or details of the original decision-making process.
- **Participate in Hearings:** If requested, faculty or staff members may need to attend hearings or meetings to provide additional context or answer questions related to the appeal.
- **Ensure Fairness in Original Decisions:** Faculty and staff are responsible for making initial academic or disciplinary decisions in a fair and consistent manner, following institutional guidelines and policies.

5.4 Vice Chancellor for Academic Affairs

- **Ensure Policy Accessibility:** VCAA is responsible for making sure that the appeals policy is easily accessible and clearly communicated to all students and staff.
- **Allocate Resources:** Sufficient resources, such as training for committee members and administrative support, should be provided to ensure the appeals process functions smoothly.
- **Oversight and Review:** VCAA should regularly review the effectiveness of the appeals process, making updates or adjustments as necessary to maintain fairness and transparency.
- **Support Committee Independence:** VCAA must ensure that the appeals committee operates independently, free from undue influence or pressure that could affect its impartiality.

6. Definitions

Appeal: The right of a student to request a review of a stated decision or ruling related evant to the academic, administrative or conduct.

Student Appeals Committee: A standing committee that reviews student academic and discipline appeals of students and makes appropriate recommendations.

Grounds for Appeal: The specific reasons or basis on which a student is contesting a decision. Common grounds include procedural errors, new evidence, perceived bias, or unfairness in the original decision-making process.

Procedural Error: A mistake or failure in following the institution's established procedures during the decision-making process, which may provide grounds for an appeal.

New Evidence: Information or documentation that was not available at the time the original decision was made, which may have a significant impact on the outcome of the appeal.

Hearing: A formal meeting where the student presents their case to the appeals committee. This may include the presentation of evidence, witness testimonies, and responses to questions from the committee.

Final Decision: The conclusive determination made by the appeals committee, which may involve upholding, modifying, or overturning the original decision. This decision is typically

Notification: The process by which the student is formally informed of the outcome of their

Bias: Prejudice or favoritism that may affect the fairness of the decision-making process. Allegations of bias are a common ground for appeal.

Confidentiality: The assurance that all aspects of the appeal process, including the appeal submission, evidence, and discussions, are kept private and shared only with those directly involved in the decision.

Due Process: The legal and procedural rights that ensure fair treatment through the normal judicial or administrative processes, including the right to a fair hearing and the opportunity

Academic Standing: The status of a student's academic performance as determined by grades, credits, and other academic criteria. Changes in academic standing, such as probation or dismissal, are often subjects of appeal.

Disciplinary Action: Sanctions or penalties imposed on a student for violating institutional

Arbitration: An alternative dispute resolution process where a neutral third party reviews the case and makes a binding decision, often used when internal appeal options have been exhausted.

Mediation: A process where a neutral third party helps the student and the institution reach a mutually acceptable resolution before or during the appeal process, though the mediator does not have the authority to impose a decision.

Time Frame: The specific period within which an appeal must be submitted after the student receives the original decision. Failure to meet this deadline may result in the appeal being dismissed.

Outcome: The final result of the appeal process, which could include upholding the original decision, altering the decision, or granting the student's request for a reversal.

7. Related Documents

UKF Bylaws relating to Students

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This Policy has been fully revised to ensure accuracy and alignment with the new policy template. Missing parts are added, paraphrasing and restructuring are made.	June 2024

	POLICY NAME	6.24 Student Grievances Policy		
	POLICY No.	6.24	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Student Grievances Policy outlines the procedures and guidelines for students to raise concerns or complaints regarding their educational experience. It ensures that grievances are handled in a fair, timely, and consistent manner, promoting a positive and respectful academic environment.

1. Purpose

The primary purpose of the policy is to:

- **Provide a Clear Process:** Establish a formal process for students to voice grievances related to academic, administrative, or campus life issues.
- **Ensure Fair Treatment:** Protect the rights of students by ensuring their grievances are addressed impartially and without fear of retaliation.
- **Promote Resolution:** Facilitate the timely resolution of complaints, improving the overall student experience and institutional effectiveness.

2. Scope

The policy applies to:

- **All Students:** Including undergraduate, graduate, and non-traditional students.
- **Types of Grievances:** Academic issues (e.g., grading disputes), administrative concerns (e.g., unfair treatment by staff), and campus life matters (e.g., harassment or discrimination).
- **All Institutional Departments:** Involving any faculty, staff, or administrative personnel that interact with students.

3. Policy Statement

The University of Khorfakkan is committed to maintaining a learning environment where students can freely express concerns and seek redress for any grievances. The Student Grievances Policy ensures that students have access to a transparent and equitable process for resolving issues that impact their academic journey and campus experience.

UKF aims to provide a fair, equitable and productive learning environment for all its students that includes a variety of means by which student grievances are brought to consideration and subsequent resolution in a timely manner.

Student grievances may involve:

- a problem or concern regarding their treatment as a student.
- the quality or delivery of a service provided by the University.
- the conduct of staff; or

- the conduct of other students.

Student grievances cannot be raised in the following situations:

- public interest disclosures.
- decisions of the university chancellor.
- the content of approved University policies and procedures.
- University decisions and actions to comply with legislation and the law.

4. Procedures

- A student should attempt to resolve any grievance with the concerned party before initiating a formal grievance resolution process.
- All communications related to a grievance are to remain confidential for the entire process and be documented. Individuals will not be reprimanded or discriminated against for voicing a concern.
- If initial discussion does not produce a satisfactory resolution of the grievance, the student shall submit a grievance form online setting forth the reasons for the grievance. The submission of the online grievance form should be within a reasonable time frame of the occurrence of the event giving rise to the grievance.
- Following the submission of the online grievance form the student shall have a meeting with the student affairs director (SAD) to orally present his/her grievance, providing any additional documentation. The SSO team member and/or manager can invite any of the relevant parties to the meeting.
- The SAD shall document his/her findings and recommend resolution in writing. If the grievance is resolved no other actions will be required. If the discussion does not produce a satisfactory resolution of the grievance, the SAD will forward all documents and materials to the student dean.
- Following the receipt of the grievance materials, the student dean shall, after his/her evaluation of the grievance and any accompanying documentation, seek additional clarification from the involved parties, if required. If the grievance is resolved, no other action is required. If the discussion does not produce a resolution of the grievance, the dean shall document his/her findings and recommendations in writing and then, turn all grievance materials over to the chair of the university Grievance committee.
- Following the receipt of all grievance materials, the chair of the university Grievance committee will call for a meeting of the Grievance Committee. The committee shall gather all relevant facts and interview the parties involved with the grievance. The Grievance Committee will make a final recommendation to the VCAA.
- The decision of the VCAA is final.

5. Responsibilities

5.1 Students:

- **Understand the Policy:** Students are responsible for familiarizing themselves with the grievance procedures and following them as outlined.
- **File Grievances Promptly:** Grievances should be filed within a specified timeframe after the incident, typically within 30 days, to ensure timely resolution.
- **Provide Detailed Information:** Students must submit clear, accurate, and complete information regarding their grievance, including any relevant evidence or documentation.
- **Participate in the Process:** Students are expected to engage in the grievance process, including attending meetings or hearings, if required.

5.2 Faculty and Staff:

- **Respond to Grievances:** Faculty and staff are responsible for addressing grievances related to their actions or decisions promptly and professionally.

- **Cooperate with Investigations:** They must provide relevant information and participate in the investigation or resolution process when requested.
- **Maintain Confidentiality:** Faculty and staff must ensure that all information related to the grievance is kept confidential and only shared with those directly involved in the resolution process.

5.3 Grievance Committee:

- **Review Grievances:** The grievance committee is responsible for evaluating the merits of the grievance and determining the appropriate course of action.
- **Conduct Investigations:** They must investigate grievances thoroughly, ensuring that all relevant facts and perspectives are considered.
- **Facilitate Resolution:** The grievance committee is responsible for facilitating a fair and timely resolution, which may involve mediation, negotiation, or other appropriate means.
- **Document Outcomes:** The final decision and the reasons behind it must be documented and communicated to the student and relevant parties.

5.4 Institutional Leadership:

- **Support the Process:** Leadership must ensure that the grievance process is accessible, fair, and consistent across all departments.
- **Provide Resources:** Adequate resources, such as training for staff and committee members, should be provided to ensure the effective implementation of the policy.
- **Monitor and Review:** Leadership should regularly monitor the effectiveness of the grievance policy and process, making adjustments as needed to maintain fairness and transparency.

6. Definitions

Grievance: A real or perceived cause for complaint, dissatisfaction, disagreement, or dispute, concerning a student for which resolution is being sought. Grievances must relate directly to the student's studies at the University or life as a student.

Respondent: The individual or department against whom the grievance is filed.

Mediation: A voluntary and confidential process in which a neutral third party assists the complainant and respondent in reaching a mutually acceptable resolution.

Investigation: The process of gathering facts and evidence related to the grievance to determine the validity of the complaint and identify appropriate actions or resolutions.

Resolution: The outcome of the grievance process, which may involve corrective action, policy changes, or other remedies deemed appropriate by the grievance officer or committee.

7. Related Documents

UKF Bylaws relating to Students.
Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

This Policy has been fully revised to ensure accuracy and alignment with the new policy template. Missing parts are added, paraphrasing and restructuring are made.	June 2024

	POLICY NAME	6.25 Alumni Relations Policy		
	POLICY No.	6.25	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Alumni Relations Policy establishes the principles and guidelines for fostering a strong and mutually beneficial relationship between the University of Khorfakkan and its alumni. It aims to keep alumni connected to the university, promote their involvement in various activities, and leverage their experiences and resources to support current students and university goals.

1. Purpose

The primary purpose of the policy is to:

- Maintain Connections: Keep alumni engaged with the university through regular communication, events, and networking opportunities.
- Promote Involvement: Encourage alumni participation in mentoring, fundraising, and other activities that benefit both alumni and the university.
- Enhance Institutional Support: Utilize alumni networks and resources to support the university's mission, including contributions to scholarships, development projects, and career services.

2. Scope

The policy applies to:

- **All Alumni:** Including graduates of undergraduate, graduate, and professional programs, as well as former students who did not complete their studies but wish to remain connected.
- **University Departments:** Such as alumni affairs, development, and career services, which play key roles in maintaining alumni relations.
- **Engagement Activities:** Including communication, events, volunteer opportunities, and fundraising initiatives involving alumni.

3. Policy Statement

The University of Khorfakkan (UKF) is committed to foster an enduring relationship with its alumni by providing meaningful engagement opportunities, supporting professional growth, recognizing achievements, and encouraging active participation in university initiatives.

4. Procedures

The Alumni Relations Policy will be implemented using the following procedures:

a. **Communication**: Maintaining a consistent and regular communication with Alumni by updating them through newsletters, emails, and social media.

b. **Events**: Organizing reunions, networking events, and professional development workshops.
c. **Support Services**: Offering career counseling, job placement services, and continuing education programs.
d. **Recognition**: Honoring distinguished alumni through awards and accolades.
e. **Volunteer Opportunities**: Encouraging alumni to mentor students and support university programs.
f. Donations and Fundraising: Facilitating opportunities for alumni to contribute financially to the university's development and scholarships.

5. Responsibilities

- **Alumni Relations Office:** Responsible for implementing and managing alumni engagement programs.
- **University Departments:** Collaborate with the Alumni Relations Office to offer relevant programs and services.
- **Alumni**: Actively participate in events, provide feedback, and support the university.

6. Definitions

Alumni: Graduates and former students of the University of Khorfakkan**.**

Alumni Relations Office: The office responsible for managing alumni engagement and relations.

Engagement: The various ways in which alumni remain connected to the institution, including participation in events, communication through newsletters or social media, and involvement in institutional initiatives.

Fundraising: Activities and initiatives aimed at securing financial contributions from alumni to support the institution's goals, including scholarships, infrastructure development, and special projects.

Mentorship: A relationship in which alumni provide guidance, support, and advice to current students or recent graduates, helping them navigate their academic and professional journeys.

Networking: Opportunities provided by the institution for alumni to connect with each other and with current students, fostering professional and social relationships that benefit both the alumni and the institution.

7. Related Documents

Alumni Engagement Strategy

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	6.26 Students with special Needs Policy		
	POLICY No.	6.26	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Students with Special Needs Policy outlines the University of Khorfakkan's commitment to providing an inclusive and supportive learning environment for students with disabilities or special needs. The policy ensures that these students have equal access to educational opportunities, programs, and services, in compliance with relevant laws and regulations.

1. Purpose

The primary purpose of the policy is to:

- **Ensure Accessibility:** Guarantee that students with special needs have access to the necessary accommodations, resources, and support services to participate fully in all aspects of academic and campus life.
- **Promote Inclusion:** Foster an inclusive environment where students with special needs are respected, valued, and provided with the opportunities to succeed alongside their peers.
- **Comply with Legal Requirements:** Ensure the institution adheres to all applicable laws and regulations which protect the rights of students with disabilities.

2. Scope

The policy applies to:

- **All Students:** Including those with physical, sensory, cognitive, emotional, and learning disabilities, as well as other special needs that may require accommodations.
- **Institutional Departments:** Including academic departments, student services, facilities management, and any other department that interacts with students and is responsible for ensuring their access to programs and services.
- **Programs and Services:** All academic programs, extracurricular activities, housing, transportation, and other campus services offered by the institution.

3. Policy Statement

3.1 The University of Khorfakkan (UKF) shall take the necessary measures to provide appropriate pedagogical techniques to facilitate the education of students with disabilities and to guarantee their full participation in the learning process.

3.2 The Disability Support Department (DSD) at University of Khorfakkan (UKF) is responsible for ensuring Disability students are supported in the most efficient manner.

3.3 Students with disability have the responsibility to provide documentation of their disability from qualified professionals including but not limited to psychologists, therapists, medical

doctors, speech therapists, hearing specialists, vision specialists, and learning disability specialists in order to qualify for assistance from DSD.

3.4 The University of khorfakkan (UKF) will ensure confidentiality of information related to the disability students. Students must provide written consent for any information relating to his/her disability to be disclosed to the University staff or to an external organization.

3.5 The University of Khorfakkan (UKF) will maintain essential records in the DSD record system of all interactions related to services for students with disabilities within the University.

3.6 Faculty members must collaborate with DSD to ensure student's opportunities for success are maximized.

4. Procedures

4.1 Disability students who registered at the university of khorfakkan (UKF), must identify themselves as a student with a disability in order to be referred to Disability Support Department (DSD).

4.2 Registering disabilities student in DSD to obtain an evaluation by a psychological counsellor and based on that the appropriate services will determine.

4.3 If University of khorfakkan student needs special training or special equipment related to his\her disability, the University of Khorfakkan has the right to refuse admission until these services are provided.

4.4 Academics and administrator's faculty at UKF will be informed about students' disability after student formal written approval.

4.5 While the student is accepted, the DSD will provide services, assistance, and adaptations that the student needs during his studies at the university until graduation.

5. Responsibilities

5.1 UKF Faculty

- The faculty member must assume a shared responsibility in providing reasonable accommodations within a class for disability student.
- If a faculty member is notified by a student of disability or if the student brings a medical statement to the faculty member, he/she must refer the student to DSD.
- The faculty member is responsible for coordinating with DSD in order to accommodate the student in a class, once that student has registered with and been approved for accommodations by DSD.
- The faculty member must maintain appropriate confidentiality and discretion regarding both records and communication when working with disability student. Discriminatory behavior or language is inappropriate.

5.2 UKF Disability student

- Have an equal opportunity to learn and work.
- Have the right to receive reasonable accommodations, academic adjustments and/or auxiliary aids and services, and the right to support from DSD in working with faculty members and the Colleges to facilitate removal of all barriers to their full participation in classes and other activities.
- Have the right to equal access to all facilities on campus, including receipt of information, instructional materials, and teaching in accessible formats.
- May be referred to DSD by members of the faculty or staff or may seek services from DSD at any point in their studies.
- Can expect appropriate confidentiality of all information regarding their special needs.
- Must provide written documentation from a qualified practitioner that describes the nature

of the special needs, functional limitations resulting from the needs, the severity of these limitations, the effects of the needs on participation in courses, programs, services, jobs, activities and facilities, and the reasonable accommodation required.

- Must assume responsibility for testing procedures and notifying faculty and DSD accordingly.
- Must meet the qualifications and maintain essential institutional standards for courses, programs, services, jobs, activities and facilities.

5.3 Disability support department

- Provision of information about DSD services to colleges and faculty and staff.
- Ensuring all records related to students with Special Needs are kept up-to-date and all parties are informed.
- Provision of a summary of accommodations and support to the student's parents/guardians.

6. Definitions

a. UKF: University of khorfakkan

b. DSD: Disability support department

c. Disability: Persons with total or partial deficiencies in one of the physical, sensory, mental, communicative, educational, or psychological abilities, and cause the inability to meet the requirements of normal life by the disabled person and his dependence on others to meet them, or his need for a special tool that requires special training or rehabilitation for its proper use

7. Related Documents

University Bylaws relating to Students
Standards for Licensure and Accreditation, CAA, Ministry of Education, United Arab Emirates – 2019

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

7. Health, Safety and Environment

	POLICY NAME	7.1 Health and Safety Policy		
	POLICY No.	7.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan (UKF) is dedicated to ensuring a safe and healthy environment for everyone. This Health and Safety Policy explains how we manage health and safety risks and promote a culture of safety.

1. Purpose

This policy aims to:

- Protect the health, safety, and welfare of everyone at the university.
- Ensure compliance with health and safety laws and standards.
- Promote a positive safety culture through education, training, and communication.

2. Scope

This policy applies to all UKF campuses, facilities, activities, and members of the university community, including students, staff, visitors, and contractors.

3. Policy Statement

The University of Khorfakkan is committed to:

- Preventing accidents, injuries, and occupational illnesses by identifying and reducing risks.
- Complying with health and safety laws, regulations, and standards.
- Continuously improving health and safety management systems and practices.
- Ensuring everyone in the university community understands their health and safety responsibilities.

The University of Khorfakkan (UKF) maintains a Health and Safety Management System (HSMS) that includes:

- Risk Assessments: Conduct regular risk assessments to identify hazards and implement control measures.
- Safety Procedures: Develop and implement safety procedures for high-risk activities like laboratory work, field trips, and maintenance tasks.
- Emergency Preparedness: Prepare and maintain emergency response plans, conduct regular drills, and ensure emergency equipment is available.
- Incident Reporting and Investigation: Implement a system for reporting, investigating, and analyzing incidents to prevent recurrence.

- Training and Awareness: Provide health and safety training and resources to all members of the university community.
- Health and Wellbeing Programs: Promote initiatives to support the physical and mental health of students and staff.

4. Procedures

4.1 Specific Health and Safety Procedures

- **Fire Safety:** Conduct regular fire risk assessments, maintain fire detection and suppression systems, and conduct fire drills.
- **First Aid:** Ensure the availability of first aid facilities and trained personnel. Maintain records of first aid incidents.
- **Laboratory Safety:** Implement safety procedures for laboratory environments, including the safe handling and disposal of hazardous materials.
- **Workplace Safety:** Ensure safe working conditions, provide appropriate personal protective equipment (PPE), and conduct ergonomic assessments.
- **Chemical Safety:** Maintain an inventory of hazardous chemicals, provide Material Safety Data Sheets (MSDS), and ensure safe storage and handling.
- **Fieldwork Safety:** Develop risk assessments and safety procedures for fieldwork, including travel arrangements and emergency protocols.

4.2 Communication and Consultation

- **Safety Committees:** Establish safety committees at various levels to facilitate communication and consultation on health and safety matters.
- **Reporting Channels:** Provide clear channels for reporting health and safety concerns and ensure prompt response and resolution.
- **Information Dissemination:** Use multiple platforms, including intranet, emails, and notice boards, to disseminate health and safety information.

4.3 Monitoring and Review

- **Performance Monitoring:** Regularly monitor health and safety performance through audits, inspections, and reviews.
- **Policy Review:** Review the Health and Safety Policy annually or when significant changes occur to ensure its continued relevance and effectiveness.
- **Continuous Improvement:** Use feedback from audits, incident investigations, and stakeholder input to improve health and safety practices.

4.4 Incident reporting procedure

A Health and Safety Incident Reporting Procedure outlines the steps to be taken when an incident occurs, ensuring that it is properly documented, investigated, and addressed to prevent future occurrences. Here is a general outline of the procedure:

1. Immediate Response

- **Ensure Safety:** The first priority is to ensure the safety of everyone involved. If the situation is dangerous, evacuate the area or take steps to prevent further harm.
- **Provide First Aid:** If there are injuries, administer first aid if you are trained to do so and seek medical assistance immediately.
- **Alert Authorities:** Depending on the severity of the incident, contact emergency services, campus security, or the designated safety officer.

2. Notification

- **Report the Incident:** The person involved or a witness should report the incident as soon as possible. This can be done through an official reporting form, an online reporting system, or by contacting the safety officer directly.
- **Notify Supervisors:** Inform the immediate supervisor, department head, or any other relevant authority about the incident.

3. Documentation

- **Complete an Incident Report:** The person reporting the incident should fill out an incident report form, providing detailed information about what happened, when and where it occurred, who was involved, and any immediate actions taken.
- **Gather Evidence:** Collect any relevant evidence, such as photos of the scene, witness statements, or damaged equipment. This documentation is crucial for the investigation.

4. Investigation

- **Assign an Investigator:** The safety officer or a designated investigator will conduct an investigation to determine the cause of the incident and identify any underlying factors.
- **Conduct Interviews:** The investigator may interview witnesses, the injured party (if applicable), and other relevant individuals to gather more information.
- **Analyze Findings:** The investigator will analyze the information collected to understand how the incident occurred and what could have been done to prevent it**.**

5. Corrective Actions

- **Develop an Action Plan:** Based on the investigation, the investigator or safety committee will develop an action plan to address the root causes of the incident and prevent recurrence.
- **Implement Changes:** The action plan may involve changes to procedures, additional training, or improvements to equipment or the work environment.
- **Monitor Effectiveness:** After implementing the corrective actions, the safety officer will monitor their effectiveness to ensure that the risk of similar incidents is minimized.

6. Reporting and Record-Keeping

- **Submit the Report:** The completed incident report, along with the findings of the investigation and details of corrective actions, should be submitted to the appropriate authorities, such as the safety committee or university administration.
- **Maintain Records:** All records of the incident, including the report, investigation findings, and action plans, should be securely stored for future reference and compliance purposes.

7. Communication

- **Inform Affected Parties:** The outcome of the investigation and any actions taken should be communicated to the affected parties, including the injured person, their supervisor, and relevant departments.
- **Share Lessons Learned:** If appropriate, share the lessons learned from the incident with the broader university community to raise awareness and prevent similar incidents.

8. Follow-Up

- **Review and Improve:** Regularly review the incident reporting and investigation process to identify any improvements or updates that may be necessary. Ensure that any changes are communicated to all relevant stakeholders.

5. Responsibilities

- **Deans' Council:** Provides strategic direction and oversight of health and safety management.
- Vice-**Chancellor:** Ensures the implementation and effectiveness of the health and safety policy.
- **Health and Safety Committee:** Develops, reviews, and monitors health and safety policies and procedures.
- **Deans, Directors, and Department Heads:** Implement health and safety policies within their areas and ensure compliance.
- **Health and Safety Officer:** Provides expertise, conducts risk assessments, and supports health and safety measures.
- **Employees and Students:** Comply with health and safety policies, report hazards, and participate in training programs.

6. Definitions

Health: The overall condition of a person's body or mind, particularly in relation to the absence of illness or injury. In the context of a Health and Safety Policy, it refers to the protection of physical and mental well-being of employees, students, and visitors within the university environment.

Safety: The condition of being protected from or unlikely to cause danger, risk, or injury. It encompasses practices and conditions that prevent accidents and harm in the workplace or learning environment.

Hazard: A source of potential harm or a situation that could lead to injury, illness, or damage to property or the environment. Hazards can be physical, chemical, biological, ergonomic, or psychosocial.

Risk: The likelihood that a hazard will cause harm, combined with the severity of the potential impact. Risk assessment involves evaluating the probability and consequences of a hazardous event.

Risk Assessment: The systematic process of identifying hazards, evaluating the associated risks, and implementing measures to control or reduce those risks to an acceptable level.

Personal Protective Equipment (PPE): Equipment worn by individuals to minimize exposure to specific hazards that cannot be eliminated through other control measures. Examples include gloves, safety goggles, helmets, and respirators.

Incident: Any unplanned event that results in or could have resulted in injury, illness, damage to property, or environmental harm. Incidents include accidents (where harm occurs) and near-misses (where harm was narrowly avoided).

Occupational Health: A field of healthcare dedicated to ensuring the safety, health, and welfare of people at work. It involves the prevention and management of work-related injuries, illnesses, and occupational diseases.

Emergency Procedures: A set of pre-determined actions and protocols to be followed in the event of an emergency, such as fire, chemical spill, or medical incident, to ensure the safety and protection of all individuals involved.

Safety Officer: An individual designated within the university who is responsible for overseeing health and safety practices, conducting risk assessments, and ensuring compliance with health and safety regulations.

Compliance: Adherence to health and safety laws, regulations, and standards set by government bodies, regulatory agencies, or the university itself. Compliance ensures that the university meets its legal and ethical obligations to protect the health and safety of all stakeholders.

Ergonomics: The study and design of workspaces, equipment, and tasks to fit the physical needs and capabilities of individuals, with the goal of reducing strain and injury.

First Aid: The immediate and temporary care given to an injured or ill person before professional medical treatment can be provided. First aid procedures are crucial in minimizing injury severity and stabilizing the individual until further help arrives.

Workplace Safety: The policies, procedures, and practices implemented to ensure the physical and psychological safety of individuals in the work environment. This includes measures to prevent accidents, injuries, and occupational illnesses.

Safety Audit: A systematic review and evaluation of the safety practices, procedures, and conditions within the university to ensure compliance with health and safety standards and to identify areas for improvement.

Safety Training: Instruction provided to employees, students, and visitors to equip them with the knowledge and skills necessary to recognize hazards, perform tasks safely, and respond appropriately in emergency situations.

7. Related Documents

Health and Safety Manual

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	7.2 Equipment and Software Replacement Policy		
	POLICY No.	7.2	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy outlines the mechanism and guidelines for replacing, maintaining, reallocating, and disposing of desktop computers, laptops, and peripherals at the University of Khorfakkan and upgrades of university-wide software.

1. Purpose

This policy defines how the colleges acquire, replace, and dispose of computing devices (including, but not limited to, desktop computers, laptops, all-in-ones, tablets, etc.) and software for faculty and staff use.

The policy's primary objective is to ensure computing devices and software are replaced objectively, equitably, sustainably, and transparently. It also seeks to establish criteria for replacing computing devices based on their age, condition, and other contributing factors.

2. Scope

This policy applies to all desktop computers, laptops, and peripherals (such as printers, multifunction devices, and scanners) owned by the University of Khorfakkan and the university-wide software (Microsoft Operating System, Microsoft Office, and other university-licensed desktop applications) running on those devices.

3. Policy Statement

The university is committed to maintaining up-to-date and functional IT equipment and software to support its educational and operational activities. The replacement of equipment and software will be carried out based on established criteria to ensure efficiency, cost-effectiveness, and minimal disruption to university operations.

4. Procedures

1. The life of any desktop, laptop, or peripheral at University of Khorfakkan should be at least three years.
2. The life of any tablet computer at University of Khorfakkan should be at least three years.
3. When computers reach their End-of-life, they must be retired from use. ITC does not redistribute old computers because they are cost prohibitive to maintain and pose a threat to the stability of the campus network infrastructure.
4. Desktop computers, laptops, and peripherals should not be replaced until their minimum life has expired, unless the device encounters a lot of malfunctions and cannot be repaired. The Information Technology Center is responsible for supervising the acquisition of desktop computers, laptops, and peripherals in the various colleges and departments.
5. No UKF academic or administrative staff member may obtain more than one computer (desktop or laptop).

6. The Technical Support Section in the Information Technology Center is responsible for the maintenance of the devices during the guarantee period, provided that the center takes the necessary measures with the vendors.
7. Devices whose guarantee periods have expired will be assessed and maintained as needed.
8. The Information Technology Center assesses and prepares the reports and plans the replacement of devices annually, at the beginning of preparation and planning for next year's budget, in consultation with the colleges.
9. Applications for replacements that are outside the ordinary replacement cycle are submitted to the Information Technology Center.
10. The replacement applications depend on the following criteria:

A. Expiry of the guarantee period.
B. A new technology or a practical need that requires replacement.
C. New technologies or requirements for work.
D. Repeated malfunctions.
E. Budget availability.

11. All the devices should be purchased according to the standard specifications of the devices used for work (not for personal use) that are set out by the of Information Technology Center
12. The Information Technology Center evaluates and consults specialized sales agents to choose the best international brands and quality of model, price, and efficiency that are suitable for UKF.
13. The Information Technology Center supervises the purchase and distribution process for desktop computers, laptops, and peripherals.
14. All desktop and laptop computers are equipped with a preloaded operating system according to the needs of the different colleges and departments.
15. The process of replacement and distribution of the devices should be documented.
16. Every replaced desktop computer, laptop, and peripheral is sent to the UKF warehouses after deleting its memory and all the information it contains.
17. Related to software.

a. All systems should be running the current version or the most recent prior version of manufacturer-released software packages.
b. If a university-owned system is found to be running an older version of any university-wide software package (Microsoft Operating System, Microsoft Office Suite, or other site-licensed desktop application), it will be upgraded to the most recent version as soon as possible.

5. Responsibilities

Department Directors / Deans - Each department director and dean are responsible for identifying any exceptions (earlier or delayed replacements/upgrades) necessary to ensure an employee can effectively perform his/her job duties. The VC over the reporting line is responsible for reviewing and approving requested exceptions and divisional budgets.

Information Technology Department – Is responsible for generating and monitoring inventories, budgeting for replacements and upgrades and executing equipment replacements and upgrades to university-wide software according to the replacement cycle. Also makes technical decisions on equipment and software standards and upgrades and replacements based on industry trends, software development cycles, costs and risks to systems stability.

University Administration – Approve annual budget and ensure overall compliance with the policy.

All Users – Report any issues with equipment or software and comply with university IT policies.

6. Definitions

IT Equipment: Includes desktops, laptops, peripherals, and other related hardware.

Software: Includes operating systems, applications, and any other software used for academic or administrative purposes.

Replacement Cycle: The predetermined period after which IT equipment or software is scheduled for replacement.

Procurement: The process of acquiring new equipment or software.

Disposal: The process of safely discarding obsolete or replaced equipment in accordance with regulations.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	7.3 Data Security Policy		
	POLICY No.	7.3	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The purpose of this policy is to ensure that sensitive information is gathered, handled, stored, and used in a secure and appropriate manner. To provide administrative, technological, and physical protection for the preservation of information throughout its lifecycle, this policy offers an information security program.

1. Purpose

This policy's goal is to guarantee that the right level of security is applied to the University's information assets. The University places a high priority on these information assets. Should they be unavailable when required or be unlawfully revealed, the University may suffer significant financial losses or damage to its reputation.

2. Scope

This policy applies to all University of Khorfakkan employees, students, faculty, and other parties who are connected to the university—directly or indirectly—as well as any organization that works for the university and uses its information assets while carrying out tasks.

3. Policy Statement

The university is committed to protecting its data assets from threats that could compromise the confidentiality, integrity, and availability of data. All members of the university community are expected to adhere to the data security measures outlined in this policy to safeguard sensitive information.

4. Procedures

All the University of Khorfakkan faculty, staff, students, and third parties should adhere to this information security policy and the appropriate supporting policies.

4.1 Information Security Governance

Information security objectives, principles, policies, strategy, and other pertinent elements will be part of an information security program that will be managed by the Information Security and Risk Committee. The program shall include procedures to guarantee that University stakeholders are consulted when making decisions about information security. The program must have mechanisms in place to guarantee efficient communication in support of information security. For information security to be properly addressed, management must devote adequate resources.

4.2 Information Asset Classification and Management

All information assets owned by the university must be categorized using the University Information Classification Standard. Every University information asset must have a designated information owner and be handled and managed in compliance with relevant standards, processes, and guidelines as well as the categorization standard.

4.3 Access to Information Assets

All users' access privileges must be determined by their assigned responsibilities and their proven need for access, and both physical and electronic access to university information assets must be

continuously regulated in a way appropriate for the assets' categorization. Granting access privileges is contingent upon the information owner obtaining the necessary authorization and having the security section head examine and approve it.

4.4 Information Security Awareness and Training

All staff, students, and other users must receive information security awareness and training pertinent to their roles. Periodically updated training shall also be provided.

4.5 Operation of Information Systems

Information security criteria must be met by new information systems before they are deployed in the production environment. During the procurement process, information security standards and requirements must be incorporated into product specifications. To guarantee compliance with information security requirements, the infrastructure and operational processes of information systems must be recorded, overseen, and maintained. Any outside service providers and agents who have access to a university information asset must abide by all contractual, legal, and regulatory obligations, including those outlined in university legislation and policy documents.

