

DIRECTIVE ON ASSESSMENT AND ACCREDITATION IMPLEMENTATION PRINCIPLES

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Directive on Assessment and Accreditation Implementation Principles of EPDAD**ARTICLE 1 Justification, Objective and Scope**

This directive was prepared pursuant to the “Association for Evaluation and Accreditation of Teacher Education Programs (EPDAD)” Statute and the Regulation on the Operation of EPDAD. The objective of this directive is to set out the implementation principles of EPDAD for the evaluation and accreditation of programs.

ARTICLE 2 Definitions

Within the scope of this directive:

- (a) EPDAD stands for the Association for Evaluation and Accreditation of Teacher Education Programs;
- (b) Executive Board stands for the Executive Board of EPDAD;
- (c) EFAK stands for the Committee for Accreditation of Teacher Education Programs;
- (d) Criteria stands for the Assessment Criteria of EPDAD to be used for the accreditation assessment of Teacher Education Programs; and
- (e) Institution stands for the higher education institution (e.g. university, advanced technology institute, etc.) which provides the education program subject to the accreditation application.

ARTICLE 3 Objectives of EPDAD Accreditation

The Accreditation of Teacher Education Programs by EPDAD is a voluntary process, and EPDAD only evaluates for accreditation the programs for which an application has been submitted. Contributing to the improvement of the quality of teacher education in Turkey, EPDAD accreditation aims to achieve the following objectives:

- (a) Determining which of the teacher education programs, among other applicants, meet the assessment criteria;
- (b) Announcing the accredited programs to inform the public, prospective students, students’ advisors, students’ parents, educational institutions, professional organizations, potential employers, and government bodies about the programs that meet the assessment criteria of EPDAD; and
- (c) Providing guidance for the continuous improvement of teacher education programs and the development of new programs.

ARTICLE 4 Programs and Institutions Eligible to Apply for Accreditation

- (a) Undergraduate and graduate education programs of higher education institutions, which are based in Turkey and the Turkish Republic of Northern Cyprus as recognized by the Turkish Council of Higher Education (YÖK), are eligible for applying to be evaluated for accreditation.
- (b) The title of the applying program must contain the word “teaching”.

- (c) A program submitting an application for the first time is required to have produced graduates from such a program prior to the date of application.
- (d) If the applying program offers various options for students to complete the program, each of these options is individually required to meet all of the assessment criteria.
- (e) If the institution provides evening education for the program applying for accreditation, the program is evaluated based on the following principles:
- (1) A separate application is required to be submitted for both daytime education and evening education.
 - (2) Institutions are obliged to individually prove that the program meets the assessment criteria of EPDAD for both daytime education and evening education.
 - (3) Applications for evening education programs, which have not been evaluated before due to the fact that they were not open at the time or since no student had graduated from such a program even though the daytime education programs of the same had previously been evaluated, shall be taken into consideration during the first general assessment of daytime education programs following the graduation of students from the relevant evening education programs.
- (f) Each campus with significant variations in terms of the physical and administrative aspects of a multi-compound institution applying for the accreditation of its programs by EPDAD shall be deemed a separate institution during the evaluation process.
- (g) Programs accredited by other accreditation bodies holding a mutual recognition agreement with EPDAD may not submit an application for EPDAD accreditation until the validity periods of such accreditations have expired.

ARTICLE 5 Accreditation Application Process

5.1 New Programs Applying for Accreditation for the First Time

- (a) An institution which intends to request an evaluation of one or more of its programs for accreditation purposes for the first time is required to submit such a request to EPDAD in writing by the end of January within the year in which the evaluation is to take place. In this written request, the institution shall provide the details of the programs that are the subject of such an application and include a summary of introductory information containing brief descriptions of the programs to be assessed as an attachment to the written request.
- (b) The request for accreditation as submitted by the institution is reviewed by EFAK in terms of timing of the requests for accreditation as well as its compliance to the conditions as provided in Article 4. If deemed necessary, EFAK may request additional information and documents from the institution for the program(s) that are the subject of the request for accreditation.
- (c) EPDAD notifies the institution about whether the programs that are the subject of the accreditation application will be considered for evaluation as well as the total fees for accreditation and payment terms as determined for the programs to be considered for evaluation by the end of February at the latest.

(d) The request for accreditation as submitted by the institution is finalized upon submission to EPDAD of the letter of confirmation for the acknowledgment and acceptance of the notification and conditions as provided by EPDAD by the end of March. Applications of the institutions which fail to submit such a letter of confirmation within this period shall be deemed to have been withdrawn by the relevant institutions.

(e) EFAK initiates activities to form evaluation teams for the programs for which requests for accreditation were finalized upon confirmation.

(f) The institution issues a self-evaluation report with the format and contents determined by EPDAD for each of the programs for which requests for accreditation were finalized upon confirmation, and submits to EPDAD the digital copies of self-evaluation reports and appendices electronically for each program by the end of the first week of July within the year in which the evaluation is to take place. Applications of the institutions which fail to submit such a self-evaluation report within this period shall be deemed to have been withdrawn by the relevant institutions.

(g) EFAK performs a preliminary review in terms of compliance to the prescribed format and contents of the self-evaluation reports as submitted by the institutions to EPDAD.

(h) If deemed necessary, EFAK may notify the relevant institution by the end of August to ask them to eliminate any noncompliance or discrepancies within a period of 15 days only for self-evaluation reports found to contain any format noncompliance or reporting discrepancies thereof. Applications of programs which fail to eliminate such format discrepancies found in self-evaluation reports within a period of 15 days from the notification of the same by EPDAD shall be deemed to have been withdrawn by the relevant institutions.

