Economics
&
Administrative Sciences
Faculty

Procedures Manual

**Inter American University of Puerto Rico
Metropolitan Campus**

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This Procedure has been approved for use by .... Management Representative

CONTROL DOCUMENTATION PROCEDURE
(ISO 9001:2008 Clause 4.2.1)

Procedures Manual

Copy Holder: Dean of the Economics & Administrative Sciences Faculty

Inter American University of Puerto Rico, Metropolitan Campus

Copy Number: 1 of 2

CONTROL DOCUMENTATION PROCEDURE
(ISO 9001:2008 Clause 4.2.1)

<u>Distribution</u>

Procedures Manual

Copy Number 1 – <u>Dean of the Economics & Administrative Sciences Faculty</u>
<u>Inter American University of Puerto Rico, Metropolitan Campus</u>
<u>(Controlled hard copy)</u>

(Read-Only Soft Copies of Manual #1
Are available to all personnel for reference)

Copy Number 2 – Assistant Dean of the Economics & Administrative Sciences Faculty
Inter American University of Puerto Rico, Metropolitan Campus
(Controlled hard copy)

CONTROL DOCUMENTATION PROCEDURE
(ISO 9001:2008 Clause 4.2.1)

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CONTROL DOCUMENTATION PROCEDURE
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<u>Amendments to Procedures Manual</u>

All copies of this Procedures Manual must be kept under strict control to prevent the System from becoming unreliable. Adherence to the following paragraphs ensures that the System remains current and valid:

1) All copies of the Procedures Manual shall be clearly numbered and the Holder recorded.

2) Each page in the Procedures Manual shall have its own unique reference number (PM number), page number, revision number and effective date. The first page of each *hard copy* Procedure shall show the **inked initials/signature** of the Management Representative.

3) Quality Management System Procedures are *Faculty confidential* and shall not be given to anyone except Faculty personnel.

4) The Management Representative shall be responsible for all revisions and additions being made, approved and recorded (controlled) to hard and soft copies.

5) Changes to the Procedures Manual can be suggested by any employee but must receive signed approval from the Management Representative before being entered into the Procedures Manual.

6) All changes must be recorded on the Table of Amendment (PM 00) by the Management Representative who shall ensure that the appropriate pages of the Procedures Manual are updated.

7) All amended hard copy pages shall be physically removed from the Procedures Manual and either destroyed or stored separately for historical reference. Where such *hard copy* pages are retained for reference, they shall be marked with such words as "obsolete" or "out-of-date" in order to show that they have become uncontrolled documents. Similar controls shall be applied to *soft copy* (electronic) records to prevent inadvertent use if down-revision soft copies are kept.

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Table of Amendment – Procedures Manual					
Procedure Number	Page #.	Rev #	Date	Description of Change(s)	Authorized By
PM-07	All	2	11/04/13	PM-07 OBSOLETE	
ALL	ALL	3	11/25/13	Third Revision	

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Table of Amendment – Procedures Manual

Procedure Number	Page #.	Rev #	Date	Description of Change(s)	Authorized By
All	All	0	11/26/07	First Issue	
PM-00	All	1	04/28/11	First Revision	
PM-01	ALL	1	04/28/11	First Revision	
PM-02	ALL	1	04/28/11	First Revision	
PM-03	ALL	1	04/28/11	First Revision	
PM-04	ALL	1	04/28/11	First Revision	
PM-05	ALL	1	04/28/11	First Revision	
PM-06	ALL	1	04/28/11	First Revision	
PM-07	ALL	1	04/28/11	First Revision	
PM-08	ALL	1	04/28/11	First Revision	
PM-09	ALL	1	04/28/11	First Revision	
PM-10	ALL	1	04/28/11	First Revision	
PM-00	ALL	2	04/16/13	Second Revision	
PM-01	ALL	2	04/16/13	Second Revision	
PM-02	ALL	2	04/16/13	Second Revision	
PM-03	ALL	2	04/16/13	Second Revision	
PM-04	ALL	2	04/16/13	Second Revision	
PM-05	ALL	2	04/16/13	Second Revision	
PM-06	ALL	2	04/16/13	Second Revision	
PM-07	ALL	2	04/16/13	Second Revision	
PM-08	ALL	2	04/16/13	Second Revision	
PM-09	ALL	2	04/16/13	Second Revision	
PM-10	ALL	2	04/16/13	Second Revision	

CONTROL OF DOCUMENTS & RECORDS PROCEDURE
(ISO 9001:2008 Clauses 4.2.3; 4.2.4)

1.0 Introduction

We are committed to maintaining a detailed system of control for quality-related documentation and records in order to demonstrate that our stated quality objectives have been satisfied.

2.0 Scope

We shall produce and maintain adequate documentation to detail the requirements of the Quality Management System and to ensure that the requirements of our customers can be satisfied. All employees shall ensure that they maintain adequate records for this purpose.

This Procedure also applies to all records generated under the other Procedures in the Quality Management System.

3.0 Definitions

Document – Information and its supporting medium. (NOTE – The medium can be paper, magnetic, electronic or optical computer disc, photograph or master sample, or a combination thereof).

Record – A document stating results achieved or providing evidence of activities performed.

4.0 Responsibility

(a) The Management Representative shall ensure that:

➢ The Quality Management System is adequately documented.
➢ Documents are properly controlled and approved, and are readily available to those employees who need to use them.
➢ Sufficient records are maintained and that these are legible and readily found.

CONTROL OF DOCUMENTS & RECORDS PROCEDURE
(ISO 9001:2008 Clauses 4.2.3; 4.2.4)

(c)   Teaching and Support Staff shall ensure that records within their areas of responsibility are stored safely, confidentially and are easily retrievable.

5.0   Procedure - Control of Documents & Records

5.1   The Management Representative ensures that all Procedures Manual documentation has a unique identification number (PM number), a revision number and the date from which the document becomes effective.

5.2   Any member of staff may suggest ideas for new forms, documents, etc, to be introduced into the Quality Management System.

5.3   Faculty Directors shall co-ordinate (with the Management Representative) the introduction of such new documentation for their own areas.

5.4   The Management Representative formally approves Procedures, Forms and other documents for use which relate to, and emanate from, the Faculty.

Further documentation is in use which emanates from, and is controlled and distributed by, other areas of the University.

The titles of documents used by the Faculty can be found on the list of Formularios Internos-Externos.

5.5   The Management Representative ensures that Forms and other quality documents are clearly identified by their title. Form titles are traceable from the Document Register.

All Quality Management System forms used by the Faculty are included on the Document Register, and those not directly controlled by the Faculty are indicated on the Document Register in blue font.

5.6   The Management Representative shall ensure that the Document Register is available and that it shows the current revision number and effective date of each form.

The Document Register is the only source of reference (except for computer-generated forms from proprietary software, eg, Banner, or those forms produced by outside printing companies, etc, which are subject to similar document controls).

CONTROL OF DOCUMENTS & RECORDS PROCEDURE
(ISO 9001:2008 Clauses 4.2.3; 4.2.4)

5.7   The Management Representative   ensures that obsolete documents and forms are withdrawn from the System in a timely manner.

5.8   The Management Representative (or nominee) ensures that any external documentation held by the Faculty is adequately controlled to ensure that it is not damaged or lost, eg, Graduate Catalogs, General Catalogs, Cartas Circulares, etc.

5.9   The Management Representative ensures that all forms and documents are periodically reviewed for currency and adequacy. (Auditors may also review the currency and adequacy of forms and documents during Internal Audits.)

5.10   The Management Representative controls and co-ordinates any required changes to Quality System documentation with the appropriate personnel (eg, Faculty Directors).

Document changes shall form part of the reporting to the Management Review Meeting but it is not necessary to wait for a Management Review Meeting before suggesting, or making, changes to documentation.

6.0   Records

6.1   The Management Representative ensures that all completed records are/ documentation is kept for **at least three years** (including electronic files, where appropriate) unless specified in other regulations, or by legislation, eg, IRS records.

6.2   All employees ensure that records are legible, and correctly filed under suitable headings in files, folders, etc, such that they can be stored safely and be found easily (eg, filed by Student Identification #, Course #, etc).

6.3   All employees ensure that records have adequate security to prevent them from becoming lost or damaged.

6.4   Back-ups of essential soft copy customer records are automatically made on a weekly basis to magnetic tape or similar devices by IT (MIS), the outsourced service provider.

6.5   Individual computer records shall be backed up by their users at a frequency (and to a medium) determined by the individual user.

CONTROL OF DOCUMENTS & RECORDS PROCEDURE
(ISO 9001:2008 Clauses 4.2.3; 4.2.4)

6.6 Virus control is in operation. Where computers have access to the internet, the level of records stored on these computers shall be kept to a safe minimum due to the risk of corruption from internet viruses.

6.7 Customer records may be destroyed at the end of their retention period (see Documento Normativo F-0810-023) with the permission of the Dean. The Document Retention Period for functional areas. (ANEJO B). The time determined by the University to retain documents for operational purposes, legal, fiscal, historical or any other purpose of this own.

