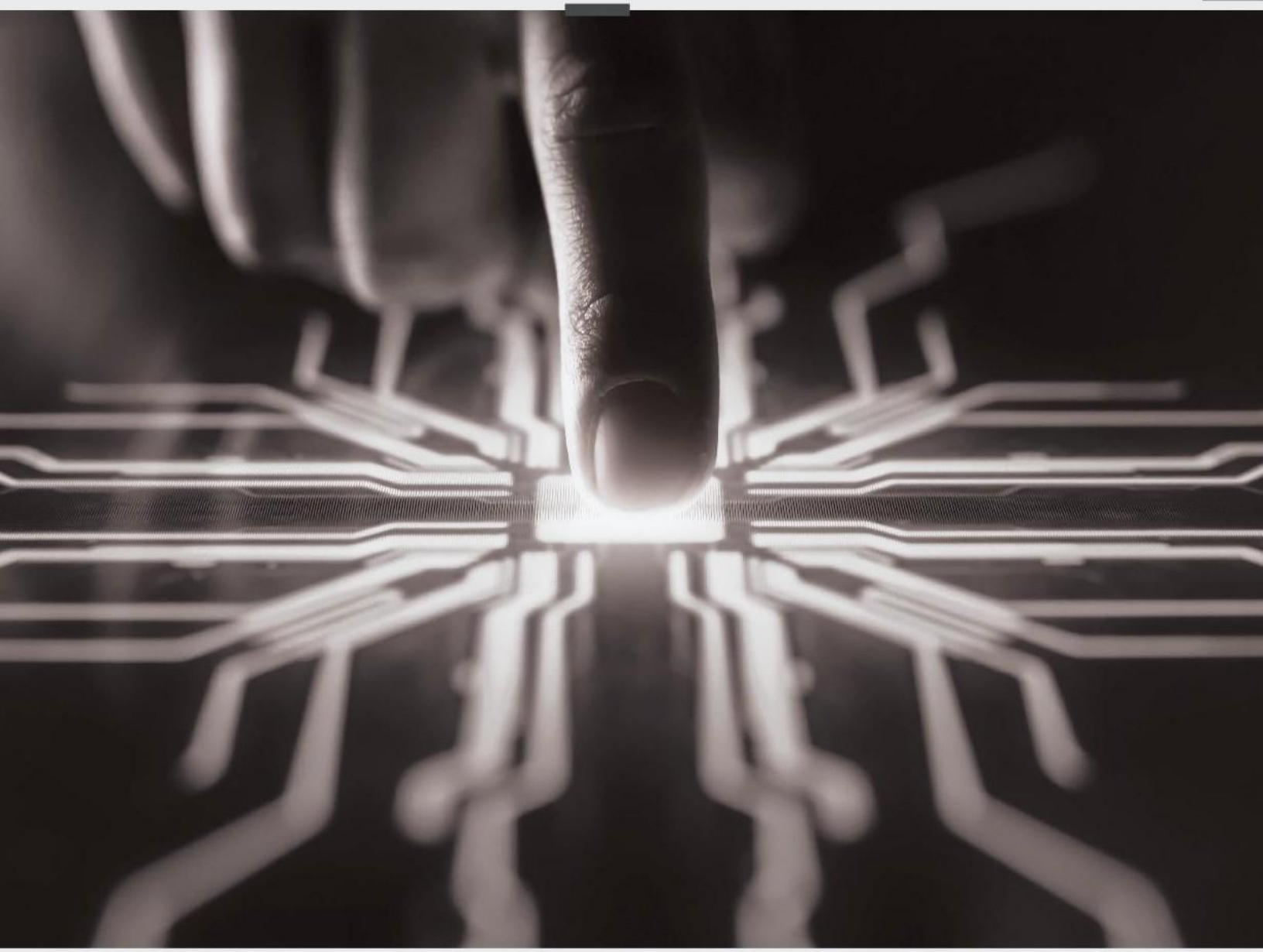
AY 2025-2026



OPERATIONS MANUAL

University of Technology Bahrain

جامعة البحرين للتكنولوجيا

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UTB Vision Statement

The University of Technology Bahrain will contribute to the advancement and application of knowledge and will have a transformative impact on the lives of learners and the society, whilst continuing to inspire students and the future generations to come.