(i) In case of identification of any reporting and/or criteria discrepancies, which would rule out the program to be accredited, during the preliminary review of the self-evaluation reports by EFAK, the evaluation of the relevant program for accreditation is suspended. EPDAD notifies the relevant institution of such a suspension together with its justifications by the end of September. The relevant institution is informed that the institution may submit another application to EPDAD during the subsequent evaluation period at the earliest after the elimination of such discrepancies by the relevant institution. Failure to notify criteria discrepancies as a result of preliminary review does not entail that such criteria discrepancies may not be subsequently notified following the detailed review to be performed by the evaluation team.

(j) EFAK initiates the evaluation process for the programs free of any reporting and/or criteria discrepancies in the self-evaluation reports, which would otherwise rule out the program to be evaluated for accreditation, and deemed to be in compliance in terms of format as well as those for which format noncompliance or reporting discrepancies have been eliminated within a period of 15 days.

(k) In case of a high number of applications, EPDAD may designate another evaluation period within the same evaluation year.

5.2 Programs Whose Accreditation Validity Period Has Expired

(a) EPDAD sends a reminder letter by the end of December within the year which is about two years before the expiration of the accreditation validity period for programs whose accreditation validity period would expire by then.

(b) During the application processes for such programs, the process as provided in Article 5.1 for new programs applying for accreditation for the first time shall be applicable with the following variations:

(1) An institution which intends to submit a request for evaluation of programs, whose accreditation validity period would expire and for which general evaluation or interim evaluation would be performed by EPDAD, is required to submit such a request to EPDAD in writing by the end of January within the year which is about one year before the expiration of the accreditation validity periods of the relevant programs. In this written request, the institution provides the details of the programs subject to such an application. For the programs for which a written request for evaluation has not been submitted by the end of January, the relevant institutions shall be understood to have not applied for accreditation evaluation for such programs.

(2) The programs, for which interim reports or interim visits are to be evaluated, only issue an interim report focusing on the weaknesses, concerns, and observations as identified during the previous general evaluation rather than a comprehensive self-evaluation report, and submits to EPDAD this interim report and its appendices electronically by the end of the first week of July within the year in which the evaluation shall take place. Programs which fail to submit interim reports by the end of this period shall be understood to have not submitted an application thereof.

(c) For evaluations of “Presentation of Evidence with Report” and “Presentation of Evidence with Visit”, the institution submits to EPDAD its written request for the preferred type of evaluation by the end of September within the year in which the accreditation decision is made. For the programs for which a written request for evaluation has not been submitted, the relevant institutions shall be understood to have not applied for evaluation for such programs. The programs, for which Presentation of Evidence evaluation is to be carried out, issue an interim report focused on the weaknesses as determined during the latest interim evaluation and which are still ongoing, and submits to EPDAD the digital copies of the report and its appendices electronically by the end of November within the year in which the evaluation shall take place. Programs which fail to submit interim reports until the end of such period shall be understood to have not submitted an application thereof.

ARTICLE 6 Program Evaluation Teams

(a) Teams that are to evaluate teacher education programs consist of a team leader, who is assigned by EFAK, and program evaluators, who are also assigned by EFAK, out of the pool of available program evaluators.

(b) A student evaluator is also assigned to each team involved in general evaluation.

(c) A team leader is selected among the members who currently serve or have previously served in EFAK or, when deemed necessary, among the experienced program evaluators who have served as an EPDAD evaluator for a minimum of two periods.

- (d) When deemed necessary, team co-leaders and/or co-evaluators may be used.
- (e) Evaluation teams that are not involved in general evaluation consist of a minimum of three (3) members, whereas those that are involved in general evaluation consist of a minimum of four (4) members.
- (f) The number of team members may be reduced in case the evaluation focus is rather limited, as in during interim evaluations or Presentation of Evidence evaluations and in cases where there is a significant overlap among the programs to be evaluated.
- (g) In determining the evaluation team members, the following aspects, without limitation, are taken into consideration:
- (1) any potential conflicts/clashes of interest with the relevant institution;
 - (2) within the team:
 - i) institutional distribution;
 - ii) the balance between academic and industrial representation;
 - iii) the balance between women and men;
 - (3) requirement for a team co-leader and/or a program co-evaluator; and
 - (4) transportation requirements of the program evaluators and the student evaluator.
- (h) The formation of program evaluation teams is finalized by the end of September at the latest and notified by EFAK to the relevant institutions for approval. The institutions are requested to submit self-evaluation or interim evaluation reports and appendices electronically to the EPDAD Office. The EPDAD Office submits the digital copies of the reports electronically to the relevant team members.
- (i) From this point onward, all communications and arrangements between the team and the institution are managed via joint responsibility and cooperation by and between the team leader and the faculty dean responsible for the programs.
- (j) The transportation and accommodation requirements of the team are provided by the EPDAD Office in coordination with the team leader.

ARTICLE 7 Evaluation of Programs and Interpretation of the Criteria

Evaluations of programs applying for accreditation are carried out with an aim to determine whether such programs meet the assessment criteria. The following principles are required to be taken into consideration in using such criteria during the evaluation process.

- (a) Even though institutions may often use their own particular terminology, they are nevertheless required to use such terminology to be consistent with the definitions as provided in the section titled "Definitions" in the EPDAD Assessment Criteria document within the scope of the evaluations carried out using EPDAD criteria.

(b) The institutions managing the programs are free to select and designate the courses as well as the course contents of the education programs. In such contents, qualitative factors are considered to be more important than quantitative factors, such as course credits and hours. A careful review of the education program in terms of its status to meet the general principles as provided in the criteria is required to be carried out.