7.0 Records Generated By This Procedure

➢ Quality Management System Document Register;
➢ Formularios Internos-Externos;
➢ Soft Copy Back-Up Files.

8.0 Related Documents

➢ Documento Normativo F-0810-023 (rules for record retention & disposition);
➢ Indices Cartas Circulares Vigentes;
➢ Índice Documentos Normativos; Oficina de Evaluación e Investigación Sistémica
➢ G-0910-035 Normas para el Sistema de Documentos Normativos de la UIPR
➢ Modelo para la Elaboración De Prontuarios (Course Syllabus Preparation Guide);
➢ Course Syllabuses (Prontuarios).

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MANAGEMENT REVIEW PROCEDURE
(ISO 9001:2008 Clause 5.6)

1.0 Introduction

We recognize that our Quality Management System needs periodic review to ensure that it meets requirements in respect of the Quality Policy, quality objectives, effectiveness, resources, planning and that it is kept up-to-date.

2.0 Scope

The Management Review Meeting must cover the operation of the Quality Management System throughout the Faculty.

3.0 Responsibility

The Management Representative shall ensure that:

➢ The Quality Management System is reviewed at planned intervals to ensure its continued suitability and effectiveness.
➢ The minutes of the Management Review Meeting are recorded.
➢ Any actions agreed at the Management Review Meeting are allocated to employees for action, and carried out in a timely manner.
➢ Opportunities for improvement are identified and implemented.

4.0 Procedure

4.1 The Management Review Meeting shall be held every year to address all areas within the Quality Management System to:

➢ Determine whether it is operating effectively to the benefit of the Faculty;
➢ Identify opportunities for improvement;
➢ Determine whether the Faculty is continuing to meet customer requirements;
➢ Prevent non-conformance.

4.2 The Inter American University Management Representative must be attended to the Management Review Meeting. The FCEA Dean and the Assistant Dean and other personnel, when is appropriate must be attended for.

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MANAGEMENT REVIEW PROCEDURE
(ISO 9001:2008 Clause 5.6)

4.3 Inputs to the Management Review shall include information on:

> ➤ Follow-up actions from previous Management Review Meetings;
> ➤ Recommendations for improvement;
> ➤ Customer feedback (positive and negative);
> ➤ Course progress, performance and conformity;
> ➤ Results of internal and external audits;
> ➤ The status of preventive and corrective actions;
> ➤ Any changes that could affect the Quality Management System.

4.4 The Management Representative shall ensure that the following items (a through j) are discussed at the Meeting. The standard Management Review Meeting Report shall be used as a checklist:

(a) Actions From Previous Meeting – Any actions arising from the previous Meeting are checked to ensure that they were completed in a timely manner by the relevant people. Any outstanding actions will be discussed – including the reasons why they have not yet been completed – and the actions carried forward to the next Meeting for further review.

(b) Review of the Quality Policy and Quality Objectives – The Quality Policy in the Quality Manual is reviewed to check that it is still suitable for the needs of the Faculty. Any product/service and continual improvement quality objectives must be reviewed to ensure that they are still appropriate and are being achieved. When objectives have been met, new ones shall be set, when applicable.

(c) Suggestions for Continual Improvement – The Meeting shall address suggested methods of improvement to the System. Where areas for improvement are identified, those present at the Meeting shall define appropriate improvement objectives and methods of monitoring progress. Any of the other items discussed during the Meeting may be considered for improvement initiatives.

(d) Non-Conformances and Complaints – Non-Conformances and complaints are reviewed to check that the underlying cause has been addressed. Their effect on customer satisfaction is also addressed.

MANAGEMENT REVIEW PROCEDURE
(ISO 9001:2008 Clause 5.6)

(e)   Corrective & Preventive Action – Corrective and preventive actions (which might relate to course non-conformance, complaints, audits, supplier performance, customer satisfaction, etc) are reviewed to check that they have been effective in achieving improvement. Where improvement was not achieved, more effective corrective/ preventive action shall be planned and progress reviewed at the next Meeting.

(f)   Internal and External Audits – Audit results are reviewed to check that any identified non-conformances were corrected within an acceptable time scale. The Management Representative may decide to change the frequency of planned audits (using the Audit Program) based on the audit results from the previous period (see PM 08). Audit results are recorded on Internal Audit Reports. Audits are planned using the Internal Audit Program.

(g)   Planning/Future Resource Requirements (Long-Term Planning) – Any changes to the business that could affect either the customer or the Quality Management System are addressed. This includes changes related to personnel, equipment or any other resources.

(h)   Training – Training needs and competency levels are reviewed, together with any perceived training needs/proposals for future training.

(i)   Customer Satisfaction – Those present at the Meeting shall review information collected via the Student Survey (and other applicable records) to decide whether the Faculty is meeting or, if possible, exceeding customers' requirements and expectations in line with its quality objectives. Where customer satisfaction is not being achieved, those present at the Meeting shall plan and allocate suitable resources to resolve any problems.

(j)   Any Other Business – This may include any other issues specific to the Faculty.

4.5   The review must cover – as a minimum – the period since the last Management Review Meeting took place.

4.6   The person responsible for taking the Minutes of the Meeting ensures that any identified action is recorded, together with target dates for its completion and a note of who will actually take the action. The Dean will allocate the personnel and/or resources for this action.

MANAGEMENT REVIEW PROCEDURE
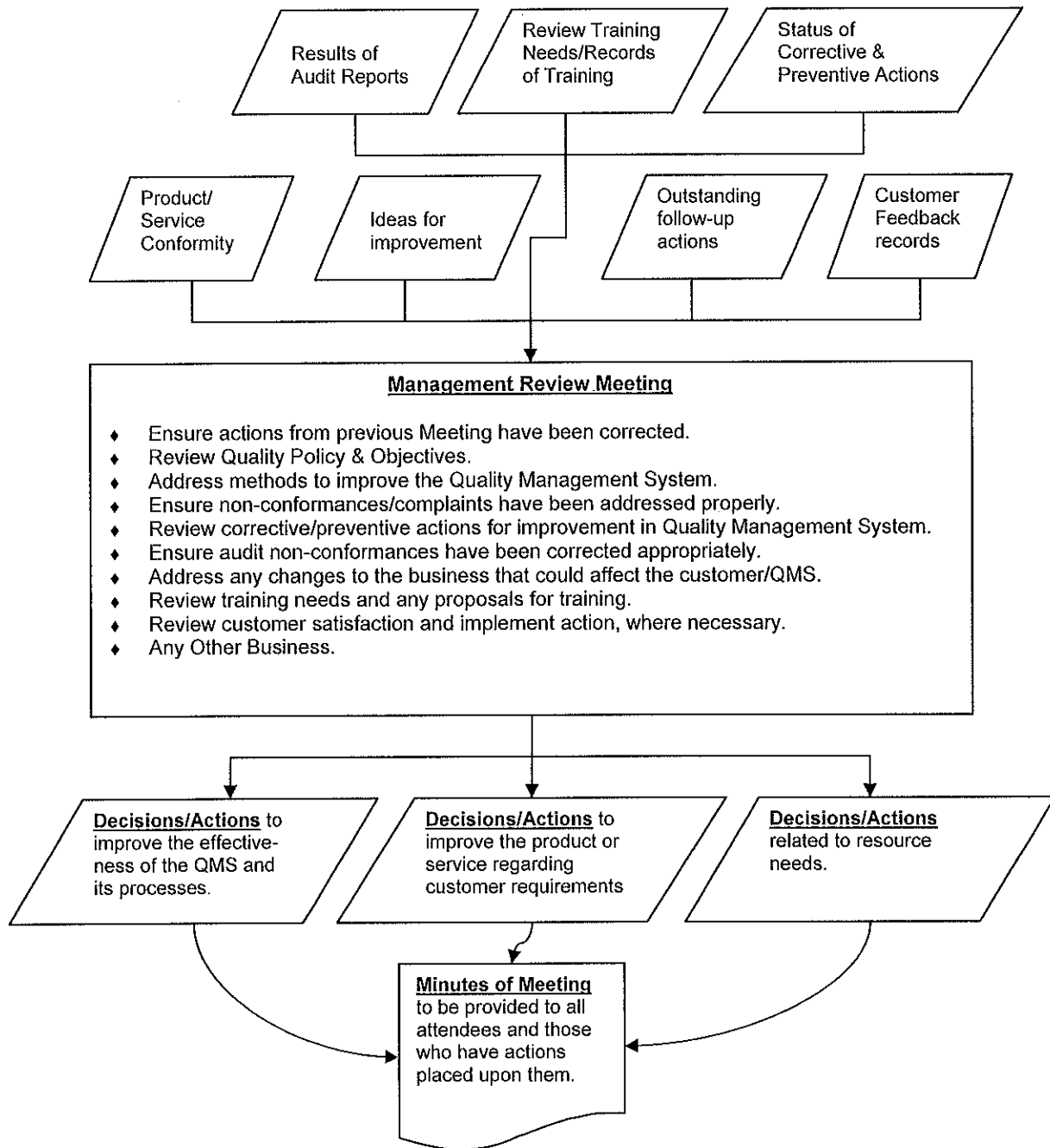(ISO 9001:2008 Clause 5.6)

4.7   Minutes (a record) of the Meeting must be recorded on the Management Review Meeting Report and copies should be provided to all the people who attended the Meeting, together with any personnel who have been made responsible for action(s), as detailed in the Minutes.