UTB Mission Statement

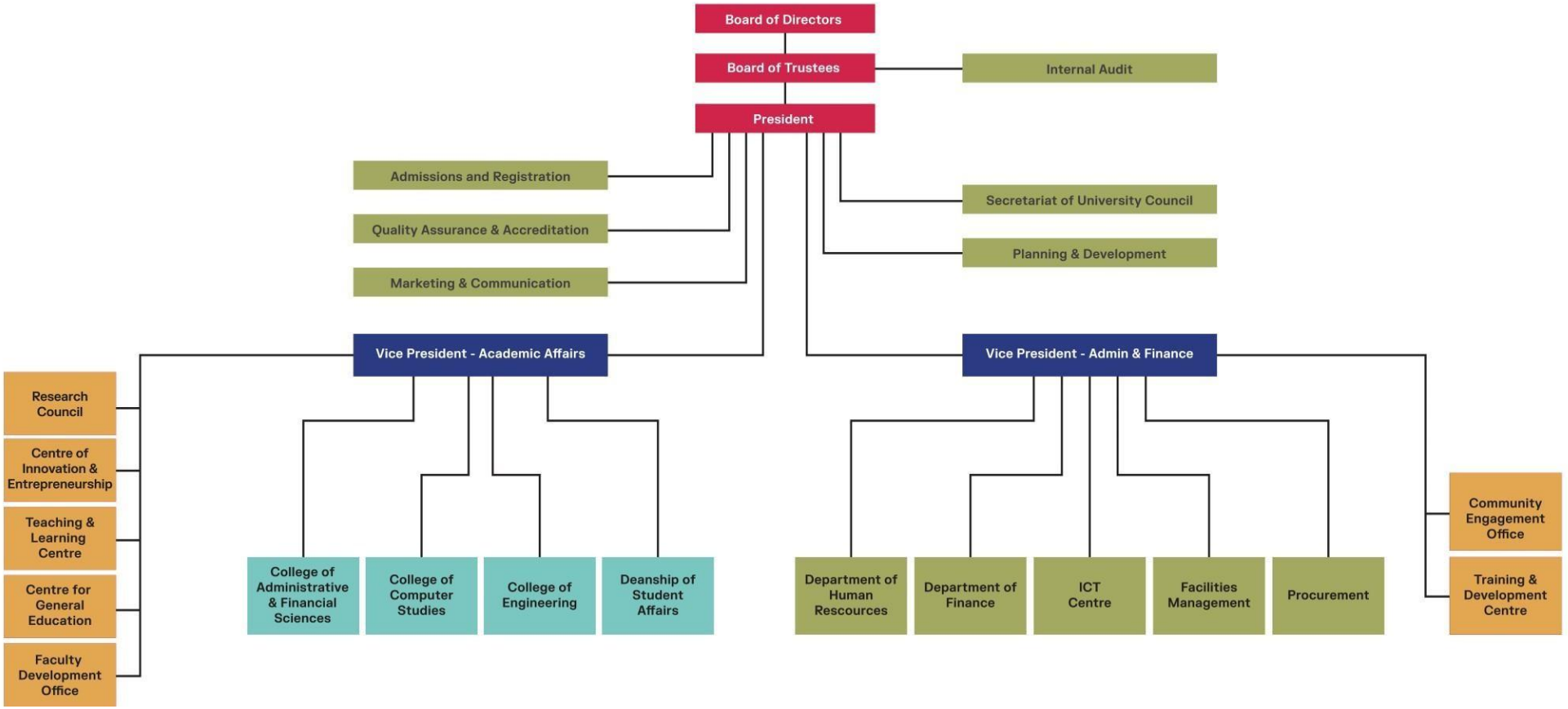
To contribute to the growth and sustainability of the economy and the expansion of human knowledge in business, science and technology by fostering continuous innovation and excellence in education and research, strategic partnerships, international recognition, and entrepreneurial development.

UTB Values

1. Excellence and Quality
2. Professionalism
3. Creativity and Innovation
4. Growth and Development
5. Commitment and Engagement
6. Collaboration
7. Integrity

ORGANISATIONAL CHART

University of Technology Bahrain
جامعة البحرين للتكنولوجيا



Academic Policies and Procedures

–

Programme Development, Review, and Enhancement

1. POLICY

It is the policy of the University of Technology-Bahrain to ensure the responsiveness of its entire academic programme regarding the current and future needs of the Kingdom of Bahrain and global communities. It undertakes core processes in the development of a new programme or periodic review and enhancements of existing programme, to ensure alignment to University Mission and Vision, to the national qualification framework and in setting and maintaining of academic standards.

2. PURPOSE

The policy and procedures cover the core processes in the design and development, periodic review and enhancement of all the programme of the University, including its approval prior to implementation.

3. SCOPE

The policy and procedures cover all the academic programmes at the University, both undergraduate and post-graduate.

4. RESPONSIBILITY

- Academic Council –reviews and endorses the programme/qualification in the Institutional Level
- College Council - reviews and endorses the programme/qualification in the College Level Confirmation Panel – checks and verifies programme/qualification in the college committee level
- Curriculum Oversight Committee – checks and verifies programme/qualification in the institutional committee level
- Dean – approves the programme/qualification in the college level
- Mapping Panel – conducts mapping activities of the qualification to the requirements NQF
- President – final approval of the programme/qualification in the institutional level
- Programme Head – chairs the mapping panel and spearheads the design, development, and review of the programme/qualification
- University Council - approves the programme/qualifications in the institutional level

- VP for Academic Affairs – endorses/approves the programme/qualifications in the institutional level

5. DEFINITION

- Assessment - one or more processes that identify, collect and prepare data to evaluate the attainment of the learning outcomes.
- Course – a discrete unit of study leading to the award of credit. The minimum credit value is credit corresponding to 4 hours of classroom instruction for lecture and8 hours of classroom instruction for laboratory.
- Learning Outcomes - are statements that describe the knowledge, skills and competencies a learner should acquire on successful completion of a course or programme.
- Programme/Qualification– a coherent programme of study comprising of requisite courses that meets the Bahrain NQF requirements.
- Programme Educational Objectives – are broad statements that describe what graduates are expected to attain within a few years of graduation. They are based on the needs of the programme's constituencies. (ABET Criteria for Accrediting Programmes).