(c) Teaching methods and the use of such methods undergo continuous development. Likewise, methods for the evaluation of the degree of learning are continuously evolving. Regardless of whether a traditional teaching method or a progressive teaching method is used for a particular course or all courses of a program as a whole, the degree of learning is required to be evaluated by the most reliable contemporary methods in order to ensure that the learning outcomes of the relevant program have been achieved.

(d) Regardless of whether it includes an emphasis on a special field in its title, a program to be evaluated by EPDAD is essentially required to be a teacher education program in principle; therefore, the following criteria are primarily taken into consideration in the evaluation of a teacher education program:

(1) Regardless of the phrases or emphasis used in the title of the program, such program is required to be satisfactory as a teacher education program; and

(2) Such program is required to reflect the emphasis of the field included in the title of the program or in the title of the program option thereof.

(e) If the title of a program is associated with one or multiple disciplines having criteria specific to such discipline(s), such a program is required to meet all of the criteria specific to the relevant discipline(s).

(f) If a program with no criterion specific to a discipline among EPDAD criteria applies for accreditation, EPDAD evaluation may be carried out without using any criterion specific to a discipline in line with the decision to be made by EFAK based on the reason for the lack of such a criterion specific to a discipline.

(g) The phrases “required” and “must” as used in the criteria indicate the requirements with specific definitions as intended to be met as a minimum in order for the programs to be accredited. The word “expected” as used in the phrasing of the criteria has been used for suggestions with a less restrictive nature within the scope of the evaluation. On the other hand, the words “may” and “can” denote a degree of freedom.

ARTICLE 8 Program Evaluation Process Steps

Including an evaluation of qualitative and quantitative factors, and ultimately leading to a decision about whether the program is eligible for accreditation, the program evaluation process consists of the following steps:

(a) Review of the self-evaluation report as issued by the relevant institution:

The self-evaluation report is an introductory document which describes the programs for which the relevant accreditation applications have been submitted by the relevant institution, the processes applicable for the implementation of such programs, and all relevant academic and administrative units and/or departments in a certain format; it also contains necessary information about the

institution subject to such evaluation. During the review of the self-evaluation report, any kinds of additional information and documents as may be deemed required for evaluation by the evaluation team members prior to a visit are requested from the institution without waiting for the visit to the relevant institution. For the purposes of analyses to be conducted prior to a visit, institutions shall submit to the evaluation team the transcripts of their graduates to be selected by a randomization method to be determined by the evaluators from each of the programs subject to evaluation.

(b) Visit to the institution: The evaluation team visits the institution for an on-site survey in addition to the review of the self-evaluation report and any additional information and documents as may be requested from the institution. The evaluation team visits the institution based on the following three objectives:

(1) Evaluation of the factors which may not be satisfactorily provided in the self-evaluation report; e.g. academic environment, motivation level of the students and faculty members (i.e. instructors), consistency and determination of faculty members and the students, qualifications of the staff and students, student activities as the basis for the measurement of learning outcomes, and any other factors that pose a challenge to document in writing in the self-evaluation report.

(2) Providing assistance in determining the strengths of the institution as well as areas for improvement.

(3) As evidence for meeting EPDAD assessment criteria, reviewing the documents and information as provided by the institution and an on-site survey of the physical facilities.

(c) Preparation of a report by the evaluation team: Within sixty (60) days following the visit provided that such a visit has taken place or otherwise following the submission of the Statement of Deficiencies document to the institution, the evaluation team prepares a draft report by taking into consideration the contents of the self-evaluation or interim report, additional information and documents as requested from the institution, and interviews held, premises visited, documents reviewed, information obtained during the visit to the institution as well as the 30-day response as provided by the institution, addressing the final communication during the visit or the Statement of Deficiencies document, and submits this draft report to EFAK.

ARTICLE 9 Details of the Evaluation Process

A detailed review is required in order to decide on the first accreditation of a program or carry out a general or interim accreditation evaluation of an accredited program. Such a review is carried out by evaluation teams in accordance with the principles laid out in the “EPDAD Evaluation Manual” as issued by EFAK. Some essential details of the evaluation process are provided below.

(a) For renewal of accreditation, each program is required to undergo a detailed evaluation process every five (5) years. To the greatest extent possible, such detailed evaluations called “General Evaluations” are simultaneously carried out by EPDAD for all accredited programs of an institution. These simultaneous evaluations are organized in such a manner so as not to cause any failure to evaluate a program for a period longer than six (6) years. The accreditation period may be kept less than five (5) years so as to ensure simultaneous evaluations of other programs subject to general evaluations at an earlier date in the same institution. Such changes to the accreditation period are implemented upon the approval of the relevant institution.

(b) In the event that accreditation is not granted to a program or previously granted accreditation is renounced as a result of an evaluation carried out, then the relevant institution may raise an objection to such a decision or request a subsequent re-evaluation as detailed in Article 13. Provided that such a request for re-evaluation is deemed suitable by EFAK, such re-evaluation to be carried out shall be in the form of a general evaluation.

(c) In the event that certain weaknesses or discrepancies are identified during such re-evaluation in the form of a general evaluation, an interim evaluation is required to be carried out without waiting for the periodic general evaluation. Interim evaluations only focus on the observations, concerns, weaknesses, and discrepancies as determined during the previous general evaluation, as well as the corrective actions taken and improvements made by the institution to eliminate such observations and discrepancies. An interim evaluation may also include a focused visit to the institution based on the type of the discrepancies as determined during the previous evaluation. In case of determination of new discrepancies and observations, which were not included in the previous evaluation, related to the evaluation criteria about the information and documentation as provided by the institution and/or information and documentation obtained, interviews conducted, and on-site visits that took place during a visit to the institution within the scope of the interim evaluation, such new discrepancies and observations are presented in a separate section in the evaluation report, and those determined to have taken place after the previous evaluation are deemed to be evaluated under Article 14 to be taken into consideration for the accreditation decision to be made relating to the program, whereas others shall have no effect whatsoever on such an accreditation decision.