4.6 Incident Management and Response

The information security head is responsible for creating and maintaining security incident reporting and response protocols, which must be made available for publication and use as necessary. Users must be made aware of any applicable processes. As required by the University's business continuity strategy, an information systems disaster recovery plan must be created, maintained, and tested to guarantee the University's ability to go on with operations.

4.7 Physical Security

All information assets are covered by the information security policy, regardless of the medium (written records, paper forms, and electronically stored documents are just a few examples).

5. Roles and Responsibilities

5.1 Users:

Users are required to abide by the Acceptable Use Policy. Every user must understand his specific responsibilities. For information security IT service units, Colleges, or research institutes may have additional acceptable use policies for their purposes.

5.2 University Management

Managers are responsible for promoting security as a part of standard operating procedures. If a user's job or status changes, managers are in charge of making sure the proper system permissions are promptly adjusted.

5.3 Information Owner

The information owner is responsible for choosing who may access the information, valuing the information, categorizing it in accordance with the categorization criteria, and making sure that the information assets are subjected to risk assessment.

5.4 Information Security Section Head

Establishing and upholding information security policies, guidelines, and procedures that support the information security program across the university is the responsibility of the information security officer. To assist owners in carrying out their duties, the information security officer must offer counsel and direction.

6. Definitions

Sensitive Information: Data that must be protected from unauthorized access to safeguard the privacy or security
Information Assets: Any data, document, or other information-based resource that is owned, managed, or maintained by an organization. This includes physical and digital information.
Access Privileges: settings that allow or deny users access to the device or data

7. Related Documents

None.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	7.4 Appropriate Use of Technology Resources Policy		
	POLICY No.	7.4	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Appropriate Use of Technology Resources policy provides guidelines for the ethical and responsible use of the university's technology resources.

Access to university IT resources is limited to university employees, students, and others authorized by the university and may be subject to legal, ethical, and university requirements.

These resources include, but are not limited to, computers, networks, internet access, servers, electronic mail and telephonic services, data and data storage systems, and mobile devices.

This policy aims to ensure that these resources are used in a manner that supports the university's mission and operations and may only be used to advance the university's mission. All such use must comply with all applicable laws and regulations, BOT of UKF and University policies, and the University's IT contracting and licensing agreements.

1. Purpose

The purpose of this policy is to establish clear guidelines for the appropriate use of the university's technology resources to ensure their security, integrity, and availability. It aims to protect the university community and its resources from misuse, abuse, and potential legal issues. Clear standards for the appropriate use of IT Resources promote institutional efficiency and effectiveness, enhance individual accountability for ethical and lawful use, and help mitigate risk.

2. Scope

This policy applies to all members of the university community, including faculty, staff, students, contractors, and any other individuals who have access to the university's technology resources regardless of affiliation and irrespective of whether those resources are accessed from on-campus or off-campus locations. It covers all university-owned technology resources, as well as any personal devices connected to the university network.

3. Policy Statement

The university provides technology resources to support its educational, research, and administrative functions. All users are expected to use these resources responsibly, ethically, and in compliance with applicable laws and university policies. Unauthorized use of technology resources is prohibited and may result in disciplinary action.

Unless otherwise specified in this policy or other university policies, the use of University of Khorfakkan information technology resources is restricted to purposes related to the university's mission of research and creative activity, teaching, and learning. Eligible individuals are provided access to support their studies, instruction, duties as employees, official business with the university, and other university-sanctioned activities. Individuals may not share their university accounts with or transfer them to others, including network IDs, passwords, or other access codes that allow them to gain access to university information technology resources.

4. Procedures

Any user utilizing the IT resources of the University of Khorfakkan is required to comply with the following policies:

- Comply with all university IT policies and procedures.
- Utilize resources solely to the degree and in the manner permitted by the individual user's authorization.
- Please refrain from attaching any device that could jeopardize or interfere with the uninterrupted and reliable operation of the university's IT resources, including network security, or that could jeopardize the integrity or confidentiality of data stored on any technological resource.
- Individual university accounts, including network IDs, passwords, and other access codes that grant access to IT resources, should not be shared or transferred.
- You should always respect other users' privacy, regardless of how well-protected a user's accounts, devices, and data are.
- Email addresses from the university must be used for official correspondence. Email usage for personal purposes should be kept to a minimum and shouldn't disrupt work-related tasks.
- Internet connection is offered for administrative and academic needs. Users must refrain from viewing unsuitable or non-educational content.

Standards of Appropriate Use

For the appropriate use of IT resources, the IT director will establish, revise, update and publish standards. These standards define acceptable use of IT resources for all users to protect the resources of University of Khorfakkan. All the users must adhere to the IT standards.

Rights and Responsibilities

Everybody using university data and IT resources must take personal responsibility for their actions. Protecting against illegal actions carried out under one's user ID is the responsibility of everyone. To prevent unauthorized disclosure, you should lock your computer screen when you leave it and safeguard your credentials, such as tokens, passwords, and other similar technologies. Credentials are private information that must be kept private and never shared or revealed.

System Administrators and IT Support Staff

System administrators and IT support personnel, including network and ERP personnel, are granted substantial rights and trust. As a result, they must make sure that they only utilize their access authorizations for IT resources in the intended ways. Because of this, these workers are tasked with the vital duty of safeguarding the availability, confidentiality, integrity, and security of the university IT resources under their oversight.

While performing their professional duties, they must strictly maintain the confidentiality of any sensitive information they may have acquired, unless disclosure is mandated by law or policy or is required to preserve the integrity and security of the university's IT resources. They must also respect and ensure the privacy of all authorized users to the fullest extent permitted by policy. Moreover, notify the IT Director of any possible, noticed, or thought to be a policy breach.

Compliance

The University retains the authority to investigate any account and halt network access while the university ITC assesses it. The University may take disciplinary action, up to and including termination or expulsion, against those who violate its IT Resource acceptable usage rules.

The misuse of IT resources may result in the permanent loss of access rights as well as legal or criminal liability.

Individual Accountability

When accessing IT resources of the University of Khorfakkan, individual accountability is a must. Everyone is responsible for protecting against unauthorized activities performed under their user identity. So, every individual must protect his/her credentials e.g. passwords/tokens and keep them

confidential, must not share with anyone. This also includes locking their computer screen when moving away from the desk to protect against unauthorized disclosure.
Users must report any security breach, incident or malicious activity to IT security team immediately. University email accounts must be used only for official communication. Internet access is provided for academic and administrative purposes, users must avoid accessing inappropriate or non-educational content.
Use of public social media to promote university activities requires approval from the Public Relation department. Approval must be granted upon demonstration of business need.

User Responsibility for IT Equipment

Users are given access to IT equipment in connection with their official duties. This equipment belongs to the University and must be immediately returned upon request or at the time an employee is separated from the University. In case the resource is stolen, lost or damaged, users are required to provide a written report of the incident and may be financially responsible for the value of the equipment. The University has the discretion to not issue IT equipment to users who repeatedly damage or lose IT equipment.

Occasional and Incidental Personal Use

Occasional, incidental and necessary personal use of IT resources is allowed, provided such use does not:

- Interfere with the user's employment obligations or interfere with other user's work.
- Compromise any measures put into place by the University's information security system.
- Violate any applicable laws or regulations or guidelines.
- Users shall not use the resources for illegal activities, including copyright infringement or distribution of malicious software.
- The University of Khorfakkan may revoke or limit this privilege at any time.

Unacceptable use

The following list is an attempt to provide a framework for activities that constitute unacceptable use. Users, however, may be exempted from one or more of these restrictions during their authorized job responsibilities, after approval from organizational management, in consultation with IT staff.
Unacceptable use includes, but not limited to, the following:

- Unauthorized use or disclosure of organizational information and resources.
- Unauthorized use or disclosure of organizational private, sensitive, and/or confidential information.
- Distributing, transmitting, posting, or storing any electronic communications, material or correspondence that is threatening, obscene, harassing, pornographic, offensive, defamatory, inflammatory, illegal, or intentionally false or inaccurate.
- Seeking to speak on behalf of the company in situations unrelated to formal, approved work obligations or duties.
- Connecting unauthorized devices to any IT resource or the network of the university.
- Joining unapproved networks using organizational IT resources.
- Downloading, installing, or using software that hasn't been authorized after proper IT review, security, and/or organizational policy inspection.
- Connecting to business email accounts (like Gmail, Hotmail, or Yahoo) without first getting permission from management (users must understand that utilizing business email accounts has some risk because viruses are frequently sent via email).

5. Responsibilities

5.1 IT Department

Enforce the appropriate use policy, monitor technology resource usage, and provide support and guidance.

5.2 IT Security Team

Monitor security incidents, respond to violations, and conduct investigations.

5.3 Department Directors

Ensure compliance within their departments and facilitate necessary training for staff.

5.4 All Users

Adhere to the appropriate use policy, protect their access credentials, and report any violations or suspicious activities.

6. Definitions

BOT: Board of Trustees

IT Resources: A**r**e defined as, but are not limited to, any computers, computer systems, network devices, telephone systems, or software applications.

University Community: All students and employees of the University, persons officially associated with the University, former students and alumni at the University, as well as invitees, visitors and guests.

ERP: Enterprise Resource Planning

User Identity: Used to identify a user on a website, software, system or within a generic IT environment.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	7.5 Equipment and Software Technical Support Policy		
	POLICY No.	7.5	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCFA
	DATE OF NEXT REVIEW	**June 2026**	APPROVED BY	**Chancellor**

Overview

The Equipment and Software Technical Support policy outlines the procedures for providing technical assistance to all members of the university community. This policy ensures that all university-owned IT equipment and software are maintained, supported, and serviced efficiently to minimize downtime and enhance productivity. It aims to ensure efficient and effective IT support for all university stakeholders.

1. Purpose

The purpose of this policy is to establish a framework for delivering timely and effective technical support for university-owned equipment and software. This includes troubleshooting, maintenance, and user support to ensure that all IT resources function optimally. This ensures a consistent approach to IT support across the university.

2. Scope

This policy applies to all university-owned IT equipment and software, including but not limited to computers, laptops, printers, tablets, peripherals, servers, networking equipment, and all software licensed or purchased by the university.

It covers all departments, faculty, staff, and students who utilize these resources.

3. Policy Statement

The University of Khorfakkan is committed to providing high-quality, comprehensive technical support for all university-owned IT equipment and software to ensure optimal performance.

The IT department will offer timely assistance to resolve hardware and software issues, ensuring minimal disruption to academic and administrative activities.

4. Procedures

4.1 IT Usage Policy

All Employees should be aware that all UKF-owned equipment, network infrastructure, telephones, PCs, Internet resources, and software applications are the property of UKF and therefore are to be used for official use only. Also, all data residing on UKF-owned equipment is also the property of UKF and therefore, should be treated as such, and protected from unauthorized access.

Please be aware that servicedesk@ukf.ac.ae or service desk extension 111 or http://helpdesk.ukf.edu/ are the only points of contact for any IT-related issues if IT support is needed.

4.2 ITC Service Desk Policy

Order of importance for service requests. As requests come in, the ITC service desk will prioritize them as follow:

a. First Level:
   - Technical issues that create a barrier to the teaching-learning environment are known as classroom disruptions.
   - Process failure in business: A technical issue that prevents a department from operating or from offering client service.

b. Second Level:
   - Task Stopper: An IT issue is preventing the individual from completing their task; a workaround may be available.

c. Third Level:
   - Inconvenience: The issue can be fixed in two working days, and it doesn't prevent someone from doing their assigned tasks.

     Options for raising a service request with ITC:

     a. Email: Send an email to servicedesk@ukf.ac.ae outlining the problem the user is having.
     b. Contact the UKF ITC ServiceDesk at (111) ext.
     c. E-Portal through http://helpdesk.ukf.edu/
     d. Please note that walk-in to service desk or bypassing by any of the ITC members is not considered as a method of requesting IT service desk support; this maybe not serviced and subject to the team schedule and availability.

     ITC Technical Services:

     The following will be followed when processing requests that call for a technical service to examine a hardware issue on a specific item.

     a. Devices that arrive before 2:00 PM will be evaluated the same day.
     b. Devices that arrive after 2:00 PM will be evaluated the following day.

4.3 Software Technical Support

The UKF IT team offers a lot of practical tools and applications to help academic staff, administrative personnel, and students with their daily responsibilities. A user must create a ticket with the ITC helpdesk team if any new software or applications need to be installed on the laptop or if an update is needed for an existing program. An engineer will respond to your request and resolve the problem.

4.4 Hardware Technical Support

If a user has a problem with any of the IT equipment, including AV equipment, such as screens, or data show, printers, laptops they must file a case with the IT support team and describe the problem for the team to take the necessary action and assist the user as soon as possible.

4.5 Desktop/Laptop Equipment Lifecycle

Desktop/laptop equipment is considered as end-of-life after 5 years from the date of purchase as per procurement date of purchase details.

Procurement of any new IT equipment must be approved by the ITC director. The process of procuring new IT equipment must be initiated through ITC department and must be procured using the university approved channels as per the university procurement department rules.

4.6 Network Technical Support

The UKF IT team is always working to improve the user experience. If a user is experiencing trouble accessing any of the official websites, please submit a ticket to the IT team. If a user wants a website that is blocked to be allowed on campus, they should submit a request through the relevant department director or dean of the college, stating that access is necessary for them to carry out their duties. Like this, users who experience problems connecting to the UKF wireless network can report those problems, and the problem will be fixed, or appropriate help will be provided. Make sure you are connecting to the UKF wireless network using your legitimate credentials.

5. Responsibilities

IT Help Desk: Serve as the primary point of contact for all technical support requests, perform initial troubleshooting, and coordinate further support as needed.

IT Support Staff: Respond to support requests, perform on-site troubleshooting and repairs, and escalate issues when necessary.

IT Management: Ensure that adequate resources are available for technical support, establish maintenance schedules, and oversee the overall performance of IT support services.

All Users: Report issues promptly, provide accurate information about the problem, and cooperate with IT staff during troubleshooting and resolution.

6. Definitions

Downtime - Periods when a system is unavailable.

Software - Applications, scripts and programs that run on a device

Hardware - Is a collective term used to describe any of the physical components of a computer.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been revised to ensure its alignment with the new policy template.	June 2024

8. Learning Resource Center

	POLICY NAME	8.1 LRC Code of conduct Policy		
	POLICY No.	8.1	**VERSION NO**	1.1
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW		**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

The University Learning Resource Center (LRC) Code of Conduct Policy is designed to ensure that the LRC remains a conducive environment for learning, research, and academic collaboration. It sets forth the expectations and guidelines for behavior within the LRC to protect the rights of all users and maintain the integrity of the resources and facilities provided.

1. Purpose

The purpose of this policy is to:

1. Establish a clear set of behavioral standards for all LRC users.
2. Promote a respectful and productive atmosphere conducive to academic work.
3. Safeguard the resources and facilities of the LRC for equitable access by all members of the university community.
4. Provide a framework for addressing violations of the LRC Code of Conduct to maintain order and discipline within the LRC.

2. Scope

This policy applies to all individuals who access or use the University of Khorfakkan Library, including:

a) **Students:** Enrolled undergraduate and graduate students at the University of Khorfakkan.
b) **Faculty and Staff:** Academic and administrative personnel affiliated with the University.
c) **Library Visitors:** Alumni, community members, and external users who have been granted access to the library.
d) **Library Personnel:** Librarians and other employees working within the library.

3. Policy Statement

The University Learning Resource Center (LRC) is committed to providing a welcoming, respectful, and inclusive environment that supports the academic and research needs of the university community. All users of the LRC are expected to conduct themselves in a manner that is considerate of others and respectful of the resources and facilities provided.
This policy outlines the expectations for behavior within the LRC, including adherence to university policies, respect for others, and appropriate use of resources. Any conduct that disrupts the learning environment, infringes on the rights of others, or damages university property will not be tolerated and may result in disciplinary action.
The LRC is a shared space, and it is the responsibility of all users to contribute to a positive and productive atmosphere that supports the academic mission of the university.

4. Procedures

a. All library users are required to abide by the Code of Conduct and follow the instructions of the library staff.

b. Users should have valid UKF ID cards to be shown to staff on request.
c. Library staff have the right to inspect users' belongings when entering or leaving the library.
d. Engage with library staff in a respectful and courteous manner.
e. Users must wear appropriate clothing when visiting the library.
f. All users are required to comply with all the library's rules and instructions and not enter unauthorized places.
g. Shouting, Smoking, eating (in unauthorized areas) and Sleeping in the library are prohibited.
h. The library is not responsible for any lost or stolen personal belongings which are left unattended.
i. Follow emergency procedures and exit routes. The use of emergency exits at times other than during a real emergency is not permitted.
j. Conducting unauthorized surveys, photography, or audio/video recording within the library. Authorization must be pre-approved by the Library Director.
k. The social media posts or any digital content shared by users in the library are subject to UAE law.
l. Users must take care not to take photos of other library users without their permission.
m. Users should leave the library when prompted by announcements either at closing or during fire alarms.
n. Users are not permitted to misuse, deface, or destroy library materials, property, furniture, or equipment.
o. Removing and/or attempting to remove or steal Library materials (or any property) is unacceptable behavior and penalties shall apply.
p. Users should not conceal any Library materials or misplace them to prevent or limit access of other Library users.
q. All borrowed books remain the responsibility of the borrower until they are returned to the library.
r. Library users must return books, equipment, or other materials they are using when requested to do so by our library staff in the same condition that they were received.
s. Follow copyright guidelines when photocopying or printing materials. The UKF Library collections are protected by copyright laws both in the UAE and internationally.
t. Adhere to borrowing policies, including borrowing periods and renewal procedures.
u. Use library facilities for academic purposes only.
v. Use electronic devices with headphones and Set phones to silent or vibrate mode to avoid disturbing others. Also, take phone calls outside designated areas to minimize disruption.
w. Library users should provide their complaints regarding the conduct of other users, general complaints, feedback, or suggestions to our library staff.

The library also expects library users to follow all university rules and regulations as well as local and federal laws:

- Smoking inside buildings is not allowed.
- Weapons of any kind are not permitted.
- The use, possession, or distribution of controlled substances, alcoholic beverages, or illegal drugs is prohibited.
- Lewd, obscene conduct, or sexual misconduct is not tolerated.

5. Responsibilities

5.1 Library Staff

- Enforce the Code of Conduct by monitoring user behaviour and addressing violations.
- Issue verbal warnings for first-time violations and written warnings for repeated infractions.
- Report serious or repeated violations to library management.
- Ensure users follow all library rules and procedures.

5.2 Library Management:

- Oversee implementation and adherence to the Code of Conduct.
- Handle cases of continued misconduct, including issuing temporary suspensions and referring to the Student Disciplinary Committee.
- Ensure that all library policies and procedures are updated and communicated to users.
- Approve requests for authorization related to surveys, photography, or recording within the library.

5.3 Library Director:

- Approve deviations from the Code of Conduct, such as special permissions or exceptions.
- Make final decisions on major disciplinary actions and referrals.
- Address and resolve serious complaints or issues involving library users.

5.4 Users:

- Abide by the Code of Conduct and library rules.
- Report violations or concerns to library staff.
- Follow procedures for returning materials, handling resources, and using facilities.

5.5 Policy Enforcement:

- Immediate actions may include reporting violations to the UKF security team or asking the violator to leave the library.
- First violations may result in a verbal warning. Repeated violations may lead to written warnings, temporary suspension, or referral to the Student Disciplinary Board.
- Financial penalties may apply for overdue materials, damage, or failure to pay fines. Legal issues may involve law enforcement if necessary.

6. Definitions

- **Library Premises:** Includes all physical spaces within the library such as study areas, research rooms, and computer stations.
- **Library Personnel:** Includes all librarians and staff employed by the library.
- **Library Management:** Refers to the senior staff responsible for overseeing library operations and policy implementation.
- **Student Disciplinary Committee:** A committee or body responsible for handling serious or repeated violations and implementing formal disciplinary actions.

7. Related Documents

President Decision No (7) of 2023 on Student Code of Conduct Bylaws.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	8.2 Library Access Policy		
	POLICY No.	8.2	**VERSION NO**	1.0
	DATE OF APPROVAL	Sept 2024	**EFFECTIVE**	Sep 2024
	DATE OF LAST REVIEW		**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

UKF libraries offer public access to information resources, computing facilities, and online resources to enhance the University of Khorfakkan's strategic goal of providing the local community with support and access to services and resources available on the university campuses.

1. Purpose

The purpose of the University of Khorfakkan (UKF) Library Access Policy is to ensure that the UKF Library remains a supportive and secure environment for all users while providing controlled access to external visitors.

2. Scope

This policy applies to all individuals who seek access to the UKF Library, including:

- **Current Students**: Undergraduate and postgraduate students enrolled at UKF.
- **Faculty and Staff**: Academic and administrative personnel employed by UKF.
- **Alumni**: Graduates of UKF who wish to access library resources.
- **External Researchers**: Scholars and researchers from other institutions who require access for academic purposes.
- **Public and Community Members**: Individuals from the public who may be granted access to events, workshops, or community programs hosted by the library.

3. Policy Statement

The UKF Library Access Policy establishes guidelines to ensure fair and controlled access to library resources and facilities. It aims to provide a supportive environment for university members while allowing external visitors limited access under specified conditions.

3.1 Eligibility for Access

a) University Members:

- Students: Full access to library resources and facilities with a valid UKF ID.
- Faculty and Staff: Full access during operating hours. A valid student ID card is required.
- Alumni: Limited access with a valid alumni ID; borrowing privileges may be restricted.

b) External Visitors:

- Researchers: Should apply in advance for access, providing identification and the purpose of the visit through the visitor request form available on the library webpage.
- Community Members: Access may be granted for specific events or programs.

3.2 Access to Resources

- Physical Collections: Available to students, faculty, and staff. Alumni and external visitors may use resources on-site but do not have borrowing privileges.
- Digital Resources: Limited to current students, faculty, and staff.

3.3 Facilities Use

Study rooms and computer terminals are reserved for university members. Visitors may use specific areas and should request permission for access to other facilities.

4. Procedures

4.1 Registration and Identification

- UKF Members: Must present a valid UKF ID card for entry.
- Visitors: Register at the information desk and present a valid national ID. A visitor's badge will be delivered and must be worn while the visitor is in the library.

4.2 Visitor Pre-Registration

External visitors should pre-register for their visit by the visit request form available on the library webpage where details such as the purpose of the visit, the expected duration, and specific resources needed should be provided.

4.3 Conduct and Behavior

All users are expected to maintain a respectful environment. Users must comply with all library policies, including rules on food, drink, and mobile phone usage.

4.4 Security and Privacy:

The library uses security measures, including CCTV, to ensure the safety of users and resources. Activities may be monitored, and personal information will be handled in accordance with UKF privacy policies.

4.5 Penalties for Non-Compliance:

Violations of the library's access policy may result in disciplinary actions, including suspension of library privileges, fines, or permanent banning from the library.

5. Responsibilities

5.1 Library Staff

- Implement and enforce the Library Access Policy.
- Monitor user behavior and ensure compliance with access guidelines.
- Assist users with registration, identification, and any issues related to access.

5.2 Library Management:

- Oversee the implementation of the Library Access Policy.
- Handle special access requests and manage visitor registrations.
- Address and resolve any issues or disputes related to access.

5.3 Library Director:

- Approve any deviations or exceptions to the Library Access Policy.
- Make final decisions on significant disciplinary actions or access restrictions.

5.4 Users:

- Comply with the Library Access Policy and library rules.

- Present valid identification for entry.
- Follow procedures for visitor registration and behaviour while using the library.

6. Definitions

- **UKF ID Card:** Identification card issued to current students, faculty, and staff of University of Khorfakkan.
- **External Visitors:** Individuals not affiliated with UKF, including researchers and community members, who require access to the library for specific purposes.
- **Pre-Registration:** The process by which external visitors request and arrange access to the library in advance, including submission of a visit request form.

7. Related Documents

Code of Conduct Policy

Student Code of Conduct Bylaws

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	8.3 Copyright and Fair Use Policy		
	POLICY No.	8.3	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

The Library Copyright and Fair Use Policy is designed to guide the university community in the legal and ethical use of copyrighted materials within the library. The policy ensures that all library users understand and comply with copyright laws, particularly when accessing, copying, or distributing materials.

The policy outlines the principles of fair use, which allow limited use of copyrighted materials for educational purposes without requiring permission from the copyright holder. It provides clear guidelines on what constitutes fair use and how it applies to different types of media, including books, articles, digital content, and multimedia.

Additionally, the policy addresses the responsibilities of library staff in providing access to copyrighted materials while respecting intellectual property rights. It also informs users of the legal consequences of copyright infringement and the importance of respecting the rights of creators and publishers.

1. Purpose

The purpose of the University of Khorfakkan (UKF) Library Copyright and Fair Use Policy is to ensure that the use of copyrighted materials within the UKF library complies with national and international copyright laws.

2. Scope

This policy applies to all users of the UKF Library, including students, faculty, staff, alumni, external researchers, and visitors. It covers the use of physical and digital resources, including books, journals, multimedia, and electronic databases.

3. Policy Statement

The UKF Library provides an enriching academic experience for UKF faculty, researchers, and students, it is home to an extensive range of academic resources in print and digital format including journals, textbooks, and online databases, covering the disciplines of Sharia, law, sciences, business, information technology, marine science and more.

UKF Library complies with all applicable local laws and international agreements regarding intellectual property rights. The library's intellectual property protection policy is based on Federal Decree-Law no. (38) of 2021, on copyrights and neighboring rights.

Authors of works and holders of related rights shall enjoy the protection stipulated in this Decree Law if their rights are violated within the country, especially the following works:

1- Books, brochures, articles, and other written Works.
2- Smart applications, computer programs and applications, databases, and similar Works determined by a decision of the Minister.
3- Lectures, speeches, oral and written sermons and other Works of a similar nature.
4- Theatrical Works, musical shows, and pantomime.
5- Musical Works, either with or without words.
6- Audio, visual, or audio-visual Works.
7- Architectural Works, and engineering drawings and plans.

8- Works of drawing with lines or colours, sculpting, engraving, and printing on stone, fabrics, wood, or metals, and any other similar Works.
9- Works of photography and similar Works.
10- Works of applied and plastic arts.
11- Illustrations, geographical maps, sketches, and three-dimensional Works related to geography, topography, architecture, and others.
12- Derivative Works, without prejudice to the protection granted to the original Works from which these Works were derived.

Protection shall cover the title of the work, if innovative, as well as the written innovative broadcast program.

Anyone who makes unauthorized copies of any information source and whoever irresponsibly uses these sources will be seen as violating the Federal Decree-law and hence will get a penalty in the light of the provisions of article 39 of the law.

Printed Resources

1. Photocopying or reproduction "Federal Decree-Law no. (38) of 2021, on copyrights and neighboring rights"

The Law of copyright and related rights has defined in Article No. (22) Restrictions and exceptions; All libraries and non-profit educational institutions have been excluded from this Act, under the condition that photocopied sources are used for the sole purposes of scientific research, studying and learning. The limits justified for this purpose are subject to the following conditions:

- Reproducing brief extracts of a Work in the form of manuscripts or sound, visual, or audio-visual recordings, for cultural or religious education, or vocational training provided that Reproduction is made within reasonable limits and does not go beyond the purpose thereof, that mention is made of the name of the Author and the title of the work, whenever possible, that the reproducer does not directly or indirectly seek profit.
- It isn't allowed to photocopy more than one chapter from a book or separate parts of a book provided that the reproduced pages do not exceed 10% of the total book.
- Citations of short paragraphs, excerpts, or analyses, within the customary limits of the work, for the purpose of criticism, discussion, or information, with mention of the source and name of the Author.

2. Photocopying or reproduction by a library or The National Archives "Federal Decree-Law no. (38) of 2021, on copyrights and neighboring rights"

Photocopying a single copy of the work by the national archive, library, or documentation centres, as long as that does not gain any profit, whether directly or indirectly, as follows:

- If the Reproduction is made for the purpose of preserving the original copy or of an original which is lost, damaged, or unusable, if it has become impossible to obtain a replacement thereof under reasonable conditions.
- If the purpose of the Reproduction is to respond to a request made by a physical person who wishes to use it for a study or research, provided that the Reproduction is made just once or on separate occasions.

Non-printed / E-Resources:

- All non-printed and E-resources are subject to the terms and conditions of the contractual licensing agreements to access, use and reproduce these resources, only for scientific research, study and learning purposes.
- Making one single copy of the computer program or applications or databases, with the knowledge of the legitimate possessor thereof. Such person may alone make

extracts thereof provided that they fall within the licensed purpose or for the purpose of saving or replacement in case the original copy is lost, damaged or becomes unfit for use; and on condition that the backup or extracted copy be destroyed, even if downloaded or stored in the computer hardware, once there is no more reason for keeping the original copy.

4. Procedures

4.1 General Compliance

- All users must familiarize themselves with and adhere to the copyright and fair use laws as outlined in this policy.
- Library staff are available to assist with understanding these regulations, but compliance remains the responsibility of the user.

4.2 Reproduction Requests

For photocopying or reproducing physical materials, users must adhere to the following guidelines:

- **Compliance with Copyright Law**: Users must ensure that any photocopying or reproduction of physical materials complies with applicable copyright laws. This includes observing limitations on the amount of material that can be copied.
- **Fair Use Provisions**: Photocopying or reproducing materials must fall within the scope of fair use. Typically, this allows for limited copying for educational, research, or personal use. The amount copied should be reasonable and not substitute for purchasing the original material.
- **Single Copy for Personal Use**: Users are generally permitted to make a single copy of a chapter from a book, an article from a periodical, or a short excerpt, provided it is for personal study or research purposes.
- **Prohibition of Systematic Copying**: Systematic or extensive copying, such as reproducing multiple chapters from a book or copying multiple articles from a single issue of a journal, is prohibited unless specific permission has been obtained from the copyright holder.
- **Notice of Copyright**: All photocopied or reproduced materials should include a notice indicating that the material is subject to copyright and that it may not be further reproduced without permission.
- **Restrictions on Copying Entire Works**: Copying entire books, periodicals, or other large works is typically not allowed unless the material is in the public domain or explicit permission has been granted by the copyright holder.
- **Library-Mediated Copying**: If the library provides photocopying services, users must follow the library's policies and may be required to sign a declaration confirming that the copying is for lawful use under copyright law.
- **Consequences of Infringement**: Users who fail to adhere to these guidelines may face consequences, including legal action for copyright infringement and loss of library privileges.

4.3 Use of Digital Resources

- **Licensing Agreements**: All digital resources are subject to licensing agreements that specify terms for access, use, and reproduction. Users must adhere to these terms strictly.
- **Single Copies**: Making a single copy of computer programs or databases is permitted for backup or replacement purposes under the licensed conditions. Backup copies must be destroyed once they are no longer needed.

4.4 Handling Copyright Infringement

- **Report Infringements**: Users must report any suspected copyright infringements to library staff. The library will investigate and take appropriate actions to address and rectify the issue.
- **Disciplinary Actions**: Infringement of copyright may lead to disciplinary actions by the university, including fines, suspension of library privileges, or other legal consequences as per national laws.

5. Responsibilities

The policy is binding on all users and researchers in the UKF library and is regularly updated and amended to ensure continued compliance with the highest standards for intellectual property rights, in line with relevant national legislation.

5.1 UKF library Users:
Users are responsible for understanding and complying with copyright and fair use laws.
5.2 UKF Library Staff:
Library staff can provide guidance on copyright and fair use, but it is the responsibility of the user to ensure their use of materials complies with the law.
5.3 Penalties of Infringement:
Copyright infringement may result in disciplinary actions by the university including fines and penalties imposed by the national courts.

6. Definitions

Fair Use: Fair use allows limited copying and use of copyrighted materials without permission from the copyright holder, primarily for educational, research, or non-commercial purposes.
Factors of Fair Use: The determination of fair use is based on four factors

- The purpose and character of the use, including whether it is for commercial or non-commercial educational purposes.
- The nature of the copyrighted work.
- The amount and substantiality of the portion used in relation to the copyrighted work as a whole; and
- The effect of the use upon the potential market for or value of the copyrighted work.

7. Related Documents

Article 22 of Federal Decree-Law No. (38) of 2021. Users may reproduce brief excerpts, one chapter, or up to 10% of a book, provided it is for non-commercial purposes such as research or study.

8. Appendices:

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	8.4 Collections Management Policy		
	POLICY No.	8.4	**VERSION NO**	1.0
	DATE OF APPROVAL	Sept 2024	**EFFECTIVE**	Sept 2024
	DATE OF LAST REVIEW		**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

Collection management is a critical consideration for any library. Therefore, this policy aims to provide the UKF Library with a clear framework for all phases of collection management, from selection, to procurement, to cataloguing, to exclusion.

The Policy is based on a holistic view of collection management, to build and sustain a collection that supports the educational, research, and informational needs of the UKF community.