5.0   Records Generated By This Procedure

;
➤   Management Review Meeting Report.

MANAGEMENT REVIEW PROCEDURE
(ISO 9001:2008 Clause 5.6)

Results of Audit Reports

Review Training Needs/Records of Training

Status of Corrective & Preventive Actions

Product/ Service Conformity

Ideas for improvement

Outstanding follow-up actions

Customer Feedback records

Management Review Meeting

♦ Ensure actions from previous Meeting have been corrected.
♦ Review Quality Policy & Objectives.
♦ Address methods to improve the Quality Management System.
♦ Ensure non-conformances/complaints have been addressed properly.
♦ Review corrective/preventive actions for improvement in Quality Management System.
♦ Ensure audit non-conformances have been corrected appropriately.
♦ Address any changes to the business that could affect the customer/QMS.
♦ Review training needs and any proposals for training.
♦ Review customer satisfaction and implement action, where necessary.
♦ Any Other Business.

Decisions/Actions to improve the effective-ness of the QMS and its processes.

Decisions/Actions to improve the product or service regarding customer requirements

Decisions/Actions related to resource needs.

Minutes of Meeting to be provided to all attendees and those who have actions placed upon them.

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RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

1.0 Introduction

To meet the requirements of our customers, we ensure that there are adequate resources in the form of personnel and equipment.

2.0 Scope

This Procedure covers the systems and operations necessary to ensure that we have adequate resources to meet the requirements of our customers and that the Faculty operates in an efficient and safe way.

3.0 Responsibility

(a) The Dean ensures that general resource requirements for the Faculty are reviewed on a regular basis.

(b) The School Directors ensure that:

  ➢ New personnel are employed with the appropriate skills, education, training and/or experience (as applicable);
  ➢ Training/personal development needs are identified for teaching and non-teaching staff;
  ➢ Suitable training/personal development is carried out, checked for effectiveness and recorded for teaching and non-teaching staff;
  ➢ Records of Training are kept in relation to teaching and non-teaching staff.

4.0 Procedure - General

4.1 Our review of resources is formally carried out as part of the Management Review process but is also part of day-to-day management. See Management Review (PM 02).

4.2 The School Directors maintain records associated with personnel and training in accordance with the Control of Documents & Records Procedure (PM 01). These records are reviewed at least once per year.

RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

5.0 Human Resources - Employment

5.1 As part of our general planning/management process, the structure of the Faculty is shown in the Quality Manual Organization Chart.

Specific job responsibilities are recorded in the Manual de la Facultad Jornada Completa, Manual de la Facultad de Jornada Parcial, Manual de Adiestramiento Sistema de Evaluación para el Personal No Docente, Manual de Normas para el Personal No Docente and Quality Management Procedures.

The Faculty Handbook contains information on the Interamerican University of Puerto Rico, as well as rules, regulations and procedures related to full-time teachers. It is the product of a joint effort of the faculty, administration and Board of Trustees of the University.
This edition incorporated the amendments approved by the University Council and the President of the University that were approved by the Board of Trustees until February 2012. The amendments that are adopted from March 2012 appear in the electronic version of the Faculty Handbook, which is in the portal www.inter.edu.

5.2 The School Directors are responsible for recruiting additional personnel for their Department, as necessary.

5.3 Once a committee from the School has interviewed all eligible candidates, the School Director interviews the shortlisted candidates.

5.4 The School Director completes the Informe de Candidato (a) s Referido (a) s A Entrevista and sends it to the Human Resources Department.

5.5 The Chancellor (Rector(a)) of the University Campus gives his/her final decision regarding candidates when he/she has reviewed the Informe de Candidato(a)s Referido(a)s A Entrevista sent to him/her by the Human Resources Department. (The Human Resources Department is considered to be an outsourced service and outside the scope of this Faculty's Quality Management System.)

5.6 Wherever possible, personnel with the appropriate skills, experience, education and/or training (competency levels) are recruited. This may depend, however, on the availability of appropriate labor and also any changes in the nature of our work.

RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

6.0 Human Resources – Orientation/Training

6.1 The School Director (or a delegated person, as applicable) shall give new employees some preliminary orientation ("training"), **including an explanation of the Quality Management System and any Procedures and/or Work Instructions which apply to their role**.

6.2 The School Director (or delegate) shall ensure that any necessary ISO 9001:2008 training.

6.3 Any member of the Faculty may request extra training/assistance at any time. The Department Director (or delegate, as applicable) may also identify personal training needs.

6.4 Training might be instigated by the introduction of new equipment and/or processes on an ongoing basis.

6.5 "Training" can take the form of on-the-job training (i.e., mentoring, supervision or work shadowing), in-house training or formal external courses, as appropriate.

6.6 The School Director (or delegate) shall update the Record of Training - QMS whenever training is received by an employee.

6.7 The School Director shall assess whether or not the training carried out was effective.

6.8 Records of training shall be reviewed shortly before each Management Review Meeting by the Department Director so that he/she can report to the Meeting.

Each employee's continuing competence and suitability shall be assessed. Where necessary, extra training may be instigated as a result of this review.

6.9 Repeat occurrences of a Plan de Acción Del (de la) Professor (a) being documented for one person and/or audit non-conformances shall also be used as an indication that more – or refresher – training is required.

RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

7.0   Performance Monitoring

7.1   Competence for the intended role is defined and documented by the School Director at the time of hiring a person.

Performance monitoring is designed to ensure that competence is maintained and/or improved during the person's employment.

7.2   Probation periods are defined for all categories of employee:-

> Administration/non-teaching staff – 90 days;
> Full-time permanent teaching staff – 7 years;
> Full-time non-permanent teaching staff – 1 years
> Part-time non-permanent teaching staff – N/A

7.3   Performance monitoring frequency is defined for all categories of employee:-

> Administration/non-teaching staff – **annual evaluation** using the Formulario de Evaluación de Desempeño para Personal No Docente;
> Full-time permanent teaching staff – **at least once every three years** a classroom observation is carried out by three persons (two peers and the School Director) using the Instrumento III Visita Al Salón de Clases;
> Full-time non-permanent teaching staff – **at least annually** a classroom observation is carried out by three persons (two peers and the School Director) using the Instrumento III Visita Al Salón de Clases;
> Part-time non-permanent teaching staff –**at least annually** In the case of part-time faculty evaluation consists of at least two instruments: the faculty evaluation by students and the department director.

7.4   If issues are raised by the contents of the documented Instrumento III Visita Al Salón de Clases, the committee (two peers and the School Director) complete an action plan (Instrumento VI Plan de Acción del (de la) Professor (a)) for the teacher's professional and personal development.

7.5   A record of training (Instrumento V Informe Anual de Actividades Profesionales) is completed annually by every member of teaching staff and handed to the School Director.

RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

7.6 The School Director documents an Instrumento IV Evaluación por el (la) School (a) del Director at least once every three years for every permanent member of teaching staff.

    7.7 The School Director documents a Formulario de Evaluación de Desempeño para Personal No Docente at least once a year for every member of administration/non-teaching staff.

    7.8 The School Director is responsible for planning and carrying out staff evaluations, and for the filing and safe-keeping of all staff training records.

8.0 Facilities

    8.1 The Dean of Administration shall ensure that buildings and equipment are appropriately maintained in accordance with guidelines or other recognized good practice, eg, OSHA.

    8.2 Records of maintenance to buildings and equipment will be maintained by the relevant administration areas of the University.

9.0 Work Environment

    9.1 All employees are responsible for maintaining a good standard of housekeeping within their respective work areas, clearing away any waste materials or packing, keeping walkways free of tripping hazards, etc, to maintain a safe working environment.

    9.2 All employees are responsible for reporting any faulty equipment to the Department Director for repair, replacement or to be taken out of use.

    9.3 The Dean and the Directors Faculty shall ensure that all statutory notices are displayed.

    9.4 Aspects of the human/physical factors of the working environment which might affect the conformity of the product/service provided have been identified and are managed, eg, heat, light, air flow, noise, etc.

RESOURCES PROCEDURE
(ISO 9001:2008 Clauses 6.1; 6.2.1; 6.2.2; 6.3; 6.4, 8.2.3)

9.6   Waste products shall be disposed of carefully, taking into account any applicable environmental regulations.

10.0   Records Generated By This Procedure
- Informe de Candidato(a)s Referido(a)s A Entrevista;
- Formulario de Evaluación de Desempeño para Personal No Docente;
- Record of Training – QMS
- Instrumento I Evaluación de la Facultad por los estudiantes
- Instrumento I-A Evaluación de la Facultad por los estudiantes en cursos de Educación a Distancia
- Instrumento II Autoevaluación Narrativa
- Instrumento III-A Evaluación de la Facultad por el Comité Evaluador en cursos ofrecidos en línea.
- Instrumento III Visita Al Salón de Clases;
- Instrumento VI Plan de Acción del (de la) Profesor(a);
- Instrumento V Informe Anual de Actividades Profesionales;
- Instrumento IV Evaluación por el (la) Director(a) del Departamento;

10.1 Relatad Documents

Documentos normativos

- Reclutamiento y Selección de Facultad a Jornada Parcial
- Manual de Adiestramiento Sistema de Evaluación Para el Personal No Docente...
- Documento Normativo G-RH-016-2000 Política y Normas para el Programa de Seguridad y Salud Ocupacional de la UIPR
- G-HR-0903-013 Guía de Procedimientos para el Reclutamiento y Selección de Personal
- Manual de Facultad Tarea Completa
- Manual de Facultad Tarea Parcial

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COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

1.0 Introduction

It is our principal objective to meet our applicant's requirements. We regard students as our customers and our courses/programs as our products.