(d) In case of evaluations solely based on an interim report without requirement for an interim visit, the interim reports as submitted by the institution are evaluated by the evaluation teams formed as per Article 6 provided that no other program of the institution requiring a visit during the same period is intended to be evaluated. The Statement of Deficiencies document, which reflects an evaluation of the interim report and additional information as requested from the institution, is submitted to the institution by the evaluation team. In the event that the institution provides a response to the Statement of Deficiencies document, the draft report is prepared in a manner to include the 30-day responses of the institution as well as the team evaluations for such responses. The team leader submits the digital copy of the draft report as prepared by the team electronically to the President of EFAK. After completion of the consistency and grammar checks, the reports are submitted to EFAK members for approval in accordance with the EFAK evaluation calendar. Approved reports are the final reports to be submitted to the institutions.

(e) The date of visit to the institution by the evaluation team is jointly determined by the team leader and the qualified person (generally, the dean or its deputy, i.e. the vice dean) of the institution provided that such a date is convenient for both the team members and the institution thereof.

(f) The inspection and evaluation activities of the visiting team during the visit, including requests for any additional information, additional documentation, interviews and reviews of the visiting team, are jointly planned in full detail prior to the visit under the coordination of the team leader and the qualified person of the institution subject to such a visit. The details of the requests by the program evaluators on the visiting plan are jointly determined by the director of the relevant program (generally, the head of department or its deputy) and the evaluator(s) whereas the dean and the team leader are also informed on such details. The plan including the activities of the student evaluator

during the visit to the institution is jointly determined by the team leader and the student evaluator, and the plan is submitted to the dean by the team leader.

(g) Observers may only be included in the evaluation teams upon the permission of the team leader and the institution.

(h) Subject matters relating to general institutional functions such as the administration, student services, the library, computer and informatics infrastructure as well as support from academic departments, such as other departments and faculties, etc., shall only be evaluated to an extent as applicable to the services provided to the programs subject to evaluation.

(i) Communication of the findings of the visit:

(1) As the final activity of the visit to the institution, the visiting team verbally communicates the findings based on the facts to the rector of the university or its deputy and the group consisting of the academic staff of the institution as determined by the rector. This communication is called "Final Communication" and the meeting, in which this final communication is provided, is called the "Final Meeting".

(2) The final communication is required to reflect the evaluations based on the findings obtained as a result of the visit. These evaluations may be modified by EFAK during the process of incorporating these evaluations into the final report to be submitted to the institution.

(3) At the end of the final meeting, the visiting team(s) provide the institution with the written descriptions of discrepancies as communicated verbally during the final meeting.

(4) The institution may provide a response to the written descriptions of discrepancies as provided by the evaluation team within a period of thirty (30) days following the visit. Any failure by the institution to submit a response to EPDAD within such a period shall be construed as the acceptance by the institution of all evaluations as provided in the final communication and a waiver of the right of objection against such evaluations.

(5) The primary objective of the 30-day response to be provided by the institution is to correct any "mistakes in fact" in the information and observations as the basis for the team evaluation as presented in the final communication. On the other hand, the institution may also provide additional information in the 30-day response to be taken into consideration in the preparation of the report by the evaluation team. However, the discrepancies as identified during the visit shall only be deemed to have been eliminated if all the required corrections or modifications have been determined and have begun to be implemented within a period of 30 days from the date of visit, and they are evidenced by official documents as signed by the qualified persons of the relevant institution. In cases where some initiatives were introduced and some actions began to be taken to eliminate a problem, but the impacts of such actions did not satisfactorily produce effective results, or where such actions only reflected some signs of good intentions, then the impacts of corrective actions shall be taken into consideration by EFAK during the evaluation of the next planned interim visit or interim report.

(6) After each visit to an institution, the visiting team prepares a draft report containing the essential findings and accreditation proposals. The draft report is expected to include an individual general section for the faculty providing the programs evaluated as well as a separate section for each program

evaluated. In the event that the institution subject to a visit provides a response to the final communication, the draft report is prepared in a manner to include the 30-day responses of the institution as well as the team evaluations for such responses. The team leader submits the digital copy of the draft report as prepared by the team electronically to the President of EFAK. After the completion of the consistency and grammar checks, the reports are submitted to EFAK members for approval in accordance with the EFAK evaluation calendar. Approved reports are the final reports to be submitted to the institutions.

(7) The final communication in written form as delivered to the institution often contains phrases similar to those provided below:

i) Communication of strengths – Example: The background and distribution of the fields of specialization of the teaching staff of the department conducting the program extensively cover all areas of the program in a balanced and qualified manner.

ii) Communication of concerns – A concern indicates that a criterion is in essence met; however, this may potentially change in the near future and, thus, the said criterion may no longer be met in the future. Therefore, it is advisable for the institution to take assertive actions so as to ensure the continuity of meeting such a criterion.

iii) Communication of weaknesses – A weakness indicates that a criterion is partially met; however, this is barely achieved and there is no guarantee that the quality of the program will remain intact until the next general evaluation. Therefore, the institution is required to take corrective actions in order to ensure that the relevant criterion is met in a more effective manner.

iv) Communication of discrepancies – Discrepancy denotes that a criterion was unable to be met. Therefore, the program is not in compliance with the said criterion. The institution is required to take immediate actions in order to comply with such a criterion.

v) Communication of observations – An observation is an impression, remark, or suggestion, which may or may not be directly related to the criteria used in the evaluation, and it is intended for contributing to the continuous efforts made by the institution to further improve its programs.