1. Purpose

The purpose of this Policy is to ensure that the UKF Library's collection management practices meet the needs of its community, enhance the library's mission and comply with relevant standards.

2. Scope

This policy covers all materials within the UKF Library's collections, including books, journals, electronic resources, special collections, and other media. It addresses the processes for selecting, acquiring, organizing, maintaining, and weeding materials to ensure that the library's collections remain current, relevant, and aligned with the university's academic programs and research priorities.

3. Policy Statement

The University is committed to the responsible management, preservation, and enhancement of its collections. These collections, which include academic, cultural, and historical resources, are vital to the university's mission of education, research, and public service. The Collections Management Policy ensures that all items are acquired, catalogued, maintained, and utilized in a manner that aligns with best practices in the field and supports the long-term stewardship of these valuable resources.

The policy provides guidelines for the acquisition, documentation, care, and weeding of items within the collections, ensuring that they are accessible to the university community and the public, where appropriate.

4. Procedures:

4.1 Acquisition and Selection

Resources are selected by UKF faculty and researchers based on their relevance to the university's curriculum, research needs, quality, format Accuracy, clarity, currency, representation, and comprehensiveness. The library prioritizes resources that directly support student learning and faculty research.

a) Criteria for Selection

Quality, accuracy, clarity, currency, representation, comprehensiveness, reputation of the author or producer and format.

b) Acquisition Methods

The UKF library acquires resources through purchases, subscriptions, and gifts. Preference is given to acquiring materials that provide long-term value to the collection.

4.2 Budget Considerations:

The acquisition of materials is guided by the library's budget. The library seeks to balance the need for comprehensive coverage with the efficient use of financial resources.

4.3 Order Process

Printed Resources

- Resources to purchase/subscribe should be recommended by the teaching faculty and researchers.
- Lists will be checked to ensure that they are not available throughout the library collection.
- Order records should be created in the library management system by acquisition staff.
- A list of orders is prepared including full details and approximate price for each item.
- Take the necessary financial action to begin the acquisition process.

Online Databases

- College request (should be received from the Dean) will be sent to the Vice Chancellor for Academic Affairs (VCAA) for Approval
- Approved documents will be sent to the procurement Dept. to look for suppliers of the database.
- The library will receive the purchasing recommendations.
- The publisher/supplier should provide a trial for the database.
- According to the feedback received from the concerned users, and the requested college input. The request will be sent to Purchasing Dept. to get the quotation.

4.4. Gifts

The library accepts gifts of books and other resources that align with its collection development objectives. All gifted resources are subject to the same selection criteria as purchased materials, and the library reserves the right to refuse or dispose of gifts that do not meet its needs.

4.5 Cataloguing and Classification

All UKF library resources are catalogued according to the Resource Description and Access (RDA) guidelines which align with MARC 21 (Machine-Readable Cataloguing) formats for bibliographic records and classified according to Library of Congress Classification to ensure they are easily searchable, accessible and shareable.

Descriptive Cataloguing

Descriptive cataloguing involves creating detailed bibliographic records for each item, including information such as the title, author, edition, publisher, publication date, and physical description.

Authority control is maintained to ensure consistency in the use of names, subjects, and titles, aiding in the accuracy and reliability of the catalog.

Subject Cataloguing

Subject headings are assigned using controlled vocabularies like the Library of Congress Subject Headings (LCSH) for all materials except Arabic. These headings ensure that materials are categorized accurately according to their content.

Digital Resources Cataloguing

Digital resources, including e-books, databases, and online journals, are catalogued with the RDA standards. Persistent identifiers like DOIs (Digital Object Identifiers) and URLs are included in the catalogue records to ensure seamless access. In addition, the Metadata for

digital resources follows international standards like Dublin Core to facilitate interoperability with other systems and platforms.

Authority Files

Authority control is maintained through the use of authority files, which standardize the names of authors, publishers, series titles, and subjects. This ensures consistency across the catalog and helps prevent duplication or errors in records.

Quality Control

Cataloguing and classification are subject to regular quality control checks to ensure accuracy, completeness, and consistency and records are periodically updated to reflect new standards or changes in the collection.

Access and Use

Catalog records are made available to users to raise awareness of these resources through the library webpage.

Shelving and Arrangement

Resources are shelved according to their classification numbers (LCC), with clear signage to guide users. This systematic arrangement helps users find materials efficiently and ensures that the library collection is logically organized.

4.6 Weeding

This part of the policy is established to guide the systematic removal of outdated, damaged, or irrelevant materials from the library's collection. The purpose is to maintain a dynamic, relevant, and accessible collection that effectively supports the academic and research needs of the UKF community.

This policy applies to all materials in the UKF Library, including Books and Monographs, Journals and Periodicals, Electronic Resources, Audio-Visual Materials, Special Collections, and Reference Materials.

Criteria for Weeding

Weeding Schedule **Classification**	**Schedule**	**Explanation**
A (GENERAL WORKS)	10 Years	The latest edition of encyclopaedias will be for reference. Older editions are replaced by the newest.
B-BD, BH, BJ (PHILOSOPHY)	7 Years	Most philosophy books do not become outdated. Circulation is often low and is not necessarily a guide for weeding. Titles are retained unless superseded by more recent editions.
BF (PSYCHOLOGY)	7 Years	
BL-BX (RELIGION)	10 Years	Books that have not circulated should be considered for weeding after ten years
C (AUXILIARY SCIENCES OF HISTORY), D (HISTORY: GENERAL AND OLD WORLD) E, F (HISTORY: AMERICA)	7 Years	The history collection should be periodically reviewed, and books should be judged for their continuing usefulness in the collection.
G-GR (GEOGRAPHY)	5 Years	Books in this area become dated rapidly and should be weeded about

		every three years unless it has a significant amount of background or history information not available anywhere else. Beyond that, age, usage, size of area collection, physical condition, and number of copies determine decisions.
HB-HJ (ECONOMICS)	5 Years	
H-HA (SOCIAL SCIENCE), HM-HX (SOCIOLOGY)	5 Years	
J-JX (POLITICAL SCIENCE)	5 Years	Political science interrelates with other fields such as social science, international affairs, geography, history, aerospace sciences, and management. Consideration is then given to usage, size of collection, whether parts of a series, number of copies, age, timeliness or historical value, and physical condition.
K (LAW)	5 Years	
L (EDUCATION)	5 Years	
P, PE, PN, PR, PS, PZ, PA-PD, PF-PL, PQ, PT FOREIGN LANGUAGES AND) (LITERATURE	5 Years	
Q (SCIENCE)	5 Years	Resources may be withdrawn from the collection based on newer materials that provide better or expanded explanations of complex subjects, clearer text styles, and better illustrations
QA 9-74, 78-939 (MATHEMATICS)	5 Years	Books older than ten years are to be withdrawn unless they are considered "classics." Older editions are usually withdrawn when a new edition is received
QA 75-77 (COMPUTER SCIENCE)	3 Years	Resources may be withdrawn from the collection based on newer materials that provide better or expanded explanations of complex subjects, clearer text styles, and better illustrations
QB (ASTRONOMY), QC (PHYSICS) & QD (CHEMISTRY)	5 Years	Books older than ten years are to be withdrawn unless they are considered "classics." Older editions

		are usually withdrawn when a new edition is received
QH-QR (BIOLOGICAL SCIENCES)	5 Years	Books older than ten years are to be withdrawn unless they are considered "classics." Older editions are usually withdrawn when a new edition is received
T (TECHNOLOGY, GENERAL)	3 Years	Resources may be withdrawn from the collection based on newer materials that provide better or expanded explanations of complex subjects, clearer text styles, and better illustrations

Weeding Procedures

- In consultation with faculty and other stakeholders, library staff regularly review the collection to identify materials for weeding. This may include scheduled reviews of specific sections or ongoing assessments based on usage data.
- Identified resources that meet the weeding criteria. This process should involve consulting with faculty members to determine certain items' continued relevance or value.
- Decisions to weed materials are made collectively, involving librarians and faculty members. The potential impact on teaching, learning, and research will be given consideration.
- Records of weeded items are maintained, including the rationale for their removal. This ensures transparency and allows for future review of weeding decisions.
- Weeding E-resources is ongoing using the following criteria:
- A link is no longer available or maintained.
- Reliability of the resource's information has lost value.
- Another source offers more comprehensive coverage.
- In addition, Usage Statistics, Content Relevance, Cost-Effectiveness, and Technological Obsolescence.

Disposal

Weeded resources may be discarded of in several ways:

Donations: Usable materials may be donated to other libraries, educational institutions, or charitable organizations.

Recycling: Items that are no longer usable may be recycled in an environmentally responsible manner.

Sale: Organizing internal exhibitions and offering them for sale at affordable prices.

5. Responsibilities

5.1 UKF Library Staff

- Ensure compliance with collection management procedures.

- Provide guidance and support for faculty and researchers regarding resource selection and acquisition.
- Conduct cataloguing and classification according to established standards.
- Manage the weeding process and maintain records of decisions.

5.3 Library Management

- Oversee implementation and adherence to the policy.
- Ensure adequate resources and support for collection management activities.
- Review and update the policy as needed.

6. Definitions

- **Acquisition**: The process of obtaining new resources for the library collection, including purchasing, subscribing, and accepting gifts.
- **Cataloguing**: The process of creating bibliographic records for library resources, including descriptive and subject cataloguing.
- **Classification**: The arrangement of resources according to a systematic scheme, such as Library of Congress Classification.
- **Weeding**: The systematic removal of outdated, damaged, or irrelevant materials from the library collection.
- **Authority Control**: The process of maintaining consistent usage of names, subjects, and titles in cataloguing.

7. Related Documents:

None

Appendices:

None

8. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	8.5 Resource Access and Use Policy		
	POLICY No.	8.5	VERSION NO	1.1
	DATE OF APPROVAL	June 2022	EFFECTIVE	June 2022
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	June 2026	APPROVED BY	Chancellor

Overview

The Resource Access and Use Policy outlines the guidelines and procedures for accessing and utilizing the university's resources, including physical and digital materials, facilities, and equipment. The policy ensures that all members of the university community, including students, faculty, staff, and authorized external users, have equitable and appropriate access to the resources necessary for academic, research, and administrative purposes.

1. Purpose

The purpose of this policy is to create guidelines for the access and use of resources within the University of Khorfakkan (UKF) Library. It ensures equitable access to information, supports the academic and research needs of the UKF community, and promotes responsible use of library resources.

2. Scope

This policy applies to all users of the UKF Library, including students, faculty, staff, visitors, and any other individuals granted access to the library's physical and digital resources.

3. Policy Statement

The UKF Library is dedicated to ensuring equitable and efficient access to its resources to support academic and research endeavors, promoting responsible use, maintaining resource integrity, and accommodating the diverse needs of students, faculty, and staff.

4. Procedures

4.1 Eligibility for Access

- UKF Students, Faculty, and Staff: All current students, faculty, and staff of UKF have full access to the library's resources, including physical collections, digital resources, and online databases.
- Alumni: Alumni may access certain library resources under specific conditions, such as a library membership.
- Visitors: External visitors, including researchers and members of the public, may be granted limited access to library resources with prior approval.

4.2 Physical Access

- UKF Students, Faculty, and Staff: All current students, faculty, and staff of UKF have full access to the library's resources, including physical collections, digital resources, and online databases.
- Library Hours: The library's operating hours are posted on the UKF website and at the library entrance. Access to physical resources is available during these hours.
- Study rooms: Study areas, including individual and group study rooms, are available on a first-come, first-served basis. Reservations may be required for group study rooms.

- Lectures room: Reservation required for lectures room by the faculty member.
- Special Collections: Access to special collections, rare books, and archival materials requires prior permission. These materials are typically used under supervision.

4.3 Digital Access:

- Online Databases and Journals: Authorized users (students, faculty, and staff) have access to the library's digital resources, including databases, e-journals, and e-books, through the library's website. Off-campus access may require login credentials.
- Library Catalogue: The UKF library's online catalogue is available to all users, providing access to the library's collection, including search and reservation functions.
- Remote Access: UKF community members may access digital resources remotely via secure login. Certain resources may have access restrictions based on licensing agreements.

4.4 Borrowing

Borrowing Services supports the academic needs of the UKF community by providing access to print and reserve library resources.

Loan Periods

Borrowing entitlements, Periods and Fines

Loan periods vary depending on the type of material (e.g., books, journals, etc.) and the user's status (e.g., student, faculty). Loan period information can be found both below and on the

<table>
<tr><th>Collection</th><th>Member</th><th>No. of Items</th><th>Loan Period (days)</th><th>Renewal Loan Period (days)</th><th>Overdue Fines</th></tr>
<tr><td rowspan="4">Standard Collection</td><td>Faculty Member</td><td>20</td><td>one academic semester</td><td>auto</td><td>No fines</td></tr>
<tr><td>Postgraduate students</td><td>15</td><td>4 weeks</td><td>4 weeks</td><td rowspan="3">1Dirham per day per item (maximum 45 Dirham)</td></tr>
<tr><td>Undergraduate Student</td><td>8</td><td>2 weeks</td><td>2 weeks</td></tr>
<tr><td>Non-academic staff</td><td>8</td><td>2 weeks</td><td>2 weeks</td></tr>
<tr><td>References</td><td rowspan="4">Library Use Only
" Borrowing over the weekend"</td><td rowspan="4"></td><td rowspan="4"></td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>Textbook</td></tr>
<tr><td>Journals</td></tr>
<tr><td>Thesis</td></tr>
</table>

library's website.

Renewals

- UKF user can renew the loan period through the library's website, by phone, or by visiting the information desk at the library.
- It is the borrower's responsibility to be aware of the Due Date and request a renewal.
- Library materials which are on hold cannot be renewed.
- The library system automatically alerts borrowers to their UKF email, reminding them of the due date to return the borrowed books.

Recalling Borrowed Books

- The user can recall borrowed Books. The request can be submitted through the electronic system or the Circulation Desk.
- The faculty member has the right to request to reserve a library book for an academic course, hence the book is recalled immediately regardless of the loan period.
- Not allowed to transfer a loaned book from one user to another or to make a loan request on behalf of another person.

Fines and Charges

Overdue fines:

- The fine for each day of delay is one (1) AED per day per item for the first week, 2 Dirhams per day per item for the second week, and 3 dirhams per day per item for the third week (maximum 45 Dirhams).
- Borrowing privileges shall be blocked for students who have overdue Library materials.

Lost or damaged books and materials:

- An item is considered lost when either the borrower informs the library that the item is lost, or the item has not been returned by the end of 30 days after the due date.
- Users can replace lost library books with new ones provided that their bibliographic data matches the old ones, and any late fines will be added.
- Users are required to pay double the actual cost plus a 30 AED processing fee.

Interlibrary Loan (ILL) and Document Delivery

The library offers interlibrary loan services for the UKF community only to obtain the resources unavailable in the UKF collection. Users may request ILL services through the library's website or in-person. The processing time for ILL requests varies depending on the lending library's policies and the availability of the requested material. Users are typically notified within 1 week of their request's status.

5. Responsibilities

5.1 Library Staff Responsibilities

Access Management: Ensure that all eligible users receive the appropriate level of access to physical and digital resources.

- Resource Maintenance: Maintain the integrity of library collections and facilities through regular checks and updates.
- User Support: Assist users in accessing resources, resolving issues related to borrowing, and managing overdue items.
- Policy Enforcement: Enforce library policies, including fines and charges, and handle appeals or disputes related to resource access and use.

5.2 User Responsibilities

- Adherence to Policies: Comply with all library policies, including those related to borrowing, resource use, and behaviour within the library.

- Resource Care: Handle library materials with care and return items on or before the due date.
- Fines and Charges: Settle any fines or charges promptly and notify the library of any lost or damaged items.
- Request Management: Make renewal and recall requests in a timely manner and ensure that all borrowing is done in accordance with library rules.

6. Definitions

Access Control: Procedures and mechanisms used to regulate who can view or use library resources and facilities.

Borrowing: The process of checking out library materials for use, including the terms and conditions associated with loan periods and renewals.

Digital Resources: Includes e-books, online databases, e-journals, and other electronic materials accessible through the library's website.

Physical Resources: Tangible materials such as books, journals, and special collections that are available in the library's physical space.

Interlibrary Loan (ILL): A service allowing users to borrow materials from other libraries that are not available in the UKF Library collection.

Special Collections: Unique or rare library materials that require special handling and access permission, often including archives, manuscripts, and limited editions.

Remote Access: Accessing library resources from outside the physical library, typically requiring secure login credentials

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	8.6 Instruction and Outreach Policy		
	POLICY No.	8.6	VERSION NO	1.0
	DATE OF APPROVAL	TBA	EFFECTIVE	TBA
	DATE OF LAST REVIEW	June 2024	POLICY OWNER	VCAA
	DATE OF NEXT REVIEW	June 2026	APPROVED BY	Chancellor

Overview

The University of Khorfakkan Library recognizes the critical importance of information literacy in empowering students, faculty, and staff to engage effectively in academic and professional activities. This policy aims to outline the framework for fostering information literacy across the university, ensuring that all members of the university community possess the necessary skills to locate, evaluate, and use information efficiently and ethically.

1. Purpose

The purpose of this Information Literacy Policy is to:

- Equip students with lifelong learning skills to succeed in their academic pursuits and future careers.
- Embedded information literacy instruction across all programs and courses.
- Promote critical thinking, effective research practices, and ethical use of information.
- Align with the university's strategic goals of academic excellence and student success.

2. Scope

This policy applies to:

- All undergraduate and postgraduate students at the University of Khorfakkan.
- Academic and non-academic staff, including faculty members and administrative personnel.
- All academic disciplines and programs offered by the university.

3. Policy Statement

The University of Khorfakkan Library is committed to enhancing information literacy across the university community by providing comprehensive instruction and resources, ensuring that all members develop essential skills for locating, evaluating, and using information effectively and ethically, thereby supporting academic excellence and lifelong learning.

4. Procedures

Instructional Methods

- Workshops: Regularly scheduled sessions on topics such as research strategies, citation management, and evaluating sources.
- In-Class Instruction: Customized sessions delivered by librarians within specific courses, focusing on discipline-relevant information literacy skills.
- Individual Consultations: Personalized support for students and faculty requiring specific guidance on research and information use.

5. Responsibilities

Library:

- Develop and deliver information literacy programs and resources.
- Collaborate with faculty to design course-specific instruction.

- Provide one-on-one research support to students and faculty.

Faculty Members:

- Integrate information literacy components into their courses.
- Collaborate with librarians to develop tailored instructional materials.
- Encourage students to engage in library workshops and resources.

6. Definitions

Library Instruction: A structured program or series of sessions designed to teach students, faculty, and staff how to effectively locate, evaluate, and use information resources. This may include workshops, tutorials, course-integrated instruction, or one-on-one consultations.

Outreach: Activities and initiatives aimed at promoting library services, resources, and information literacy to the university community and beyond. Outreach may involve events, presentations, collaborations with academic departments, and community engagement programs.

Information Literacy: The set of skills needed to identify, locate, evaluate, and effectively use information. Information literacy instruction is a core component of library instruction, helping users develop critical thinking and research skills.

User Engagement: Strategies and efforts employed by the library to actively involve and connect with the university community. This can include feedback mechanisms, participation in events, and tailored services to meet the needs of different user groups.

Instructional Materials: Resources developed or provided by the library to aid in teaching and learning, including guides, tutorials, handouts, and digital resources that support information literacy and research skills.

Program Development: The creation and planning of new instructional or outreach initiatives that align with the library's mission and the needs of the university community.

7. Related Documents

None

8. Appendices

Appendix1: The ACRL (Association of College & Research Libraries) Information Literacy Framework

The **ACRL** is a comprehensive guide designed to enhance information literacy education in academic libraries. It focuses on developing critical thinking and research skills in students, aligning with the evolving nature of information and the ways in which it is created, accessed, and used.

Key Components of the ACRL Information Literacy Framework: The framework consists of six core concepts, known as "frames," each representing a fundamental aspect of information literacy. These frames are interconnected and collectively provide a holistic approach to understanding and teaching information literacy.

1. **Authority is Constructed and Contextual**

Concept: Authority is not absolute; it is constructed based on the context, discipline, and source. Different communities may recognize different types of authority, and the recognition of authority may change over time.

Learning Outcomes: Students learn to assess the credibility of sources, understand that authority varies across contexts, and develop the ability to question and evaluate the sources of information critically.

2. **Information Creation as a Process**

Concept: Information is created through various processes that affect its content, format, and purpose. The way information is produced and disseminated influences how it is perceived and used.

Learning Outcomes: Students gain an understanding of the different processes of information creation, recognize the importance of format and delivery in evaluating information, and develop skills to use information appropriately in different contexts.

3. **Information Has Value**

Concept: Information has various forms of value, including as a commodity, as a means of education, as a means of influence, and as a means of understanding the world. Ethical and legal aspects of information use, such as copyright and intellectual property, are also emphasized.

Learning Outcomes: Students learn about the economic, legal, and social dimensions of information, recognize the ethical use of information, and understand their rights and responsibilities as information users.

4. **Research as Inquiry**

Concept: Research is an iterative process that involves asking complex questions, exploring different avenues for finding answers, and refining the questions and approaches as more is learned.

Learning Outcomes: Students develop skills in formulating research questions, understanding that research is an ongoing process, and learning to adapt their approaches based on new insights and information.

5. **Scholarship as Conversation**

Concept: Scholarship is a conversation among scholars and researchers, where ideas are shared, debated, and developed over time. This conversation is dynamic and involves multiple perspectives and interpretations.

Learning Outcomes: Students are encouraged to see themselves as contributors to the scholarly conversation, recognize the value of different perspectives, and understand the importance of citing and building upon the work of others.

6. **Searching as Strategic Exploration**

Concept: Searching for information is a complex process that requires strategic exploration, involving a range of search techniques and tools, and adaptability in finding the most relevant and reliable sources.

Learning Outcomes: Students learn to employ various search strategies, recognize that searching is often a non-linear and iterative process, and develop the ability to critically evaluate the results of their searches.

Implementation of the Framework

Curriculum Development: The framework provides a foundation for integrating information literacy into curricula across disciplines. It encourages collaboration between librarians and faculty to create learning outcomes and assignments that align with the frames.

Instructional Design: Librarians use the framework to design instructional sessions, workshops, and online tutorials that help students develop the skills outlined in the frames.

Assessment: The framework guides the assessment of students' information literacy skills through various methods, such as quizzes, research assignments, and reflective exercises, ensuring that students are progressing in their understanding and application of these concepts.

Importance of the ACRL Framework

The ACRL Information Literacy Framework is vital for fostering critical thinking, ethical research practices, and a deep understanding of the information landscape. It equips students with the tools

they need to navigate the complexities of information in both academic and real-world contexts, preparing them for success in their academic careers and beyond.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

9. Fiscal Resources, Financial Management and Budgeting

	POLICY NAME	9.1 Internal Audit Policy		
	POLICY No.	9.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Internal Control Policy of the University of Khorfakkan (UKF) establishes the framework for an effective system of internal controls to ensure the integrity of the university's operations, compliance with laws and regulations, and the achievement of its objectives.

1. Purpose

This policy aims to:

- Maintain effective internal controls.
- Boost operational efficiency and effectiveness.
- Protect assets and resources.
- Ensure accurate and reliable financial and operational information.
- Comply with laws, regulations, and university policies.

2. Scope

This policy applies to all departments, employees, and activities within the University of Khorfakkan. It covers financial, operational, compliance, and strategic controls.

3. Policy Statement

The University of Khorfakkan is dedicated to maintaining strong internal controls to ensure the integrity of its operations, compliance with laws, and achievement of its goals. UKF acknowledges that internal controls are crucial for:

- Enhancing operational efficiency
- Protecting assets
- Ensuring reliable financial and operational information
- Fostering accountability and continuous improvement

UKF commitments include:

- Establishing a comprehensive internal control framework
- Promoting a culture of integrity, ethical values, competence, and accountability
- Conducting regular risk assessments
- Implementing effective control activities
- Ensuring efficient communication and information systems
- Continuously monitoring and improving internal controls

The University Deans' Council, senior management, and all employees share the responsibility for maintaining and enhancing the internal control system, aiming to uphold our mission, achieve our goals, and retain stakeholder trust.

4. Procedure

These procedures guide the implementation and maintenance of internal controls at the University of Khorfakkan. They ensure compliance with the Internal Control Policy, promote efficiency, safeguard assets, and ensure reliable financial reporting.

4.1 Control Environment Procedures

- Ethical Standards: Train employees on the university's Code of Ethics and internal controls.

- Organizational Structure: Maintain clear roles and responsibilities with an updated organizational chart.
- Competence and Development: Hire qualified personnel and provide ongoing training.

4.2 Risk Assessment Procedures

- Risk Identification: Conduct regular assessments to identify potential risks.
- Risk Evaluation: Evaluate and prioritize risks based on their likelihood and impact.
- Risk Mitigation: Develop strategies to manage identified risks and assign responsibilities.

4.3 Control Activities Procedures

- Segregation of Duties: Separate responsibilities for authorization, record-keeping, and asset custody.
- Authorization and Approval: Ensure transactions are reviewed and approved by authorized personnel.
- Documentation: Maintain accurate records of all transactions.
- Physical Controls: Implement security measures to protect assets and conduct regular inventories.

4.4 Information and Communication Procedures

- Information Systems: Ensure secure, reliable information systems with access controls.
- Internal Communication: Use effective channels to share information about controls and risks.
- External Communication: Provide accurate and timely information to external stakeholders.

4.5 Monitoring Activities Procedures

- Ongoing Monitoring: Integrate control monitoring into daily operations.
- Internal Audits: Conduct periodic audits to evaluate controls.
- Follow-Up: Address audit findings promptly and track corrective actions.

4.6 Reporting Procedures

- Internal Reporting: Prepare regular reports on control status and issues.
- External Reporting: Ensure compliance with financial and regulatory reporting requirements.

4.7 Training and Awareness Procedures

- Training Programs: Provide training on controls, risk management, and ethics.
- Awareness Campaigns: Highlight the importance of internal controls through various communication channels.

4.8 Quality Assurance and Improvement Procedures

- Quality Assurance Reviews: Regularly review the internal control system for compliance and improvement.
- Continuous Improvement: Encourage feedback and implement improvements based on reviews.

4.9 Confidentiality Procedures

- Information Protection: Restrict access to confidential information and secure data.
- Disclosure Control: Establish guidelines for authorized disclosure of information.

5. Responsibilities

5.1 Deans' Council

Oversees the internal control system and ensures its adequacy and effectiveness.

5.2 Vice-Chancellor

Ensures the implementation of an effective internal control system and provides the necessary resources.

5.3 Internal Audit Department

Independently evaluates the effectiveness of internal controls and recommends improvements.

5.4 Management

Designs, implements, and monitors internal controls within their areas of responsibility.

5.5 Employees

Comply with internal control policies and procedures and report any issues or irregularities.

6. Definitions

Internal Control
Internal control is a process, effected by the university's management, faculty, staff, and students, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- Effectiveness and efficiency of operations.
- Reliability of financial reporting.
- Compliance with applicable laws, regulations, and policies.

Components of Internal control
The internal control framework is based on the Committee of Sponsoring Organizations of the Treadway Commission (COSO) model, which includes five interrelated components:

1. **Control Environment**: Establishes the tone at the top regarding the importance of internal control and expected standards of conduct.
2. **Risk Assessment**: Involves the identification and analysis of relevant risks to the achievement of objectives.
3. **Control Activities**: Policies and procedures that help ensure management directives are carried out.
4. **Information and Communication**: Pertains to the identification, capture, and exchange of information in a form and time frame that enable people to carry out their responsibilities.
5. **Monitoring Activities**: Processes used to assess the quality of internal control performance over time.

7. Related Documents

- President decision No1-2022-Article 4 and 6

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	9.2 External Audit Policy		
	POLICY No.	9.2	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The policy establishes the framework for engaging external auditors to review the university's financial records, operational processes, and adherence to regulations. The audit is meant to provide an objective evaluation of the university's financial health and operations, ensuring that all practices align with legal, ethical, and institutional standards.

1. Purpose

The purpose of this policy is to ensure that University of Khorfakkan's external audit practices are maintained and deemed extremely reliable, as well as to detail the procedures for University of Khorfakkan's staff members and external auditors while auditing the University's financial operations. UKF will assist the external auditor to provide independent and unbiased opinion on whether the financial statements present a true and fair view of UKF's financial position and performance

2. Scope

The external audit is conducted once a year, and its scope is confined to financial statements that involve the accuracy of the University's accounts, financial condition, and compliance with applicable rules and regulations. This policy applies to all audit and review operations conducted for the University's relevant departments by external auditors.

3. Policy Statement

3.1 General Guidelines

The policy's value is determined by its objectivity and focus on the efficiency and effectiveness of operations, the effectiveness of procedures, the accuracy, reliability, and integrity of financial statements and internal controls, and the compliance with applicable accounting standards, laws and regulations.

The external auditor should have full authority to request any information, evidence, report or document that serve the scope of audit and facilitate obtaining reasonable assurance that the financial statements are free of any incorrect statements, whether due to fraud or error, enabling to form an opinion on whether the financial statements fairly represent the financial position and performance of the University and are prepared in all material aspects in accordance with applicable reporting frameworks.

University of Khorfakkan (UKF) shall cooperate fully and assist the external auditors mandated with the responsibility of examining and verifying the University's financial and operational transactions. External auditors will have access to any records relevant to the audit process. All external audit activities shall be appropriately authorized, tracked, and communicated effectively and consistently.

3.2 Approval of External Auditors

The external audit firm shall be approved by the Board of Trustees, who shall consider the following aspects when selecting an audit firm:

a) The audit firm's professional credibility.

b) Its capability to adhere to generally accepted auditing standards,

c) The knowledge, Professional qualifications and experience of the engagement team members.

d) Independence and objectivity of the external auditor.

e) The audit firm's quality of service and its pricing structure.

f) Industry knowledge.

g) Audit firm size and resources

h) Geographic coverage

4. Procedures

The audit process will normally consist of the following phases:

a) Notices:

1. The audit firm is required to notify UKF in advance of the proposed audit works. The Director of Finance shall be notified by the audit company about the schedule of the audit, review, or site visit.
2. This notice should specify the scope and objective of the audit, in addition to the start and end dates of the work.
3. Upon receiving such notification, the Vice-Chancellor for Finance and administration and the Director of Compliance and Internal Audit shall be notified immediately.

b) Audit Visits:

1. The audit visit's objective is to determine the audit's purpose, scope, and timeframe, as well as the information necessary by the external auditors and the physical facilities required. This initial meeting will include management and administrative staff who will be involved in the audit and will ensure proper communications.
2. The pre-visit will assist the auditor in planning and ensuring that adequate attention is paid to critical audit areas, identifying potential problems on a timely basis, organizing and managing the assignment effectively, assisting in the selection of team members, and facilitating the coordination of audit works performed.

c) Fieldwork:

1. It is critical that the Director of Finance maintains communication with the external auditor during the audit period to facilitate the process by ensuring that they obtain the correct information and correct any inaccuracies that may have been provided.
2. At the external auditor's request, the Director of Finance will schedule interviews, get necessary documents, respond to inquiries, and finalize statements.
3. The external auditor will conduct a review of procedures, manuals and business processes, as well as conduct compliance testing and evaluate the adequacy of internal controls.
4. All audit findings requiring a formal response will be submitted to the Director of Finance by external auditors.
5. All audit reports and responses should be kept in a working file specified for each audit. The Office of Compliance and Internal Audit will prepare related correspondence and keep them in a central file that will be subject to UKF records retention guidelines.

d) Exit Audit Visit:

1. In the exit meeting of the audit visit, the external auditor will inform UKF management of the audit findings, clarify possible misunderstandings, and identify any issues that are unresolved. The external auditor may submit a draft report of the audit findings and request a scheduled response.

2. Upon receiving the draft report, the Director of Finance will distribute copies of the draft report to the concerned offices and coordinate the management responses.
3. The VCFA will review and approve all responses to the draft audit report prior to submission to the external audit firm.

e) Final Audit Report:

1. The external auditor issues a final report after receiving replies to the draft report based on the exit meeting.
2. Copies of such report shall be sent to the VCFAA and the Chancellor before being submitted to the Board for endorsement.
3. All audit findings and recommendations must include a corrective action plan.
4. Every effort should be made to put recommendations into action within six months of the report's release date.