We must ensure that applicants' needs are fully understood and agreed - and that we are in a position to meet these requirements in an effective manner. Before accepting any customer's application for a PhD course, we shall ensure that the customer is ideally suited to the course applied for, and that the customer has achieved the minimum entry level by way of Grade Point Average.

2.0 Scope

The scope of this Procedure includes:

> Identification and documentation of customer requirements **for PhD courses only**;
> Review of customer requirements and customer ability **for PhD courses only**;
> Methods of communication with the customer;
> Outline planning of our courses/programs.

3.0 Responsibility

(a) The School Director (within their area of responsibility) ensures that:

> All customer enquiries **for PhD courses** – together with any subsequent changes – are adequately and accurately documented;
> All enquiries **for PhD courses** are reviewed to ensure that our customers' requirements – together with any changes – are adequately defined and understood by both parties;
> Adequate planning is carried out to ensure that we have, or can obtain, the necessary resources to run courses, i.e., teaching staff, suitable classrooms, equipment, teaching materials, etc;
> Effective lines of communication are set up and maintained between the customer and representatives within the Faculty;
> Sufficient records are kept to show that the above requirements have been achieved.

(b) Teaching Staff support the School Director in answering customer enquiries **for PhD courses**.

COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

(c)   Administration Staff support the School Director and Teaching Staff by assisting with customer enquiries and general administrative tasks **for PhD courses**.

(d)   The Admissions Office and Registration Office of the University are responsible for processing applications and accepting students onto all non-PhD courses. These are considered to be outsourced services and outside the scope of this Faculty's Quality Management System.

4.0   Procedure - General

4.1   The School Director and/or Teaching Staff deal with customer requirements **for PhD courses** in the following stages:

    (a)   Receipt and understanding of our customers' requirements;

    (b)   Review of our capability to meet these requirements;

    (c)   Review of the customer's ability to meet the course minimum requirements by way of Grade Point Average (Promedio);

    (d)   Confirmation of acceptance of the customer to the Admissions Office, or advising the customer that an alternative course may be more suitable;

    (e)   Retention of records relating to the above.

4.2   Course Syllabuses (Prontuarios) are available on the internet or in hard copy, and are updated and re-issued as and when changes are made to them.

4.3   General Catalogs and Graduate Catalogs are published by the University on a two-year cycle to advertise available courses.

    The Vice President for Academic & Student Affairs & Systemic Planning of the University is responsible for collating information for Catalogs and having them published based on the resolutions approving. Catalogs are outside the scope of this Faculty's Quality Management System although this Faculty does contribute course information to be put into the Catalogs.

4.4   If, for any reason, a prospective customer is not suitable for the PhD course they are applying for, they will be advised of this immediately.

COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

5.0 Customer Requirements - Receipt

5.1 All enquiries for PhD courses that cannot be answered by the Admissions Department are answered by the School Director, or Teaching Staff.

5.2 When the Admissions Office has received all relevant information from the prospective applicant, this is sent as a complete file (expediente) to our Faculty for review.

5.3 Members of the Faculty Committee interview the prospective applicant in order to determine suitability for entrance to the PhD Course.

5.4 In order to consider a person for a PhD course, the Committee requires some or all of the following information from the Admissions Office:

- Details of education received to date;
- Proof of Grade Point Average (Promedio) achieved;
- Letter of introduction from another educational organization;
- ID with photo; (licencia o pasaporte) Copia de residente (extranjeros)
- In the application for admission is request social security numbers and this is assigned student identification number.
- Other specific information as applicable to the student, details of which can be found in the Graduate Catalog.
- Documents submitted to determine admission eligibility become the permanent property of Inter American University of Puerto Rico and will not be returned.

5.5 The Admissions Office (an outsourced service) deals with entry to all other courses within our Faculty.)

5.6 Records relating to dealing with customer enquiries are kept as hard and/ or soft copy records in suitably-identified files or folders, whether hard copy or in electronic format.

COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

6.0 Customer Requirements - Review

6.1 When details of the customer's requirements have been clearly identified, the Committee formally reviews both the Faculty's ability to meet the customer's requirements in terms of an appropriate PhD course, teaching resources, etc, and the customer's perceived suitability for the PhD course. Each review is based on the information provided by the Admissions Office as hard copy evidence.

6.2 The review of our ability to satisfy customer requirements addresses the following issues:

> Is the applicant a new student, or an existing one who did not complete a course?
> Is this a change of course or progression from another course?
> Can we meet the applicant's requirements from existing resources or do we need additional resources, eg, teaching staff, teaching materials, etc.?
> Do any special legal/regulatory requirements apply?
> Does the customer have any special requirements, eg, disability, foreign student, etc.?

6.3 No applicant can be considered for enrolment to a PhD course without documentary evidence of their suitability. This evidence is maintained by the Admissions Office.

6.4 Evidence of the review of applicant requirements shall be the formal issue of a recommendation which is sent to the Admissions Office with the prospective applicant's file.

6.5 Where any queries or discrepancies are found during this review process, they are resolved directly with the customer before a recommendation can be sent to the Admissions Office.

The School Director or a member of Teaching Staff shall resolve any issues.

COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

7.0   Customer Requirements – Confirmation

7.1   The Admissions Office is responsible for writing an official offer letter to the prospective applicant. Offers of a place on a course shall only be valid for a limited time, according to the type of course, etc. Rules are stated in the Graduate Catalog.

7.2   Applicants who have been accepted for a course will be entitled to "matricularse" and choose the courses they wish to study. Members of Faculty staff shall be available to help them with this process.

7.3   A member of teaching staff from the Faculty will sign off on the chosen modules for the applicant.

7.4   The customer must then finish the process by going to the Registration Office to register and either obtains a loan or pay for their course at Financial Aid (Asistencia Económica) or Bursar Office (Oficina de Recaudaciones).

COURSE APPLICATION PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.2.1; 7.2.2; 7.2.3)

8.0 Communication

8.1 Clear lines of communication are established and maintained <u>with customers</u>. This is generally by correspondence, telephone, fax and e-mail, on the web and Blackboard platform.

8.2 All communications <u>relevant to a customer's requirements</u> or those that could <u>significantly affect the Faculty's ability to accept the customer as a student</u> must be recorded and stored with the customer's file.

8.3 Communications <u>within the Faculty</u> are mainly verbal, by e-mail, by correspondence, by memo or by holding meetings and training sessions and notices on noticeboards.

8.4 Any complaints shall be dealt with in accordance with the Complaints Procedure (<u>PM 09</u>).

9.0 Planning

9.1 During the process of reviewing customer requirements we shall ensure that sufficient resources are available to support the courses in the form of teachers, teaching materials, classrooms, etc.

9.2 Senior Department staff shall collate information where problems have arisen with a view to discussing continual improvement at the Management Review Meeting. (Refer to Measurement & Improvement Procedure, <u>PM 10</u>.)

10.0 Records Generated By This Procedure

- ➢ Course Syllabus (Prontuario);
- ➢ Graduate Catalog.
- ➢ General Catalog
- ➢ Application Form
- ➢ Registration, Class Schedule, Add and Drop Courses (Matricula, Cambios, Altas y Bajas)
- ➢ Secuencial de estudios
- ➢ Schedule Program www.metro.inter.edu

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PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

1.0 Introduction

The design of new products (courses), or the development of existing courses, is carried out by the Faculty. New courses are introduced, or existing courses are developed, as the business needs of the Faculty change.

The process of designing/developing any Faculty course needs to be planned, controlled and clearly documented to ensure that the course meets its intent, and that it also meets all of the students' needs.

All aspects of course design need to be reviewed to ensure that outputs meet input requirements, together with any statutory, State Government, Federal Government or legal requirements.

The standard definition of **design and development** is a set of processes that transforms requirements into specified characteristics or into the specification of a product, process or system.

In our Faculty, design and development is defined as a set of processes that transforms educational requirements into the specification (syllabus) of a product (course). Design and development is referred to in this Procedure as "planning". The planning document is the Propuesta para el Establecimiento (o Traslado) de un Programa Académico referred to in this Procedure as the Propuesta.

2.0 Scope

The scope of this Procedure includes:

♦ Planning and control of the design process including control of changes;
♦ A specification that meets all input requirements;
♦ Creation of new courses;
♦ Modifications to existing courses;
♦ Review of the course planning at appropriate stages;
♦ Verification/validation that the course is satisfactory and will achieve the desired results (assuming the student studies all relevant course material).