ARTICLE 10 Consistency and Grammar Checks

The notifications to be provided to the institutions as a result of the accreditation evaluation of the programs are required to be consistent with each other in terms of evaluations as well as in terms of form and they are required to be free of grammar mistakes. Due care is exercised to ensure the consistency of the evaluation at three levels before the review of draft reports by EFAK.

(a) Consistency within a team: The evaluation of similar discrepancies of the programs for a specific criterion is required to be consistent within a team evaluating various programs of an institution. All team members are responsible for ensuring consistency at this level; however, the team leader has the primary responsibility. Consistency within the team is required to be ensured prior to the final communication to be provided on the last day of the visit to the relevant institution.

(b) Consistency across teams: In program evaluations carried out in different institutions within the same period of evaluation, the evaluation of similar discrepancies for a specific criterion is required to

be consistent. The leaders of the evaluation teams for such institutions are primarily responsible for ensuring consistency at this level. However, in order to ensure consistency at this level, and wherever possible, a Consistency Control Committee, consisting of EFAK members, who have not served as a team leader during that period, or experienced EPDAD evaluators to be determined by EFAK, shall undertake consistency checks across the teams. Any potential inconsistencies are eliminated in coordination with the relevant team leaders and, whenever required, program evaluators to be contacted by such team leaders.

(c) Consistency over the years: The evaluation of similar discrepancies for a specific criterion is required to be consistent over the years unless there is a definitive EPDAD decision for a different evaluation of such discrepancies. The leaders of the evaluation teams formed each year are primarily responsible for ensuring consistency at this level. However, in order to ensure consistency at this level, the Consistency Control Committee to be formed in the relevant year also checks for consistency over the years. The EFAK members to be assigned by EFAK or editors to be determined by EFAK in this respect review and edit the draft reports, whose consistency checks have been completed, in terms of format, spelling, and style. Whenever required, professional services outside EPDAD are provided for this purpose. By implementing the necessary revisions in coordination with the relevant team leaders, the reports are finalized for submission to EFAK.

ARTICLE 11 Accreditation Decisions

(a) EFAK makes the final decision regarding the accreditation of a program. This decision is made based on the proposals as provided to EFAK by the evaluation team.

(b) EPDAD does not rank the programs based on their qualities. Programs are either accredited or not. Accreditation decisions only specify the type and date of the next evaluation. Accredited programs receive the relevant certificates to be valid during the accreditation validity period.

(c) In case it is concluded that a program meets the minimum conditions as provided in the EPDAD criteria during the general evaluation of such a program, the relevant program is accredited for a period of five (5) years. On the other hand, the accreditation validity period to be granted for interim evaluations or Presentation of Evidence evaluations may cover a maximum period of 5 (five) years from the date of the previous general evaluation. In case a “weakness” has been identified for one or more criteria even though no “discrepancy” has been identified for any criterion during the general evaluation of a program, accreditation is granted to the program only for a period of two (2) years. Programs accredited for a period of two (2) years are subject to an interim evaluation during the last year (the second year) of the accreditation validity period. Such an interim evaluation is conducted in a manner that focuses on the criteria for which a “weakness” and/or a “concern” has been identified during the general evaluation. “Discrepancy” or “weakness” evaluations to be carried out for any criteria during an interim evaluation shall be deemed a “discrepancy”, and an interim “Presentation of Evidence” evaluation focused on such criteria is required to be conducted within a period of one (1) year from the conclusion of such a “discrepancy”. In case the “discrepancies” for the relevant criteria are determined to be still ongoing based on the results of the focused interim “Presentation of Evidence” evaluation, then the accreditation validity period of the relevant program is not extended. An objection may be raised against this decision. On the other hand, the accreditation validity periods of the programs, for which no “discrepancy” or “weakness” for any criteria has been identified during an interim evaluation, are extended for a maximum period of three (3) years until the date of the next

general evaluation. The accreditation validity periods of the programs, for which the previously identified weaknesses were found to have been eliminated based on the results of the Presentation of Evidence evaluation following an interim evaluation, are extended for a maximum period of two (2) years until the date of the next general evaluation.

(d) In case a “discrepancy” has been identified due to a failure to meet one or more criteria during the general evaluation of a program for the first time, then such a program shall not be accredited. An objection may be raised against this decision.

(e) In case a “discrepancy” has been identified for one or more criteria during the general evaluation of an accredited program, an interim “Presentation of Evidence” evaluation focused on such criteria is required to be conducted within a period of one (1) year from the conclusion of such a “discrepancy”. In case the “discrepancies” for the relevant criteria are determined to be still ongoing based on the results of the focused interim “Presentation of Evidence” evaluation, then the accreditation validity period of the relevant program is not extended. An objection may be raised against this decision. The accreditation of the programs remains valid until a decision is made for not extending the validity period of such accreditation based on the results of an interim “Presentation of Evidence” evaluation. The accreditation validity periods of the programs determined to have eliminated the “discrepancies” are extended for a maximum period of four (4) years until the date of the next general evaluation.

(f) In case EPDAD obtains information demonstrating that a program no longer meets the criteria within the given accreditation validity period, such information is immediately notified to the relevant institution and the institution is kindly asked to provide a response to EPDAD within a period of thirty (30) days. In case the institution fails to provide a response or otherwise the response received is not deemed satisfactory by EFAK, then EPDAD may initiate justified cancellation procedures. Such procedures are initiated upon notification to the institution of the reasons for the implementation of such a justified cancellation. A visit to the relevant institution may be organized in order to determine the actual data. A report indicating the justifications for such a cancellation is prepared and submitted to the institution for reviewing and providing a response within a period of thirty (30) days thereof. In case the institution fails to provide a response or otherwise the response received is not deemed satisfactory by EFAK, then the accreditation is canceled. This decision for cancellation is immediately notified to the institution together with a description of justifications. An objection may be raised against this decision. (g) EFAK may adopt the following decisions.