5. Responsibilities

a) Director of Finance

1. Facilitate the external audit process and ensure providing the correct information when requested.
2. Keeps track records of the external audit activities.
3. Arranges for all appropriate campus representatives to attend a formal audit visit to clarify the scope of the audit, expected audit methods, and required records and information.
4. Answers inquiries and offers guidance.
5. Notifies the senior management if there are any major situations that demand rapid attention.
6. Schedules an exit audit meeting to review results and make suggestions.
7. Distributes copies of the draft audit report to the relevant offices for written replies.

b) Compliance and Internal Audit Office

1. Assists the Director of Finance with external audit arrangements.
2. Monitors the audit's recommendations for implementation.

c) Deans, Directors and Managers

1. Work with the staff to coordinate requests for specific information or interviews.
2. Send the Director of Finance all draft and final audit replies for evaluation.
3. Carry out audit recommendations that have been agreed upon.

d) Other Employees

1. Shall be cooperative and professional when interacting with auditors.
2. Shall assist the auditors with requests and answer the auditors' queries.
3. Shall not give out any information that isn't relevant or requested.
4. Shall inform the Director of Finance if an auditor's work is extending beyond the audit's defined

6. Definitions

Financial External Audit: A financial external audit is an independent examination of the university's financial transactions and related operations, conducted by an external auditor. The purpose of this audit is to provide an objective assessment of whether the financial statements are reasonably accurate, complete, and fairly presented according to the relevant accounting standards and regulatory requirements.

External Auditor: An external auditor is an independent, third-party professional or firm that conducts the financial external audit of the university. The external auditor is not affiliated with the organization being audited, which allows them to provide an unbiased and objective evaluation of the organization's financial statements. External auditors are typically certified accountants who

are authorized by the relevant authorities and qualified to assess the accuracy and fairness of financial reports, ensuring compliance with accounting standards and regulations.

7. Related Documents

President Decision No1-2022- Article 4

8. Appendices

None

9. Modifications History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	9.3 Financial Planning and Analysis Policy		
	POLICY No.	9.3	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The financial Planning and Analysis (FPA) includes budgeting, forecasting and analytical review that shall support UKF in achieving its business strategy and monitoring its expenses. FPA discipline combines in-depth analysis of both operational and financial data to help align business processes and strategies with financial goals, and to evaluate progress towards those goals.

1. Purpose

The purpose of this process can be determined by the following:

- Align Finance Function towards achieving the strategic objectives with a clear focus on aspects such as projected growth, macro-economic conditions, specific growth plans and planned initiatives.
- Develop an accurate budget in accordance with each College/Department's functional requirements and ensure that the budget is prepared and approved within the defined timelines.
- Facilitate adequate monitoring and forecasting of the budget on an ongoing basis and prepare relevant, timely and accurate reports that highlight the deviations from approved budget and gather explanation for such deviation.
- Predict financial performance for the remaining quarters of the year as accurately as possible after considering changes in market and economic dynamics, irrespective of whether the resulting forecast achieves the approved budget or not; and
- Develop reports in a timely manner for internal and external Stakeholders.

2. Scope

The scope of the Financial Planning & Analysis includes the following processes:

- Budget Preparation
- Budget Transfer
- Supplementary Budget
- Budget Monitoring and Forecasting
- Reporting

3. Policy Statement

This policy serves as a guiding principle for managing the financial resources of the University effectively and ensuring that all financial decisions support the university's mission and strategic objectives.

- The University of Khorfakkan is committed to maintain effective financial planning and analysis processes to ensure that its financial planning, budgeting, and forecasting processes are thorough, accurate, and aligned with the strategic goals of the organization.
- The university is committed to maintaining a robust FPA process that facilitates effective allocation of resources, identification of financial risks and opportunities, and the achievement of long-term financial stability and growth.

- The policy emphasizes the importance of maintaining integrity and transparency in all financial planning and analysis activities. All financial projections, budgets, and analyses must be based on reliable data and sound financial principles.
- The university will regularly review and update its FP&A processes to adapt to changes in the business environment, ensuring the relevance and accuracy of financial planning.
- All FPA activities must comply with applicable financial regulations, accounting standards, and organizational policies.

4. Procedures

4.1 Budget Preparation

1. The fiscal year of the University shall commence on 1st September and end on 31st August of the following year.
2. The Finance Department shall be responsible for Budget Preparation in line with the approved Annual Strategic Plan and Departmental objectives. Furthermore, the Budget Preparation exercise shall be aligned with Procurement Planning and Manpower Planning exercises conducted by Procurement and Human Resource Teams respectively.
3. Budget Preparation shall be commenced by the Finance Department from the beginning of February as per the instructions of the VCFA. The draft Budget shall be presented to the Board of Trustees for review and approved in accordance with the University By-laws by end of June.
4. A Budget Advisory Committee shall be formed to ensure active participation and provision of input from key stakeholders. Members of the Budget Advisory Committee shall be nominated at the discretion of the Chancellor.
5. Compliance with the Budget Calendar timelines shall be strictly monitored, and delays shall be escalated to the Vice Chancellor for Financial and Administrative Affairs (VCFA).
6. UKF shall develop its Annual Budget while anchoring to its historical data.
7. Budget Owners (i.e., Department Directors and College Deans) shall be responsible for filling up the Annual Planning Report (APR) template reflecting the Budget details for the upcoming years, including their requirements and assumptions undertaken.
8. Revenue shall be budgeted taking into consideration the following (but not limited to) parameters:
   - Annual Strategic Plan and Sustainability objectives.
   - Fee List for each revenue stream, which is adjusted each year based on fee review and benchmarking exercise.
   - Number of expected customers (students, trainees, tenants, etc.), estimated based on historic trend analysis.
   - List of new initiatives and on-going projects.
9. Expenses shall be budgeted as follows:
   - Relevant inputs covered in the Annual Procurement exercise shall be integrated in coordination with the Procurement Team.
   - Manpower cost shall be provided by the Human Resources Team as part of the Annual Manpower exercise.
   - IT Team shall be responsible to provide Technological software and hardware expenses.
   - Respective Department/ College shall be responsible to provide expenses associated with new initiatives and committed costs.
10. Financial Planning and Analysis section shall be responsible for ensuring the following:
    - Completeness of data inputs in the APR template.
    - Alignment with Annual Strategic Plan and Departmental objectives.
    - Recommendation of Fees based on the benchmarking exercise.
    - Alignment with the external economic environment; and

- Adequacy and reasonableness of assumptions provided for Budget line items.

11. The Annual Budget shall consist of:
    - Budgeted Revenue.
    - Budgeted Manpower.
    - Budgeted Operating Expenditure.
    - Budgeted Capital Expenditure.
12. A 'Contingency Budget' shall be determined by the Budget Advisory Committee for each Chapter to cover unplanned operational and administrative expenses relating to the UKF' activities.

4.2 Budget Transfer

1. Budget transfer occurs in the following scenarios:
    - Unplanned activities, not included in the Annual Budget, which are critical to UKF' operational needs.
    - An expenditure related to a budgeted line item under which sufficient funds are not available.
2. A 'Budget Transfer Form' along with the justification for transfer shall be required in case of Chapter-to-Chapter transfers. Transfers from Contingency Budget shall only be requested in case budget overruns at the PR approval stage.
3. Exceptional Budget Overrun request shall only be processed after ensuring the required budget amount is within the overall UKF approved budget limit.
4. Budget transfer from one account to another account shall require specific approvals as per the Bylaws
5. Budget transfer from one cost centre to another within the same chapter shall require specific approvals as per the Bylaws.
6. Budget transfer from one program to another within the same account shall require approval of the Finance Director, if the transfer will require different account, then approval shall be as per Bylaws.

4.3 Supplementary Budget

1. Supplementary Budget shall only be pursued where Budget Transfer is not possible and for cases considered by the Bord of Trustees. (article 9 and 12)
2. Supplementary Budget preparation shall follow the same procedures as the preparation of the Annual Budget for the University.
3. Supplementary Budget may be requested due to the following reasons:
    - During a budget monitoring and reporting, it is deemed that the available Budget is insufficient for smooth operations of the University; or
    - A new project is initiated, which was initially not planned and requires additional funds.
4. Any request for an additional Budget shall be adequately supported by a 'Business Case', which shall include the following key elements:
    - **Strategic context**: Need/ requirement for the budget and how it fulfills UKF's strategic objectives.
    - **Economic Analysis**: Estimated costs to be incurred and the expected value which shall be generated.
    - **Resource Requirement**: Additional resources (apart from financial) required for the fulfilment of the need/ requirement (such as support from other departments).
5. Supplementary Budget shall be utilized only for the purposes specified during the conceptualization and approval phase.

4.4 Budget Monitoring and Forecasting

1. Budget monitoring shall be exercised at a Fund, Department and Account pool level and shall take place at the PR approval stage.
2. FPA section shall generate Budget Utilization Report monthly to monitor the actual revenue and expenses.
3. In addition, regular meetings shall be conducted with the Research Department to discuss external grants received and project timelines, and further evaluate project milestones for existing projects.
4. Quarterly Forecasts shall be developed based on information available at the time of preparation, including historical data, commitments, expected income and expenditure, and current economic and market scenarios.
5. Assumptions and parameters utilized in the preparation of the forecast shall be clearly defined and documented.
6. FP&A Team shall review the Forecasts at University/ College/ Department level for the below key elements, analyzing the qualitative drivers causing adverse or favorable movement of Budget variances:
   - Revenue
   - Operating Expense
   - Capital Expenditure
   - Projects related expenses
7. On an annual basis, FP&A Team shall generate the Budget Variance Report at the end of each year to identify variances above 10% of the Budgeted value.
8. In addition, FP&A Team shall also generate the following periodic reports for Management and External Stakeholder review:

#	Report Name	Reporting Frequency
Internal Reports		
1	College/ Business Unit Performance Report	Quarterly
2	Financial Position	Monthly
3	Vice Chancellor portfolio level reporting	upon the request of the VC
External Reports		
3	Ministry of Education Reports	Annual
4	Reporting for Ranking bodies	Annual
5	Reporting for Accreditation Committee	Annual (Jan-Apr)
6	Ad-hoc reports requested by UKF Management/ External Stakeholders	-

4.5 Re-adjustment of the Budget

The university the right to adjust the budget to reflect any budget transfer occurred during the year to fulfill the requirement of the university operations.

5. Responsibilities

VCFA: oversees and sets the executive regulations to prepare the budget and reporting.
Finance Director: Manages and executes the budget cycle.

Chancellor: Discusses the budget proposal with the BOT financial committee before reporting the final budget version to the BOT for approval.
Budget Advisory Committee: serves as an advisory body to UKF BOT, facilitating collaborative discussions and communications about long term financial planning among the university employees, faculty, and students, and reviews the university annual and long-term budget projections and conduct resource utilization studies.

6. Definitions

Acronym	Description
UKF	University of Khorfakkan
FP&A	Financial Planning & Analysis
DOA	Delegation of Authority
VCFA	Vice Chancellor for Finance and Administration
APR	Annual Planning Report

- **"Account"**: refers to classification code as part of UKF' Chart of Accounts to identify line items (such as assets, liabilities, revenue, expenses, etc.) within the Budget.
- **"Approving Authority":** refers to the Person/ Committee within UKF who is responsible for approving the activity. The full list of Approving Authorities shall be obtained from the DOA.
- **"Budget Calendar":** Comprises of a detailed sequence of steps on development and presentation of Budget, along with their respective timelines.
- **"Capital Expenditure":** as defined in Chapter 3 of this section.
- **"Contingency Budget":** Additional fund included under the Budget to cover any unplanned expenses.
- **"Contract":** is an arrangement / promise between the End User and Vendor concerning the supply of materials / services, over a specified period of time, on the basis of predefined terms and conditions.
- **"Chapter":** refers to a major classification of expenditures from a Budgetary and Accounting perspective. The University By-Laws define the 3 chapters are below:
  - **Chapter 1:** Salaries, wages and supplementary benefits that include remunerating the University faculty and administrative staff members their salaries, wages, cash and in-kind benefits
  - **Chapter 2:** Operational expenses that include University expenditures required for its regular activities.
  - **Chapter 3:** Capital expenditures that include capital items, which require use for more than one fiscal year and exceed the amount of AED 5,000.
- **"Delegation of Authority":** is the subdivision and sub-allocation of powers to the subordinates in order to achieve effective results.
- **"Exceptional Budget Overruns": refers to budget overruns that are approved by UKF' Finance Department.**
- **"Hybrid Budgeting":** refers to an approach to budgeting that uses a combination of Incremental and Zero-based Budgeting.
- **"Incremental Budgeting":** refers to a type of budgeting where Budget preparation is based on additions/ deletions to previous years' budget based on upcoming requirement.
- **"Journal Voucher":** is a document that contains essential information about an accounting

transaction (such as unique identifying number, transaction date, description, amount, accounts impacted, etc.). It is written authorization to make a transaction entry.

- **"Operating Expenditure": is** an expense incurred through its normal business operations which are defined under Chapter 1 and Chapter 2 of this section.
- **"Revenue":** refers to money received by UKF from Students and other customers for services provided by UKF.
- **"VC Council":** refers to a Council of all Vice Chancellors within UKF.
- **"Zero-based Budgeting":** refers to a type of budgeting approach where Budget preparation happens without any reference to previous years' budget.

6. Related Documents

Budget advisory Committee Charter
Financial Bylaws

7. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	9.4 Finance Accounts Receivable Policy		
	POLICY No.	9.4	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

UKF follows a systematic approach to raising invoices, recognizing revenue and applying VAT as per the Executive Regulations to the VAT Decree-Law, for each of its revenue streams. UKF also follows a standardized process for following up on outstanding revenue and processing refunds.

1. Purpose

The purpose of the Finance Accounts Receivable Policy is to establish a standardized and effective approach for managing the university's accounts receivable. This includes the processes of billing, collection, and reporting of all amounts owed to the university by students, customers, and other entities. The policy ensures that the university's receivables are accurately recorded, promptly collected, and adequately monitored to maintain the financial stability and integrity of the institution.

2. Scope

The scope of the Accounts Receivable process includes the following:

- Student Revenue from Sponsored and Non- Sponsored Students (*including Admission Fees, Seat Reservation Fees, Tuition Fees, Housing Fees, Late Payment Fee/ Penalty, Administrative Fee, Libraries Photocopies*)
  - ✓ Invoicing
  - ✓ Revenue recognition
  - ✓ Collection and Follow-up
  - ✓ Refund
- Revenue from Business Centers and Research Department
- Credit Note to Customers
- Reporting

3. Policy statement

The Finance Accounts Receivable Policy outlines the procedures and responsibilities for the management of accounts receivable. It aims to ensure that all receivables are managed efficiently and in compliance with relevant regulations and university guidelines. The policy emphasizes the importance of timely and accurate billing, consistent follow-up on outstanding amounts, and clear communication with debtors. It also provides guidance on the handling of delinquent accounts, including escalation procedures and potential involvement of external collection agencies. This policy is essential for safeguarding the university's financial resources and supporting its long-term financial planning.

4. Procedures

4.1 Student Revenue

4.1.1 Student Fees and Discounts

1. Student Fees for the Semester/Program shall be approved by the Finance Committee before the commencement of admission for the Semester/Program.
2. Based on the Courses and Programs enrolled by the students and the respective approved fee structure, a tuition fees Invoice shall be issued to non-sponsored Students after the 'Add & Drop' period. Other services shall be invoiced upon the completion of the service/request.
3. A Student/ Sponsor Invoice shall contain following particulars:
   - "Student Invoice" (or "Sponsor Invoice" in case of Sponsor) clearly displayed at the top
   - The name, address, logo of UKF
   - Invoice Number
   - The date of issue of Invoice
   - Student Name and ID
   - Sponsor's Name and Address (If Applicable)
   - Detail of Semester/ Program
   - The gross amount payable expressed in AED
   - Payment due date
   - Stamp of UKF Finance Department
4. In case the service provided to Students are taxable, a "Standard Tax Invoice" shall be issued with the following additional particulars:
   - The words "Tax Invoice" clearly displayed at the top
   - Tax registration number of UKF
   - The Tax amount payable expressed in AED
   (Please refer to VAT Policy for more details).
5. Discounts and scholarships shall be applied and accordingly calculated as per the "Discount & Scholarship Framework".
6. Discounts and scholarships shall be applied on the gross tuition fees if the student receives partial financial support.

4.1.2 Collection and Follow-up from Students

1. The following mode of Payments are available for Students to pay their Fees.
   - Online/ Credit Card
   - Direct Deposit in UKF bank account
   - Cheque (Current and Post Dated)
2. Upon confirmation of Student application, a Student ID shall be created and access to the student online portal shall be provided by the Admission and Registration Department.
3. Students are encouraged to pay through student online portal unless the payment mode is through cheques, wherein the student shall deposit at UKF Collection Counter.
4. Postponement of cheque deposits shall only be approved by Finance Director if following conditions are fulfilled:
   - 50% of the outstanding is immediately paid; and
   - Deposit of Cheque is deferred up to 10 days.
5. Current dated or post-dated cheques received from Student shall be tracked separately and adjusted prior to follow-ups with Students for the outstanding balances.
6. Two instances of bounced cheques by a Student, shall result in Student ID being flagged. This will disable acceptance of Cheque as a mode of payment for the respective student.
7. On semester basis, or when needs arise, Finance Director shall also request Admission and Registration Department to provide list of Students exposed to academic dismissal/ disciplinary actions/ withdrawals to access the recoverability of outstanding amount.

8. Document Control and Record-Keeping Unit shall issue the Graduation Certificate and Official transcript to Students only after obtaining NOC from Finance Department / Accounts Receivable and shall deactivate the Student ID.

4.1.3 Refund

1. Students shall be eligible for Refund in the following cases:

Scenario of Refund	Documents Required
Students who have received Scholarship after paying the Tuition Fees	a. Scholarship Certificate / Sponsorship Letter (Indicating the % of Scholarship) b. Payment receipt
Withdrawal of application from UKF before Census date	a. Clearance Certificate from University b. Payment receipt
Dorms Deposit	a. Clearance Certificate from the concerned department. b. Payment receipt
Visa Deposit when applicable	a. 'Confirmation on Cancellation' from Passport Section b. Payment receipt
Surplus in Graduate Student Account	a. Clearance Certificate from University

2. A Refund can be requested through finance department.
3. Refunds shall be processed once a month i.e. at the end of the month if the required documents (along with the Form) are submitted 5 days prior to processing date.
4. Refunds shall be directly credited to the account holder from whom the initial payment has been received.
5. Students need to submit a no objection letter from the Sponsor to get the refund amount in case the credit balance is available in the student account from Sponsor support.
6. Dorm refund for students who withdraw from dorms shall be calculated with the following guidelines

Timeline	Penalty
Within first month	25% of the total Housing Fees
Within second month	50% of the total Housing Fees
After second month	100% of the total Housing Fees

4.2 Revenue from Business Centers and Research Department

Details of UKF' Revenue Sources

Source of Revenue	Description	Revenue Recognition	Full/ Partial Refund Criteria
Rental Properties & Retail Sites	Revenue collected from tenant for UKF properties	Straight-line basis over the tenure period	Request from Client
General Research Grant	Revenue received for research projects from Sponsors without any underlying conditions/ restrictions	Upon receipt of funds	Not Applicable
Restricted Research Grant	Revenue received for specific research projects from Sponsors	Upon fulfillment of the attached conditions	Unused funds upon project completion
Miscellaneous Government Assistance	Revenue received from government sponsors for general purpose	Upon receipt of funds	Not Applicable
Upskilling Centre	Revenue collected for providing training programs and courses	▪ Straight-line basis over the course/ program period ▪ Upon course completion (Duration of course less than a month)	Course/ Program Cancellation
Conference	Revenue collected from conferences organized by the different Departments	Upon completion of conference	Conference Cancellation
Passport/ Visa Service when applicable	Revenue collected for the passport/ visa service provided to students/ employees and their dependents	Upon provision of services	None
Sale of Books	Revenue collected from sale of UKF Books	Upon sale of book	Return of book due to quality issue

4.2.1 Invoice Preparation

1. Upon confirmation of service delivery or receipt of payment (whichever is earlier), an Invoice shall be submitted, and shall contain the following particulars:
   - The word "Invoice" clearly displayed at the top
   - The name, address, logo of UKF
   - Invoice Number
   - The date of issue of Invoice
   - Customer Name and Account Number
   - Details of Goods/ Services provided
   - The gross amount payable expressed in AED
   - Payment Due Date

- Stamp of UKF Finance Department

2. In case the service/goods sold is taxable, a "Standard Tax Invoice" shall be issued with the following additional particulars:
   - The words "Tax Invoice" clearly displayed at the top
   - Tax registration number of UKF
   - The Tax amount payable expressed in AED

   (Please refer to VAT Policy for more details).
3. Respective Business Centre shall request for Invoice in case of Corporate Clients for which below documents shall be required:
   - Signed contract copy/ Approved Purchase Order
   - Service delivery progress confirmation (such as confirmation of courses and programs)
4. For Internal Customers (UKF Students and Employees (and their dependents)), Invoicing shall take place directly against their respective accounts through their Student / Employee ID
5. During Invoice generation, the relevant Tax code shall be entered and confirmed by the AR in line with the VAT Policy.

4.2.3 Collection and Follow-up from Business Centers and Corporate Customers

1. The following mode of payments are available for Customers to pay.
   - Online payment gateway
   - Credit Card
   - Cheques
   - Bank Deposits
2. Cash Payment shall NOT be allowed as a viable mode of payment.
3. AR shall generate an 'Accounts Receivables Ageing Report' with aging buckets for Past Due Amounts (1-30 days, 31-90 days, 91-120, 121-365 and >365 days) on a monthly basis or as required, to review overdue receivables and collection progress compared to the previous month.
4. Encashment of financial guarantee (if available) or initiating legal procedure to recover the outstanding amount shall require prior approval of the Finance Director.

4.2.4 Revenue Recognition

1. UKF shall recognize revenue when it satisfies its performance obligation to the customer, either overtime or at a point in time. As per **IFRS 15 Revenue Recognition**, UKF shall recognize revenue over time if one of the following criteria is met:
   - The customer simultaneously receives and consumes all of the benefits provided by UKF as part of its operations.
   - UKF's performance creates or enhances an asset that the customer controls as the asset is created; or
   - UKF has an enforceable right to payment for performance completed to date.
2. If UKF satisfies its performance obligation at a point in time, revenue shall be recorded in accordance with **IFRS 15 Revenue Recognition** if one of the following criteria is met:
   - UKF has a present right to payment for the goods/ services provided.
   - The customer has legal title to the asset; or
   - UKF has transferred physical possession/ risks and rewards of the asset to the customer.

4.2.5 Income from Rental Properties & Retail Sites

1. UKF shall be listed as the Landlord on all contracts for Rental Properties and Retail Sited.
2. Inventory of all properties shall be maintained with detail of occupancy status, period of occupancy and agreed rental for the period.

3. Rental funds received but not eligible for Revenue Recognition shall be recognized as 'Deferred Revenue'.
4. Funds received shall either be recorded as 'Deferred Liability account for Student Welfare/ Research Fund, depending on the classification of the property and shall be utilized for the specified purpose.
5. Rental Security deposits received shall be recorded as a liability until the end of the contract. Any non-refundable amount of the deposit shall be recorded as other income upon confirmation from the Property Management Team.

Bounced PDCs shall be communicated with the Property Management Team for follow-up with the customers.

4.3 Research Grant Revenue

1. A unique code shall be generated for every Research project undertaken after the submission of signed contract to FC by Research Department and shall include the contractual terms, duration, milestones, total budget.
2. Research Grant Revenue shall be categorized as follows:
   - **General Research Grant:** Grant received from Sponsors for a general purpose
   - **Restricted Research Grant:** Grant received from Sponsors for a specific purpose (such as nature and scope of project)
3. Expenses that are required to be reimbursed by the Sponsors, should be pre-approved prior to incurring it.
4. Monthly meeting (every 1st working day of the Month) shall be performed with Research Team to discuss and assess the following (but not limited to) items retrieved from MIS for the Open projects (Internal/ External):
   - Invoicing Requirements
   - Recognition of cost based on time charged on the projects and other expenses incurred (OPEX and CAPEX)
5. Restricted Research Grants shall be recognized as 'Deferred Liability' until completion of the Grant criteria, upon which they shall be recorded as Revenue.

4.4 Credit Note to Customer

1. Credit Notes shall be raised to document any adjustment that shall decrease the right of UKF towards Customers.
2. Credit Notes shall be raised to record all instances of exceptional discounts, waivers and refunds processed in line with the AR Policy, including (but not limited to):
   - Approved Request for Refund by College/Business Centre/Research Department.
   - Partial/Complete Waiver to the invoiced amount.
   - Exceptional one-off discounts.
   - Unsettled/disputed invoices; or
   - Any other adjustment to Student/Sponsor/Corporate Client account.
3. The following elements shall be included (at minimum):
   - The words "Tax Credit Note" clearly displayed on the document.
   - The name, address, logo of UKF.
   - The name and address of Customer.
   - The date of issuing the Credit Note.
   - Reference to the original Invoice and Purchase Order/ Contract.
   - A brief explanation of the circumstances giving rise to the issuing of the Credit Note.

- For VAT related purposes, TRN of UKF and Customer, along with tax charge relating to the difference in amount.

4.5 Reporting

Accounts Receivable shall extract below (but not limited to) key reports for the purpose of reporting and to ensure close control over account receivable balances:

- Receivables Ageing Report
- Semester Fee Due Report
- Late Payment Charge Report
- Unidentified Receipts with ageing buckets
- Accounts Receivable Adjustments Report
- Cheques Return Request Report
- Semester wise Registered Student Report
- Student Discount Allocation Report
- Non-invoiced sales/service Record

5. Responsibilities

5.1 Finance Department:

- **Billing and Invoicing:** Responsible for generating accurate and timely invoices for all amounts owed to the university.
- **Collection of Receivables:** Ensures that outstanding amounts are collected promptly and efficiently, using appropriate follow-up and reminder procedures.
- **Record Keeping:** Maintains accurate records of all accounts receivable transactions, including payments received and outstanding balances.
- **Reporting:** Regularly reports the status of accounts receivable to university management, highlighting any issues related to delinquent accounts or significant outstanding balances.

5.2 Accounts Receivable Team:

- **Monitoring Receivables:** Monitors all accounts receivable to ensure timely collection and to identify any potential issues early.
- **Communication:** Communicates with students, customers, and other entities regarding outstanding balances, payment due dates, and collection procedures.
- **Handling Delinquent Accounts:** Initiates appropriate actions for delinquent accounts, including escalation to higher management or referral to external collection agencies if necessary.

5.3 Chancelor and Vice Chancellor for Finance and Administration:

- **Oversight:** Provides oversight to ensure that the Finance Department is following the policy effectively.
- **Decision-Making:** Makes decisions regarding significant or complex receivable issues, such as writing off bad debts or authorizing external collection efforts.
- **Policy Review:** Reviews and updates the Accounts Receivable Policy as needed to ensure it remains effective and aligned with university goals and regulatory requirements.

5.4 External Auditors:

- **Audit and Compliance:** Reviews the accounts receivable processes and records to ensure they comply with relevant accounting standards and university policies.

- **Recommendations:** Provides recommendations for improving the management and collection of accounts receivable based on audit findings.

5.5 Students and Customers:

- **Timely Payments:** Responsible for making payments in accordance with the terms outlined in their agreements with the university.
- **Communication:** Expected to communicate promptly with the university if there are any issues or concerns regarding their accounts receivable balances.

6. Definitions

6.1 Abbreviations

Acronym	Description
AR	Accounts Receivable
IFRS	International Financial Reporting Standards
VAT	Value Added Tax
PDC	Post-Dated Cheque

6.2 Definitions

Account: refers to classification code as part of UKF' Chart of Accounts to identify line items (such as assets, liabilities, revenue, expenses, etc.) within the Budget.
Approving Authority refers to the Person/ Committee within UKF who is responsible for approving the activity. The full list of Approving Authorities shall be obtained from the DOA.
Bounced cheque: A bounced check occurs when the writer of the check has insufficient funds available to fulfil the payment amount on the check to the payee. (Non-availability of funds, Instruction to the bank to withhold payment against the cheque or technical errors like mismatched signatures, no or wrong date, over-written or scribbled text).
Contract: is an arrangement / promise between the End User and Vendor concerning the supply of materials / services, over a specified period, on the basis of predefined terms and conditions.
Delegation of Authority: Is the subdivision and sub-allocation of powers to the subordinates to achieve effective results.
IAS/IFRS: are accounting standards issued by the IFRS Foundation and the International Accounting Standards Board (IASB). They constitute a standardized way of describing the company's financial performance and position so that company financial statements are understandable and comparable across international boundaries.
Invoice: is a time-stamped commercial document that itemizes and records a transaction between a buyer and a seller.
Journal Voucher is a document that contains essential information about an accounting transaction (such as unique identifying number, transaction date, description, amount, accounts impacted, etc.). It is written authorization to make a transaction entry.
Refund: is a repayment of funds from the original payee to the original payer
Revenue: refers to money received by UKF from Students and other customers for services provided by UKF.

7. Related Documents

President's Decision No. (11) of 2023 On the Finance Regulations of University of Khorfakkan

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
Full review of the policy to make it more accurate and aligned with the newly approved policy template.	June 2024.

	POLICY NAME	9.5 Finance-Accounts Payables Policy		
	POLICY No.	9.5	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Finance - Accounts Payables Policy outlines the procedures and guidelines for managing the university's obligations to its vendors, suppliers, and other creditors. The policy ensures that all payments are processed efficiently, accurately, and in compliance with the university's financial regulations and contractual agreements. It also aims to maintain strong relationships with vendors by ensuring timely payments and adherence to agreed-upon terms.

1. Purpose

The purpose of Accounts Payable is as follows:

- Review all invoices received from Vendors are in line with the guidelines provided to ensure adherence to VAT regulations and contractual terms.
- Ensure that controls are embedded in the process of recording payables and processing payments to protect UKF's interests and provide transparency and accountability and transactions are supported with appropriate documentary evidence and reconciled properly.
- Ensure that the liabilities and expenses are recognized as per the applicable international accounting and reporting standards and are paid appropriately.
- Ensure adequate control including segregation of duties to mitigate risks related to conflict of responsibilities.
- Ensure invoices are processed as per agreed terms of payments to streamline working capital and avoid financial charges or affect Vendor relationships.
- Enable the supporting documents are submitted along with the invoice within the defined timelines.
- Ensure accurate recording of adjustments by raising Debit/ Credit Notes as required.
- Feed in adequate details that enable generation of reports such as aging by value, type (i.e. goods/services/utilities/projects);
- Report, follow up and escalate any outstanding payable balances as required
- Optimize cash flow management by strategically scheduling payments to maximize available discounts and minimize late fees.
- Continuously review and improve accounts payable processes to enhance efficiency, reduce costs, and adapt to evolving business needs.
- Promote sustainability practices by encouraging electronic invoicing, reducing paper waste, and supporting environmentally responsible vendor relationships.

2. Scope

The scope of the Accounts Payable includes the following processes:

- Invoice Receipt, Review and Approval, and Payment
- Vendor Advances
- Payables Reconciliation
- Debit and Credit Note to Vendors
- Petty Cash (Expense Recording and Replenishment)
- Reporting

3. Policy statement

The Accounts Payables Policy is committed to ensuring that all university liabilities are managed responsibly and that payments are made in a timely and accurate manner. The policy mandates that:

1. **Accuracy and Compliance:** All accounts payable transactions must be accurately recorded and comply with university policies, legal requirements, and contractual obligations.
2. **Timely Payments:** The university will strive to pay all invoices and obligations within the agreed-upon terms to maintain good relationships with vendors and avoid late payment penalties.
3. **Authorization and Verification:** Payments will only be processed after appropriate authorization and verification of the goods or services received, ensuring that all payments are valid and justified.
4. **Record Keeping:** Comprehensive records of all accounts payable transactions will be maintained to ensure transparency, facilitate audits, and provide a clear financial trail.
5. **Vendor Communication:** The university will maintain clear and open communication with all vendors and suppliers to address any issues or discrepancies related to payments.

4. Procedures

4.1 Invoice Receipt, Review and Approval

4.1.1 Receipt of Invoices

1. All Vendor Invoices (stamped and scanned copy or electronically signed copy) shall be required to be uploaded by the respective Vendor against the relevant PO/ Contract on UKF' dedicated Vendor Portal.
2. Alternatively, Vendors can submit their invoices by e-mail, with the PO/ Contract Number as the Email subject. This Invoice shall be uploaded by Finance/Procurement in the Vendor Portal.
3. Invoice submitted via any other method shall not be accepted. Exception cand be granted by the VCFA.
4. Invoices without a reference to the original PO/ signed Contract with UKF shall not be accepted.
5. No invoice shall be booked as an expense unless a Goods Receipt Note (GRN)/ Service Receipt Note (SRN)/ Milestone Completion Certificate (MCC) is submitted and approved by the Purchase Requisitioner and / or receiving committee when applicable.
6. Invoices received without a corresponding GRN/ SRN/ MCC shall be recorded as Memorandum Invoice and a notification shall be sent to the to submit the GRN/ SRN/ MCC.
7. Date of expense shall correspond to date of GRN/ SRN/ MCC approval.