3.0 Responsibility

The School Directors and Administrative Officers ensure that:

♦ The Propuesta has been specifically tailored to the needs of our customers (students);

| PROCEDURES MANUAL | ISO 9001:2008 |

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2012 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

♦ The planning (design) process is properly planned and controlled to conform to the requirements of our customers and appropriate outside agencies;
♦ Persons involved in the course planning process are suitably-qualified;
♦ The students' needs are understood and are documented in the Propuesta;
♦ The Propuesta meets all specified requirements;
♦ The Propuesta is reviewed at appropriate stages;
♦ Verification and validation of the Propuesta are carried out (where possible) to prove that the course is capable of achieving the desired result.
♦ Present the Proposal course to the University Authorities and Government Boards (CEPR) and accreditation boards.

4.0 Procedure - General

4.1 All persons carrying out course planning activities shall be suitably-qualified and experienced. Records of training, qualifications, and experience and/or competency levels shall be maintained in accordance with the Procedure for Resources, PM 03.

4.2 The results of course planning reviews, verification and validation activities together with any changes and/or follow-up action shall be recorded in such a way as to suitably link them to the course.

4.3 The responsibilities and interfaces between all persons involved in the course planning process shall be clearly defined.

4.4 Courses shall be designed or modified using the Guía Para la Redacción de Propuestas para el Establecimiento de Programas Académicos Nuevos, Revisión, Traslado o Creación de una Especialidad Concentración Dentro de un Programa Académico Autorizado.

5.0 Design Planning

5.1 The course planning process must be controlled such that appropriate resources are available when required.

5.2 Permission for a new course must be obtained using the Formulario de Solicitud de Autorización de Cursos.

5.3 When a new course planning project is started, the new course shall be assigned a Call Reference Number (CRN). The CRN provides a file

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2012 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

Reference which links all records in the planning of that course and it is this number which identifies the course when it is offered for study.

The CRN shall also be used on all communications and documentation associated with the project and is allocated by the Central Office, a Department outside of the scope of this Faculty's Quality Management System.

Course Codification System   - General Catalog

This system consists of a four letter alphabetical section that identifies the discipline, and a four digit numerical section that identifies the course level, the course itself and the course sequence if such exists.
The first digit indicates the level of complexity of the course. This is closely associated with the year of university studies in which students would normally take the course.
The digits from 0 to 4 are used to identify the complexity of the courses as follows:

0 – Preuniversity Certificate Program courses
1 - First level undergraduate courses
2 - Second level undergraduate courses
3 - Third level undergraduate courses
4 - Fourth level undergraduate courses

The second and third digits are used to identify courses within the same level.
The fourth digit indicates the course sequence of two courses within the same level or indicates that no sequence exists. Sequence is indicated by the digits 1 and 2.
In addition to the meaning ascribed to individual digits, combinations in the first three digits indicate a special type of course as explained below:

1. The use of zero (0) as the first digit indicates a Preuniversity Certificate Program course.
2. The following combinations in the first three digits indicate a special type of course as explained below:

a) Associate Degrees

The combination 197 is used to identify Special Topics in all disciplines.
1. The combination 291 is used to identify supervised practicums or internships.
2. The combination 297 is used to identify seminars whose titles are not specified in the Catalog.

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

b) Bachelors' Degrees

1. The combination 397 is used to identify Special Topics in all disciplines.
2. The combination 491 is used to identify supervised practicums or internships.
3. The combination 497 is used to identify seminars whose titles are not specified in the Catalog.

Course Codification System - Graduate Catalog

This system consists of a four letter alphabetical section that identifies the discipline, and a four digit numerical section that identifies the course level, the course itself and the course sequence if such exists.

The first digit indicates the level of complexity of the course. This is closely associated with the year of university studies in which students would normally take the course. The digits from 5 to 8 are used to identify the complexity of the graduate courses as follows.

5 - Foundation or introductory courses at the Master's level.
6 - Advanced Master's Degree courses.
7 - Foundation or introductory courses at the Doctoral level.
8 - Advanced Doctoral level courses.

The second and third digits are used to identify courses within the same level.
The fourth digit indicates the course sequence of two courses within the same level or indicates that no sequence exists. Sequence is indicated by the digits 1 and 2.
In addition to the meaning ascribed to individual digits, combinations in the first three digits indicate a special type of course as explained below:

a. Master's Degree

1. The combination 597 is used to identify Special Topics in all disciplines.
2. The combination 691 is used to identify supervised practicums or internships.
3. The combination 697 is used to identify Seminars whose titles are not specified in the Catalog.
4. The combination 699 is used to identify the Thesis in all disciplines.

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

b. Doctoral Degree

1. The combination 797 is used to identify Special Topics in all disciplines.
2. The combination 891 is used to identify supervised practicums or internships.
3. The combination 899 is used to identify the Thesis in all disciplines

5.4 The overall responsibility for the course planning is designated to one person to lead the project. This person shall be responsible for:

♦ Preliminary ideas for the course planning;
♦ Proposed Syllabus;
♦ Costing;
♦ Communications;
♦ Validation;
♦ Project Timescale/Timing Plan;
♦ Details of Teaching Materials.

5.5 Planning includes the identification of points when reviews, verification and validation need to be carried out. The records in the Propuesta shall define all key stages. The interfaces between those involved in the course planning shall be defined, together with their responsibilities.

5.6 Course planning shall also address the control of any outsourced areas of the work (eg, other areas of the University which are determined to be outside the scope of this Quality Management System such as Admission, Registration, etc) as well as reliability, safety, etc.

6.0 Design Inputs

6.1 The Propuesta must take into account all of the student requirements and define the objectives of the course as clearly as possible.

6.2 State, Federal, legal and statutory requirements shall be taken into consideration where these are applicable.

6.3 Other essential information shall be collected, including any useful information from previous similar courses or programs.

6.4 The planning input is taken from student requirements or from market research as to what the current market is demanding.

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

6.5 Verification and validation requirements to evidence the students' learning shall be identified within the Propuesta.

6.6 Input data is reviewed for any missing information. Any deficiencies shall be resolved before the Propuesta can be submitted for approval by the University Authorities and external government authorities and accreditation boards...

7.0 Design Outputs

7.1 The course planning outputs shall be documented in the Propuesta in the form of lesson plans, lists of teaching resources, reading materials for the student, etc.

7.2 The Propuesta shall be verified or checked to ensure that it meets all of the course input requirements.

7.3 The Propuesta and any other planning documents shall be formally reviewed to ensure conformance with requirements before being submitted for approval.

7.4 The acceptance criteria for the new/developed course shall be clearly defined and documented.

8.0 Design Review

8.1 The Propuesta shall be periodically reviewed by the person in charge of the course design to confirm its ability to meet all the needs/requirements of teachers and students.

Course Planning Reviews may be called and chaired by the person with overall responsibility.

The Course Planning Review may occur when a newly-developed course is ready to be run for the first time.

8.2 A formal Course Planning Review shall be called if the person with overall responsibility believes that the informal meetings have not clearly addressed all issues.

8.3 Each Propuesta shall be documented in a suitable format (hard copy, soft copy or combination) and all parties involved in the course planning review shall be identified for traceability.

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

8.4   The Course Planning Reviews shall any evaluate potential problems.

8.5   Topics which may be covered by the Course Planning Review are:

- A general overview of progress;
- Any potential delays;
- Course viability;
- Costs;
- Regulatory or legal requirements including any necessary permissions required by the State Government or Federal Government;
- Any necessary permissions required for the use of University resources such as classrooms, teaching laboratories, etc;
- Status regarding inspections carried out by the State Fire Service and Department of Health on the University resources which will be used when teaching the course program;
- Purchasing requirements;
- Verification and validation requirements and data.

8.6   Throughout the course planning, changes may occur and, if these are of sufficient complexity, further Course Planning Reviews may be called by the person with overall responsibility to explain the changes.

8.7   After the course has been studied once, the person with overall responsibility for its creation/modification may wish to call a Course Planning Review to assess its initial performance. As a result of this, changes to the Syllabus (Prontuario) may be requested.

8.8   It is the responsibility of the person calling each Course Planning Review to ensure that notes are documented and retained.

9.0   Design Verification/Validation

9.1   Before a new/modified course Propuesta is submitted for approval, it must be thoroughly checked against specified requirements to prove that it is capable of meeting or exceeding all of the requirements of the planning input together with any other regulatory or legal requirements.

9.2   Any changes made to the Propuesta as a result of this process mean that the Propuesta should be re-verified.

PLANNING OF ACADEMIC PROGRAM PROCEDURE
(ISO 9001:2008 Clauses 7.3.1, 7.3.2, 7.3.3, 7.3.4, 7.3.5, 7.3.6, 7.3.7)

10.0 Design Changes

10.1 All changes to the Propuesta shall be clearly identified and the proposed Syllabus shall be amended to reflect these changes. Changes in the Propuesta are controlled to the same standard as original information.