(1) NGE (Next General Evaluation) – This decision indicates that the program fully complies with the applicable criteria. This decision may only be adopted after a general evaluation and generally remains valid for a period of five (5) years.

(2) IR (Interim Report) – This decision indicates that the criteria for which a “weakness” has been communicated are required to be met in a more effective manner in order to ensure that the quality of the program remains intact until the next general evaluation. The nature of the weakness does not require a visit to the institution for the next evaluation of the corrective actions to be taken by the institution. However, the institution is required to provide an interim report focused on the corrective actions taken by the institution. This decision may only be adopted during a general evaluation and generally remains valid for a period of two (2) years.

(3) IV (Interim Visit) – This decision indicates that the criteria for which a “weakness” has been communicated are required to be met in a more effective manner in order to ensure that the quality of the program remains intact until the next general evaluation. The nature of the weakness requires a visit to the institution for the next evaluation of the corrective actions to be taken by the institution. Prior to the visit, the institution is required to provide an interim report focused on the corrective actions taken. This decision may only be adopted during a general evaluation and generally remains valid for a period of two (2) years.

(4) ER (Extension by Report) – This decision indicates that the institution has taken satisfactory actions to eliminate the weaknesses as specified during the previous IR decision. This decision may only be adopted during an IR evaluation. This decision extends the accreditation until the next general evaluation and, therefore, it generally remains valid for a period of three (3) years.

(5) EV (Extension by Visit) – This decision indicates that the institution has taken satisfactory actions to eliminate the weaknesses as specified during the previous IV decision. This decision may only be adopted during an IV evaluation. This decision extends the accreditation until the next general evaluation and, therefore, it generally remains valid for a period of three (3) years.

(6) PR (Presentation of Evidence by Report) – This decision indicates that some discrepancies have been identified during the general evaluation of an accredited program or the weaknesses as identified during the previous evaluation are still ongoing based on the results of the interim evaluation of such a program. The nature of the discrepancies or ongoing weaknesses does not require a visit to the institution to evaluate the actions taken by the institution to eliminate such discrepancies or ongoing weaknesses. However, the institution is required to provide an interim report focused on the corrective actions taken by the institution. This decision may be adopted during a general evaluation or during an IR or IV evaluation and generally remains valid for a period of one (1) year.

(7) PV (Presentation of Evidence by Visit) – This decision indicates that some discrepancies have been identified during the general evaluation of an accredited program or the weaknesses as identified during the previous evaluation are still ongoing based on the results of the interim evaluation of such a program. The nature of the discrepancies or ongoing weaknesses requires a visit to the institution to evaluate the actions taken by the institution to eliminate such discrepancies or ongoing weaknesses. Prior to the visit, the institution is required to provide an interim report focused on the corrective actions taken. This decision may be adopted during a general evaluation or during an IR or IV evaluation and generally remains valid for a period of one (1) year.

(8) EP (Extension by Presentation of Evidence) – This decision indicates that the institution has taken satisfactory actions to eliminate the discrepancies as specified during the previous PR or PV decision. This decision may only be adopted after a PR or PV evaluation. This decision extends the accreditation until the next general evaluation and, therefore, it generally remains valid for a period between two (2) and four (4) years.

(9) NA (No Accreditation) – This decision may be adopted either after the evaluation of a new program without previous accreditation or after a PR or PV evaluation of a program. This decision indicates that a program subject to evaluation for the first time has discrepancies in complying with the criteria as identified during the general evaluation of such a program. In case it is adopted after PR or PV evaluation, this decision indicates that the discrepancies as identified during the general evaluation or

ongoing weaknesses as identified during the interim evaluation of an accredited program are still ongoing after the period of such a PR or PV evaluation.

(10) T (Termination) – This decision is generally adopted as a response to the request by the institution for the extension of the accreditation validity period from the accreditation expiration date until the date of termination of a program as determined by the institution to be terminated. This decision aims to cover the students currently registered in the program to be terminated. This decision generally remains valid for a period of 1 (one) year. The accreditation may be extended for a maximum period of three (3) years based on the annual reports as provided by the institution. This decision may not be adopted after a PR or PV evaluation.

(h) A “no accreditation” decision based on “Presentation of Evidence” enters into effect at the beginning of the academic year following the “no accreditation” decision of EFAK (or the Executive Board of EPDAD in case of an objection to such a decision). In case EFAK makes a decision to renounce the accreditation previously granted on behalf of a program and the institution fails to raise an objection to such a decision or such a decision is not reversed by the Executive Board of EPDAD in case of an objection by the institution, then the accreditation of such a program is terminated.

(i) In some cases, institutions may terminate a program. Provided that the following procedures are followed, EPDAD, in cooperation with the relevant institutions, ensures that the accreditation of such a program remains valid until the date of termination of the relevant program:

(1) Accreditation of a program to be terminated by the relevant institution within the given accreditation validity period shall be deemed to remain valid from the date of notification of the decision for termination until the date of termination of the relevant program provided that a relevant report to be submitted by the institution within this scope is accepted by EFAK.

(2) The accreditation of a program to be terminated on a date which is no later than three (3) years from the expiration of the current accreditation validity period may be extended for a period of one (1), two (2), or a maximum of three (3) years until the date of termination by the “Termination” decision to be adopted by EFAK based on a report to be provided by the relevant institution. Whenever deemed required, EFAK may request a brief visit to the institution, which typically lasts for one (1) day and is to be held only with the participation of a team leader in order to adopt this decision.