4.1.2 Invoice Review and Approval

1. AP Accountant shall ensure that the **Standard/ Simplified Tax Invoices** received from the Vendor are in line with the UAE VAT Law and Guidelines issued by FTA and ensure the AP Tax Code generated for the Invoice is in line with the UKF' VAT Policy. *(Please refer to 'VAT Policy' for further details)*
2. For Foreign Vendors, a Commercial/ Proforma Invoice shall be obtained instead of a Tax Invoice.
3. A 4-way match shall be conducted between the price and quantity of the following three documents:
   - Invoice,

- PO, Contract, and
- GRN/ SRN/ MCC.
- Vendor Approved Quotation

4. Invoices related to Recurring Expenses and Petty Cash shall not require a Contract/ PO.
5. In case of LC payments, AP Team shall also review the following import documents:
   - Commercial Invoice
   - Certificate of Origin
   - Approved LC Copy
   - Delivery Order
   - Packing List
   - Custom Clearing Invoice and Forms
   - Insurance Copy
   - Goods Declaration Form
   - Transportation Bills
   - Master Airway Bill/House Airway Bill (for Air channel)
   - Master Bill of Lading/House Bill of Lading (for Sea Channel)
   - Any other applicable documents
6. AP accountant shall be responsible for reviewing the following documents against the PO/ Contract to verify any adjustments and determine the final amount payable to the Vendor:
   - GRN/ SRN/ MCC (for Fine, Penalty, Retention amount)
   - Vendor Statement (for Advance payment/ Financial Liability/ Credit Note)
   - Approval from Procurement Director to adjust vendor advances, where GRN/SRN/MCC has not been raised for more than 3 months *(In line with Policy 4, Section 4.1.3)*
7. In case of fixed assets, capitalization and recording shall take place in line with the Fixed Asset Policy (Please refer to 'Fixed Asset Unit – Asset Addition' and 'Financial Control – Fixed Asset' Policies)
8. AP accountant shall ensure fines if levied are in line with UKF by-laws. In a case-by-case basis the university may decide to extend the delivery date for addition 15 days subject to the purchase committee and chancellor approval article (35/1) procurement bylaw
   - **Delays in delivery of good/ service:** A fine of (1%) shall be imposed for the materials delayed for the first week or beyond. Afterwards, the fine will be raised to (2%) for every week or part thereof to a maximum of (10%) of the value of the items or materials that the Vendor failed to deliver after the expiration of the extra time. The university may purchase items or supplies not supplied by the supplier from others and on its account, with a 10% fee for price variations and administrative expenses. This does not hinder the application of the delay fine stipulated in the first paragraph. Article (35/2) procurement bylaw
   - **Delays in collecting rejected goods:** Storage charges of (1%) shall be imposed weekly according to the value of rejected items up to a maximum of (10%), effective from the date specified by the Department up to a maximum of four weeks.
9. Fines levied on Vendors due to delay of delivery of goods/services shall only be waived in line with "Agreeing to Delegate the Authority to Impose Delay Penalties" Framework
10. Vendor shall be notified through email/ portal about the penalty(ies) applied.

4.2 Student Stipend Processing

1. Students who work part-time in UKF as part of career advising or dedicated committee shall be paid monthly stipend for the hours worked.
2. Student Stipend shall be released by 15th of the following month.

4.3 Vendor Advances

1. VCFA shall set up threshold limits on amount of permissible advance credit for each type of purchase (i.e. Goods, Services, Projects, Utilities and Foreign purchases)
2. All advance payment requests shall require submission of the following documents.
   - **For local Vendors -** Valid Tax Invoice
   - **For foreign Vendors -** Commercial/Pro-forma Invoice for the advance amount
   - **For amounts exceeding AED 100,000 -** Bank Guarantee from an authorized UAE Bank covering the advance amount
   - **For amounts below AED 100,000 -** Bank Guarantee requirements are at the discretion of the Chancellor and VCFA based on the situational assessment of the Vendor, such as satisfactory due diligence of the Vendor or low financial risk of the underlying Contract
3. AP Accountant shall monitor the current advance credits against the threshold and escalate to Head of AP in case of any potential breach.
4. Upon approval of the relevant GRN/SRN/MCC, the open amount shall be adjusted in the Vendor's Account. Unadjusted vendor advances for more than 3 months shall be escalated to the Finance Director and Procurement Director for appropriate action.

4.4 Payables Reconciliation

1. Finance Director shall conduct monthly meetings on every 2nd Working Day of the month with key Department Heads (FMPD, IT, Central Lab) to obtain visibility on the Project status, invoices that are expected in the upcoming month and ensure Vendors have not directly submitted Invoice to the End User.
2. In addition, Vendor Reconciliation shall be performed by the AP accountant for the aged vendors. Vendors shall be selected based on the following criteria:

Vendor Type	Frequency of Vendor Reconciliation
Vendor for Projects	Reconciliation prior to Payment
Top 10 Vendors under Goods and Services with the highest credit amount	On a Quarterly Basis
Top 10 Vendors under Goods and Services with the highest debit amount	On a Quarterly Basis
Vendors with no movement/ static balances	On a Bi-Annual Basis

3. If the Vendor does not submit their Statement of Accounts within 5 working days of request, their payments shall be put on hold. Furthermore, Procurement Team shall be notified by Finance department to not issue new Contracts/ POs to such Vendors.

4.5 Debit/ Credit Note to Vendor

1. Debit and Credit Notes shall be raised to document any adjustment that shall increase/ decrease the obligation/ right of UKF towards Vendors.
2. Debit/ Credit Notes shall be raised in case of:
   - Recovery of advance payment to Vendor against unfulfilled supply of goods or services.
   - Complete/Partial rejection of goods/services delivered
   - Recovery of Excess payment made to Vendor.
   - Rejection of goods/services in line with the contractual terms.
   - Application of fines/penalties.
   - Response to a Credit/ Debit Note submitted by Vendor in case of discounts; or
   - Any adjustments required to the Vendor Account
3. The following elements shall be included (at minimum):
   - The words "Debit/ Credit Note" clearly displayed on the document.

- The name, address, logo of UKF.
- The name and address of Vendor.
- The date of issuing the Debit/ Credit Note.
- Reference to the original Invoice and Purchase Order/ Contract.
- A brief explanation of the circumstances giving rise to the issuing of the Debit/ Credit Note.
- For VAT related purposes, TRN of UKF and Vendor shall also be included, along with tax charge relating to the difference in amount.

5.6 Petty Cash - Expense Recording and Replenishment

1. All Petty Cash expenses shall be recognized in line with the UKF' *'Petty Cash Policy and Financial bylaw'*.
2. The custodian shall submit Petty Cash Statement approved by the respective Dean/Director of the respective College/ Department at the time of replenishment.
3. Each Petty Cash Expense shall be supported by Petty Cash Voucher and original Invoices.
4. Accounts Payable accountant shall review the Invoices and record these within 4 working days from receipt.
5. In case of any unauthorized transaction, UKF reserves the right to recover the amount from the Custodian's salary at the discretion of the Chancellor.

4.7 Reporting

1. Accounts Payable Team shall extract below (but not limited to) key reports for the purpose of reporting and to ensure close control over Account payable balances:
   - **Supplier Aging Report:** based on invoice status and invoice received date, by aging bucket
   - **Payable Aging Report:** by payable type/category (goods, services, utility, government, projects)
   - **Invoice Due Report**
   - **Accrued Payables Report:** on goods received or services confirmed but not invoiced by Vendor
   - **Vendor Advance Report:** on Vendors with outstanding advances
   - **Emergence Purchase Report:** The report details the reason for the emergency purchase, the items or services acquired, the vendor, the cost, and the approval process followed.
   - **Outstanding Payment Report:** This report helps in managing cash flow and ensuring that the university meets its payment obligations on time.
   - **Vendor Statement of Accounts:** This statement is used for reconciliation to ensure that both parties agree on the amounts owed and payments made.

5. Responsibilities

5.1 Accounts Payable Department:

- **Processing Invoices:** Responsible for verifying, recording, and processing all vendor invoices for payment in accordance with the university's financial policies and procedures.
- **Payment Scheduling:** Ensures that payments are made on time according to the terms agreed upon with vendors.
- **Record Keeping:** Maintains accurate records of all transactions, including invoices, payment receipts, and vendor communications.

- **Reconciliation:** Regularly reconciles the accounts payable ledger with the general ledger and vendor statements to ensure accuracy.
- **Compliance:** Ensures that all transactions comply with university policies, applicable laws, and regulations.

5.2 Procurement Department:

- **Purchase Order (PO) Management:** Ensures that all purchases have the necessary approvals and that purchase orders are properly issued before acquiring goods or services.
- **Vendor Relations:** Manages relationships with vendors, including negotiating payment terms and resolving any disputes related to invoicing or payments.
- **Approval Process:** Ensures that all invoices are matched to the corresponding purchase orders and that proper approvals are obtained before payment.

5.3 Department Heads/Managers:

- **Budget Oversight:** Approves purchase orders and invoices, ensuring that expenditures are within the department's budget.
- **Authorization:** Provides the necessary authorization for purchases and payment processing according to the university's financial policies.
- **Expense Monitoring:** Monitors departmental expenses to ensure they align with the budget and financial goals.

5.4 Finance Department:

- **Fund Management:** Ensures that sufficient funds are available for disbursement of payments and manages cash flow to meet payment obligations.
- **Internal Controls:** Implements and monitors internal controls to prevent fraud, ensure accuracy, and safeguard university assets.
- **Financial Reporting:** Prepares financial reports related to accounts payable for management review, including aging reports, cash requirements, and expense analysis.

5.5 Internal Audit Department:

- **Policy Compliance:** Audits the accounts payable process to ensure compliance with university policies and procedures, and identifies any areas for improvement.
- **Risk Management:** Assesses risks related to accounts payable, such as fraud or error, and recommends controls to mitigate those risks.

5.6 Chancellor and Vice Chancellor for Finance and Administration:

- **Policy Oversight:** Reviews and approves the accounts payable policy, ensuring that it aligns with the university's Bylaws, financial strategy and goals.
- **Decision Making:** Makes strategic decisions regarding vendor relationships, payment terms, and overall financial management as it pertains to accounts payable.

6. Definitions

6.1 Abbreviations

Acronym	Description
AP	Accounts Payable
GRN	Goods Receipt Note
SRN	Service Receipt Note
VAT	Value Added Tax
FTA	Federal Tax Authority

6.2 Glossary

- **Account**: refers to classification code as part of UKF' Chart of Accounts to identify line items (such as assets, liabilities, revenue, expenses, etc.) within the Budget.
- **Approving Authority** refers to the Person/ Committee within UKF who is responsible for approving the activity. The full list of Approving Authorities shall be obtained from the DOA.
- **Bank Guarantee:** signifies that the lending institution ensures that the liabilities of suppliers are going to be met.
- **Contract:** is an arrangement / promise between the End User and Vendor concerning the supply of materials / services, over a specified period of time, on the basis of predefined terms and conditions.
- **Delegation of Authority:** is the subdivision and sub-allocation of powers to the subordinates in order to achieve effective results.
- **Invoice:** is a time-stamped commercial document that itemizes and records a transaction between a buyer and a seller.
- **Journal Voucher:** is a document that contains essential information about an accounting transaction (such as unique identifying number, transaction date, description, amount, accounts impacted, etc.). It is written authorization to make a transaction entry.
- **Recurring expenses:** refer to the ongoing, regular costs that an organization incurs as part of its normal operations. These expenses are typically predictable, occurring on a weekly, monthly, quarterly, or annual basis, and are necessary for maintaining the day-to-day functions of the university.

7. Related Documents

Article (30) Financial bylaw and petty cash policy VCFAA and Chancellor only can approve advances

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
Full review of the policy to make it more accurate and aligned with the newly approved policy template.	June 2024.

	POLICY NAME	9.6 Cash Management Policy		
	POLICY No.	9.6	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

The University Cash Management Policy outlines the principles and procedures for managing the university's cash resources efficiently and securely. It ensures that the university maintains sufficient liquidity to meet its operational needs, maximizes returns on investments, and minimizes financial risks. The policy also establishes guidelines for cash handling, banking relationships, and investment strategies to support the university's financial stability and sustainability.

1. Purpose

This policy serves as a guideline for safeguarding University of Khorfakkan's cash resources, in addition to describing the flow of cash in terms of accepting cash from students, acceptable currencies, postdated cheque requirements, remittances through banks, and regular transfers of available balances into the bank accounts.

2. Scope

The purpose of the Cash Management Policy is to provide a framework for the effective management of the university's cash flows and financial assets. It aims to ensure that the university can meet its short-term and long-term financial obligations while optimizing the use of its funds. The policy also seeks to establish clear responsibilities and procedures for managing cash, including the collection, disbursement, and investment of funds, to safeguard the university's financial resources.

3. Policy Statement

UKF follows certain rules and procedures to govern the process of collecting cash and depositing it into bank accounts, in a way that minimizes the risks and increases UKF's ability to use its own cash resources to meet the daily spending requirements while keeping bank borrowings at minimum.

4. Procedures

4.1 Collections from Students/ Clients

A. The following types of payments are accepted by the University:
   1) Online payments.
   2) Cash payments (in currencies mentioned in section 4.6 below).
   3) Current dated cheque payments.
   4) Post-dated cheque payments.
   5) Card payments.
   6) Wire transfers/ direct bank deposits.
   7) Payments made through the KIOSK.

B. The following points related to cheques, bank transfers and deposits shall be considered:

1) Payments by cheques must be in local currency and the cheque to be drawn on a local bank.
2) Payments by postdated cheques should comply with UKF internal policy, and this is usually subject to prior approval, based on the cheque collection history of the student/ client.
3) Payments received through wire transfers/ direct deposits shall be credited to beneficiary's account after checking the bank statement to ensure receiving the amount into the bank account.

4.2 Bank Remittance

A. The daily collected funds shall be transferred to the bank in following business day. This is usually done through a third-party money transfer company.

a) Any undeposited cash or cheques should be maintained in a secure fireproof safe, cabinet or lock box.
b) Access to these cash balances and cheques should be limited to the authorized persons.
c) Postdated cheques should be handled the same way as cash amounts and must be deposited into the bank account immediately.
d) Cash should be kept in a secure and well-protected location.
e) Collected cash must be deposited into the bank in the next business day maximum.
f) Payments from the impress funds should be segregated from the collected amounts.
g) The cash safe has two keys; one of them is kept with the Head/ Senior Officer of Teller Operations, and the other with the Director of Finance. A duplicate set of the keys should be stored in the safe custody of the Director of Finance.
h) Theft and fire insurance should be purchased for the cash in the safe and in transit. A fidelity insurance cover for the persons involved should also be obtained.
i) The safe should be locked at the end of the business day and whenever the Head/ Senior Officer of Teller Operations is not available.

4.3 Receipts Prior to Deposit

In some periods of high collections (i.e. during registration), the finance Department shall coordinate with the bank to collect the cash balances from the University by the end of the business day to avoid keeping large cash balances on campus.

4.4 Receipts Deposits

Collected funds must be deposited on a regular basis into the bank account and within the specified time frame.

a) All receipts (cheques/cash) should be deposited daily into the University's bank account.
b) At the end of the business day or during the day, the Office of Finance shall prepare a bank deposit slip in duplicate. The relevant information shall be recorded on the bank deposit slip.
c) The bank account into which the cash will be deposited shall be determined prior to allocating account codes to the bank's receipt voucher.
d) The funds shall be given to an external security/ money transfer agency to deposit into the bank account.
e) The cash, cheques and the bank deposit slips shall be taken to the bank. The original slip will be kept by the bank, and they shall return the duplicate duly acknowledged and attached to the relevant Remittance Voucher.
f) To ensure prompt banking, the Office of Finance shall reconcile the total amount of the cash deposited into the bank with the total amount of receipts for the day.

4.5 Reconciliation of Receipts and Deposits

a. At the end of every month, after reconciling the bank statement with the general ledger, a bank reconciliation report must be prepared.
b. If any shortage/excess amounts are discovered during the reconciliation process, the discrepancy should be investigated. If the money is to be recovered from the staff, she/he should reimburse the shortage promptly. If prompt reimbursement is not possible, the shortage should be debited to the staff's personal account and then reclaimed from the salary or other amounts due to the staff.
c. The amount of all receipts will be compared to the bank deposit slip. Prior to uploading into the system, the account codes and supporting documents will be reviewed.
d. The accountant will check the transactions log to make sure the account codes were entered correctly in the system.
e. The "cancelled' stamp shall be applied to all cancelled copies of Receipt Vouchers (RVs), and missing sequence numbers will be investigated.

4.6 Currency

A. The accepted currencies by the University are:
1) GCC currencies.
2) U.S Dollar (USD)

B. Foreign currency exchange rates: The Office of Finance will define the fixed exchange rate for each currency. Rates are defined as per the daily market rate.

5. Responsibilities

Director of Finance is responsible for the implementation of the cash management policy.
VCFA: Develops and review the cash management policy. In addition, the VCFA oversees its implementation.

6. Definitions

Cash Flow: The movement of money into and out of the university, including income from tuition, grants, donations, and expenditures for salaries, supplies, and other operational costs.

Liquidity: The availability of liquid assets (cash or assets easily convertible to cash) that the university can use to meet its immediate and short-term financial obligations.

Banking Relationships: The university's established connections with financial institutions that provide banking services such as deposits, loans, and other cash management services.

Disbursement: The process of paying out money from the university's funds, which could include payments for salaries, supplies, services, and other expenses.

Cash Handling: Procedures and guidelines for the physical management of cash, including the receipt, storage, transfer, and deposit of money within the university.

Bank Reconciliation: The process of comparing the university's financial records with the bank's records to ensure that all cash transactions are accurately recorded and accounted for.

Cash Reserves: Funds set aside by the university to cover unexpected expenses or financial emergencies, ensuring financial stability.

7. Related Documents

Financial Bylaws.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	9.7 Financial Risk Management Policy		
	POLICY No.	9.7	**VERSION NO**	1.0
	DATE OF APPROVAL		**EFFECTIVE**	TBA
	DATE OF LAST REVIEW		**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	June 2026	**APPROVED BY**	Chancellor

Overview

The Financial Risk Management Policy is designed to outline the framework and procedures for identifying, assessing, managing, and monitoring financial risks that could potentially impact the financial stability and operations of the university. The policy aims to ensure that all financial risks are effectively managed to safeguard the university's assets, enhance decision-making, and support its long-term strategic objectives.

1. Purpose

This policy aims at identifying the probability of having negative consequences of certain incidents that might occur during the normal course of operations and thus clarifying the set of controls, activities and actions in place to control UKF's business continuity with regards to such risks. Each activity or task carries some element of risk. Therefore, it is imperative to have a proper risk management policy to identify and tackle risks that may affect the functioning and outcomes of various business operations, tasks and activities.

2. Scope

This policy outlines the framework for managing financial risks at the University of Khorfakkan. It encompasses the identification, evaluation, and mitigation of various financial risks that could impact the University's financial health and performance. This includes risks associated with credit, liquidity, interest rates, accounts receivable, business operations, budget insufficiency, and compliance with financial regulations. The policy applies to all financial activities and decisions within the University, ensuring a comprehensive approach to managing potential financial threats.

3. Policy Statement

University of Khorfakkan recognizes the importance of effectively managing financial risks to achieve its strategic objectives and protect its financial integrity. To this end, the University will adhere to the following principles:

a. Risk Identification and Evaluation

The University will systematically identify and evaluate financial risks, including but not limited to credit risk, liquidity risk, interest rate risk, accounts receivable risk, business risk, budget insufficiency risk, and compliance risk. Regular assessments will be conducted to understand potential impacts and determine the significance of each risk.

b. Risk Mitigation

The University will adopt a structured methodology to mitigate financial risks. This includes developing and implementing risk mitigation strategies tailored to each identified risk. Effective risk management measures will be put in place to minimize potential negative impacts on the University's financial resources and performance.

d. Compliance and Monitoring

The University will ensure compliance with all relevant financial regulations and standards, including VAT regulations, pension and social security requirements, and financial reporting standards. Regular monitoring and review processes will be implemented to assess the effectiveness of risk management practices and to make necessary adjustments.

e. Continuous Improvement

The University is committed to continuously improving its risk management practices. Feedback, audit findings, and emerging best practices will be used to enhance the risk management framework and adapt to changing financial conditions and regulatory requirements.

4. Procedures

This section identifies how to evaluate, and mitigate the negative impact of different sources of financial risks which may expose the University to potential losses of financial resources or fluctuation of financial performance and decide their significance and adopt the best risk mitigation strategies to deal with such risks.

4.1. Financial Risk Evaluation and Mitigation Methodology

4.1.1 Credit Risk

Financial assets, which potentially subject the University to concentration of credit risk, consist principally of the current bank accounts and deposits/ saving accounts. The University mitigates its credit risk with regard to the bank deposits throughout:

a) Dealing with high credit quality financial institutions, in addition to conducting continuous review of the financial institution's credibility, considering the trade-off between the benefits obtained from dealing with certain financial institution and the credibility risk involved.
b) Extra available funds are invested in short-term fixed deposits that don't exceed 1-year maturities and over several maturity dates carefully distributed throughout the year to ensure satisfying any urgent needs for cash to meet operational requirements while avoiding the liquidation of such deposits before the maturity date and thus losing the expected returns.
c) The University's management is continuously evaluating its investment credit risk to ensure that the credit risk related to bank accounts lies within an acceptable range.

4.1.2. Liquidity Risk

To mitigate such risk, the management ensures the availability of diversified funding sources along with continuous monitoring of liquidity sufficiency on a regular basis.

a) Regular cash flow forecasting serves as a key indicator of future cash sufficiency, which helps providing an early alarm pertaining to any anticipated liquidity problems.
b) Cash safety margin must be maintained, that is equivalent to a minimum of (2) times total monthly operating expenses.
c) Availability of easily accessible funding sources; either through equity or debt sources, which should be maintained in order to quickly raise necessary funds to meet any financial obligations and ensure smooth running of operations.
d) Reliable and sustainable relationships with banks and other financial institutions should be maintained to facilitate providing the necessary funds within a short period.

4.1.3. Interest Rate Risk

To mitigate the risk of having lower rates on deposits or higher rates on term borrowing in light of the changes in interest rates prevailing in the market, the University's financial management should:

a) Keep diversified ranges of maturities of its deposits, which allows quick reaction according to changes in the market rates.

b) This method also reduces the exposure to the risk of losing the part or the whole returns on such deposits due to potential early liquidation of the deposits to meet emerging spending requirements.
c) In addition, the University should regularly conduct a continuous revaluation and analysis of the market rates to maximize interest revenues on deposits and minimize interest expenses on borrowings.

4.2.4. Accounts Receivable Risk

The accounts receivable risk is mainly involved with amounts due from students, sponsors, tenants and other customers. The University mitigates the accounts receivable risk throughout:

a) Continuous review of the aging of accounts receivable balances, identification of those old accounts with high probability not to be collected, setting strict internal controls and procedures, and seeking to reach to settlements with parties having accumulated old receivable balances.
b) Tracking the amounts of bounced cheques, their value dates, and taking needful actions towards collecting such overdue balances.
c) In addition, the University should implement strict measures prior to accepting cheques as an option to settle due accounts receivable, throughout reducing their maturity periods to the minimum, and keeping updated customer profiles to provide a readily available history of cheque collection, enabling to take informed credit facility decisions in the future.
d) The University should continuously find sustainable funding sources throughout different fundraising activities that aim to provide financial assistance to help needy students to settle their due balances; thereby mitigating the negative financial impact of default accounts.
e) Setting credit limits for customers, students and sponsors, and continuously monitoring the overdue balances as well as the outstanding receivables. The credit limits should be reviewed on regular basis to avoid accumulation of large balances of accounts receivables.
f) System controls should be also put in place to easily identify accumulated balances and alert the finance team to take necessary action towards collection.
g) The collection of Post-Dated Cheques (PDC's) is done as a guarantee against the collection of outstanding receivables. However, accepting such PDC's should be subject to approvals in view of the credit history, with maturity dates that should not exceed a period of 6 months.
h) Sufficient allowances for doubtful debt are taken as a reserve to face any future losses due to uncollectible accounts, thus ensuring the stability of financial performance. The management must ensure that such allowances are sufficient and provide reasonable coverage of doubtful debt to avoid material loss or fluctuation of the financial performance.

4.1.5. Business Risk

To avoid the potential negative impact on financial performance and the ability to meet certain requirements, and to ensure smooth running of operations, several approaches and techniques should be adopted by the University's management to mitigate the different types of business risks, as follows:

a) The University's management should follow a continuous improvement approach as a methodology to mitigate such risks, throughout continued efforts that aim at improving the quality of academic programs; studying the dynamic market needs for new knowledge areas, and introducing new academic programs that fulfill such needs and stimulates sustainable growth in business activities.
b) The planning and budgeting process also helps addressing the key business risks involved in different business activities, and the level of uncertainty that is inherent in the planning process. The annual budget preparation cycle illustrates how the University plans for the future and provides the optimal allocation of resources as needed to achieve UKF's strategic goals and objectives.
c) An in-depth planning and financial feasibility prior to launching any new academic program or investing into other expansion projects must be conducted. By adopting such approach, the University will be able to expand its students' base and diversify the revenue generating activities while minimizing the business risks involved in such activities and being well-prepared for any potential financial surprises that may interrupt operating activities.
d) To better manage the other risk factors inherent in operations, the University mitigates the negative impact of some potential events that rest outside the control of UKF management, by enrolling into several insurance policies. These include:
    i. Fidelity Insurance Policy: To indemnify UKF against any loss sustained by any act of fraudulent action or misuse of University resources by any employee who's dealing with cash amounts.
    ii. Public Liability Insurance Policy: To indemnify UKF against any loss due to the legal liability arising from running different business activities, where UKF may become legally liable to pay for compensation in respect to accidental bodily injury to third parties or accidental losses or damages to third party's property.
    iii. Money Insurance Policy: To indemnify UKF against any loss of cash amounts and the cost of any related damage that is associated with any theft or attempted theft during the normal course of business activities.
    iv. Property All Risks Insurance Policy: To indemnify UKF against any loss caused by any incident or event that exposes AU's properties and its contents to losses or damages suffered as a result of the occurrence of common hazards, such as fire, building destruction, or damage of any insured contents.
    v. Public Liability Insurance – Internship Activities: To indemnify UKF against any legal liabilities towards any third party, including students, in respect of personal accidents and/or property damage arising out of internship activities of students in the medical fields, who are exposed to high risks of lab materials; pharmacy, dentistry and clinical training activities, either on-campus or outside.

4.1.6 Budget Insufficiency Risk

This involves the risk of running short of budget due to declining revenues due to potential drop in student enrollment, decreasing demand on certain programs, or due to uncontrolled increases in expenditures or financial losses that might be caused by uncontrollable circumstances such as fire, theft, claims by third parties for damages or losses, which will ultimately affect the financial performance and the ability to meet certain requirements to

ensure smooth running of operations. To avoid falling into budget insufficiency risk, the following steps must be taken:

a) All revenue and expense estimates shall be based on clear assumptions that reflect a systematic methodology of estimation of the main/ leading accounts.
b) Continuing improvement of the annual budget preparation cycle to ensure its ability to predict any potential challenges in advance and take necessary remedial measures to ensure optimal allocation of resources as needed to achieve the strategic goals and objectives.
c) Maintain a contingency fund to provide necessary funding for any unplanned or emergency spending needs. The contingency fund should be estimated as a percentage of the annual operating spending budget or as a lump sum amount that is based on certain trends or historical utilization of such fund.
d) Maintain positive cash flows with excess free cash flows to support all expansion projects and maintain the extra funds into short term/ low risk bank deposits, thus providing stable and sustainable source of funding to easily satisfy all short- and long-term operational spending requirements.
e) Conduct in-depth planning and financial feasibility prior to launching any new academic program or investing into other expansion projects.
f) Utilize the budget reallocation techniques so that in case allocated funds are insufficient to cover requested expenses, the respective unit should try to reallocate funds between different budget line items in the unit's own approved annual budget. This reflects reconsideration of priorities that might lead to postponing some less important planned activities in order to satisfy some other more demanding requirements.
g) Consider additional budget allocations, unless it’s possible to transfer between the budget line items of a specific unit or to cover the shortage from the contingency fund. Additional budget allocations can be requested, while clearly stating the reasons for such additions. Such additional budget allocations can be approved by the Office of Budget and Planning in case the requested expenses will generate additional revenue which is not budgeted for (i.e. event or activity). In case the additional expense does not result in generating additional revenue, then the request shall be approved by the Board of Trustees.

4.1.7 Compliance Risk

The following steps can be taken to mitigate the compliance risk:

a) Provide a continuing learning and professional development opportunities to the team directly involved in VAT and GPSSA filing, financial reporting and all related rules, regulations and standards.
b) Adoption of proper system setup, automated processes and other internal control measures to ensure accurate calculations and reporting along with review and validation practices.
c) Conduct regular awareness sessions for other users from Office of Finance and other units.

d) Conduct regular consultancy and health check sessions by specialized consultants to ensure that all processes and reports are fully compliant with applicable regulations and financial reporting standards.
e) Participation in related workshops, conferences and seminars and maintaining viable relationships with contacts from other peer institutions within the higher education sector.

5. Responsibilities

It is the responsibility of all departments and financial managers to adhere to this policy and ensure that financial risks are managed in accordance with the established procedures. The University's senior management team will oversee the risk management framework, ensuring that appropriate resources and support are provided for effective risk management.

- **Senior Management**: Oversees the entire risk management framework, ensures alignment with strategic objectives, and reviews the effectiveness of the policy.
- **Financial Committee**: Implements the policy, identifies and evaluates financial risks, and provides recommendations for risk mitigation.
- **Department Heads**: Ensure compliance within their departments and report significant risks to the Financial Risk Management Committee.
- **Financial Managers**: Handle day-to-day risk management, implement mitigation strategies, and maintain accurate records.
- **Risk Management and Compliance Team**: Provides support and training, monitors compliance, and conducts audits.
- **All Employees**: Expected to be aware of and adhere to the policy, reporting any potential risks.
- **External Auditors and Consultants**: Provide independent reviews and assessments of risk management practices.

6. Definitions

Financial Risk: The possibility of losing money or experiencing financial loss due to various factors such as market fluctuations, credit defaults, liquidity issues, or compliance failures.

Credit Risk: The risk that an external party will fail to meet their financial obligations, leading to a potential loss for the University.

Liquidity Risk: The risk that the University will be unable to meet its short-term financial obligations due to insufficient cash flow or access to funding.

Interest Rate Risk: The risk of financial loss resulting from fluctuations in interest rates affecting the University's interest-bearing assets and liabilities.

Accounts Receivable Risk: The risk associated with the possibility that amounts owed to the University by students, sponsors, or other customers will become uncollectible.

Business Risk: The risk of financial loss due to factors such as decreased revenue, increased expenses, or operational inefficiencies affecting the University's ability to achieve its financial goals.

Budget Insufficiency Risk: The risk of not having enough budget to cover operational costs due to decreased revenues or unexpected expenditures.

Compliance Risk: The risk of failing to adhere to financial regulations, standards, and laws, which may result in legal or financial penalties.

Procurement Risk: The risk associated with the procurement function, including issues such as lack of strategic planning, vendor relationship problems, or supply chain disruptions.
Fidelity Insurance: Insurance that protects the University from losses due to fraudulent activities or misuse of resources by employees.
Public Liability Insurance: Insurance coverage that protects the University against claims of bodily injury or property damage caused by its business activities.
Money Insurance: Insurance that covers the loss of cash or damages resulting from theft or attempted theft.
Property All Risks Insurance: Insurance that covers losses or damages to the University's property due to common hazards such as fire or natural disasters.
Public Liability Insurance – Internship Activities: Insurance coverage that protects against legal liabilities arising from internship activities involving students in high-risk fields such as medical and clinical training.
Contingency Fund: A reserve fund set aside to cover unforeseen expenses or emergencies, typically estimated as a percentage of the annual operating budget.
Cash Flow Forecasting: The process of estimating future cash flows to ensure there is sufficient liquidity to meet financial obligations.
Credit Facility: An arrangement allowing the University to borrow funds or extend credit, usually subject to terms and conditions agreed upon with a financial institution.
Risk Mitigation: Strategies and actions taken to reduce or eliminate the potential negative impacts of identified risks.
Risk Management Framework: A structured approach to identifying, assessing, and managing risks to achieve organizational objectives and ensure financial stability.

7. Related Documents

President's Decision No. (11) of 2023 on the Finance Bylaws.

8. Appendices

None**.**

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	9.8 Auxiliary Enterprises Policy		
	POLICY No.	9.8	**VERSION NO**	1.0
	DATE OF APPROVAL	2024	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	-	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University Auxiliary Enterprises Policy outlines the management, operation, and oversight of auxiliary enterprises within the university. These enterprises are non-academic units that provide essential services to students, faculty, staff, and the broader university community, supporting the university's core educational mission while generating revenue to enhance the university's financial stability.

1. Purpose

The purpose of this policy is to establish guidelines for the efficient and effective operation of auxiliary enterprises in line with the University of Khorfakkan's standards and regulations. It aims to ensure that these enterprises provide high-quality services and contribute positively to the university's financial health. The policy also ensures that auxiliary enterprises operate in compliance with university regulations, financial controls, and ethical standards.