10.2 Changes to the Propuesta shall be formally approved by the person with overall responsibility for it before being implemented. All changes shall be recorded in the Propuesta in the same way as original information.

10.3 The effect of any changes on the Propuesta and/or Syllabus is evaluated and the resulting Propuesta is re-checked and validated.

11.0 Forms/Documents Raised By This Procedure

- Formulario de Solicitud de Autorización de Cursos;
- Guía de Redacción de Propuestas para el Establecimiento de Programas Académicos Nuevos, Revisión, Traslado o Creación de una Especialidad Concentración Dentro de un Programa Académico Autorizado;
- Procedimiento para la Articulacion Curricular
- Guia para el Desarrollo Curricular
- Guias para la Revisión de Programas Académicos Únicos y Compartidos de la Universidad Interamericana de Puerto Rico
- Internacionalization Strategic Plan
- Syllabus (Prontuario).
- Graduate Catalog
- General Catalog
- Banner Unified Digital Campus (Higher Education)

12.0 Related Documents

- Documentos normativos
- A-1111-040R Normas institucionales sobre Carga de Facultad
- A-0606-024 Normas de Compensación a la Facultad que participa en el Proyecto de Aprendizaje a Distancia
- A-AD-0903-006R Guía de Estándares de Calidad del Aprendizaje a Distancia
- Statistical Reports

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DELIVERY & ASSESSMENT OF ACADEMIC COURSES PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.5.1; 7.5.3; 7.5.4, 7.5.5; 8.2.4)

1.0 Introduction

It is essential that our work is adequately controlled in order to ensure that it meets the requirements of our customers at all times. We achieve this by:

➤ Good planning;
➤ The provision of adequate resources;
➤ Properly-trained and experienced employees;
➤ Clearly defined standards and methods of working;
➤ Agreed and documented methods for verification and validation of our service provision.

2.0 Scope

The scope of this Procedure includes:

➤ Planning of our teaching process (including validation that it is effective);
➤ Control of our teaching process;
➤ Identification and traceability of student records;
➤ Handling of customer property;
➤ Control of associated activities.

3.0 Responsibility

(a) The School Directors shall ensure that:

◆ All Course Syllabuses (Prontuarios) are adequately defined and controlled to ensure conformity of teaching processes;
◆ Appropriate instructions are provided and maintained to ensure that the quality of teaching is satisfactory. These instructions (where necessary) will be readily available;
◆ Standards of workmanship and criteria for acceptance are defined;
◆ Suitable personnel are assigned for both the teaching process and also classroom observation activities;
◆ Adequate resources are provided in the form of personnel, equipment and a suitable working environment.

DELIVERY & ASSESSMENT OF ACADEMIC COURSES PROCEDURE

(ISO 9001:2008 Clauses 7.1; 7.5.1; 7.5.3; 7.5.4, 7.5.5; 8.2.4)

(b)   All teaching staff shall ensure that they comply with this Procedure and seek guidance from a senior member of teaching staff if clarification is required.

4.0   Procedure - General

4.1   All teaching activities carried out by Faculty members must take into account any applicable Health & Safety (OSHA) requirements and statutory legislation, whether this is State or Federal.

4.2   Good standards of housekeeping will be maintained at all times.

4.3   All records associated with the teaching process will be kept in accordance with the Procedure for Control of Documents & Records, PM 01.

Excluded from this retention of records with the Faculty are the student marks (notas) which are held securely and confidentially by the Electronic Grade Book...

4.4   All teaching staff will be suitably trained and experienced in accordance with the Procedure for Resources, PM 03.

4.5   All equipment used during the teaching process must be serviceable and safe. Faulty equipment will be reported to Maintenance, which is effectively an outsourced service and outside of the scope of this Faculty's Quality Management System.

4.6   Monitoring of the teaching process will be achieved by the use of classroom observations, analysis of exam results and analysis of student survey responses in accordance with the Procedures for Resources, PM 03, and Measurement & Improvement, PM 10, respectively.

4.7   Any negative feedback or complaints from students or staff shall be handled in accordance with the Procedure for Complaints, PM 09.

5.0   Planning

5.1   Information regarding the courses offered by this Faculty is supplied to the Manager of Registration Services for inclusion in the hard and soft copies.

DELIVERY & ASSESSMENT OF ACADEMIC COURSES PROCEDURE

(ISO 9001:2008 Clauses 7.1; 7.5.1; 7.5.3; 7.5.4, 7.5.5; 8.2.4)

5.2 Each course is planned and controlled by the use of a Syllabus (Prontuario).

5.3 Allocation of classrooms is planned and controlled by Administrative Officer.

5.4 Timetables are planned and controlled by School Director.

5.5 Allocation of teaching staff is planned and controlled by School Director.

5.6 Planning must take into consideration:

- Allocation of teaching responsibilities;
- Allocation of classroom observation (teaching validation) responsibilities;
- Resources required;
- Legal or regulatory requirements;
- Procurement of goods, materials or services (including those from other University Faculties);
- Procedures, methods, work instructions, cartas circulares, documentos normativos, etc;
- Control of changes and modifications;
- Targets for completion of course work;
- Records;
- Other requirements as appropriate to meet quality objectives.

6.0 Control of the Teaching Process

6.1 Course work requirements are clearly defined by the Syllabus (Prontuario).

6.2 The teaching will be delivered using resources appropriate to the location and nature of the teaching.

6.3 The teacher in charge of each class will ensure that resources are available to students and are in a serviceable condition.

DELIVERY & ASSESSMENT OF ACADEMIC COURSES PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.5.1; 7.5.3; 7.5.4, 7.5.5; 8.2.4)

6.4 Teaching staff will report faulty equipment/resources to Maintenance.

6.5 Work taken from the students for marking will be marked and returned within an agreed timescale.

6.6 Course marks and exam marks will be reported in confidence to the Electronic Grade Book Report for retention of student records.

7.0 Identification & Traceability

7.1 All employees will wear identification badges to identify themselves to students. The badges also allow some of them access to areas restricted from students.

7.2 Course work handed in by students to teaching staff for marking and completed exam papers must be identified by the student's name, the student's identification number and the date.

7.3 Courses will be identified by four letters (subject code) and four numbers (allocated by the Oficina Central de Sistema), eg, BUED 5020 Methods of Teaching Accounting.

8.0 Customer Property

8.1 Course work handed in by students to teaching staff for marking (including any intellectual property) and completed exam papers will be looked after with care whilst in the possession of the teaching staff.

8.2 . Students are entitled to know the grades of their exams, tests, term papers, homework and other instruments of academic evaluation, within a reasonable time, preferably no later than two weeks after handing them in.

8.3 Teaching staff shall advise students if any of their course work or exam papers become lost, damaged or are otherwise found to be unsuitable for use (eg, corrupted intellectual data).

9.0 Associated Activities

Handling
9.1 Student property must be handled in a manner that does not cause it to deteriorate or become damaged or lost.

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DELIVERY & ASSESSMENT OF ACADEMIC COURSES PROCEDURE
(ISO 9001:2008 Clauses 7.1; 7.5.1; 7.5.3; 7.5.4, 7.5.5; 8.2.4)

Storage

9.2　Storage will be within designated areas where conditions are appropriate for the items being stored.

10.0　Monitoring & Measuring

10.1　Teachers allocate course grades and exam grades to students and enter the relevant details in Electronic Grade Book Report (Banner) as a permanent record.

10.2　If a mistake is made.　The professor must complete a Change of Grade (Cambio de Nota) explaining why a change is necessary, sign it, date it and send it to Registration.

11.0　Forms/Documents Raised By This Procedure

- ◆　Change of Grade (Cambio de Nota)
- ◆　List of Teaching-Related Forms (Formularios – Internos/Externos).
- ◆　Formulario para la otorgación de Incompleto

12.0　Related Documents

- ◆　Cartas Circulares;
- ◆　Documentos Normativos.
- ◆　General Students Regulations (Reglamento del estudiante)
- ◆　Manual de la Facultad
- ◆　Manual de la Facultad a Jornada Parcial

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PURCHASING PROCEDURE
(ISO 9001:2008 Clause 7.4)

OBSOLETO

Exclusions of Clause 7.4

1.0 Introduction

We ensure that the quality of our products (courses)/service (teaching) is maintained by insisting that purchased products/services are of a high standard.

Selection of vendors of products and services is performed by the Purchasing Department of the University.

2.0 Scope

All purchased products/services used by the Faculty fall within the scope of this Procedure. (The University's Purchasing Department is considered to be an outsourced purchasing service and outside the scope of this Faculty's Quality Management System.)

3.0 Definitions

Supplier/Vendor – our definitions of the words supplier and vendor are interchangeable but we use the term "vendor" within our Quality Management System. We define a vendor as providing a product **and/or** an outsourced service.

4.0 Responsibility

(a) Dean Administrative assistant shall:

➢ Get quotes from vendors when a purchase needs to be made;
➢ Ensure that all purchases of materials and services are made according to best quality, best price, etc;
➢ Ensure the requirements for purchased products/services are clearly defined on a Purchase Requisition on Banner;
➢ Send the Purchasing Requisition to the Purchasing Department;
➢ Inform the Purchasing Department when vendors fail to meet the requirements/standards of the Faculty;
➢ Return discrepant materials to vendors and maintain documentation of the same.