6. PROCEDURE

6.1 Design;

The College Programme Development Committee (PDC) assesses the need for any new programme based on the following:

a. Strategic goals to meet the Vision and Mission of the University

b. Demands of the labour market.

c. Prospective student interests.

1) **The PDC gathered and analysed the following data to ensure the depth and breadth of curriculum which will be developed:**

A. Body of Knowledge of the programme (ACM, IEEE, ECBE, ABET, others)

B. Latest concepts, trends and application needs of the industry.

C. Curricula of leading local, regional and international Universities.

D. Standards required by the Higher Education Council of the Kingdom of Bahrain, the requirements of the BQA, the standards of any accrediting body being considered for the programme accreditation (i.e. international standards set by International Accrediting Organization, such as ECBE, AACSB, ABET, QAA-UK Subject Benchmark, etc.), and any occupational/professional society standards applicable to the programme.

2) The PDC ensures that the design meets the national framework and international standards in terms of:

A. Programme Structure and Courses

B. The programme is structured to provide academic progression year-on-year or course-by-course, it considers suitable workloads for students, and it balances between knowledge and skills, and between theory and practice.

C. Level and credits of the programme and of the courses

D. The design of the programme shall indicate both the American Credit System (ACS) and National Qualification Framework (NQF) credits of programme and of the component courses.

E. Learning outcomes of the programme and of the course

F. There should be learning outcomes, in both programme and courses, following the conventions prescribed by the NQF to describe achievement at each level and should covered areas of knowledge, skills, and competence, where appropriate.

G. The Intended Learning Outcomes (ILOs) must be appropriate to the aims and levels of the:

- Programme and they are aligned to the mission and programme aims;
- Course/module and they are mapped to the programme and courses.

6.2 Consultations

A. The PDC sets meeting with the different stakeholders both internal and external to present the initial draft of programme specifications. Internal stakeholders include students, faculty experts and academic and non-academic support staff while external stakeholders include Alumni and Programme Industry Advisory Panel (PIAP).

B. The PDC solicits feedback from the internal and external stakeholders on relevance and responsiveness of the programme aims, programme intended learning outcomes, curriculum structure, teaching and learning methods, assessment and evaluation methods, learning support and resources including infrastructure, software, laboratories, and library resources among others.

C. The PDC consolidates and evaluates recommendations provided by the internal and external stakeholders.

D. The final draft of the programme specification is presented to all the stakeholders for final review and approval.

6.3 Mapping and Confirmation

6.3.1 Mapping

1. The PDC acting as the Mapping Panel (MP) designs and develops qualifications incorporating the results of NQF and accrediting bodies, labour market research, benchmarking, and consultative meetings with internal (faculty experts and student representatives) and external stakeholders especially the Programme Industry Advisory Panel (PIAP);
2. PDC maps the qualifications to these requirements and prepares a draft programme specification.
3. PDC prepares the mapping score card to ensure that all courses sit at appropriate NQF levels and that the resulting programme/qualifications sits on the appropriate level based on NQF.
4. PDC prepares the checklist including the teaching and student learning resources needed to implement the programme.
5. Records of all meetings, deliberation and approval shall be kept and properly documented.
6. PDC submits the programme specifications to the Confirmation Panel. The accompanying PDC checklist shall also be provided during the submission.

6.3.2 Confirmation

1. The Confirmation Panel (CP) conducts checking and verification of the programme specifications received from the Mapping Panel.
2. The Programme Specifications may be endorsed without recommendations, in such case it will be returned to the PDC for submission to the College Council.
3. The Programme Specifications may be endorsed with recommendation, in such case it will be returned to the PDC for revision. A report on action taken shall be provided to the confirmation panel before submission to the College Council,
4. The Programme Specifications may be rejected, in such case it will be returned to the PDC for revision and resubmission to the CP.
5. Records of all meetings, deliberation and approval shall be kept and properly documented.

6.3.3 Approval

1. The PDC submits and presents the programme specifications to the College Council for approval.
2. The Dean of the College submits and presents the programme specifications to the Academic Council for approval.
3. The Academic Council forms the Curriculum Oversight Committee (CoC) to

perform check and validation at the institutional level. The CoC verifies and validates that the qualifications conform to all the requirements such as those set by Ministry of Education – Higher Education Council (MOE-HEC), Bahrain Quality Authority for Education and Training (BQA) and accrediting bodies If the COC has recommendations, the proposal will be submitted back to the PDC via the Dean for revision. If not, the COC endorses the proposal to the Academic Council.