2. Scope

This policy applies to all auxiliary enterprises associated with the university, including but not limited to dining services, housing, bookstores, and any other service units that support the university community. It covers the administration, financial management, and operational practices of these enterprises, as well as their interaction with students, faculty, staff, and external vendors.

3. Statement

The University Auxiliary Enterprises Policy establishes a framework for the management and operation of non-academic service units that support the university's mission. These auxiliary enterprises are critical to the daily functioning of the campus, providing essential services that enhance the university experience for students, faculty, staff, and visitors. The policy ensures that these enterprises operate efficiently, maintain financial sustainability, and adhere to the highest standards of service quality, ethical conduct, and compliance with university policies and regulations. Through this policy, the university commits to managing its auxiliary enterprises in a manner that aligns with its strategic goals and supports the overall financial health of the University.

This policy serves as a guideline for regulating the activities of on-campus auxiliary enterprises. The Procurement department oversees controlling, managing, and supervising all business operations on campus. Individual or group tasks involving the production, sale, distribution, and marketing of goods or services are considered business activities. This includes marketing for direct or indirect sales using posters, flyers, handouts, or other promotional material.

3.1 Auxiliary Enterprises at UKF

Auxiliary enterprises are run as an essential component to support the University's mission of providing high-quality products and services at the lowest possible cost. They include Building maintenance, transportation, security, cleaning, transportation services, residence Halls, University catering

services, printing and photocopying services, medical services provision, continuing education services, and space rental services.

a) The Office of the VCFA, Department of Student Services, administrative offices, and the Office of Medical Services, as applicable, will provide administrative and financial supervision to auxiliary enterprises.
b) University of Khorfakkan guarantees that the lessee's use of the leased premises will not violate any restrictions, reservations, or laws governing the leased premises.
c) UKF will provide water and electricity services.
d) UKF is not liable for any business losses that may occur because of an electricity or water shortage caused by blackouts, force majeure, extreme weather, or other incidents beyond its control.

4. Procedures

4.1 Accidents and Damages

If the leased premises or any part of it is damaged by fire, weather, structural defects, or force majeure as defined in UKF's fire insurance policy during the term of the contract, the following terms shall apply:

a) If the leased premises are deemed partially unfit for use, the rent will be deducted for the time the enterprise was closed or suspended until it is refurbished.
b) Notwithstanding section (a) above, if the architect of UKF states, within 30 business days of the damage occurrence, that the premises cannot be repaired or restored in 60 days, either UKF or the enterprise may terminate the lease in a written notice given to the other party within 15 days.
c) If the premises can be revamped within 60 days of the occurrence of such damage, UKF will proceed with the work as soon as possible. Any additional period due to delay caused by lock-outs, slow- downs, material or labor shortages, force majeure, extreme weather, or other occurrences beyond UKF's control; the rent shall be deducted in accordance with section (a) above.
d) To meet the University's standards in providing reasonable services to students, all selling prices should be submitted to UKF for approval. No alterations or changes shall be permitted after both parties' acceptance of all price lists without the prior approval of UKF. When a contract is re- negotiated, a price change request can be submitted to UKF and will be subject to approval.

4.2 Charges for Goods and Services

The auxiliary enterprises' selling prices, rents, fees, and other charges must be set at an acceptable level to support the operating requirements.

4.3 Charges for Services Provided to Auxiliary Enterprises

a) Auxiliary enterprises are expected to contribute to the costs of physical facilities as well as other direct chargeable support costs associated with their operation. Furthermore, enterprises must pay an appropriate share of the University's other administrative support costs.

b) Accounts Requirements: Each auxiliary enterprise must use an accounting system appropriate to the type of enterprise it operates. Appropriate information must be available and compatible with the University's financial accounting system.

c) During each academic or fiscal year of the contract, the enterprises shall pay to the University a total rent for the leased premises, as per the agreed upon payment terms.

4.4 Monitoring and Reporting Requirements

a) Auxiliary enterprises should highlight any operational issues raised during the year through an annual report that must be submitted to UKF.
b) Each auxiliary enterprise shall prepare an annual plan explaining its operation for the next fiscal year, as well as an evaluation of how well the auxiliary enterprise serves the needs of its consumers.

4.5 Marketing and Advertising Procedure

a) The University's advertising procedure applies to all non-university entities and/or commercial businesses wishing to place advertising material on campus.
b) In general, commercial businesses and non-institutional entities are not permitted to advertise randomly on campus. Flyers, posters, and other marketing materials promoting commercial establishments are prohibited. This includes the distribution of non-university publications on campus.
c) Private enterprise advertising is only permitted in approved campus publications, newspapers, or magazines. Acceptable advertisements are classified as follows:
    1. Advertising for sport and cultural events
    2. Marketing materials for auxiliary service units and their products
    3. Other University-owned official publications

4.6 Procedures for Commercially Sponsored Businesses at UKF

a) Individuals or businesses wishing to conduct business must first obtain approval from the Office of University Facilities and Services.
b) Commercial activities will be subject to space availability and must follow the University's guidelines and policies.
c) Upon confirmation of the availability of appropriate sales space, the Director of the Procurement department will grant or deny permission.
d) An agreed upon fee payable to AU is required. This fee must be paid to the Office of Finance.
e) It is prohibited to sell or advertise in direct competition with the University's services, activities, and operations.
f) Vendors must bring their own table(s), chair(s), and extension cords to display their products. The University may, at its sole discretion, provide limited assistance.
g) Except as provided in this policy, no newspapers shall be distributed or sold in campus buildings or closed areas.

4.7 Procedure for University Sponsored Activities

a) Sports:
The Office of University Facilities and Services reserves the right to manage all food, beverages, and other goods at all sports and cultural events held on campus. On a case-by- case basis, the office may delegate this responsibility to another office.

b) Student Unions:

1. Sales by student unions must be conducted entirely by a recognized union. It is not permitted to co-sponsor with a non-university group.
2. The student union must contact the Deanship of Student Services to request permission to sell.
3. Student unions are required to follow all student activities policies regarding sales and fundraising. Funds raised must be accounted for the student union's account.

c) Academic and Administrative offices:
Academic offices, units, or programs may also have limited authority to conduct sales in conjunction with educational activities. Revenues and expenditures associated with them, including sponsorship of activities and the production and sale of products, must be reported to the Office of Finance.

4.8 Solicitation

Any activity by an individual or group that attempts to promote the sale or use of a product or service is considered solicitation.

a. Campus solicitation (door-to-door or office-to-office) is prohibited.

b. No funds, prizes, or awards shall be solicited for scholarships, loans, grants, equipment, supplies, or other purposes unless approved by the Office of University Facilities and Services.

c. Private individuals, faculty, staff and students are not permitted to solicit on campus facilities (buildings and grounds).

d. Personal solicitation through the campus e-mail list is not permitted.

4.9 Procedures for Student Sponsored Solicitation

a. Solicitations by students' unions are permitted, but they must be carried out entirely by a recognized one.

b. Student unions must contact the Deanship of Student Affairs to request permission to hold a solicitation event.

c. Student unions must follow all student activity policies regarding sales and fundraising.

4.10 Procedures for Alumni and Development

a. The Office of Alumni must follow the same solicitation policy as any other administrative unit on campus.

b. The University reserves the right to accept or reject any sponsorship opportunities.

4.11 General Considerations

Non-commercial materials or handouts distributed or sold on a person-to-person basis in open areas outside the buildings and other closed structures on campus are subject to the following restrictions:

a. Except with the permission of the appropriate authority, no stand, table, or booth shall be used for distribution.

b. Distribution must take place at designated locations, and salespeople are not permitted to walk around campus distributing written materials.

c. It is not allowed to have any advertisement or other public statements in which the University's name is used in connection with any other organization, business or person in any manner or medium that implies that the University supports, approves, or endorses any product, service, interest, position, or ideology of that organization, business or person.

5. Responsibilities

5.1 Enterprises Responsibilities

The enterprises' responsibilities are summarized in the below list:

a. The enterprises must ensure that the leased premises and all other products served by AU are handled in a safe and sanitary manner in accordance with the rules and regulations of competent authorities.

b. Food items must be pre-packaged or supervised by a qualified food service provider if prepared on- site. Local health codes must be followed, and sale of tobacco, alcoholic beverages, or non-halal products is prohibited.

c. In the event of an emergency, enterprises must allow UKF staff to enter the leased premises at any time during or after normal business hours. Such arrangements will not jeopardize the enterprises' use of the leased premises or operations.

d. The enterprises should expect frequent inspections of the leased premises to provide repair services, replacements, or alterations as specified in the lease, as deemed necessary by the University for the improvement and safety of the leased premises.

e. Enterprises are required to keep the leased premises in good and clean condition, as well as to remove all food waste (from the floor and tables) and dispose of garbage at their own expense.

f. Enterprises must not use the leased premises for any purpose other than the agreed-upon business terms with UKF.

g. Enterprises must always have an appropriate security arrangement in place for the leased premises.

h. Enterprises are not permitted to do anything in or outside the leased premises that may cause UKF or any other person harm or annoyance.

i. Enterprises must comply with any reasonable demand made by AU for the delivery of information, data, or other documentation related to business operations.

j. Without the permission of UKF, enterprises should not keep any hazardous substances, articles, chemicals, or anything else that may endanger human life on the leased premises.

k. Enterprises may, on occasions, make changes, additions, and improvements to leased premises at their own expense to better adapt them to their businesses. However, no changes should be made without obtaining prior written approval from UKF, and they should be carried out efficiently by people chosen by the enterprises and approved in writing by UKF.

l. Enterprises must pay all necessary costs for any work done or changes made to the premises that may affect the property, and they must keep all parts of it free of any line or encumbrance.

6. Definitions

a. ***Auxiliary Enterprises:*** are self-sustaining businesses or other support activities with the primary goal of providing specific services to UKF's community.

b. ***Self-Supporting*** means that revenues (services fees, sales, dedicated general fees, contributions, and investment income) should cover direct and indirect operating expenses, assignable indirect costs, debt services, and capital expenditures.

c. ***The term "Campus Community"***: this policy refers to faculty and staff members, as well as students.

7. Related Documents

Decree Law No 1-2022
President Decision No 1-2022
University Bylaws of the University of Khorfakkan.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	9.9 Per-Diem Policy		
	POLICY No.	9.9	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW		**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University Per-Diem Policy outlines the guidelines and procedures for the reimbursement of daily expenses incurred by faculty, staff, and authorized individuals during official university-related travel. The policy ensures that per-diem rates are consistently applied, transparent, and in compliance with university Bylaws.

1. Purpose

The purpose of the University Per-Diem Policy is to provide a clear and standardized framework for reimbursing university employees and authorized individuals for expenses incurred during official travel.

2. Scope

This policy of this decree applies to the following categories of employees regarding their deployment abroad:

i. First Category: Vice Chancellors.
ii. Second category: Directors of Departments and Centers.
iii. Third Category: Other employees.

3. Policy Statement

The University is committed to reimbursing/covering reasonable and necessary travel expenses incurred by faculty, staff, and authorized individuals on official university business. Per-diem rates are established to cover the cost of meals, and lodging expenses. These rates are set according to university Bylaws. All claims must be supported by appropriate documentation, and any deviations from the standard rates must be pre-approved.

General Guidelines

1. It is permissible to deploy an employee to participate in official missions within the country by a decision from the Chancellor, based on a recommendation from the vice-chancellor or the director of the department, each within their area of expertise, according to the approved instructions in this regard.
2. The deployed employee may depart before the designated start of the mission and return afterward if the nature of the task requires it, provided that these durations do not exceed three days under any circumstances. In such cases, the deployed must clarify the circumstances necessitating this action, and these durations must be approved by the director if travel has occurred during this time. In this scenario, they are factored into the calculation of travel allowances and transportation expenses.
3. The university covers the expenses of travel tickets for deployed employees of different categories as follows:
   I. Vice-Chancellors in business class or equivalent by other means of transportation.

II. Employees in all grades, in economy class or equivalent by other means of transport.

4. Procedure

The deployed employee on an official mission outside the country is entitled to a travel and transportation allowance for each day or part of a day spent outside the country to perform the assigned task, as follows (***Staff Bylaws: Article 38***):

a. Vice-Chancellors	2200 AED
b. Assistants to the Chancellor or their equivalents	1800 AED
c. Directors of departments	1500 AED
Other employees according to their grades:	
a. Grade 2 to Grade 4:	1000 AED
b. Grade 5 to Grade 7:	800 AED
c. Grade 8 to Grade 12:	600 AED

The Deployment of employees from the first category shall be by decision of the Chancellor. As for the remaining categories, deployment shall be by decision of the vice-chancellor. The deployment decision must include a statement regarding the purpose and nature of the mission, the names of those assigned to perform it, whether as a delegation or individually, the destination, and the duration required to accomplish the mission.

In case the receiving entity bears the full hospitality expenses, the deployed is entitled to receive (50%) of the travel allowance for the days spent on the mission (***Staff Bylaws: Article 39***).

The value of the travel allowance stipulated in Article (38) increases by 20% for the head of the delegation appointed by the deployment decision and tasked with an official mission outside the country to represent the university in a conference, seminar, or meeting organized by one of the international organizations or bodies (***Staff Bylaws: Article 40***).

Upon a decision from the Chancellor, the university may bear the following expenses and fees for official delegation missions representing it outside the country (***Staff Bylaws: Article 41***):

1. Participation fees for conferences, seminars, or meetings.
2. Visa issuance fees for the countries to which the delegation is sent.
3. Airport departure fees.
4. Baggage transportation expenses and official papers.
5. Any other expenses necessary to carry out the mission.

5. Responsibilities

5.1 Chancellor

Approves the Deployment of employees from the first category of employee stated in the policy scope. The deployment decision must include a statement regarding the purpose and nature of the mission, the names of those assigned to perform it, whether as a delegation or individually, the destination, and the duration required to accomplish the mission.

5.2 Vice-Chancellor

Approves the deployment of the remaining categories of employees stated in the scope of this policy. The deployment decision must include a statement regarding the purpose and nature of

the mission, the names of those assigned to perform it, whether as a delegation or individually, the destination, and the duration required to accomplish the mission.

5.3 Employee (Faculty, Staff, and Authorized Individuals):

- Ensure that travel arrangements are made in accordance with the university's Staff Bylaws and its related articles.
- Submit accurate and timely expense reports, including all required receipts and documentation.
- Adhere to the approved per-diem rates and seek pre-approval for any exceptions.

5.4 Department Heads/Supervisors:

- Approve travel requests and ensure that the travel is necessary and aligned with university objectives.
- Review and approve expense reports, ensuring compliance with the per-diem policy.
- Provide guidance to employees on the correct procedures for claiming per-diem allowances.

5.5 Finance Department:

- Establish and update per-diem rates based on current data and university Bylaws.
- Process and audit expense reports for accuracy and compliance with this policy.

5.6 Internal Audit Office:

- Conduct periodic audits of travel expense reports to ensure adherence to the per-diem policy.
- Identify and report any discrepancies or policy violations.
- Recommend improvements to enhance compliance and efficiency.

6. Definitions

Per-Diem: A fixed daily allowance provided to cover the cost of meals, lodging, and incidental expenses incurred while traveling on official university business.

Authorized Individual: Any person, including faculty, staff, and other individuals, who has been approved to travel on behalf of the university and is eligible to claim per-diem.

Expense Report: A detailed statement submitted by the employee to document and claim reimbursement for expenses incurred during travel. This report must include receipts and any required documentation.

Pre-Approval: The process of obtaining formal approval from a supervisor or department head for any deviations from the standard per-diem rates or travel policy before the expenses are incurred.

Incidental Expenses: Minor, miscellaneous expenses that are part of travel, such as tips, laundry, and other small costs that are not covered by the primary per-diem rates.

Lodging: Accommodation costs incurred during travel, typically including hotels, motels, or other forms of temporary housing.

Meals: The cost of food and beverages consumed during travel, which are covered under the per-diem allowance.

Receipts: Official documentation that provides proof of purchase for expenses claimed on the expense report, such as hotel bills, meal receipts, and other relevant documents.

7. Related Documents
University of Khorfakkan Staff Bylaws

8. Appendices
None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

10. Legal Compliance and Public Disclosure

	POLICY NAME	10.1 Conflict of Interest Policy		
	POLICY No.	10.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The policy outlines the responsibilities of university employees, faculty, and administrators to avoid situations where personal, financial, or other interests might compromise or appear to compromise their professional responsibilities. It sets forth procedures for disclosing potential conflicts and establishes guidelines for the review and management of such conflicts to protect the university's integrity and ensure that decisions are made in the best interest of the university and its stakeholders.

1. Purpose

The Conflict-of-Interest Policy at the University of Khorfakkan (UKF) aims to promote transparency, integrity, and accountability in all activities and decisions involving faculty, staff, administrators, and others associated with the university. This policy seeks to identify, disclose, manage, and mitigate conflicts of interest to protect the university's and its stakeholders' interests and ensure that decisions are made objectively.

2. Scope

This policy applies to all individuals affiliated with UKF, including faculty members, staff employees, administrators, members of advisory boards or committees, contractors and consultants, volunteers and interns, and anyone involved in decision-making processes or activities that personal or financial interests could influence.

3. Policy statement

3.1 General Guidelines

The University of Khorfakkan recognizes that conflicts of interest, whether actual or perceived, can arise in the course of academic, administrative, and business activities. To uphold the university's mission and public trust, it is imperative that all university employees, including faculty, staff, and administrators, conduct their duties free from any actual or apparent conflicts of interest that could undermine their professional judgment or compromise the university's interests.

All individuals are required to disclose any potential conflicts of interest in a timely manner and to adhere to the guidelines established by the university to manage and mitigate such conflicts. The university is committed to reviewing all disclosures carefully, ensuring that conflicts are appropriately addressed to protect the integrity of its operations and decision-making processes. This policy is essential to preserving the university's reputation and ensuring

that all actions taken by its members are in the best interest of the institution and its stakeholders.

3.2 Training and Education:

UKF provides all affiliated individuals with training and educational programs on conflict-of-interest policies and procedures. This training will emphasize the importance of disclosure, the identification of conflicts of interest, and the ethical considerations involved in managing disputes.

3.3 Enforcement and Penalties:

Non-compliance with this policy, including failure to disclose conflicts of interest or adhere to approved management plans, may result in disciplinary action, including termination of employment or affiliation with UKF.

3.4 Confidentiality:

All disclosures and deliberations regarding conflicts of interest will be treated confidentially to the extent law and regulatory requirements permit.

3.5 Review and Revision:

This policy will be periodically reviewed to ensure its effectiveness and compliance with applicable laws, regulations, and best practices. Based on feedback and evolving circumstances, amendments may be made as necessary.

3.6 Compliance:

All individuals covered by this policy are expected to fully comply with its provisions and cooperate with any requests for information or assistance related to identifying, disclosing,

4. Procedures

4.1 Disclosure Requirements

Initial Disclosure: All individuals covered by this policy must disclose any potential conflicts of interest upon their appointment or affiliation with UKF and annually after that. This disclosure should include relevant financial interests, affiliations with outside organizations, and any other interests that could pose a conflict.

Ongoing Disclosure: Individuals must promptly disclose any new conflicts of interest that arise during their affiliation with UKF.

4.2 Review and Management of Conflicts of Interest:

- Review Process: Upon receiving a disclosure, the Conflicts of Interest Committee (COI Committee) or designated review body will evaluate the disclosed interests to determine if a conflict of interest exists.

- Management Plans: If a conflict of interest is identified, the COI Committee will collaborate with the individual to develop a management plan. This plan may involve recusal from affected decision-making processes or activities, the appointment of an independent monitor, modification of research protocols or project plans, public disclosure of the conflict of interest, or other measures necessary to manage the conflict effectively.
- Approval and Monitoring: Management plans must be approved by the COI Committee and regularly monitored for compliance. Individuals are responsible for adhering to the terms of their management plans and promptly reporting any changes that may affect the management of their conflicts of interest.

5. Responsibilities

1. **University Employees (Faculty, Staff, Administrators):**
    a. **Disclosure:** All employees are responsible for promptly disclosing any actual, potential, or perceived conflicts of interest. This includes financial interests, relationships, or situations that may influence or appear to influence their professional duties.
    b. **Compliance:** Employees must comply with the university's conflict of interest policy and any related guidelines, ensuring that their actions and decisions are free from bias and in the best interest of the university.
    c. **Avoidance:** Employees should avoid situations where personal interests might conflict with their professional responsibilities and seek guidance when in doubt.
2. **Supervisors/Department Heads:**
    a. **Review and Monitor:** Supervisors are responsible for reviewing conflict of interest disclosures submitted by their team members and ensuring that any conflicts are appropriately managed or mitigated.
    b. **Guidance:** They must provide guidance to employees on the disclosure process and help them understand their responsibilities under the policy.
    c. **Escalation:** Supervisors should escalate any unresolved conflicts or serious concerns to higher authorities, such as the compliance office or ethics committee.
3. **Compliance Office**
    a. **Policy Enforcement:** The compliance office or designated ethics committee is responsible for enforcing the conflict-of-interest policy, reviewing all disclosures, and determining the appropriate actions to manage or mitigate conflicts.
    b. **Training and Awareness:** They must provide training and resources to educate employees about the conflict-of-interest policy, including the importance of transparency and integrity.
    c. **Records Maintenance:** The office is responsible for maintaining records of all disclosed conflicts and the actions taken to address them, ensuring compliance with legal and regulatory requirements.
4. **University Leadership (Chancellor, Vice Chancellors):**
    a. **Policy Oversight:** University leadership is responsible for overseeing the overall implementation of the conflict-of-interest policy and ensuring that it aligns with the institution’s values and legal obligations.
    b. **Decision-Making:** They must make final decisions in cases of significant or unresolved conflicts, ensuring that the university’s reputation and interests are protected.

c. **Reporting:** Leadership is responsible for reporting on conflict of interest matters to the governing board (BOT), ensuring transparency and accountability at the highest levels.

6. Definitions

Conflict of Interest: A situation in which an individual's personal, professional, financial, or other interests could potentially interfere with their ability to fulfill their duties and responsibilities objectively at UKF.

Financial Interest: Any financial relationship or interest that could reasonably be expected to impact an individual's judgment or actions at UKF. This includes ownership interests, investments, royalties, honoraria, consulting fees, and gifts.

Immediate Family Member: Spouse, domestic partner, children, siblings, and parents of an individual, whether biological or adoptive.

7. Related Documents

President’s Decision No. (3) of 2023 On Regulations for Non-Faculty Affairs at the University of Khorfakkan.

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its alignment with the new policy template.	June 2024

	POLICY NAME	10.2 Anti-Corruption and Bribery Policy		
	POLICY No.	10.2	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The UKFF Anti-Corruption and Bribery Policy is designed to promote ethical behavior and prevent illegal practices related to corruption and bribery within the university. The policy outlines the university's commitment to integrity, transparency, and compliance with anti-corruption laws and regulations, ensuring that staff, faculty, students, and partners uphold high ethical standards.

1. Purpose

The Anti-Corruption and Bribery Policy at the University of Khorfakkan (UKF) aims to establish guidelines and procedures that prevent, detect, and address corruption and bribery in all university activities. This policy encourages ethical behavior, integrity, and accountability among faculty, staff, students, contractors, and individuals associated with UKF.

2. Scope

This policy applies to all individuals and entities associated with UKF, including but not limited to:

- Faculty members
- Staff employees
- Students
- Contractors and consultants
- Vendors and suppliers
- Visitors and guests

3. Policy Statement

The university of Khorfakkan has a zero-tolerance policy towards corruption and bribery in all forms, whether directly or indirectly, in any of its operations. This policy applies to all individuals affiliated with the university, including employees, students, contractors, and external partners. No one should offer, give, solicit, or receive bribes or engage in corrupt activities in the course of university business.
The policy emphasizes:

- Compliance with laws: All university personnel must comply with applicable anti-bribery and anti-corruption laws.
- Reporting mechanisms: Individuals are encouraged to report suspected instances of corruption or bribery through established reporting channels without fear of retaliation.
- Training and awareness: The university ensures that all staff and relevant stakeholders are educated on anti-corruption laws and the university's expectations regarding ethical conduct.

- Penalties: Any breach of this policy will result in disciplinary action, which may include termination and legal consequences.

3.1 Principles

a. Zero Tolerance: UKF maintains a zero-tolerance approach towards corruption, bribery, and unethical conduct.
b. Compliance with Laws: Ensure compliance with all applicable laws, regulations, and standards related to anti-corruption and bribery.
c. Transparency: Promote transparency in all financial transactions, procurement processes, research funding, and other activities involving university resources.
d. Accountability: Hold individuals accountable for their actions and decisions by reporting and addressing suspected or actual corruption or bribery.

3.2 Prohibited Conduct

a. Bribery: offering, giving, receiving, or soliciting anything of value, directly or indirectly, to influence decisions or gain improper advantage.
b. Kickbacks: Prohibit kickbacks or other improper inducements in exchange for favors or preferential treatment.
c. Conflict of Interest: conflicts of interest that may lead to corrupt practices or unethical behavior.

4. Procedures

The university's procedure for reporting and whistleblowing regarding anti-corruption and bribery activities is designed to provide a safe and transparent environment for individuals to report any suspicious or unethical practices. This procedure ensures that all reports are handled confidentially, thoroughly investigated, and addressed appropriately.

4.1. Reporting Corruption and Bribery:

- Any employee, student, contractor, or external partner who witnesses or suspects corruption, bribery, or unethical behavior in connection with university activities can make a report.
- Report can be submitted to the line manager via a designated email address, monitored by the university's Chancellor, compliance office, legal advising office.
- Individuals may choose to report directly to the university's compliance officer, legal department, or human resources, either in writing or verbally.

4.2 Whistleblower Protection:

- The university guarantees that all reports made in good faith will be handled with the utmost confidentiality. The identity of the whistleblower will be protected unless disclosure is required by law or necessary for the investigation.
- The university strictly prohibits retaliation against whistleblowers who report in good faith. Any attempt to retaliate against a whistleblower may result in disciplinary action, including termination of employment.

4.3. Investigation Process:

- Upon receiving a report, the university's compliance office or legal department will conduct an initial review to determine the nature and validity of the report.
- If the report is deemed credible, a formal investigation will be launched, involving the compliance, internal audit, and legal teams. The investigation may include interviews, document reviews, and other evidence collection.

- Based on the findings of the investigation, the university will take appropriate actions, which may include disciplinary measures, reporting to law enforcement, or other corrective actions.

4.4. Reporting Mechanism Awareness:

The university shall regularly provide training to employees, faculty, students, and other stakeholders about the reporting mechanisms, whistleblower protections, and their responsibilities under the anti-corruption and bribery policy.

4.5. Record Keeping:

All reports, investigations, and outcomes will be documented and securely stored to ensure accountability and transparency. These records will be reviewed periodically to identify any patterns or areas for improvement.

5. Responsibilities

a. Senior Leadership

- Commitment: Demonstrate visible leadership and commitment to ethical conduct and anti-corruption efforts.
- Support: Provide adequate resources and support for implementing and enforcing the Anti-Corruption and Bribery Policy.

b. Faculty and Staff

- - Compliance: Understand and comply with the provisions of this policy and report any suspected or actual violations.
- - Training: Participate in training programs on anti-corruption, bribery prevention, and ethical decision-making.

c. Students

- - Awareness: Understand and adhere to the principles of integrity and ethical behavior in academic and extracurricular activities.
- - Reporting: Report any corruption or bribery to appropriate university authorities.

d. Contractors and Third Parties

- - Contractual Obligations: Include anti-corruption and bribery clauses in contracts and agreements with third parties.
- - Due Diligence: Conduct due diligence on vendors, suppliers, and partners to mitigate risks related to corruption and bribery.

6. Definitions

Bribery: The offering, giving, receiving, or soliciting of something of value as a means to influence the actions of an individual in a position of authority, often with the intent to gain an unfair advantage in business or governmental activities.

Corruption: Dishonest or fraudulent conduct by those in power, typically involving bribery. It encompasses the abuse of entrusted power for private gain.

Whistleblower: A person who exposes information or activity within the university or its stakeholders that is deemed illegal, unethical, or improper, such as fraud, corruption, or bribery.

Facilitation Payment: A small, unofficial payment made to secure or expedite a routine action by a government official or employee (such as processing papers, issuing permits, etc.). These are often considered bribes under anti-corruption laws.

Kickback: A form of bribery where a portion of the sum of money paid for a contract or service is illicitly returned to the person who awarded the contract or service, usually as a reward for facilitating the transaction.

Conflict of Interest: A situation in which an individual's personal interests may interfere with their ability to act impartially and in the best interest of the university. Conflicts of interest can potentially lead to corruption or unethical decisions.
Gifts and Hospitality: Items or services given to individuals in the course of business relationships, such as presents, meals, travel, or accommodations. While not always illegal, gifts and hospitality must not be used to influence decisions or create a conflict of interest.
Fraud: The intentional deception made for personal gain or to damage another individual or entity. Fraud includes misrepresentation of information, financial misconduct, and other illegal acts.
Compliance Officer: The university official responsible for ensuring that the institution adheres to the anti-corruption and bribery policy. This individual also investigates any reports of corruption or bribery.
Due Diligence: The process of investigating and evaluating the ethical practices, history, and reputation of individuals or entities before entering into business transactions or partnerships with them, to avoid bribery or corruption.
Retaliation: Any negative action taken against a whistleblower as a result of their reporting of corruption or bribery. Retaliation can include demotion, harassment, or dismissal and is strictly prohibited under the policy.
Sanctions: Penalties or disciplinary actions imposed on individuals or entities found to have engaged in bribery or corruption. Sanctions may range from warnings to termination of contracts or legal prosecution.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	10.3 Copyright, Intellectual property and Spin-Off Policy		
	POLICY No.	10.3	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Copyright, Intellectual Property and Spin off Policy is designed to protect the intellectual contributions of the university's faculty, staff, and students while ensuring compliance with legal standards related to spin off, copyright, patents, trademarks, and other forms of intellectual property. It aims to foster innovation, creativity, and academic integrity within the University of Khorfakkan (UKF) by providing clear guidelines on the ownership, usage, and dissemination of intellectual property.

1. Purpose

The Copyright, Intellectual Property, and Spin off Policy at the UKF aims to establish guidelines and procedures for managing, protecting, and disseminating copyright and intellectual property (IP), and Spin off assets created by faculty, staff, students, and other individuals associated with UKF. This policy promotes respect for intellectual creativity, encourages innovation, and facilitates responsible use and commercialization of intellectual property.

2.Scope

This policy applies to all intellectual property and spin off generated from research conducted at or under the sponsorship of the University involving University faculty, students, premises, resources, services, facilities, and equipment.

3. Policy Statement

The University of Khorfakkan is committed to foster, manage, and protect Intellectual Property and Spin off in a manner that supports commercialization, innovation (social/technological), and entrepreneurship by faculty, staff, students, and other stakeholders at the UKF. This policy establishes clear guidelines for the ownership, use, and management of intellectual property, spin off created within the university, ensuring compliance with legal standards while encouraging the dissemination of knowledge for the benefit of society.

The policy ensures that intellectual property and spin off, including but not limited to, research outputs, publications, products, inventions, software, and creative works, is appropriately attributed and safeguarded. It provides mechanisms for the fair commercialization of intellectual property and spin off and promotes collaboration between creators and the university in a manner that respects academic freedom and individual contributions.

Through this policy, the university seeks to:

- Clarify the rights and responsibilities of all parties involved in creating intellectual property and spin off.
- Encourage the responsible use and sharing of intellectual property.
- Support innovation and commercialization efforts that contribute to the public good.
- Uphold ethical standards in the use of third-party intellectual property, particularly in teaching, research, and publications.
- Encourage the faculty, students and staff to establish spin off through novel ideas, products and services

4.1 Ownership of copyrights, intellectual property and spin off:

The ownership of copyrights, intellectual property (IP) and spin off at the university of Khorfakkan is determined by the nature of the work, the role of the creator, and the context in which the work is produced. The following principles apply to the ownership of copyrights, intellectual property and spin off:

1. **Faculty and Staff Works:**

Scholarly Works and Research: Faculty members typically retain ownership of the copyrights for academic works such as research articles, and books. Teaching materials created independently during their affiliation with the university remain under the ownership of the university.

Works-for-Hire: If a faculty or staff member produces a work as part of a specific university assignment or contract (e.g., administrative materials, software developed for university use), the university may hold the copyright or intellectual property rights as these are considered "works-for-hire."

Inventions and Patents: For inventions, patents, and technological advancements created during research funded or supported by the university, the university may claim partial (20% minimum) or full ownership, especially if university resources (e.g., labs, funding) are used.

Spin off: The University's participation in the share capital of a Spin-Off requires approval from the Dean's Council and University Board of Trustees. The University's shareholding may not exceed 10% and can consist solely of contributions in goods or services.