(b) Administrative Assistant and/or the School Director shall:

➢ Inspect goods received for count and condition against the vendor's packing list or similar documentation;

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PURCHASING PROCEDURE
(ISO 9001:2008 Clauses 7.4.)

➢ Verify goods received against the Faculty's Purchase Requisition before approving payment on Banner.

5.0 Purchasing

5.1 Whenever a production-related purchase is necessary to be made, administrative assistant enter the relevant details on Banner.

5.2 Banner allocates a unique number to each Purchase Requisition so that its progress can be tracked.

5.3 When administrative assistant complete the Purchase Requisition, they shall ensure that it clearly defines the products/services required and, if applicable, an indication of the vendor to make the purchase from.

5.4 The Purchase Requisition is sent to the Purchasing School who maintain an Approved Vendor List and performance data on vendors, and issue Purchase Orders. (Purchasing Department is considered to be outside the scope of this Faculty's Quality Management System.)

6.0 Receiving Verification/Inspection

6.1 The Dean Administrative Assistant is responsible for receiving purchased goods. The Dean Administrative Assistant shall check each delivery against the vendor's delivery documentation for physical count and external condition of the cartons.

6.2 The Dean Administrative Assistant is responsible for informing the Purchasing Department, via the Banner system, when a vendor can be paid for delivered goods.

6.3 The Dean Administrative Assistant shall notify the Purchasing Department of any problems with received goods/services, as indicated by the Dean.

6.0 Records Generated By This Procedure
Documento Normativo F-1109-020
➢ Purchase Requisition (Banner software);
➢ (Vendor's) Delivery Documentation.
➢ Non-Conforming Material Report (NCMR);
➢ Vendor Corrective/Preventive Action Request;
➢ (Vendor's) Packing Slip;
➢ (Vendor's) Certificate of Conformance.

This Procedure has been approved for use by ....*IV*................ Management Representative

INTERNAL AUDIT PROCEDURE
(ISO 9001:2008 Clause 8.2.2, 8.5.2, 8.5.3)

1.0   Introduction

Our Quality Management System and Procedures need to be audited yearly to ensure that our planned arrangements are being met in practice.

2.0   Scope

This Procedure details how we plan and carry out our Internal Audits to check that our Quality Management System and Procedures are being followed.

3.0   Responsibility

(a)   The Management Representative shall ensure that:

> An Internal Audit Program is prepared on an annual basis to plan all audits of the Quality Management System;
> Suitably-trained personnel carry out the Internal Audits.

(b)   The Internal Auditor(s) shall carry out audits, identify any non-conformances, and agree on action to be taken and follow-up to ensure that the action has been carried out.

4.0   Procedure - Planning

4.1   The Management Representative shall prepare an Internal Audit Program to plan all audits of the Quality Management System. The Program shall be structured so that each Procedure is audited according to its status and importance, bearing in mind the results of the last audit.

4.2   The Management Representative shall assign the Auditor(s) to carry out an audit of each Procedure of the System. It is important that, where possible, the Auditor(s) are independent of the work, if not also the area, being audited.

4.3   Where it is not possible to assign an Auditor who is independent of the work, if not also of the area, being audited, Auditor(s) shall carry out audits as objectively as possible, as if they were auditing another person's work.

4.4   The Management Representative may decide to schedule additional audits where problems or deficiencies are identified during "routine" audits.

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INTERNAL AUDIT PROCEDURE
(ISO 9001:2008 Clause 8.2.2, 8.5.2, 8.5.3)

5.0   Conducting the Audit

5.1   The Internal Auditor shall carry out audits in accordance with the Internal Audit Program prepared by the Management Representative.

5.2   Where audits are re-scheduled, for any reason, or extra audits are deemed necessary, the Management Representative shall update the Internal Audit Program accordingly.

5.3   The Internal Auditor shall use the Procedure as a "checklist" to ensure that the requirements of each paragraph of the Procedure are being met and that the overall purpose of the Procedure is being fulfilled.

5.4   It is important that, wherever possible, the Internal Auditor makes notes of three random samples of objective evidence reviewed. This might be supporting information, records seen, employees' responses to the Auditor's questions, etc.

5.5   Audit evidence should be recorded on the Internal Audit Report during the course of the audit to prove conformance to the Procedure has been demonstrated. (**Internal Audit Reports should record "best practice" and give praise, as well as find non-conformance and allocate corrective action.**)

6.0   Reporting Internal Audit Non-Conformances

6.1   Where the Procedure is not being followed, or is out-of-date with current practice, the Internal Auditor shall make written notes regarding any variance (updated practice), non-conformance and/or omission on the Internal Audit Report.

6.2   The Internal Auditor shall agree corrective action (and preventive action, if applicable) with the Manager responsible for the Department receiving the non-conformance. Each corrective action (and preventive action, if applicable) shall be recorded on a separate Improvement Form, together with a date for the completion of such action.

7.0   Closing out Internal Audit Non-Conformances

7.1   The Internal Auditor shall be responsible for following up on corrective actions (and preventive actions, if applicable).
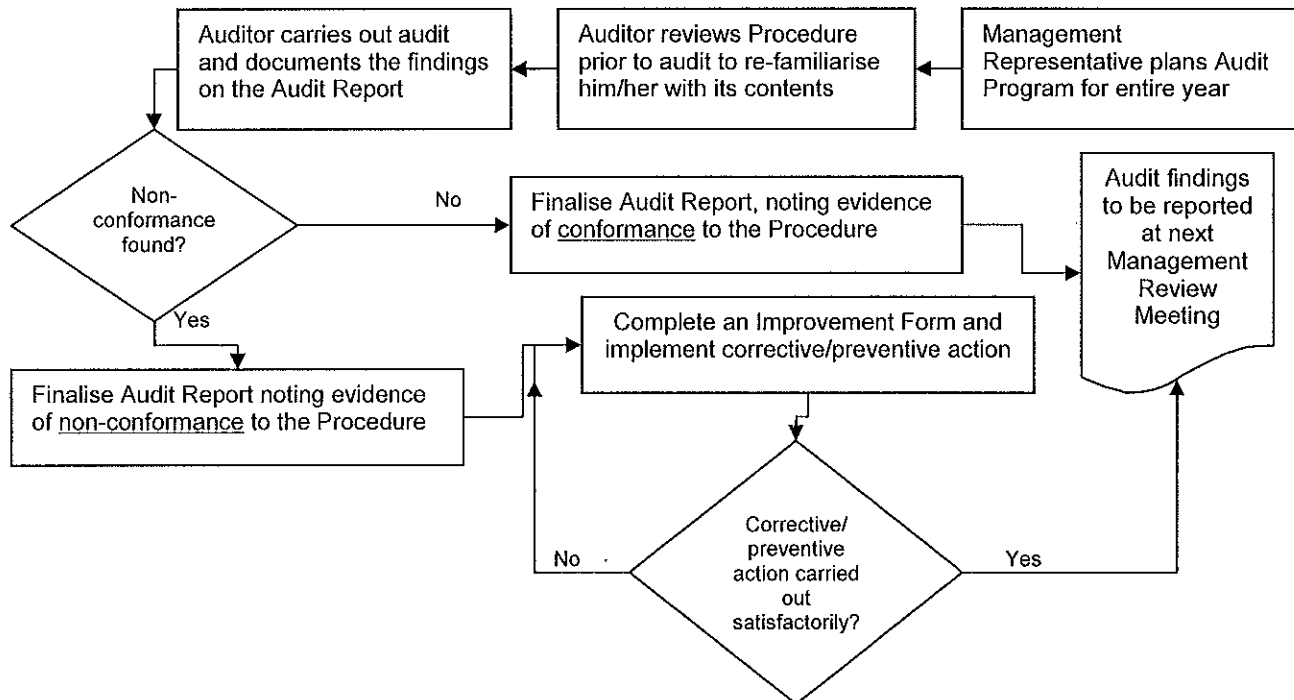
INTERNAL AUDIT PROCEDURE
(ISO 9001:2008 Clause 8.2.2, 8.5.2, 8.5.3)

7.2   The Auditor should check that the corrective action (and preventive action, if applicable) has been carried out on, or shortly after, the date agreed with the Department Manager. The Auditor may also be required to provide information on any outstanding actions to the Management Review Meeting.

7.3   If the Internal Auditor believes that a Procedure is not meeting its intended objective, could be improved or that further information is required in it, they should discuss this with the Management Representative and take corrective action (eg, revision of the Procedure and/or any relevant forms), when applicable. Any continual improvements of this kind shall be reported to the Management Review Meeting (see also Procedure for Measurement & Improvement, PM 10).