4. The VPAA submits and presents the programme specifications to the University Council for approval and endorsement to the Board of Trustees (BoT).
5. After the qualification is approved by the BoT, it is submitted to the Higher Education Council-Ministry of Education (HEC-MOE) for licensing and approval.

6.3.4 Monitoring

It is imperative for each college to monitor the effectiveness of their programme and maintain academic standards by ensuring that the programme and requisite courses remain relevant to the needs of the students, employers and other stakeholders. The monitoring shall follow an annual cycle and shall include all the stakeholders of the programme including students, employers and alumni through their Programme Industry Advisory Panel (PIAP).

A. The College sets meetings with the different stakeholders both internal and external to identify gaps or best practices on the areas of: Learning Programme, Efficiency of the Programme, Academic Standards of the Graduates, and Quality Assurance and Management. Internal stakeholders include students, faculty experts, academic and non-academic support staff, while external stakeholders include Alumni, Employer, External Examiners, and Programme Industry Advisory Panel.
B. The College consolidates and evaluates recommendations/actions to be taken provided by the internal and external stakeholders to address the gaps or to adopt best practices.
C. The College prepares the programme self-evaluation survey (SES) which follows the BQA framework and submits to the Quality Assurance and Accreditation Department (QAAD) towards the end of each academic year.
D. The College implements the recommendations stated in the SES in coordination with the QAAD in order to ensure proper implementation and monitoring.

6.3.5 Periodic Review

Programme review follows a–5 years cycle whereby possible changes in curriculum, ILOs, and some aspects of teaching, learning and assessment can be reviewed and evaluated.

This is to maintain synergy and relevance of graduate attributes to the current demands/requirements of the labour market.

The periodic review of programme follows exactly the same procedure from the design stage up to the final approval of the revised programme specifications. However, cohort reports of recent graduates pertaining to their academic achievements and achievements of the learning outcomes are included in the review. In addition, the following documents are considered:

a) Summary of feedbacks from students, employers and alumni including reposts on PILO/SO attainment and PEO attainment;
b) Preparation of the PDC checklist that shows the inputs used in the revision of the programme, revisions made on the various sections of the programme specifications that includes PEOs, PILOs, TLA, notional learning hours, admission requirements as well as requirements of HEC and applicable accreditation body and required manpower and learning facilities to support the revised programme. Details on curriculum enhancement will be discussed in the programme review summary report that includes a detailed rationale of the changes on the programme and a summary of changes on the curriculum content and factors that trigger the changes.
c) Revised programme specifications clearly indicating the levels, credits, interned learning outcomes, and curriculum skills map.

Implementation - New Programme

For the new programme offering, the University Registration Office submits the following to HEC:

a) Application letter requesting for the licensing of a new programme to the General Secretariat of the HEC at the latest before end of July of the current year;
b) Programme specification;
c) Rationale for offering the programme and the projected local and regional demands for graduates of the programme;
d) List of the programme resource requirements including the necessary infrastructure, various educational resources, appropriately qualified Faculty;

Upon receipt of the positive resolution or notification of acceptance and approval from the HEC, UTB will implement the new programme and provides the necessary resources provisions to support the teaching and student learning.

The Office of the Vice President for Academic Affairs provides copy of the new approved programme to the: University Library for the acquisition of the required books and learning materials; Head of HRD for the hiring of appropriately qualified faculty members; Head of Accounting Department for the preparation of student fees; College Dean, for the encoding of the programme to the CIS; to the Head of Corporate Communications Office for inclusion to all Academic publications and catalogues of the University.

Implementation- Revised Programme

The Office of the Vice President for Academic Affairs provides copy of the revised programme to the: University Librarian for the acquisition of the required books and learning materials; Head of HRD for the hiring of appropriately qualified faculty members; College Dean, for the encoding of the programme to the CIS; to the Head of Corporate Communications Office for inclusion to all Academic publications and catalogues of the University.

Upon receipt of the positive resolution or notification of acceptance and approval from the HEC, UTB will implement the revised programme and provides the necessary resources provisions to support the teaching and student learning.

7. RELEVANT FORMS

PDC Checklist

Mapping Score Card

COC Checklist

Curriculum Revision Summary

Programme Specifications

8. DISTRIBUTION LIST

President

VP Administration and Finance

VP Academic Affairs

Deans of Colleges

Quality Assurance Department

Bridging Programme

1. POLICY

The University recognizes prior learning achieved through Diploma, Associate Diploma, or equivalent qualifications obtained from recognized education institutions for the purpose of granting exemptions and advanced entry into bachelor's degree programmes.

Advanced entry and exemptions shall be granted only when the prior qualification and completed courses are determined to be substantially equivalent to the programme requirements of the University. Applicants admitted through advanced entry must complete a minimum of fifty percent (50%) of the total credit requirements of the bachelor's degree programme at the University.

The University shall ensure that all evaluations are conducted fairly, consistently, transparently, and in compliance with institutional and regulatory requirements.

2. PURPOSE

This procedure establishes the process for evaluating Diploma, Associate Diploma, or equivalent qualifications for granting exemptions and advanced entry into bachelor's degree programmes.