(3) EPDAD includes a note about the date of termination of the programs, for which a “Termination” decision was adopted, out of the programs to be terminated as contained in the list of accredited programs.

(j) EPDAD reviews the accreditation decision as adopted by EFAK in terms of its compliance with the procedures and principles. EPDAD approves the decision provided that no discrepancy has been found. EFAK notifies the relevant institution and the team leader of the final decision and the report as an appendix to such a final decision as adopted by EFAK in addition to the submission of the list of accredited programs to the Higher Education Quality Council.

(k) All documents relating to the accredited programs are archived as per the Directive on the Creation and Management of the Archives of EPDAD.

(l) Evaluation reports created by EPDAD for the evaluated programs are only shared with the relevant institution except for cases as required by applicable law.

ARTICLE 12 Public Announcement of Accreditation Decisions

(a) The current version of the list of programs accredited by EPDAD is published on the official website of EPDAD. This list includes the titles of the accredited programs and the accreditation validity periods of such programs. The details of the format to be used and information to be provided in the list of accredited programs to be published on the official website of EPDAD are determined by a resolution of the Executive Board of EPDAD.

(b) (1) Programs for which an application has not been submitted to EPDAD by the end of January within the previous year prior to the expiration of the accreditation validity periods;

(2) programs deemed to have withdrawn their applications as per Articles 5.1(d), (f), (h), 5.2(b-2), or 5.2(c);

(3) programs deemed to have failed to submit an application as per Article 5.2(b-1) or 5.2(c);

(4) programs whose accreditation is terminated as per Article 11(g)(10); and (5) programs whose accreditation is terminated as per Article 11(i) remain in the list of accredited programs without changes in the accreditation validity periods as previously published on the official website of EPDAD.

ARTICLE 13 Objections

(a) Objections, re-evaluation requests and re-visit requests may only be submitted against “no accreditation” decisions. In addition, such objections or requests may only be submitted based on the opinion that such a “no accreditation” decision is objectionable as it arguably results from the evaluations based on some incorrect information attributable to EPDAD or those carried out contrary to the criteria, regulations, and directives as published by EPDAD. In case of any objections or requests for re-evaluation, the conditions only known to EPDAD at the time of decision by EPDAD shall be taken into consideration. In case of any requests for re-visit, significant improvements and corrective actions as adopted and documented by the institution prior to such a request shall also be taken into consideration.

(b) Institutions may request a re-evaluation or re-visit by EFAK instead of immediately raising an objection. In case such a request is rejected by EFAK, then the institution may raise an objection to the original “no accreditation” decision. Requests for re-evaluation or re-visit are required to be submitted to EPDAD in writing within thirty (30) days from the date of notification of the “no accreditation” decision to the institutions. (c) Objections are required to be submitted to EPDAD in writing within thirty (30) days from the date of notification of the “no accreditation” decision or notification of the rejection of the relevant requests for re-evaluation or re-visit to the institutions. (d) In order to determine the most suitable course of action for themselves, institutions may request from the Executive Board of EPDAD a meeting in the EPDAD Office within a period of seven (7) days from the notification of the “no accreditation” decision to such institutions. In response to this request for a meeting, the Executive Board of EPDAD organizes a meeting at the EPDAD Office within seven (7) days from the receipt of such a request.

(e) Re-Visit

(1) In case significant and documented improvements are implemented prior to the beginning of the next evaluation period in a program for which a “no accreditation” decision was given, such a program may be a candidate for a re-visit. In such cases, the relevant institution is required to submit to EPDAD a written request for a re-visit within thirty (30) days following the receipt of the notification for a “no accreditation” decision. Together with this request, a report describing the corrective actions taken to eliminate the discrepancies as provided in the notification by EPDAD to the institution is also required to be submitted. This report is required to include documentation of significant improvements and corrective actions to support the request for a re-visit. On the other hand, institutions are advised that an inadequate level of corrective actions may result in an ineffective re-visit.

(2) EFAK makes a decision on such a request within thirty (30) days following the receipt by EPDAD of the request for a re-visit as submitted by the relevant institution. This decision is made solely based on the report and supporting documentation as provided by the relevant institution relating to the discrepancies leading to the “no accreditation” decision.

(3) In case EFAK concludes that a re-visit is not required, then the reasons for rejection by EFAK of the justifications for such a request and the fact that the institution has the right to raise an objection to a “no accreditation” decision are communicated to the relevant institution.

(4) In case EFAK makes a decision for a re-visit, then the institution shall be deemed to have waived the right of objection to the “no accreditation” decision or subsequent “no accreditation” decision at the end of such a re-visit thereof.

(f) Re-Evaluation

(1) In case an institution as the owner of a program, for which “no accreditation” decision was given, proves that EFAK has made an inaccurate “no accreditation” decision by using certain material and documented misinformation, such an institution may be a candidate for a re-evaluation. In such cases, the relevant institution is required to submit to EPDAD a written request for re-evaluation within thirty (30) days following the receipt of the notification for the “no accreditation” decision. Together with this request, a report describing the material and documented misinformation and its impact on the “no accreditation” decision, as well as documents supporting such a claim, are also required to be submitted.

(2) EFAK reevaluates its “no accreditation” decision within thirty (30) days following the receipt by EPDAD of the request for re-evaluation by the relevant institution. This evaluation is made solely based on the report and supporting documentation as provided by the relevant institution relating to the discrepancies leading to the “no accreditation” decision.

(3) In case the institution is deemed to be justified regarding the misinformation leading to an inaccurate decision by EFAK, then EFAK reverses its “no accreditation” decision and may make the most suitable decision among the available accreditation decisions thereof.