8.0   Records Generated By This Procedure

➢   Internal Audit Program;
➢   Internal Audit Report;
➢   Improvement Form.

```
┌─────────────────────┐    ┌─────────────────────┐    ┌─────────────────────┐
│ Auditor carries out │ ◄──│ Auditor reviews     │ ◄──│ Management          │
│ audit and documents │    │ Procedure prior to  │    │ Representative plans│
│ the findings on the │    │ audit to re-familia-│    │ Audit Program for   │
│ Audit Report        │    │ rise him/her with   │    │ entire year         │
│                     │    │ its contents        │    │                     │
└─────────────────────┘    └─────────────────────┘    └─────────────────────┘

        Non-              No    ┌──────────────────────────┐      Audit findings
     conformance  ───────────►  │ Finalise Audit Report,   │      to be reported
       found?                   │ noting evidence of       │      at next
                                │ conformance to the       │      Management
        │ Yes                   │ Procedure                │      Review Meeting
        ▼                       └──────────────────────────┘

┌─────────────────────────┐   ┌───────────────────────────────┐
│ Finalise Audit Report   │   │ Complete an Improvement Form  │
│ noting evidence of      │   │ and implement corrective/     │
│ non-conformance to the  │   │ preventive action             │
│ Procedure               │   └───────────────────────────────┘
└─────────────────────────┘

                      No              Corrective/            Yes
                              preventive action
                              carried out
                              satisfactorily?
```

This Procedure has been approved for use by .... Management Representative

COMPLAINTS PROCEDURE
(ISO 9001:2008 Clause 8.3, 8.5.2, 8.5.3)

1.0 Introduction

In the event that a student or member of staff wishes to make a complaint about some aspect of a product (course) or service (teaching, administration, etc) provided by the Faculty, the non-conforming product/service needs to be identified and corrected (if the complaint is justified) in order to prevent further customer complaints.

The root cause of the problem should be identified and corrected by taking corrective action. It is equally important that corrective action is effective enough in order to reduce or eliminate the possibility of a recurrence, wherever possible.

2.0 Scope

This Procedure addresses the method of dealing with complaints.

3.0 Responsibility

(a) Each School Director shall be responsible for dealing with complaints in relation to his/her Department.

(b) Assistant Dean shall be responsible for keeping a log of complaints.

4.0 Student/Staff Complaints

4.1 Upon receipt of an Improvement Form with details of a complaint, the Assistant Dean for each School shall enter the details onto the Complaints Log.

4.2 The Assistant Dean passes the Improvement Form (complaint) to the School Director who may deal with it him/herself, or pass it on to another Manager for a response to the complainant.

4.3 An investigation into the facts should take place as soon as possible and a reply should be sent to the complainant within **ten working days** by the School Director investigating the complaint and give the customer a written, first's feedback.

COMPLAINTS PROCEDURE
(ISO 9001:2008 Clause 8.3, 8.5.2, 8.5.3)

4.4   Where a full reply cannot be sent to the complainant within **five working days**, an interim reply shall be sent by the School Director investigating the complaint, giving an indication of the time required to conclude the investigation. A copy of the letter should be sent to the School Director to be filed with the original Improvement Form (complaint).

4.5   When the investigation has been concluded, a full reply should be sent to the complainant by the School Director investigating the complaint. A copy of the letter will be filed with the original Improvement Form (complaint).

4.6   A review of trends from complaints (Improvement Forms) shall be discussed at the Management Review Meeting.

5.0   Corrective Action

5.1   All members of the Faculty are actively encouraged to identify any non-conformances requiring corrective action. They must report these, in the first instance, to the Management Representative.

5.2   The School Director (or another person assigned to investigate the non-conformance) shall complete an Improvement Form to record how the root cause of the non-conformance can be eliminated, plan suitable corrective action and follow-up to ensure that this is carried out.

5.3   The person investigating the non-conformance shall check that the corrective action was effective and that it has eliminated/reduced the risk of the non-conformance from occurring again. He/she shall update the Improvement Form. This information shall be reviewed at the Management Review Meeting.

6.0   Preventive Action

6.1   All members of the Faculty are actively encouraged to identify any potential non-conformances requiring preventive action. They must report these, in the first instance, to the Management Representative.

6.2   Preventive action must be planned, recorded on the Improvement Form and carried out to remove or reduce any *perceived risk* to the Faculty's business, its personnel or its customers.

COMPLAINTS PROCEDURE
(ISO 9001:2008 Clause 8.3, 8.5.2, 8.5.3)

6.3   The Management Representative (or delegate with the relevant authority) shall check to ensure that the identified preventive action was effective and has reduced/eliminated the possibility of a potential non-conformance from occurring. The Improvement Form shall be updated with this information.

6.4   The Management Representative shall report any resulting amendments to general working practice and/or Quality Management System Procedures, as a result of corrective and/or preventive action at the Management Review Meeting (PM 02).

7.0   Records Generated By This Procedure

➢   Improvement Form
➢   Complaints Log.

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MEASUREMENT & IMPROVEMENT PROCEDURE
(ISO 9001:2008 Clauses 5.2; 8.1; 8.2.1; 8.2.3; 8.4; 8.5.1)

1.0 Introduction

To ensure that our quality standards are maintained and improved, we monitor our work processes to ensure the highest possible level of customer satisfaction. Measurement is aimed at added value and benefit, both to the customer and to the Faculty. This process involves all of our personnel.

2.0 Scope

The scope of this Procedure includes:

➢ Planning and control of all processes;
➢ Collection and analysis of data and information;
➢ Measurement of customer satisfaction and dissatisfaction;
➢ Monitoring and improvement of process capability;
➢ Continual Improvement.

3.0 Responsibility

The Management Representative shall ensure that:

➢ Customer satisfaction is measured, and any deficiencies addressed;
➢ Procedures and initiatives are put in place to measure the Faculty's performance;
➢ Teaching staff responsible for delivering courses have received and successfully completed any required (additional) training;
➢ The Quality Management System as a whole is continually improved.

4.0 Procedure - General

4.1 The measurement and improvement process must be planned in the same way as other activities carried out by the Faculty. This includes:

➢ Deciding what to address;
➢ Setting priorities and objectives;
➢ Deciding on the methods to be used;
➢ Allocating resources, eg, time, personnel, etc;
➢ Carrying out the measurements;
➢ Analyzing the results;
➢ Communicating the results such that they are clearly understood;

MEASUREMENT & IMPROVEMENT PROCEDURE
(ISO 9001:2008 Clauses 5.2; 8.1; 8.2.1; 8.2.3; 8.4; 8.5.1)

> ➤ Implementing appropriate action, as determined at the Management Review Meeting;
> ➤ Checking that such action was effective.

4.2 The main process for discussing and reviewing continual improvement shall be the Management Review Meeting. Sources of information for the improvement process can be found in the Procedures for Management Review (PM 02), Internal Audits (PM 08) and Complaints (PM 09).

5.0 Collection & Analysis of Data/Information

5.1 In order to measure performance, a certain amount of data and information needs to be collected. This information shall address:

> ➤ Meeting customer requirements and measurement of customer satisfaction and dissatisfaction;
> ➤ Assessment of process and service characteristics/trends.

5.2 The Management Representative shall decide how the information in paragraph 5.1 is to be collected, how often it will be collected and how it will be interpreted/used – the aim being to improve the Faculty's efficiency/performance.

5.3 Other sources of information (detailed in paragraph 4.2) may be used, as necessary.

6.0 Customer Satisfaction & Dissatisfaction

6.1 Customer satisfaction/dissatisfaction shall be measured to ensure that:

> ➤ Our product (courses)/service (teaching) is right first time, every time;
> ➤ Our customers feel they are receiving good value for money.

6.2 Customer satisfaction/dissatisfaction shall be measured by:

> ➤ Use of the Campus Student Survey;
> ➤ Positive/negative feedback (including complaints) from customers;
> ➤ Direct feedback/communication during the course of running the Faculty and its educational programs.

6.3 The information obtained from data referred to in paragraph 6.2 shall be recorded and must be analyzed at, or prior to, Management Review Meetings.

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MEASUREMENT & IMPROVEMENT PROCEDURE
(ISO 9001:2008 Clauses 5.2; 8.1; 8.2.1; 8.2.3; 8.4; 8.5.1)

6.4   Where data referred to in paragraph 6.2 gives an indication of customer dissatisfaction, the Management Representative shall record it on an Improvement Form, plan and take appropriate action to improve customer satisfaction/eliminate any reason for dissatisfaction and record all relevant subsequent details on the Improvement Form.

7.0   Monitoring the Teaching Process

7.1   The Dean shall monitor the Faculty's work process to ensure that its way of working is effective, and to identify any areas for improvements or savings, eg, monitoring achievement of targets, review of new software, new equipment, new processes, etc.

7.2   Classroom evaluations for monitoring the work process, together with any resulting quality records, have been covered in the Procedure for Resources, PM03.

8.0   Planning For Continual Improvement

8.1   The overall Quality Management System shall be improved by:
> Setting Quality Objectives;
> Monitoring these by means of audits, analysis of corrective and preventive action and customer complaint information;
> Evaluation of effectiveness of each process;
> Determining any necessary preventive action;
> Taking the appropriate corrective action.

8.2   The improvement process shall be reviewed and monitored at the Management Review Meeting. New objectives will be set when current objectives have been achieved.

9.0   Records Generated By This Procedure

> Student Survey;
> Improvement Form.

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