3. SCOPE

This procedure applies to all applicants seeking admission into bachelor's degree programmes through advanced entry based on previously completed Diploma, Associate Diploma, or equivalent qualifications obtained from recognized education institutions.

4. RESPONSIBILITIES

The Admissions Office shall:

- Receives and verifies all application documents.
- Ensures submission of:
  - Certified academic transcripts;
  - Qualification certificates;
  - Course descriptions/syllabi, where applicable ;
  - Accreditation or recognition evidence of the awarding institution, if required.
- Forwards complete applications to the Bridging and Equivalency Committee.

Bridging and Equivalency Committee shall:

- Reviews the applicant's qualifications and supporting documents.

- Determines the comparability and relevance of completed courses to the Bachelor degree programme.
- Evaluates:
  - Learning outcomes;
  - Course content;
  - Credit value;
  - Academic level and grading.
- Recommends:
  - Approved exemptions/credit transfers;
  - Required bridging courses;
  - Appropriate entry level/year of admission.
- Ensures that the applicant completes at least fifty percent (50%) of the total programme credits at the University.
- Documents the evaluation results and recommendations.

College Deans and/or Programme Head shall:

- Reviews and approves the recommendations of the Bridging and Equivalency Committee.
- Monitor academic progression of bridging students.

The Registration Office shall:

- Receives and verifies all application documents.
- Ensures submission of:
  - Certified academic transcripts;
  - Qualification certificates;
  - Course descriptions/syllabi, where applicable;
  - Accreditation or recognition evidence of the awarding institution, if required.
- Forwards complete applications to the Bridging and Equivalency Committee.

5. DEFINITION OF TERMS

Advanced Entry -Admission into a bachelor's degree programme with approved exemptions based on prior qualifications.

Exemption/Credit Transfer -Recognition of previously completed courses or learning outcomes equivalent to courses within the bachelor's degree programme.

Bridging Courses -Additional courses prescribed to address gaps in knowledge, skills, or competencies before or during progression in the programme.

Bridging and Equivalency Committee -A designated academic committee responsible for evaluating qualifications, determining exemptions, identifying bridging courses,

and recommending the appropriate entry level for applicants.

6. ADMISSION

6.1 Admission Criteria

Applicants may be considered for admission into a bridging programme provided that they satisfy the following requirements:

1. The applicant must hold an academic qualification such as diploma, associate degree, or any equivalent qualifications in a related discipline from the Kingdom of Bahrain or its equivalent from outside the Kingdom.
2. Qualifications obtained outside Bahrain must be accredited and recognized by the relevant authorities in the country granting the qualification and shall comply with HEC-Bahrain regulations concerning authentication and equivalency.
3. The applicant cumulative GPA must not be less than "Good" or its equivalent in their qualification, otherwise the student must either provide evidence of at least one year of relevant professional experience.
4. The applicant's previous specialization must qualify them for admission into the intended bachelor's degree programme.
5. Applicants graduating from non-English qualifications must satisfy the English language proficiency requirement by either:
    - Obtaining an IELTS overall band score of 5.5 or higher; or
    - Passing the University English Placement Test (OOPT) with a minimum score of 61. Applicants who do not achieve the required OOPT score of 61 shall be required to enroll in the prescribed English language courses based on their placement results.

6.2 Admission Requirements

Applicants shall submit the following documents:

1. Completed admission application form through the Online Student Information System (SIS) or in person.
2. Original Secondary School Certificate and transcript or equivalent qualification and/or A-Level certification, where applicable.
3. Official Transcript of Records, certificate of completion, and diploma/wall certificate for Diploma, Associate Diploma, or HND qualifications or their equivalent.
4. Course descriptions or syllabi of the entry qualification authenticated by the originating institution.
5. One (1) recent passport-size photograph.
6. Copy of passport and/or national ID card.
7. Official receipt of payment of the non-refundable application fee.
8. Student Medical Examination issued by a medical health center endorsed by HEC.
9. Any additional documents required by the University.
10. HEC-Bahrain rules and regulations concerning authentication and equivalency of foreign qualifications and private school certificates shall apply whenever necessary.

6.3 Admission Procedure

Applicants shall follow the procedures below:

1. Proceed to the Admissions Office for inquiries and complete the Application Form through the Online SIS or manual application process.
2. Complete and submit the admission application form.
3. Pay the prescribed non-refundable application fee.
4. Submit all required admission documents to the Admissions Office.
5. Take the required placement examinations, including the OOPT, where applicable.
6. The Admissions Office shall initiate the request for bridging course evaluation and credit transfer assessment.
7. The relevant College Dean or Academic Department shall:
    - Evaluate the applicant's qualifications;
    - Determine course equivalencies;
    - Identify exempted courses; and
    - Recommend required bridging or remedial courses in accordance with approved policies.
8. The Registration Office/Registrar shall review and approve the evaluation for implementation in the student record system.
9. The Admissions Office shall notify applicants of the admission and credit transfer evaluation results.
10. Accepted applicants shall proceed with academic advising, course registration, and enrolment.