(4) In case EFAK concludes that a re-evaluation is not required, then EFAK rejects the request for a re-evaluation by providing a written notice to the relevant institution about the reasons for such a

rejection and the fact that the institution has the right to raise an objection to the “no accreditation” decision thereof. An objection may not be raised against the rejection of the request for re-evaluation.

(g) Objection

(1) An objection may only be raised against a “no accreditation” decision. Objections are required to be submitted to EPDAD in writing by the rector of the relevant institution within thirty (30) days from the receipt of the notification for a “no accreditation” decision to the relevant institution. A written request for objection is required to include the justified reasons (misinformation or the specific criteria, policies, or methods as published by EPDAD that are being violated, etc.) for the “no accreditation” decision as provided by EFAK to be considered as inaccurate.

(2) Upon receipt by EPDAD of such a request for objection, the Executive Board of EPDAD appoints an objection committee consisting of a minimum of three individuals from its own members and/or former members of the Executive Board who are not members of the institution raising such an objection. At least one member of this committee is required to have previous experience as a program evaluator and/or as a former member of EFAK. The Executive Board of EPDAD designates one member of the committee as the committee chairman.

(3) The objection committee is provided with the copies of all documents submitted to the relevant institution at various stages of the evaluation process, the response as provided by the institution during the evaluation process as well as other documents as provided by the institution and EFAK, respectively.

(4) The institution is expected to provide a response to the EPDAD evaluations as the basis for the “no accreditation” decision as previously provided by EPDAD to the relevant institution. The institution may also provide other materials as required to support its request for objection. However, such materials are required to have been provided to EPDAD by the institution during the evaluation process of the program for which a “no accreditation” decision was given.

(5) The program adjustments implemented after the meeting in which EFAK made a “no accreditation” decision shall not be taken into consideration by the objection committee.

(6) EFAK may also provide other written documents in addition to the response submitted to the institution and the evaluation as the basis for the “no accreditation” decision in order to account for its opinions. Such materials are required to be submitted to the institution and the objection committee at least sixty (60) days prior to the meeting of the committee. Objections and counterclaims as may be brought up by the relevant institution against such materials are required to be submitted to the objection committee at least thirty (30) days prior to the meeting of the committee.

(7) The recommendation to be adopted during the meeting of the objection committee shall be provided solely based on the written documents as submitted by the relevant institution and EFAK, respectively. The representatives of the institution or EFAK may not participate in this meeting. The decision to be adopted by the objection committee shall be limited to the decision options available for adoption by EFAK. The objection committee provides its decision in writing to the members of the Executive Board of EPDAD via a written report to be provided by the Committee Chairman within thirty (30) days from the beginning of the appointment. The decision to be made by the Executive Board of EPDAD shall be deemed to be final. (8) The final decision and its justifications are notified by EPDAD in

writing to the relevant institution and EFAK within fifteen (15) days from making such a final decision thereof.

ARTICLE 14 Changes During the Evaluation Period

(a) The administrative authority of the institution shall be responsible for notifying EPDAD of any changes to a program accredited by EPDAD in case such changes may have a potential impact on the accreditation status of the program. Some of the significant changes, without limitation, are provided below:

(1) Program Title (2) Teaching Staff (3) Educational Objectives (4) Education Program Content (5) Students (6) Administration (7) Institutional Infrastructure (8) Emphasis Attached to the Program by the Institution (9) Financial Status of the Institution.

(b) Upon notification by the institution or any third party to EPDAD of any significant changes to an accredited program, which may have a potential impact on the accreditation status of the program, an evaluation process is initiated. The first step to be taken in this evaluation process is the provision of information to EPDAD by the institution to address the claims or decisions thereof.

(c) The information to be provided by the institution is not required to be thoroughly detailed. However, such information is required to include enough details to allow for the evaluation of the impact of the relevant changes on the accredited program.

(d) EFAK evaluates the information as provided by the institution and makes a decision about whether the current accreditation decision requires any change. Such a decision shall be based on the degree of certainty about whether the program affected by such changes continues to meet the relevant evaluation criteria.

(e) Upon receipt by EPDAD of the notification for significant change to an accredited program, the president of EFAK submits to two members of EFAK the copies of information as provided by the relevant institution.

(f) These two members of EFAK are asked to evaluate the information provided to them and submit their proposals to EFAK within thirty (30) days. Such members may request additional information from the institution through the Secretary of EPDAD. The proposal to be made may be in the form of a request for an extension of the accreditation validity period of the program affected by the relevant changes until the end of the current evaluation period or a request from the relevant institution for a re-visit in order to determine the accreditation status of the program subject to such changes.

(g) EFAK reviews the submitted proposal and makes a final decision without undue delay.

(h) Such a final decision is immediately notified by EPDAD to the relevant institution.

(i) Rejection by the institution of the request for a re-visit shall be deemed to be a legitimate reason for the cancellation of accreditation of the relevant program. (j) EPDAD is required to be kept informed at all times about any significant changes to the accredited programs of the institutions, such as the termination of such programs as well as significant changes to the teaching staff, infrastructure, organization, registered students, and other relevant factors of such programs. In case an accredited

program is terminated without following the procedure as provided in Article 11 (i), EPDAD accreditation of such a program shall be deemed to have automatically expired.

ARTICLE 15 Changes to this Directive

Proposals for any changes to this directive may be submitted to the Executive Board of EPDAD by EFAK or a committee to be designated by the Executive Board of EPDAD. The proposals to be submitted shall be discussed as an agenda item and resolved during the next meeting of the Executive Board.

ARTICLE 16 Effective Date

This directive enters into full force and effect as of the date of approval by the Executive Board.