2. **Student Works:**

Academic Work: Students generally retain ownership of the intellectual property rights to the works they create in the course of their studies, such as research papers, theses, or creative projects. However, in cases where their work is part of a broader university-funded research project, ownership may be shared or assigned to the university, depending on the project agreement.

Spin off: If the spin-off originates from student work, the student may hold up to 90% of the shares, with 5% allocated to the faculty member who served as mentor or supervisor, and 5% to the University. This arrangement requires approval from the Board of Trustees.

Collaborative Projects: In group projects or research collaborations involving faculty and students, the ownership of intellectual property will be determined based on prior agreements, project funding sources, and the contributions of the individuals involved.

3. **Sponsored Research and Collaborative Agreements:**

For research projects or innovations funded by external sponsors or conducted in collaboration with industry partners, the terms of the sponsorship or collaboration agreement will dictate the

ownership and rights to intellectual property. In this case, the university and the external partner share rights in a way that benefits both parties and allows for commercialization if applicable.

4. **Third-Party Content**:

The use of third-party intellectual property, such as copyrighted materials, software, or inventions from external sources, must comply with licensing agreements and copyright laws. Proper attribution and permission are required when utilizing such materials in teaching, research, or university publications.

5. **Copyright and Fair Use**

The University provides access to licensed resources (e.g., databases, journals, eBooks) under specific agreements. Users must comply with the terms of these licenses, which may impose additional restrictions on use beyond what copyright law allows.

When the intended use of a copyrighted work does not fall under fair use or another exemption, users are required to seek permission from the copyright holder before using the material.

The **fair use** exception allows for the limited use of copyrighted materials without permission in a face-to-face teaching environment. For example, showing a movie clip, performing a piece of music, or displaying an image during a class session is generally allowed without permission.

Revenue Sharing:

The revenue sharing between the University of Khorfakkan and creators from the commercialization of intellectual property (IP) shall be decides to ensure a fair balance between the interests of the university and the creators (such as faculty, staff, and students) who contributed to the IP development. The following principles apply:

- UKF acknowledges and rewards the intellectual, creative, and technical contributions of the creators.
- Revenue sharing shall consider the university's role in providing resources, facilities, funding, and administrative support that enabled the creation of the IP.
- Before distributing revenues, the university should recover any direct expenses related to the development, protection (e.g., patent filing), marketing, and commercialization of the IP. This includes legal fees, patent application costs, and other out-of-pocket expenses.
- Provisions should be made to account for any ongoing or future costs, such as maintenance fees for patents, marketing, and sales expenses.
- After the recovery of expenses, the distribution of the net revenue is as follows:

    - **Creator(s)**: 20% of net revenue, depending on their level of involvement and contribution.
    - **University**: 80%, representing its role in providing resources, support, and financial investment.

Spin off:

- Creator(s): 50%
- Mentor/Supervisor: 5%
- University: 45%

4. Procedures

A. Identification and Disclosure of Intellectual Property

IP Identification: Faculty, staff, and students who create or invent any work that could be considered intellectual property (including inventions, written materials, software, designs, etc.) must identify and evaluate whether the work may qualify for copyright or other IP protections.

The disclosure Process is as follows:

- The creator (inventor or author) is required to disclose any potential IP to the university through a formal Invention Disclosure Form or Copyright Disclosure Form.
- This disclosure should include a description of the IP, the creators involved, and any external support or funding used in developing the IP.
- Submission to the University Research & Innovation Office: The completed disclosure form should be submitted to the university's Research & Innovation Office or a designated department responsible for IP management.

B. Evaluation of Intellectual Property

- Assessment by the Research & Innovation Department:
  - The university's Research & Innovation Department will review the disclosure to assess its novelty, potential for commercialization, and whether it qualifies for copyright, patent, or trademark protection.
  - The office may consult external legal experts or professionals for a more in-depth evaluation of the potential marketability and legal status of the IP.
- Determination of Ownership: The university, in consultation with the creator(s), will determine ownership rights based on the university's Copyright and Intellectual Property Policy. The university will own the IP if created with university resources, while creators may retain ownership if developed independently.

C. Protection of Intellectual Property

- Filing for Copyrights, Patents, or Trademarks:
  - The university will initiate the legal process to protect the IP by filing for appropriate protections. For copyrights, this could involve registration with the relevant Copyright Office, while patents and trademarks may require filing with national or international authorities.
- Legal and Administrative Support:
  - The RI Office will work with external patent attorneys or legal experts to manage the filing process. This includes preparing documents, submitting applications, and addressing any legal challenges that may arise during the review process.
- Tracking and Managing IP Protection: The university will maintain a record of all filed and pending IP protection cases, ensuring that deadlines and renewal dates are properly tracked.

D. Licensing and Commercialization

- Market Analysis and Licensing Opportunities: Once IP is protected, the university will seek to license the technology, content, or invention to external entities for commercialization.
    - The university's RI Office will conduct a market analysis to identify potential licensees (companies, investors, etc.) interested in acquiring rights to the IP.
- Licensing Agreements:
    - The university will negotiate licensing agreements with third parties, which may include exclusive or non-exclusive rights to use the IP.
    - Licensing agreements should define the terms of use, including payment of royalties, upfront fees, duration of the agreement, and any ongoing obligations.
    - The agreement will also clarify ownership rights and the distribution of income between the university and the creator(s).
- Revenue Sharing:
    - Following university policy, any revenue from licensing (such as royalties) will be shared between the university and the creators based on pre-established terms (80% to the university, 20% to the creator).
    - The university will use its share to cover costs associated with protecting and managing the IP and reinvest into further research and innovation.

E. Monitoring and Enforcement of IP Rights

- Tracking Licensing Agreements: The university's RI Office will monitor all active licensing agreements to ensure compliance by licensees with the agreed terms.
- IP Infringement:
    - If there are any violations or unauthorized use of the university's IP, the university will take steps to enforce its rights, including issuing cease-and-desist letters or initiating legal proceedings against the infringer.
- Renewal and Maintenance: The university is responsible for maintaining ongoing protection (e.g., patent renewals or copyright extensions) and ensuring that IP remains enforceable.

F. Spin Off

- To support the start-up of a Spin-Off, the University of Khorfakkan offers the opportunity to benefit from special conditions for using its spaces, equipment, and facilities during a phase known as "incubation.".
- To access incubation opportunities, proponents must submit a specific request as part of their Spin-Off proposal to the Research and Innovation Department.
- The relationship between the University of Khorfakkan and the Spin-Off during the incubation period is governed by an agreement outlining the use of university space, equipment, and facilities and the presence of external staff within the University's premises.
- The incubation period, which is determined by the University Research and Innovation Committee and Dean's Council, cannot exceed three years from the establishment of the Spin-Off. However, for exceptional circumstances, this period may be extended by one additional year.

5. Responsibilities:

Faculty:

- Ensure that materials used in teaching comply with fair use principles or have appropriate copyright permissions.

Students:

- Abide by copyright laws when using resources for assignments, projects, and presentations.

Creators (Faculty, Researchers, and Students):

- Ensure proper documentation and disclosure of any intellectual property (IP) they create.
- Comply with the university's policies on IP ownership, use, and commercialization.
- Seek guidance when considering commercializing their intellectual property.

University Administration:

- Oversee the implementation of the policy and ensure compliance with copyright and IP laws.
- Support creators by providing resources and guidelines for protecting their IP.
- Manage the process for disclosing IP and ensure fair and transparent revenue sharing.

Office of Legal Advising:

- Provide legal support and guidance on IP-related issues, including contract reviews and disputes.
- Assist in protecting the university's IP through patents, trademarks, and copyrights.

Research and Innovation Office

- Facilitate the disclosure process for IP created through research.
- Help researchers identify potential commercial opportunities and navigate the patenting process.
- Manage the licensing, commercialization, and transfer of university-created intellectual property.
- Develop and negotiate agreements with external parties for IP licensing.
- Ensure proper revenue sharing according to university policies.

Deans and Department Heads:

- Encourage faculty and students to engage in innovative research that leads to the creation of IP.
- Support compliance with IP policies within their respective departments or colleges.

Human Resources (for faculty contracts):

- Ensure employment contracts include clear terms related to IP ownership, particularly for work created during university employment.

6. Definitions

Intellectual Property (IP): Refers to creations of the mind, such as inventions, literary and artistic works, designs, symbols, names, and images used in commerce. This includes patents, trademarks, copyrights, and trade secrets.

Spin-Off: Refers to a company that utilizes the results of academic scientific research, with authorization from the University for the involvement of its faculty, staff, and students during the start-up phase. The University may also provide services to support the start-up and early development of the company.

Copyright: A legal right that grants the creator of original works (such as books, articles, music, software) exclusive rights to use, reproduce, distribute, and display the work, usually for a limited period of time.

Patent: A form of protection that grants an inventor the exclusive right to make, use, and sell an invention for a specified period, typically 20 years, in exchange for public disclosure of the invention.

Trademark: A symbol, word, or phrase legally registered or established by use that represents a company or product and distinguishes it from others in the market.

Trade Secret: Any confidential business information which provides a company a competitive edge, such as processes, methods, techniques, or formulations that are not generally known.

Work for Hire: Any work created by an employee as part of their job duties, or a commissioned work that is agreed upon in writing, where the university owns the copyright rather than the creator.

Licensing: The process by which the owner of the intellectual property allows others to use, make, sell, or distribute the IP in exchange for a fee or royalty.

Invention Disclosure: A formal document submitted by an inventor to the university's technology transfer office, providing details about the invention and initiating the process for evaluating the potential for patent protection or commercialization.

Public Domain: Works that are not protected by copyright and are free for public use. This typically happens when the copyright has expired, or the creator has explicitly dedicated the work to the public domain.

Revenue Sharing: The distribution of income generated from the commercialization of intellectual property between the creators (faculty, staff, students) and the university, after deducting any related expenses.

Fair Use: A legal doctrine that allows limited use of copyrighted materials without permission for specific purposes, such as education, research, criticism, or commentary, provided it does not harm the market value of the original work.

Royalties: Payments made to the owner of intellectual property (e.g., a creator or university) for the ongoing use of their property by another party.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to complete the missing sections and ensure its alignment with the new policy template.	June 2024

	POLICY NAME	10.4 Teach-out Policy		
	POLICY No.	10.4	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

1. Purpose

The Teach-Out Policy at the University of Khorfakkan (UKF) provides guidelines and procedures for closing academic programs or discontinuing courses. This policy ensures that enrolled students in affected programs can complete their studies with minimal disruption while maintaining educational quality and institutional integrity.

2. Scope

This policy applies to all programs and degrees that are being closed, including both undergraduate and graduate levels. It may also apply to closures at the department, college, or institutional level.

3. Policy Statement

The University of Khorfakkan is committed to ensuring that all students have the opportunity to complete their academic programs, even in the event of program discontinuation, department closure, or institutional closure. This policy outlines the procedures and protections in place to support students through such transitions, safeguarding their educational progress and maintaining academic integrity.

In alignment with its mission and values, the University of Khorfakkan recognizes its responsibility to students enrolled in programs that may be subject to closure. To this end, the University will implement a structured teach-out plan that ensures:

Student Notification:

- Students must be informed of the closure in a timely manner.
- Information should include the reasons for the closure and options available to them for completing their studies.

Teach-Out Plans:

- The relevant college shall develop a structured teach-out plan. This plan shall be approved by the relevant Head of Department, Dean, Vice-Chancellor for Academic Affairs and the Commission for Academic Accreditation (CAA).
- This plan may include allowing current students to finish their studies within the institution, offering transfer options to other institutions, or providing online course options to complete the program.

Transfer Agreements:

- The University will assist students enrolled in the program who would like to transfer

to another relevant program to complete another degree.

- A student who failed a course that will be no longer offered, he/she may upon the approval of the department and college to offer the course as an office hour or an equivalent course in any other program at the university.
- When student is not able to be transferred to any of its programs, the University shall establish agreements with other institutions to accept transfer students and allow them to complete their degrees without significant loss of credits.

Faculty and Academic Support:

- The institution ensures that sufficient faculty and academic resources are available to teach out the remaining courses.
- Students should have access to academic advising, library services, and other academic support until the completion of their program.

Financial Considerations:

- When the university decides to cease one of its academic programs, all students enrolled at the time of termination will be entitled to a full refund of all tuition fees paid for the program. All credits earned by a student will remain on their transcript, which will provide the student with a chance to transfer such credit to any other program or even another institution.
- Students are expected to undertake the courses required to complete their programs when offered during the teach-out program. Failure of students to take required courses when offered will not obligate the university to offer the courses again.

Accreditation and Degree Conferral:

- The University maintains its accreditation status during the teach-out period to ensure that degrees conferred remain valid and recognized.
- Graduating students have the right to receive their degrees as if the program were still fully operational.

4. Procedures

4.1 Initiation and Planning

a. Identification: Programs or courses for potential closure or discontinuation are identified based on strategic planning, academic reviews, enrollment trends, financial viability, and other relevant factors. The head of the teach-out program will perform an audit of all enrolled students in the program to determine all required courses needed to enable them to complete their study.

b. Notification: When a Teach-Out decision is made, affected students, faculty, and staff are notified, stating the reasons, timeline, and process.

4.2 Teach-Out Plan Development

a. Timeline: The Head of the relevant department shall develop a detailed timeline for the Teach-Out period, including key dates like the last intake of new students, final course offerings, and expected completion date for affected students.

b. Curriculum Transition: A plan shall be developed to ensure affected students access necessary courses, academic advising, and support services for timely program completion.

c. Faculty Transition: A plan shall be developed to support faculty affected by program closure or course discontinuation, including reassignment or professional development opportunities.

4.3 Student Support and Communication

a. Advising and Counseling: The University is committed to continue providing academic advising and counseling services to help affected students plan their courses and prepare for post-graduation options.

b. Resources: Resources such as library materials and facilities are available to support students during the Teach-Out period.

c. Records and Transcripts: The University should communicate the procedures for obtaining transcripts and verifying academic requirements completion are communicated to the concerned students to ensure smooth transitions.

5. Responsibilities

5.1 Chancellor

Oversees the overall implementation of the teach-out plan, ensuring compliance with accreditation bodies and legal obligations. The Chancellor or President approves the closure of academic programs and the corresponding teach-out plans.

5.2 Vice Chancellor for Academic Affairs

Ensures that academic standards are maintained throughout the teach-out process. This role involves coordinating with deans, faculty, and other departments to implement the teach-out plan, managing resources, and ensuring minimal disruption for students.

5.3 Deans/Heads of Colleges

Responsible for leading the teach-out process within their respective colleges or departments. They are tasked with ensuring that the necessary courses are offered, faculty are available, and students are supported academically throughout the completion of their programs.

They work closely with faculty and the Registrar's office to develop a clear timeline and course offering schedule that aligns with students' remaining coursework.

5.4 Registration Office

The Registration Office ensures that student records are accurately maintained and that students are on track to complete their programs. They help facilitate the transfer of credits if students are offered the opportunity to transfer to another institution or program.

The Registration Office supports communication with students regarding important deadlines, course availability, and administrative requirements for program completion.

5.5 Faculty

Faculty members are responsible for delivering courses during the teach-out period, providing academic guidance, and ensuring that course quality is maintained. They may also be asked to adapt their teaching methods to accommodate online or alternative formats if necessary.

They assist students in completing their final requirements and may offer flexibility in assessments and course delivery to ensure students meet graduation criteria.

5.6 Advisors and Student Support Services

Academic advisors are responsible for guiding students through the teach-out process, ensuring that they understand their academic options and timelines for completing their degrees. They provide counseling on course selection and transferring options, if applicable.

Student support services, including financial aid and counseling, ensure that students receive the necessary support in terms of financial, academic, and emotional well-being during the transition.

5.7 Department of Institutional Effectiveness and Academic Accreditation (IEAA)

Throughout the teach-out process, the IEAA makes sure the university stays in compliance with the CAA standards. This entails keeping lines of communication open with the CAA at all times and submitting the teach-out plans for approval.

5.8 Financial Services

Ensures that any financial implications for students, such as refunds, tuition adjustments, or financial aid, are addressed properly and in a timely manner. They provide clear information to students about their financial responsibilities during the teach-out.

6. Definitions

Teach-Out: A process or plan established by the University to allow currently enrolled students to complete their educational programs following a decision to discontinue the program or close the institution. The teach-out ensures that students can complete their degrees or transfer credits to a similar program at another institution.

Teach-Out Plan: A structured plan outlining the process by which the university will continue to provide courses and resources for students to complete their degree programs after a program closure or institutional shutdown. The plan is submitted to and approved by the CAA to ensure compliance and continuity.

Teach-Out Agreement: A formal agreement between the university and another institution that will accept and teach-out students. The agreement ensures that students can transfer to the new institution to complete their program requirements.

Program Discontinuation: The formal decision by the University to stop offering a specific academic program. Program discontinuation often triggers the need for a teach-out plan to ensure that enrolled students can complete their studies.

Institutional Closure: The permanent or temporary shutdown of an entire educational institution. In the case of closure, a teach-out plan must be developed to ensure that students can either complete their programs at the institution or transfer to another institution.

Currently Enrolled Students: Students who are actively enrolled in a program at the time of program discontinuation or closure. These students are eligible for the provisions under the teach-out policy, including completion of their degrees or transfer to another institution.

Completion Deadline: A specific date by which students affected by the teach-out must complete their degree or program requirements. The deadline is set based on the teach-out plan's timelines and availability of courses or resources.

Transfer Credits: Academic credits earned by students in a discontinued program that are accepted by another institution to count toward a degree. Transfer credits are essential for students participating in a teach-out agreement with another institution.

Teach-Out Institution: The institution that agrees to enroll and provides the remaining coursework for students from a closed or discontinued program, ensuring that they can complete their degree requirements.

7. Related Documents

None.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its complete and aligned with the new policy template.	June 2024

	POLICY NAME	10.5 Publication Policy		
	POLICY No.	10.5	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy governs the creation, review, approval, and dissemination of all publications associated with the university. Publications include, but are not limited to, academic journals, research papers, brochures, newsletters, press releases, websites, and other materials produced by faculty, staff, and students representing the university of Khorfakkan.

1. Purpose

This policy outlines the principles, guidelines, and responsibilities related to the creation, dissemination, and management of publications produced by the university community. The purpose of the policy is to:

1. Ensure that all university-affiliated publications maintain a high standard of quality, integrity, and accuracy.
2. Uphold the university's values, mission, and reputation in all public communications and published materials.
3. Provide clear guidelines for the approval, dissemination, and management of publications created by various university entities.
4. Establish responsibilities for faculty, staff, and departments in the publication process.

2. Scope

This policy applies to:

- All official publications created by the university's academic and administrative departments.
- Research publications and academic papers produced by faculty, researchers, and students.
- University-affiliated digital content, including websites, blogs, and social media channels.
- Marketing materials such as brochures, newsletters, and event-related publications.

3. Policy statement

The university of Khorfakkan is committed to ensuring that all publications reflect its mission, uphold academic integrity, and meet ethical standards. All publications should be aligned with university goals and values, and should avoid any form of misinformation, plagiarism, or breach of confidentiality. Additionally, they should comply with applicable laws, copyright rules, and the university's intellectual property guidelines.

4. Procedure

4.1 Content Planning and Development

- Clearly define the purpose of the content (e.g., academic research, promotional material, event announcement).
- Identify the target Audience (e.g., students, faculty, external stakeholders).
- Ensure that the message is clear, concise, and aligned with the university's goals and values.
- Content must be based on accurate data, research, and facts to maintain credibility.

4.2 Content Creation

- All content must be original and created by authorized university members or contracted professionals.
- Adhere to university guidelines on formatting, language use, and presentation style. This includes proper grammar, citation practices, and tone that reflects the professionalism of the institution.
- When using images, infographics, or multimedia, the content creator must ensure that the content are high-quality, relevant, and meet copyright standards.
- Content must adhere to the university's copyright, intellectual property, and accessibility policies.

4.3 Content Review

- Content must undergo an internal review process by relevant departments or committees to ensure accuracy, quality, and compliance with university policies.
- Where applicable, content must be reviewed to ensure it complies with legal standards, including intellectual property rights, data privacy, and ethical considerations.

4.4 Content Approval

- Department Head/Faculty Approval: All content must receive approval from the relevant department head, faculty supervisor, or manager before it can be published or disseminated.
- Promotional, marketing, or public-facing content should be reviewed by the Public Relations department to ensure consistency with the university's branding and messaging.

4.5 Intellectual Property and Copyright Compliance

- The Public Relations department must ensure that proper permissions are obtained for any third-party content (e.g., images, text, data) before using it in university materials.
- Academic and research content must include proper citations and references in line with the university's academic integrity policies.

4.6 Accessibility Considerations

- IT department should ensure all digital content complies with accessibility standards, making it usable for individuals with disabilities (e.g., using alt-text for images, captions for videos, and screen reader-friendly formats).
- Printed content should also consider accessibility, such as offering materials in alternative formats upon request.

4.7 Content Archiving

- All finalized content should be archived in the university's content management system or designated storage for future reference.
- Ensure proper version control for documents and content updates to keep track of revisions and ensure that the latest version is always accessible.

4.8 Academic Publication

- For academic publication content should be peer reviewed before submission.
- Authors must register for an individual ORCiD identifier, link it to the "University of KhorFakkan" Publications Database profile, and include it on their personal

webpages, publication submissions, grant applications, and throughout their research workflow to ensure proper attribution and institutional affiliation.

- The University reserves the right to withdraw its affiliation from scholarly papers published in predatory journals. Additionally, the University may withhold support for papers submitted to high-cost journals without proper senior consultation prior to submission.
- The open access publication should also be available on the UKF website.

5. Responsibilities

- **Faculty and Researchers:** Responsible for ensuring the accuracy and quality of academic and research publications. They must also adhere to the university's guidelines on intellectual property, copyright, and ethical research.
- **Departments and Offices:** Responsible for creating, reviewing, and approving publications related to their areas of operation, ensuring alignment with university standards.
- **Public Relation and Media Department:** Oversees the final review, approval, and distribution of official university publications. This office also ensures consistency in branding, messaging, and legal compliance.
- **Content Creators (Faculty, Staff, and Students):** Responsible for ensuring the accuracy, originality, and quality of the content they produce.
- **Department Heads/Managers:** Ensure that all content produced within their departments adheres to university standards and goes through the proper approval process.
- **Communications/Marketing Team:** Oversee the final review, approval, and distribution of promotional content, ensuring it aligns with branding guidelines.
- **Legal/Compliance Office:** Ensures content complies with legal and regulatory requirements, particularly for intellectual property and copyright.

6. Definitions

Publication: Any printed or digital material produced and disseminated by the university or its members, including but not limited to research papers, articles, brochures, newsletters, and websites.

Intellectual Property: The ownership of ideas, creations, and academic works produced by faculty, staff, or students as part of their association with the university.

Copyright: Legal protection granted to the creators of original works, including literary, academic, and artistic works, to control the use and distribution of their material.

Author: An individual who creates or contributes to the creation of intellectual content for publication. This can include faculty, staff, students, or external collaborators.

7. Related Documents

None

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised to ensure its complete and aligned with the new policy template.	June 2024

	POLICY NAME	10.6 Institutional Relations Policy		
	POLICY No.	10.6	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Institutional Relations Policy governs the way the university of Khorfakkan establishes and maintains formal relationships with external organizations. These relationships aim to foster collaborations, enhance academic programs, and promote mutual benefits in areas such as research, education, and community engagement.

1. Purpose

The purpose of this policy is to provide guidelines for engaging with external institutions and stakeholders to:

- Strengthen academic partnerships.
- Support research collaborations and knowledge exchange.
- Promote the university's mission, vision, and strategic goals.
- Enhance opportunities for faculty, staff, and students.

2. Scope

This policy applies to all university departments, faculty, staff, and units engaged in institutional relationships or seeking to enter partnerships with external entities. It includes partnerships with:

- Other universities or educational institutions.
- Industry partners.
- Government agencies.
- NGOs and community organizations.
- International institutions.

3. Policy Statement

The university encourages the development of strategic relationships with external organizations that align with its academic, research, and community service goals. All institutional relationships must:

- Be formalized through agreements or memorandums of understanding (MOUs).
- Promote collaboration that benefits both parties.
- Be compliant with university regulations, ethical standards, and applicable laws.

4. Procedures

4.1 Initiation of Relationships:

Any department or faculty member wishing to establish a relationship with an external organization must submit a proposal to the university’s Public Relations Department for endorsement.

4.2 Evaluation:

The Public Relations Department will evaluate potential partnerships based on their alignment with institutional goals, legal compliance, and mutual benefits. Endorsed partnerships are submitted to the Chancellor for initial approval.

4.3 Agreement Drafting:

Initially approved partnerships must be formalized in writing, detailing the scope, responsibilities, and duration of the collaboration.

4.5. Final Approval

The draft of the potential agreement/partnership is presented to the Deans' Council for final approval. Approved partnership/agreement are signed by the Chancellor and the representative of the third party. Once signed by the different parts, the agreement/partnership shall take effect. The concerned department shall start its implementation.

Monitoring:

Ongoing relationships shall be periodically reviewed by the concerned department to ensure they continue to meet the university's strategic objectives. Results are periodically presented to the Deans' council.
An annual evaluation report shall be provided to the Deans' Council to recommend whether the relation will be continued, enhanced, or terminated.
The chancellor has the hand on the final decision regarding the continuity of the relationship.

4.7 Termination:

Partnerships may be terminated by mutual agreement or if one party fails to meet its obligations.

5. Responsibilities

- **Deans' Council:** Oversees and approves institutional relationships, ensuring alignment with the university's mission.
- **Department Heads/Deans:** Propose and manage relationships relevant to their academic or research areas.
- **Legal Advisor:** Ensures that agreements comply with legal standards and university policies.
- **Public Relations Office:** Acts as the primary point of contact for managing, reviewing, and facilitating relationships with external entities.

6. Definitions

- **Institutional Relations:** Formal partnerships or collaborations between the university and external entities aimed at mutual academic, research, or community development.
- **Memorandum of Understanding (MOU):** A formal agreement between two or more parties outlining the terms of collaboration without creating a binding contract.
- **Stakeholders:** Individuals or organizations with an interest in the success of the university's initiatives, including external partners.

7. Related Documents

- University Partnership Agreements Policy.
- Conflict of Interest Policy.
- Research and Scholarly Activities Policy.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	10.7 Cooperative agreements and contracts Policy		
	POLICY No.	10.7	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW		**POLICY OWNER**	Chancellor
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan Cooperative Agreements and Contracts Policy typically outlines the processes, guidelines, and responsibilities for entering into and managing cooperative agreements and contracts with external entities. These agreements can range from research collaborations to service contracts and other formal partnerships that advance the university's mission.
The Cooperative Agreements and Contracts Policy provides a framework for the university to enter into formal agreements with external entities. These agreements are designed to support the university's educational, research, and service missions while ensuring compliance with legal and regulatory requirements.

1. Purpose

The purpose of this policy is to:

- Establish consistent procedures for developing, reviewing, and approving cooperative agreements and contracts.
- Ensure that all agreements align with the university's strategic goals and comply with applicable laws and regulations.
- Protect the university's interests by defining clear terms, responsibilities, and expectations in all agreements.

2. Scope

This policy applies to all university departments, faculty, and staff involved in the negotiation, drafting, and management of cooperative agreements and contracts. It covers:

- Research collaborations with other institutions or organizations.
- Service agreements with government, industry, or non-profit entities.
- Joint academic programs or initiatives.
- Any other formal partnerships that involve legal or financial commitments.

3. Policy Statement

The university encourages the establishment of cooperative agreements and contracts that enhance its mission in education, research, and community service. All agreements must:

- Be developed in consultation with the university's legal and financial departments.
- Clearly outline the roles, responsibilities, and expectations of all parties involved.
- Be reviewed and approved by authorized university officials before execution.
- Include provisions for compliance with university policies, ethical standards, and applicable laws.

4. Procedures

Depending on whether the agreement or contract is academic or non-academic, the institution will follow different procedures to establish cooperative agreements and contracts.

4.1 Academic Agreements and Contracts

The procedure for establishing Academic Agreements and Contracts at the University of Khorfakkan involves the following steps to ensure that such agreements align with the institution's mission, comply with legal requirements, and support the university's academic goals.

1. Initiation and Proposal

- A faculty member, department, or academic unit identifies the need for an academic agreement or partnership with another institution, organization, or entity.
- The initiating party prepares a detailed proposal outlining the purpose, objectives, scope, and expected outcomes of the agreement. This may include:
    - Description of the academic activities (e.g., joint research, student exchanges, dual degree programs).
    - Potential benefits to the university and the partner institution.
    - Resource implications, including financial, administrative, and staffing considerations.

2. Preliminary Review

- The proposal is reviewed by the relevant department chair, dean, or academic committee to ensure it aligns with departmental and college objectives.
- The proposal is forwarded to the university's legal and financial departments for an initial review to identify any legal, financial, or regulatory concerns.

3. Drafting the Agreement

- The initiating party, in collaboration with the legal advisor and any other relevant stakeholders, drafts the academic agreement. The draft should include:
    - Clear definition of the roles and responsibilities of each party.
    - Terms and conditions of the partnership, including the duration of the agreement, funding arrangements, and intellectual property rights.
    - Provisions for quality assurance, academic standards, and student or faculty participation.
    - Dispute resolution mechanisms and termination clauses.

4. Formal Review and Approval

- The draft agreement is submitted to the relevant department or college for formal approval. This may involve a review by the college council or other relevant committees within the college.
- The agreement is then forwarded to the VCAA for final review to ensure the agreement aligns with the university’s academic mission and strategic goals.
- The agreement is then forwarded to the university’s Deans’ Council for final review. This includes:
    - Legal Department: Ensures compliance with legal standards and university policies.

    - Financial Department: Reviews the financial aspects of the agreement to ensure feasibility and sustainability.
- Approval: The agreement must be approved by the university's Chancellor.
- Final Approval: The agreement must be approved by the university's Board of Trustees.

5. Execution of Agreement

- Once approved, the agreement is signed by the authorized representatives of both the university and the partner institution.
- The fully executed agreement is distributed to all relevant parties, including the initiating department, legal and financial departments, and the partner institution. The original document is typically retained by the university's legal advisor office.

6. Implementation and Monitoring

- The initiating department or unit develops an implementation plan, including timelines, responsibilities, and resource allocation.
- The department or academic unit responsible for the agreement monitors its implementation, ensuring compliance with the terms and conditions. Regular reports may be required to assess progress and address any issues that arise.

7. Evaluation and Renewal/Termination

- The effectiveness of the agreement is annually evaluated to assess whether it meets its objectives and continues to serve the university's interests.
- Based on the evaluation, the agreement may be renewed, amended, or terminated. Renewal or termination decisions must be made in accordance with the terms outlined in the original agreement.

8. Record Keeping

- All documents related to the agreement, including the original contract, amendments, and correspondence, must be properly documented and archived according to the university's record-keeping policies.

9. Compliance and Audit

- The university ensures that all parties comply with the terms of the agreement, including any legal, financial, or academic obligations.
- Periodic audits may be conducted to ensure that the agreement is being managed appropriately and that all reporting requirements are being met.

4.2 Non-Academic agreements and Contracts

The procedures for establishing Non-Academic Agreements and Contracts at the University of Khorfakkan involve a structured approach to ensure that these agreements align with the university's policies, comply with legal standards, and support the university's non-academic operations.

1. Initiation and Proposal

- The initiating department or administrative unit identifies the need for a non-academic agreement or partnership (e.g., facility management, IT services, vendor contracts).
- The initiating party prepares a proposal detailing the need, objectives, scope, and expected outcomes of the agreement. This includes:
    - Description of the services or goods to be provided.
    - Potential benefits to the university.
    - Resource implications, including financial and administrative considerations.

2. Preliminary Review

- The proposal is reviewed by the relevant department head or administrative unit to ensure it aligns with departmental or operational goals.
- The proposal is forwarded to the university's legal advisor and financial department for an initial review to identify any legal, financial, or regulatory concerns.

3. Drafting the Agreement

- The initiating department, in collaboration with the legal advisor and other relevant stakeholders, drafts the agreement. The draft should include:
    - Clear definition of the roles and responsibilities of each party.
    - Terms and conditions of the agreement, including the duration, payment terms, and performance expectations.
    - Provisions for compliance with university policies, such as procurement procedures, health and safety standards, and data protection.
    - Dispute resolution mechanisms and termination clauses.

4. Formal Review and Approval

- The draft agreement is submitted to the relevant department or unit for formal approval. This may involve a review by an internal committee within the department.
- The agreement is then forwarded to the university's Deans' Council for final review. This includes:
    - Ensures compliance with legal standards and university policies.
    - Reviews the financial aspects of the agreement to ensure feasibility and adherence to the university's budgetary guidelines.
    - Assesses any potential risks associated with the agreement and ensures that appropriate risk mitigation measures are in place.
- The agreement must be approved by the university's authorized signatories, such as the Vice Chancellor for Finance and administration Affairs, or Chancellor.
- Final Approval: The agreement must be approved by the university's Board of Trustees.