7. EVALUATION OF CERTIFICATES

7.1 Preliminary Verification

1. The Admissions Office shall verify:
    - Authenticity and completeness of documents;
    - Recognition/accreditation status of the awarding institution;
    - Eligibility of the qualification for advanced entry consideration.
2. Verified applications shall be forwarded to the Bridging and Equivalency Committee.

7.2 Academic Evaluation

1. The Bridging and Equivalency Committee shall evaluate:
    - The level and relevance of the prior qualification;
    - Course learning outcomes and content;
    - Equivalence with courses in the bachelor's degree programme;
    - Credit values and academic level;
    - Applicant's academic performance.
2. The Committee may request additional information or conduct interviews where necessary.

7.3 Determination of Exemptions and Entry Level

1. Exemptions shall only be granted for courses deemed substantially equivalent in:
    - Learning outcomes;
    - Content coverage;
    - Credit value;

- Academic level.

2. The Bridging and Equivalency Committee shall determine the applicant's entry level in the programme.
3. Approved exemptions shall not exceed fifty percent (50%) of the total credits of the bachelor's degree programme.
4. Applicants must complete at least fifty percent (50%) of the programme requirements at the University.

7.4 Identification of Bridging Courses

1. The Bridging and Equivalency Committee shall identify any deficiencies or competency gaps.
2. Bridging courses may be prescribed to ensure adequate preparation for advanced-level study.
3. The prescribed bridging courses shall form part of the applicant's approved study plan.

7.5 Mandatory HEC Courses

1. Applicants admitted through the Bridging Programme pathway shall complete all mandatory courses prescribed by the Higher Education Council (HEC), where applicable.
2. Applicants who have successfully completed any HEC mandatory course at a recognized institution may apply for credit transfer or exemption in accordance with the University's Credit Transfer Policy.
3. The Bridging and Equivalency Committee shall evaluate the equivalency of previously completed HEC mandatory courses and recommend the granting of credit transfer or exemption where the requirements of the Credit Transfer Policy are met.
4. Applicants who have not completed the required HEC mandatory courses shall be required to enroll in and successfully complete such courses as part of their approved study plan.
5. Mandatory HEC courses may be taken concurrently with prescribed bridging courses or courses within the Bridging Programme, provided that the total course load does not exceed the maximum student load permitted under the University's academic regulations.
6. Credits earned for HEC mandatory courses form part of the programme requirements. However, only courses taken in UTB will be included in the calculation of the cumulative grade point average (CGPA).

7.6 Approval Process

1. The recommendations of the Bridging and Equivalency Committee shall be submitted to the College Dean for approval.
2. Upon approval:
   - The Registration Office shall record the approved exemptions and entry level in the SIS;
   - The Admissions Office shall communicate the final decision to the applicant.

7.7 Appeals

1. Applicants may submit a written appeal against the evaluation decision within the period specified by the University.
2. Appeals shall be reviewed by the College Dean in consultation with the Bridging and Equivalency Committee, whose decision shall be final.

8. STUDENT REGISTRATION AND RECORD KEEPING

1. The Registration Office shall register the student based on the approved study plan, exemptions, bridging requirements, approved entry level, and prerequisite requirements.
2. Students shall only enroll in courses consistent with the approved study plan and programme progression requirements.
3. All evaluation documents, approvals, exemptions, bridging requirements, and supporting evidence shall be maintained in the student's academic record and retained in accordance with the University's records management policy.
4. Students admitted through bridging programme must complete all graduation requirements within a maximum study duration of six (6) years from the date of admission to the programme.

9. QUALITY RECORDS

Bridging and Equivalency Report

10. DISTRIBUTION LIST

Academic Council

Admission Office

Registration Office

Intended Learning Outcomes (ILOs)

1. POLICY

It is the policy of University of Technology Bahrain to ensure that all its programme offerings are fit-for-purpose and that its graduates have the knowledge, skills and competencies expected upon successful completion of their programme, through development, assessment and evaluation of intended learning outcomes at institutional, programme and course levels.

2. PURPOSE

The purpose of this policy is to provide the procedure in developing, assessing and evaluating the intended learning outcomes at institutional, programme and course levels.

3. SCOPE

This policy covers all programmes offered in the university, both undergraduate and graduate, and the identified mechanisms in developing, assessing and evaluating intended learning outcomes at institutional, programme and course levels.
This policy and procedures require that every programme has a set of well-defined programme intended learning outcomes (PILOs)/student outcomes (SOs) that are appropriate to the level and nature of the programme and anchored to the programme educational objectives (PEOs) as well as to the institutional intended learning outcomes (IILOs).

This policy and procedures also require that assessment and evaluation of these intended learning outcomes will be implemented based on the periodicity defined in this policy and procedures.

4. DEFINITION OF TERMS

Intended Learning Outcomes (ILOs)- are statements that describe the knowledge, skills and competencies a learner should acquire on successful completion of a qualification.
Institutional Intended Learning Outcomes (IILOs)- a measurable set of expectations

covering knowledge, skills, abilities, attitudes, values and competencies that are demonstrative of our students to achieve university's mission.

Programme Educational Objectives (PEOs) – are broad statements that describe what graduates are expected to attain within a few years of graduation. They are based on the needs of the programme's constituencies. (ABET Criteria for Accrediting Programmes)

Programme Intended Learning Outcomes (PILOs) / Student Outcomes (SOs)– are outcomes that describe what students are expected to know and be able to do by the time of graduation. These relate to the knowledge, skills, and behaviours that students acquire as they progress through the program. (ABET Criteria for Accrediting Programmes)

Course Intended Learning Outcomes (CILOs) – are measurable set of expectations covering knowledge, skills, abilities and competencies that are expected to know and be able to do by the time of completing a course.

Assessment – is one or more processes that identify, collect, and prepare the data necessary for evaluation. (ABET Criteria for Accrediting Programmes)

Evaluation – is one or more processes for interpreting the data acquired though the assessment processes in order to determine how well the programme educational objectives and student outcomes are being attained. (ABET Criteria for Accrediting Programmes)

Curriculum Review Committee– is a committee composed of college officer's ad faculty members, established in each College to ensure that the assessment and evaluation of programme educational objectives and programme intended learning outcomes are performed as scheduled.

5. PROCEDURES

5.1 Development

1. UTB must develop a set of measurable Institutional Intended Learning Outcomes (IILOs) covering knowledge, skills, abilities, attitudes, values and competencies that are demonstrative from any of its graduates to achieve university's mission. These IILOs must be closely weaved to the Programme Educational Objectives (PEOs) and Programme Intended Learning Outcomes (PILOs) of every programme offered in the university. The PEOs and PILOs must reflect the type and level of the programme. In addition, individual courses offered in every programme must also have a set of Course Intended Learning

Outcomes (CILOs) that are aligned with the PILOs of the programme where the course is mapped.

2. In developing intended learning outcomes, it is important to consider the following:
    - UTB's mission
    - Bahrain's National Qualification Framework (NQF) level descriptors
    - Professional Societies (body of knowledge)
    - QAA-UK Subject Benchmark
    - Taxonomies of Learning (e.g. Bloom's Taxonomy)
    - Benchmarking result with local, regional or international universities
    - Requirements of local and/or international accrediting bodies (e.g. BQA, ABET, ECBE, etc.).

There is no pre-determined structure for learning outcomes, as their final form is always dependent on what students are expected to achieve in every specific course or programme. In all cases, learning outcomes must be specific, achievable and assessable and should:

- State what students should be able to know or do upon successful completion of the course or programme. The writer should focus on learning outcomes that precisely indicate what main skills, abilities and knowledge will be acquired by students at the completion of the unit of learning.
- Use clear language that is easily understood by learners and wider stakeholders. Write clear, simple and concise sentences that can be understood by students, peers, internal and external bodies
- Write learning outcomes in the future tense and choose a verb, from taxonomy, able to describe most precisely the intended outcome. It is recommended to use only one verb appropriate both to the level and the discipline to structure each outcome.
- The use of verbs specific to different levels included in this guide facilitate the design of meaningful learning experiences for students, increase transparency and alignment to standards for quality in teaching and learning.
- In writing learning outcomes it is important to keep in mind that we assess what is taught. Learning outcomes should relate to the assessment criteria and should be assessable, observable and measurable. Also consider whether the learning outcomes encourage the use of a diverse range of

assessment methods and encourage both formative and summative assessment.

- Look for learning outcomes that can collectively lead to the achievement of the aims of the program and are aligned with graduate attributes and university mission.

3. Alignment of intended learning outcomes from various levels is required and should be shown through mapping. Statements of intended learning outcomes for each course of study are informed by the overall aims of the university, programme or course. They are informed and should align with the generic skills and attributes required of graduates and their context within the field of study. Hence, Institutional Intended Learning Outcomes (IILOs) will be achieved through the attainment of Programme Intended Learning Outcomes (PILOs) which are then achieved through courses in a specific field of study. PILOs may be developed or adopted based on best practices and depending on the decision of the college.

In addition, it is important to design learning outcomes in alignment with assessment tasks and teaching strategies, and to create opportunities for students to use learning experiences to achieve measurable outcomes. This constructive alignment reflects the shift to outcomes-based education. It facilitates the use of learning outcomes as an integral part of a cycle designed to secure an ongoing improvement of teaching and student experience and learning.

5.2 Assessment

Student learning is fundamental to the attainment of UTB mission through clearly articulated learning outcomes at different points at all levels of the student experience and student-cantered assessment practices. The processes, measures, and academic support systems related to the annual assessment of student learning support a continuous cycle based on planning, implementing, analysing and reporting results, and making institutional or instructional adjustments.

5.3 Institutional Intended Learning Outcomes (IILOs)

The assessment of IILOs, which are broad categories of competence, enables our students to be successful in their education and career and contribute to their broader communities and serve as a shared, university-wide articulation of expectations for all degree recipients.

Assessment of student outcomes is done at the end of academic year, but the

University may choose to assess specific IILOs in a particular trimester. However, the University needs to ensure that all IILOs are assessed in the entire year. The assessment of IILOs is composed of direct measures through selected courses using summative assessments and indirect measures through senior exit survey and peer evaluation.