5. Execution of Agreement

- Once approved, the agreement is signed by the authorized representatives of both the university and the external party.
- The fully executed agreement is distributed to all relevant parties, including the initiating department, legal advisor, financial departments, and the external partner. The original document is typically retained by the university's legal advising office.

6. Implementation and Monitoring

- The responsible department or unit develops an implementation plan, including timelines, responsibilities, and resource allocation.
- The department or unit monitors the implementation of the agreement to ensure compliance with its terms and conditions. Regular reports may be required to track performance and address any issues.

7. Evaluation and Renewal/Termination

- The effectiveness of the agreement is annually evaluated to assess whether it meets its objectives and continues to serve the university's interests.
- Based on the evaluation, the agreement may be renewed, amended, or terminated. Renewal or termination decisions must be made in accordance with the terms outlined in the original agreement.

8. Record Keeping

- All documents related to the agreement, including the original contract, amendments, and correspondence, must be properly documented and archived according to the university's record-keeping policies.

9. Compliance and Audit

- The university ensures that all parties comply with the terms of the agreement, including any legal, financial, or operational obligations.
- Periodic audits may be conducted to ensure that the agreement is being managed appropriately and that all reporting and compliance requirements are being met.

5. Responsibilities

- **University Legal Department**: Ensures all agreements and contracts comply with legal standards and university policies.
- **Office of Sponsored Research/Grants Office**: Manages research-related agreements and contracts, ensuring alignment with funding requirements and university objectives.
- **Department Heads/Deans**: Oversee the initiation, development, and management of agreements related to their specific areas of responsibility.
- **Authorized Signatories**: University officials designated to sign agreements and contracts on behalf of the institution, ensuring all necessary approvals are in place.
- **Financial Department**: Reviews financial terms and ensures that budgetary and financial obligations are clearly defined and manageable.

6. Definitions

- **Cooperative Agreement**: A formal arrangement between the university and one or more external entities to collaborate on a specific project, program, or initiative.
- **Contract**: A legally binding agreement between the university and an external party that outlines the terms, conditions, and obligations of a specific service, project, or partnership.
- **Authorized Signatory**: A university official who has been granted the authority to sign contracts and agreements on behalf of the university.
- **External Entity**: Any organization, institution, government body, or company outside of the university with which the university enters into an agreement or contract.

7. Related Documents

- Decree Law No. (1) of 2022 on the organization of the University of Khorfakkan and its executive regulations, and regulations relating to the University of Khorfakkan.
- Conflict of Interest Policy
- Research and Scholarly activities Policy
- Financial Planning and Analysis Policy

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	10.8 Website Policy		
	POLICY No.	10.8	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW		**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The University of Khorfakkan Website Policy provides guidelines for the development, maintenance, and use of the university's official website. The policy ensures that the website serves as an effective communication tool, reflecting the university's mission, values, and strategic goals. It addresses responsibilities, content standards, accessibility, security, and the approval processes necessary for website management.

1. Purpose

The purpose of the University Website Policy is to:

- Ensure a consistent and professional online presence that accurately represents the university.
- Protect the integrity and security of the university's digital content.
- Ensure that the website is accessible to all users.
- Ensure that the website is aligned with the Commission for Academic accreditation (CAA) requirements.
- Define roles and responsibilities for website management.
- Provide guidelines for the creation and publication of content on the university's website.

2. Scope

This policy applies to all web content, pages, and digital assets associated with the university's official website. It covers all faculty, staff, students, and external partners who contribute to or manage content on the website.

3. Policy Management

The University of Khorfakkan is committed to ensure that its website meets institutional standards for quality, accuracy, accessibility, and security. This policy is designed to govern the creation, management, and content of the university's official website.

3.1 Website content

The University of Khorfakkan is committed to maintain a public website that includes information on the organization and structure of the University, and its portfolio of programs and services as specified by the Commission for Academic Accreditation Standards 2019.

3.2 Content Management

- All content published on the university's website must be accurate, up-to-date, relevant, and consistent with the university's brand and communication guidelines.
- Content must be approved by the relevant department or designated web administrator before being published.

- Each department is responsible for the accuracy and relevance of the content they publish on the website.
- Regular reviews should be conducted to ensure that the website content remains current and accurate.

3.3 Accessibility

- The university's website must comply with international accessibility standards to ensure it is accessible to all users.
- All digital content, including images, videos, and documents, must be accessible to all users.

3.4 Security

- The website must implement robust security measures to protect against unauthorized access, data breaches, and other cybersecurity threats.
- Access to certain areas of the website may require user authentication to protect sensitive information.
- Regular software updates and security patches must be applied to the website and any associated third-party applications to maintain integrity and security. Upgrades should comply with established security guidelines to mitigate vulnerabilities across the entire ecosystem.

3.5 Privacy

- The university is committed to ensuring that any personal data collected through third-party applications accessed via the website is handled in compliance with applicable data protection laws, safeguarding user rights and privacy.
- The website must include a clear privacy policy that outlines how user data is collected, used, and protected.

3.6 Branding and Design

- The website must adhere to the university's branding guidelines, including the use of logos, colors, fonts, and design elements.
- All web pages should use approved templates to ensure a consistent look and feel across the website.

4. Procedures

4.1. Content Creation and Submission Procedure

a. Content Submission

- **Step 1: Content Development**: Faculty, staff, or departments draft the content, ensuring it aligns with the university's communication guidelines and is appropriate for the intended audience. This includes text, images, and metadata (e.g., keywords, descriptions).
- **Step 2: Submission**: Content is submitted via designated communication channels (e.g., email) to the assigned web administrator for review. All submissions must include the relevant information (text, images, metadata).
- **Step 3: Approval Process**: The content is reviewed by the designated approver (e.g., department head, web content editor) for accuracy, relevance, and adherence to university standards.
- **Step 4: Feedback and Revisions**: If necessary, feedback is provided to the content creator, and revisions are made until the content is ready for final approval.
- **Step 5: Publication**: Once approved, the content is published on the website by the web administrator.

- **Step 6: Post-Publication Review**: After publication, the content is monitored for any necessary corrections or updates and communicated through the same channels for immediate revision if required.

b. Content Guidelines

- **Consistency**: Ensure that content follows the university's style guide, including tone, terminology, and branding. Consistent formatting across all content is required for a unified presentation.
- **Accuracy**: Verify all factual information and ensure that it is up-to-date and correct before submission.
- **Accessibility**: Content must comply with accessibility standards, including the use of alt text for images and captions for videos.

4.2 Content Review and Update Procedure

a. Regular Content Audits

- **Step 1: Schedule Audits**: the Public Relations Department establish a schedule for regular content audits (e.g., quarterly, biannually) to review all published content.
- **Step 2: Conduct Review**: Departments review their respective content for accuracy, relevance, and alignment with current university goals and policies.
- **Step 3: Update Content**: Outdated or incorrect information is updated or removed. Any significant changes may require re-approval before publication.
- **Step 4: Document Changes**: Maintain a record of updates made during the content audit for future reference.

b. Ongoing Updates

- **Responsibility**: Designated content owners within departments are responsible for making ongoing updates as needed (e.g., faculty profiles, event information).
- **Approval**: Significant updates or changes to key content areas may require re-approval by a higher authority or the communications department.

4.3 Website Accessibility Procedure

- **Step 1: Accessibility Assessment**: The IT department shall conduct regular assessments to ensure the website complies with accessibility standards (e.g., WCAG 2.1).
- **Step 2: Implement Accessibility Features**: The IT department shall ensure that all new content includes necessary accessibility features, such as alt text, video captions, and accessible document formats.
- **Step 3: Remediation**: The IT Department address any identified accessibility issues promptly, ensuring that all users can access the website content without barriers.

4.4 Security and Data Protection Procedure

a. Security Protocols

- **Step 1: User Authentication**: the IT department shall implement secure login processes for users with access to the CMS, including multi-factor authentication where appropriate.
- While the main website does not require login, users must authenticate through secure login processes, including multi-factor authentication (MFA) where applicable, when accessing third-party applications via the website.
- **Step 2: Data Encryption**: Ensure that sensitive data transmitted via the website is encrypted (e.g., SSL certificates for secure browsing).

- **Step 3: Regular Security Audits**: Conduct regular security audits to identify and address vulnerabilities within the website infrastructure.
- **Step 4: Incident Response**: Develop and maintain an incident response plan for addressing security breaches or other cyber threats.

b. Privacy Compliance

- **Step 1: Data Collection Review**: Legal Advisor shall review all forms and data collection points on the website to ensure compliance with privacy laws.
- **Step 2: Consent Management**: The IT department shall implement mechanisms for obtaining user consent for data collection, including cookie consent banners and privacy notices.
- **Step 3: Data Handling Procedures**: The IT department establish procedures for securely storing, processing, and deleting user data collected through the website.

4.5 Website Development and Design Procedure

a. Design Standards

- **Step 1: Template Usage**: The IT department shall use pre-approved design templates for all new pages to maintain a consistent look and feel across the website, ensuring uniformity in user experience.
- **Step 2: Branding Guidelines**: All content and design elements must adhere to the university's branding guidelines, including approved logos, color schemes, and typography for a cohesive brand identity.
- **Step 3: Responsive Design**: The website's design must be responsive, ensuring accessibility and usability across various devices and screen sizes.

b. New Page Development

- **Step 1: Request Approval**: Submit a request for new web pages by following the designated approval process within your department or team. Once the request is internally approved by the relevant department, it is forwarded to the web administrator for final review and implementation before development begins.
- **Step 2: Design and Content Creation**: Work with the web design team, ensuring that both the layout and content align with the university's design standards and branding guidelines. Follow the designated procedure for content creation and design approvals before submission.
- **Step 3: Testing**: Before launch, test the new page for functionality, accessibility, and performance across different browsers and devices.
- **Step 4: Launch**: After successful testing and final approval, the new page is launched and integrated into the site's navigation.

4.6 Website Maintenance and Backup Procedure

a. Routine Maintenance

- **Step 1: Schedule Maintenance**: The IT department plans and executes regular website maintenance activities, including software updates, plugin management, and content backups.
- **Step 2: Performance Monitoring**: Continuously monitors website performance to ensure fast loading times and minimal downtime.
- **Step 3: Technical Support**: Provides technical support for website-related issues, including troubleshooting and bug fixes.

b. Backup and Recovery

- **Step 1: Regular Backups**: The IT department implements a regular backup schedule to secure all website data and content.

- **Step 2: Storage**: Stores backups in a secure, off-site location or cloud-based storage to protect against data loss.
- **Step 3: Disaster Recovery**: Establishes and tests a disaster recovery plan to restore the website in case of data loss or major disruptions.

4.7 Compliance and Enforcement Procedure

a. Monitoring

- **Step 1: Compliance Checks**: The IT department shall regularly monitor the website for compliance with the policy, including content accuracy, accessibility, and security.
- **Step 2: Reporting Issues**: Provides a mechanism for users to report issues related to policy non-compliance, such as inaccurate information or security concerns.

b. Enforcement

- **Step 1: Address Non-Compliance**: The IT department shall take appropriate actions to address instances of non-compliance with the website policy. This may include content removal, access restrictions, or other corrective measures as deemed necessary.
- **Step 2: Disciplinary Actions**: Implements disciplinary measures as needed for repeated or severe violations of the website policy, ensuring that all stakeholders understand the importance of compliance. / particularly those affecting user authentication and data handling in third-party applications.

5. Responsibilities

- **User**: Users must adhere to the university's code of conduct when contributing to or managing content on the website.
- **Webmaster/IT Department**: Responsible for the technical aspects of website maintenance, including security, server management, and technical support.
- **Content Owners:** Individual departments or units are responsible for the accuracy, relevance, and timeliness of the content they publish.
- Public Relations Department: Ensures that all content aligns with the university's branding and communication strategies.
- **IEAA:** Ensures that the website complies with CAA standards.
- **Legal Advisor:** Ensures that the website is compliant with the UAE laws and regulations.

6. Definitions

Web Administrator: An individual or team responsible for managing the technical aspects of the website, including server maintenance, software updates, and overall site functionality. They may also oversee the content management system and provide support to content creators.

Accessibility: The practice of ensuring that websites are usable by people of all abilities and disabilities. This includes compliance with standards like the Web Content Accessibility Guidelines (WCAG) to make content accessible to users with disabilities.

Metadata: Information that describes other data, often used to improve search engine optimization (SEO) and make content easier to find. In the context of a website, metadata might include keywords, descriptions, and titles that help search engines index the site.

Responsive Design: A design approach that ensures a website looks and functions well across a wide range of devices and screen sizes, from desktop computers to mobile phones.

User Authentication: The process of verifying the identity of a user attempting to access a website or content management system. This typically involves a username and password and may include multi-factor authentication for additional security.

Alt Text (Alternative Text): A brief description of an image that is used by screen readers to make content accessible to users with visual impairments. Alt text is also displayed if the image fails to load.

Data Encryption: The process of converting data into a code to prevent unauthorized access. On websites, this often refers to the use of SSL/TLS certificates to secure data transmitted between the user's browser and the web server.

Privacy Notice: A statement on a website that explains how the institution collects, uses, and protects user data. It informs users about their privacy rights and the institution's data handling practices.

Cookie Consent Banner: A notification that appears on a website informing users about the use of cookies and seeking their consent before these cookies are stored on their devices. This is often a legal requirement in jurisdictions with strict privacy laws.

SEO (Search Engine Optimization): A set of practices designed to increase the visibility of a website in search engine results. It involves optimizing content, keywords, and metadata to improve the website's ranking on search engines like Google.

Web Content Editor: A person responsible for reviewing, editing, and approving content before it is published on the website. They ensure that all content meets the institution's standards for accuracy, relevance, and tone.

Backup and Recovery: The process of creating copies of website data that can be restored in case of data loss due to technical failures, cyber-attacks, or other disruptions.

Compliance: Adherence to the rules, regulations, and standards set forth in the website policy, including accessibility, security, and content accuracy.

Website Maintenance: Ongoing activities required to keep a website functional, up-to-date, and secure. This includes updating software, fixing bugs, and ensuring all content is current.

7. Related Documents

CAA standards 2019

8. Appendices

None**.**

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

11. Community Engagement

	POLICY NAME	11.1 Community Engagement Policy		
	POLICY No.	11.1	**VERSION NO**	1.1
	DATE OF APPROVAL	June 2022	**EFFECTIVE**	June 2022
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCFA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

University of Khorfakkan is dedicated to strengthening its role as a vital contributor to the community. This policy establishes a framework for promoting and supporting community engagement activities that align with the university's mission of education, research, and service.

1. Purpose

The purpose of this policy is to:

- Encourage and facilitate meaningful community engagement by faculty, staff, and students.
- Foster partnerships that address community needs and contribute to societal well-being.
- Promote a culture of collaboration, inclusiveness, and mutual respect between the university and the community.
- Support the professional development of faculty, staff, and students through community-based learning and research.
- Ensure that community engagement activities are conducted in a manner that upholds the university's values and reputation.

2. Scope

This policy applies to all members of the University of Khorfakkan community, including faculty, staff, students, and university-affiliated organizations involved in community engagement activities. The policy encompasses a wide range of activities, including but not limited to:

- Service-learning projects
- Community-based research
- Public lectures and workshops
- Volunteer and outreach programs
- Institutional partnerships with local, regional, and global communities

3. Policy Statement

University of Khorfakkan recognizes that community engagement is an integral part of its mission. The university is committed to building sustainable partnerships that benefit both the community and the institution. Through these engagements, the university seeks to:

- Address community-identified needs and challenges.
- Enhance the educational experience of students by integrating community engagement into the curriculum.
- Contribute to the social, economic, and cultural development of the community.
- Uphold ethical standards and respect for diversity in all community interactions.

- All community engagement activities must comply with the university's policies and procedures, as well as any legal or regulatory requirements. The Legal advising is responsible for ensuring compliance and addressing any issues that arise.
- The procedures and guidelines for community engagement will be reviewed periodically to ensure they remain relevant and effective. Feedback from faculty, staff, students, and community partners will be considered in these reviews.

4. Procedures

The following procedures outline the steps for planning, implementing, and evaluating community engagement activities at the University of Khorfakkan. These procedures ensure that all community engagement initiatives are aligned with the university's mission and conducted ethically and effectively.

4.1 Initiating Community Engagement Activities

- Faculty, staff, or students interested in initiating a community engagement activity must submit a proposal to their respective line manager, who in turn submit the proposal to the Public Relations department. The proposal should include:
  - Objectives of the engagement activity.
  - Description of the community partner(s) involved.
  - Expected outcomes and benefits for both the community and the university.
  - Timeline and resources required.
  - Risk assessment and mitigation strategies.
- The proposal will be reviewed by the Public Relations department or a designated committee. Criteria for approval include alignment with the university's mission, feasibility, community need, and resource availability. The proposer may be asked to provide additional information or modify the proposal as needed.
- Once approved, a formal or informal partnership agreement may be established between the university and the community partner(s). This agreement should outline the roles, responsibilities, and expectations of all parties involved.

4.2 Implementation of Community Engagement Activities

- The lead faculty, staff, or student responsible for the activity will coordinate with the community partner(s) to plan the logistics of the engagement. This includes scheduling, securing necessary resources, and arranging for any required training or orientation.
- The university will provide necessary support, which may include funding, facilities, transportation, or administrative assistance. Requests for resources should be made through the Procurement department.
- All participants must adhere to the university policies and ethical guidelines, including those related to confidentiality, informed consent, and respect for community members. The lead responsible party must ensure that all participants are briefed on these guidelines.

4.3 Monitoring and Supervision

- The lead faculty, staff, or student must monitor the progress of the engagement activity to ensure that it is proceeding according to plan and addressing the intended objectives. Any issues or deviations should be reported to the Public Relations department.
- The university may provide ongoing supervision and support through site visits, regular check-ins, and additional resources as needed to facilitate the smooth execution of the activity.

4.3 Assessment and Evaluation

- After the completion of the engagement activity, an evaluation must be conducted to assess its impact and outcomes. This may include:
    - Feedback from community partner(s) and participants.
    - Assessment of the activity's alignment with its objectives.
    - Identification of strengths, challenges, and areas for improvement.
- The lead responsible party must submit a final report to the Public Relations department. The report should include a summary of the activity, outcomes achieved, feedback received, and any recommendations for future engagements.
- Successful community engagement activities may be recognized and highlighted through university channels, such as newsletters, websites, or annual reports. Best practices and lessons learned may also be shared to inform future initiatives.

4.5 Sustaining and Enhancing Community Partnerships

- After the initial engagement, the university may continue to collaborate with the community partner(s) to sustain the relationship and explore further opportunities for collaboration. This may involve regular communication, follow-up meetings, or additional joint activities.
- The university may offer capacity-building support to community partner(s) to enhance their ability to engage with the university and other institutions. This may include training, technical assistance, or access to university resources.

5. Responsibilities

- **Faculty and Staff:** Are encouraged to incorporate community engagement into their teaching, research, and service activities. They should ensure that these engagements are aligned with the university's mission and conducted ethically.
- **Students:** Are encouraged to participate in community engagement opportunities as part of their academic and personal development.
- **University Administration:** Will provide support, resources, and recognition for community engagement initiatives. This includes facilitating partnerships, offering professional development, and integrating community engagement into the strategic goals of the university.

6. Definitions

Community: Refers to specific, collective interest groups who participate or could potentially participate as partners in the similarly inclined community engagement activities of UKF.
Community Engagement: Collaborative activities between the university and external communities for mutual benefit, typically involving the exchange of knowledge, skills, and resources.
Service-Learning: A teaching method that combines academic instruction with meaningful community service.
Partnership: A formal or informal agreement between the university and a community organization to collaborate on specific projects or initiatives.
Co-operative education: Co-operative education programs have the student as the primary beneficiary and student learning as the primary goal. These programs provide students with curricular opportunities related to their field of study, which are integrated with the curriculum to some extent. These programs are generally placements within industry during the course of completion of a part of a curriculum.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE
This policy has been fully revised for more accuracy and alignment with the new policy template.	June 2024

	POLICY NAME	11.2 Advisory Board(s) Policy		
	POLICY No.	11.2	**VERSION NO**	1.0
	DATE OF APPROVAL	September 2024	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

This policy outlines the establishment, operation, and governance of the University of Khorfakkan Advisory Boards. These boards play a critical role in providing guidance and support to the university's strategic initiatives and academic programs by bringing in external perspectives from industry experts, alumni, and community leaders.

1. Purpose

The purpose of this policy is to define the framework for the formation and operation of University of Khorfakkan Advisory Boards. The policy aims to ensure that the boards effectively contribute to the university's mission by offering valuable insights, fostering partnerships, and enhancing the relevance of academic programs to meet the needs of the industry and society.

2. Scope

This policy applies to all Advisory Boards established across various programs, departments, and colleges, within the University of Khorfakkan. It includes the procedures for the selection of board members, their roles and responsibilities, and the operational guidelines for the boards.

3. Policy Statement

The university of Khorfakkan is committed to leveraging the expertise of external stakeholders through the formation of Advisory Boards. These boards shall consist of members who are industry professionals, alumni, and community leaders with relevant expertise. The boards will provide non-binding strategic advice and recommendations to the university to enhance its academic offerings, research initiatives, and community engagement efforts.

4. Procedures

4.1 Formation of Boards: Each department or College seeking to establish an Advisory Board must submit a proposal outlining the board's objectives, the criteria for member selection, and the expected outcomes.

4.2 Selection of Members: Members shall be selected based on their expertise, experience, and ability to contribute to the board's objectives. The selection process will be transparent and inclusive, ensuring diversity in representation.

4.3 Meetings and Operations: Advisory Boards shall meet at least twice a year, with additional meetings scheduled as needed. Agendas and minutes of meetings shall be documented and shared with relevant stakeholders.

4.4 Review and Evaluation: The performance and contributions of each Advisory Board shall be reviewed annually to ensure alignment with university goals and objectives.

5. Responsibilities

- **The VCAA** is responsible for the implementation of this policy document.
- **Deans Council:** Responsible for approving the formation of Advisory Boards and

ensuring their alignment with university objectives.

- **Board Chair:** Lead the meetings, ensure active participation, and communicate recommendations to the relevant university departments.
- **Members:** Provide expertise, guidance, and recommendations on matters related to the board's objectives.
- **Department/College:** Implement the recommendations provided by the boards, where applicable, and report on the progress and outcomes.

6. Definitions

Advisory Board: A group of external experts formed to provide strategic advice and recommendations to the Department/College on specific areas of academic and administrative operations.

Member: An individual appointed to serve on the Advisory Board based on their expertise and experience.

Board Chair: A member elected or appointed to lead the Advisory Board meetings and represent the board in communications with the university.

7. Related Documents

None

8. Appendices

None

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE

	POLICY NAME	11.3 Continuous Education and Lifelong Learning Policy		
	POLICY No.	11.3	**VERSION NO**	1.0
	DATE OF APPROVAL	TBA	**EFFECTIVE**	TBA
	DATE OF LAST REVIEW	June 2024	**POLICY OWNER**	VCAA
	DATE OF NEXT REVIEW	**June 2026**	**APPROVED BY**	**Chancellor**

Overview

The Continuous Education and Lifelong Learning Policy at the University of Khorfakkan is designed to promote ongoing learning opportunities for individuals at all stages of their careers and lives. This policy supports the university's commitment to fostering a culture of continuous improvement, professional development, and personal growth within the community.

1. Purpose

The primary purpose of this policy is to:

1. Provide a framework for offering educational programs and resources that enable individuals to continue learning beyond traditional academic settings, supporting personal and professional development throughout their lives.
2. Equip individuals with the knowledge and skills necessary to adapt to the evolving demands of the workforce, ensuring that they remain competitive in their careers.
3. Increase access to education by offering flexible, diverse learning options that cater to the needs of different learner populations, including working professionals, retirees, and non-traditional students.
4. Strengthen the university's relationship with the broader community by offering programs that address local needs and contribute to regional economic and social development.

2. Scope

This policy applies to all continuous education and lifelong learning programs offered by the university, including but not limited to:

- Short-term courses designed to enhance specific skills or knowledge areas relevant to various professions.
- Structured programs leading to a certificate of completion in specialized fields of study.
- Interactive learning experiences focused on specific topics or skills.
- Courses and programs delivered through online platforms, allowing for flexible learning schedules.
- Courses and activities aimed at general personal enrichment, such as language courses, art classes, or wellness programs.

3. Policy Statement

University of Khorfakkan is committed to providing accessible, high-quality continuous education and lifelong learning opportunities to its employees and the community at large. The university will offer a diverse range of programs designed to meet the needs of learners at various stages of their lives and careers. These programs will be developed and delivered by qualified faculty and industry professionals, ensuring relevance and excellence in content and instruction.

To achieve this, the university will:

1. Continuously assess and update its course offerings to align with current industry trends, technological advancements, and learner needs.

2. Ensure that all continuous education and lifelong learning programs meet the same standards of quality and rigor as the university's traditional academic programs.
3. Foster partnerships with businesses, industry organizations, and community groups to identify and address specific learning needs and opportunities.
4. Provide flexible learning options, including online, evening, and weekend courses, to accommodate the diverse schedules and commitments of lifelong learners.
5. Encourage participation in lifelong learning by offering scholarships, financial aid, and other incentives to reduce barriers to access.

4. Procedures

To implement the Continuous Education and Lifelong Learning Policy effectively, the following procedures shall be followed**:**

4.1 Program Development and Approval

- **Needs Assessment:** The UpSkilling Center, in collaboration with relevant academic and non-academic departments, will conduct a needs assessment to identify the demand for specific continuous education and lifelong learning programs. This may include surveys, industry research, and consultations with community stakeholders. Needs may arise from the community.
- **Curriculum Design:** Based on the needs assessment, program curricula will be designed. This includes defining learning outcomes, course content, instructional methods, and assessment strategies. The curriculum should be flexible and adaptable to various learning styles and schedules.
- **Approval Process:** Proposed programs must be reviewed and approved by the UpSkilling Center, the relevant academic department, and any other relevant Committee. Approval ensures that programs meet academic standards and align with the university's mission.

4.2 Program Delivery

- **Instructor Selection:** Instructors for continuous education and lifelong learning programs will be selected based on their expertise in the subject matter, teaching experience, and ability to engage adult learners. The UpSkilling Center will oversee the recruitment and hiring process.
- **Course Scheduling:** Courses will be scheduled to accommodate the needs of non-traditional students, including evening, weekend, and online options. The schedule will be published well in advance to allow for sufficient enrollment.
- **Marketing and Outreach:** The university shall actively promote continuous education and lifelong learning programs through various channels, including the university website, social media, community partnerships, and targeted marketing campaigns. Efforts shall be made to reach diverse populations, including underrepresented groups.
- **Enrollment Management:** The UpSkilling Center will manage the enrollment process, including registration, payment processing, and student support services. Enrollment procedures should be streamlined and accessible to all prospective students.

4.3 Program Evaluation and Improvement

- **Participant Feedback:** At the end of each course or program, participants should be asked to complete evaluations that assess the quality of instruction, course content, and overall learning experience. This feedback will be used to inform future program improvements.

- **Instructor Evaluation:** Instructors are evaluated based on participant feedback, peer reviews, and their ability to meet learning outcomes. Continuous professional development opportunities will be provided to instructors to enhance their teaching effectiveness.
- **Program Review:** The UpSkilling Center will conduct regular reviews of all programs to ensure they remain relevant, effective, and aligned with industry trends and community needs. Programs that do not meet these criteria may be revised or discontinued.

4.4 Access and Support Services

- **Financial Aid:** The university may offer financial aid options, including scholarships and payment plans, to ensure that cost does not become a barrier to participation in continuous education and lifelong learning programs.
- **Learning Resources:** Participants should have access to university resources such as libraries, online databases, and technical support to enhance their learning experience.

4.5 Partnerships and Community Engagement

- **Industry Partnerships:** The university will seek to establish partnerships with businesses, professional organizations, and community groups to develop programs that meet specific industry needs and provide real-world learning opportunities for participants.
- **Community Outreach:** The university is committed to engaging with the local community to identify educational needs and offer programs that address those needs. This may include hosting workshops, seminars, and other events open to the public.

4.6 Reporting and Accountability

- **Annual Reports:** The UpSkilling Center shall produce an annual report detailing program offerings, enrollment data, participant feedback, and financial performance. This report will be shared with university leadership and used to guide strategic planning.
- **Continuous Improvement:** Based on the annual report and ongoing evaluations, the university will implement changes to improve program quality, expand access, and enhance the learning experience for participants.

5. Responsibilities

5.1 Upskillng Department:

- **Program Development:** Responsible for designing, developing, and implementing continuous education and lifelong learning programs that align with the university's mission and meet the needs of the community and industry partners.
- **Quality Assurance:** Ensures that all programs meet high standards of academic and professional quality through regular review, assessment, and feedback mechanisms.
- **Instructor Recruitment and Training:** Recruits qualified instructors and provides them with training and support to deliver effective and engaging courses.
- **Marketing and Outreach:** Develops and executes strategies to promote continuous education programs to target audiences, including professionals, adult learners, and the general public.

5.2 Academic Departments:

- **Curriculum Contribution:** Collaborates with the Upskilling Department to provide expertise and resources in the development of specialized courses and programs.

- **Faculty Involvement:** Encourages faculty members to participate in the design and delivery of continuous education programs, ensuring that content is current and relevant to industry trends.

5.3 Instructors:

- **Course Delivery:** Responsible for teaching courses in the continuous education programs, ensuring that content is delivered effectively and aligns with learning outcomes.
- **Participant Engagement:** Engages with learners, provides feedback, and supports their educational journey through mentorship and guidance.
- **Continuous Improvement:** Participates in professional development and incorporates feedback to continuously improve their teaching methods and course content.

5.4 Enrollment Services:

- **Participant Support:** Manages the registration process, provides information and guidance to prospective and current participants, and handles inquiries related to enrollment.
- **Records Management:** Maintains accurate records of participant enrollment, progress, and completion of continuous education programs.

5.5 Finance Department:

- **Budget Management:** Oversees the financial aspects of continuous education programs, including budgeting, pricing, and financial aid management.
- **Revenue Allocation:** Ensures that revenues generated from continuous education programs are appropriately allocated and reinvested in program development and quality enhancement.

5.6 Information Technology (IT) Department:

- **Technical Support:** Provides and maintains the necessary technological infrastructure to support online and hybrid continuous education programs, including learning management systems, virtual classrooms, and technical support services.
- **Data Security:** Ensures the security and confidentiality of participant data and course materials within the continuous education platform.

5.7 Public Relations Department:

- **Promotion:** Develops and implements marketing campaigns to raise awareness of continuous education and lifelong learning opportunities offered by the university.
- **Community Engagement:** Facilitates communication with external partners, alumni, and the broader community to foster relationships that support program growth and development.

5.8 Industry Partners:

- **Collaboration:** Works with the university to identify workforce needs and provide input on the development of programs that address those needs.
- **Sponsorship and Support:** May offer sponsorship, scholarships, or resources to support continuous education programs and participants.

5.9 Participants (Learners):

- **Active Engagement:** Actively participate in the learning process, completing assignments, engaging in discussions, and providing feedback on the program experience.

- **Feedback Provision:** Provides constructive feedback on courses and instructors to help improve the quality of continuous education offerings.

5.10 University Administration:

- **Policy Oversight:** Ensures that the Continuous Education and Lifelong Learning Policy is aligned with the university's overall mission and strategic goals.
- **Resource Allocation:** Provides the necessary resources, including funding, facilities

6. Definitions

Continuous Education: Educational programs and courses designed to provide individuals with opportunities to learn new skills, acquire knowledge, and stay updated in their fields throughout their lives. These programs are typically non-degree courses aimed at professional development, personal enrichment, or career advancement.

Lifelong Learning: The ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons. Lifelong learning enhances social inclusion, active citizenship, and personal development, as well as competitiveness and employability.

Non-Traditional Students: Individuals who engage in continuous education programs but do not fit the traditional student profile. They may include working professionals, adults returning to education after a gap, or those pursuing education part-time while managing other responsibilities**.**

Professional Development: Training, certification, or education aimed at improving an individual's skills and knowledge in their professional field. Continuous education often includes professional development programs tailored to specific industries.

Instructor Evaluation: The process of assessing the performance of instructors based on participant feedback, the achievement of learning outcomes, and other relevant criteria. It is used to ensure high-quality instruction in continuous education programs.

Community Outreach: Efforts made by the university to engage with local communities to identify educational needs and offer programs that address those needs. Community outreach helps ensure that continuous education programs serve the broader public.

Learning Resources: Tools, materials, and services provided to support participants in continuous education programs. This may include access to libraries, online databases, technical support, and other educational resources.

7. Related Documents

None.

8. Appendices

None.

9. Modification History

SUMMARY OF CHANGE (& SECTION)	DATE