The assessment of IILOs rests on the Curriculum Oversight Committee of the Academic Council which will draw contributions from the colleges through the Curriculum Review Committees. The two committees must agree on the set of courses for inclusion to the assessment cycle as well as specific content area in the senior exit survey and peer evaluation that directly contribute to students attainment of IILOs.

The expected level of attainment of each learning outcome is **3.00** (measured as average) for cohort of student achieved satisfactory performance in each of the IILOs.

Acceptable Target: **75%** of student records will receive a grade of **1.0** and better on relevant content criteria mapped to the ILO.

Ideal Target: **80%** of student records will receive a grade of **1.0** and better on relevant content criteria mapped to the ILO.

IILO1: Demonstrate specialized knowledge, skills, and competencies in their chosen fields of study and apply this ethically in real-life contexts

- Direct Assessment: Embedded criteria in Capstone Course and Competency- based criteria in Practicum/Internship Course
- Indirect Assessment: Senior Exit Survey

IILO2: Plan and undertake projects or research and develop reasoned and creative solution

- Direct Assessment: Embedded criteria in Capstone Course, In-course project in selected professional courses.
- Indirect Assessment: Peer Evaluation in selected professional courses

IILO3: Develop a variety of intellectual skills, including analytic inquiry, information literacy, diverse perspectives, and quantitative fluency in drawing reasonable conclusions.

- Direct Assessment: Embedded criteria in Capstone course, In-course project in selected professional courses
- Indirect Assessment: Senior Exit Survey

IILO4: Communicate effectively, using academic and professional

conventions, both orally and in writing, to diverse audiences

- Direct Assessment: Embedded criteria in Capstone course, ENGL403 and ENGL502 courses
- Indirect Assessment: Peer Evaluation

IILO5: Collaborate positively with others to achieve a common purpose

- Direct Assessment: Embedded criteria in Capstone course, In-course project in selected professional courses
- Indirect Assessment: Senior Exit Survey, Peer Evaluation

5.4 Programme Educational Objectives (PEOs)

The Assessment of the PEOs includes the preparation of the survey instrument, identification of respondents, conduct of the survey and the collation of the survey results.
The College prepares the survey instrument to assess the attainment of the PEOs. The survey instruments are submitted and communicated to the Head of the Alumni and Career Development Center (ACDC).
The Head of the ACDC identifies the list of respondents for the surveys. He administers the Alumni Survey Questionnaire to the graduates of the programme (3 years after graduation for the Bachelor years after graduation for the Master), and the Employer Survey Questionnaire to the employers of the said graduates.
The Head of the ACDC collates and summarizes the results of the survey and submits it to the PDD for evaluation and analysis, together with the accomplished survey instruments. The PDD submits the report to the colleges which will be used by the college in planning and developing an appropriate action plan.

5.5 Programme Intended Learning Outcomes (PILOs) / Student Outcomes (SOs)

Assessment of student outcomes is done at the end of each trimester where the programme may choose to assess specific PILOs/SOs in a particular trimester. However, the programme needs to ensure that all PILOs/SOs are assessed in the entire year.

PILOs/SOs are assessed using the following methods, if applicable: 1) direct assessment by the faculty for selected courses; 2) senior exit survey; 3) assessment of the PILOs/SOs for terminal project/research project course(s); 4) self-evaluation survey on PILOs/SOs by the students; and 5) student's practicum supervisor's evaluation of the PILOs/SOs. The weighted contribution of each of the assessment methods is defined by the CRC committee at the start of each evaluation period.

The expected level of attainment of each learning outcome is 3.00 (measured as average) for cohort of student achieved satisfactory performance in their ability to apply and integrate their knowledge of the course(s) or better.

a. **Direct assessment of PILOs/SOs through courses by the Faculty**

The programme identified courses where specific PILOs/SOs shall be assessed in a particular trimester. The lists of courses are provided to concerned faculty members for reference and guidance.

Faculty members handling the selected courses submit the assessment results at the end of each Trimester using the assessment and evaluation templates. Each faculty member submits a CILO report to the College Committee of SO/PILO Assessment and Evaluation regarding the assessment of the Course Intended Learning Outcomes (CILOs). The faculty members use various assessment methods, to determine the attainment of the specific SOs/PILOs mapped to their courses. Each college develops the appropriate SO/PILO tool which is used as basis for the PILOs evaluation.

b. **Senior Exit Survey**

The Guidance Office administers a Senior Exit Survey to the graduating students during their last trimester of the programme. The results of the survey are submitted to the college committee for SO/PILO Assessment and Evaluation for incorporation to the overall attainment of PILOs/SOs.

c. **Assessment of the PILOs/SOs for capstone project/thesis**

Assessment of PILOs/SOs for capstone project/thesis course(s) make use of embedded criteria where PILOs/SOs are mapped into capstone rubrics. The faculty member handling the capstone/thesis course submits a competency-based assessment to the College Committee for SO/PILO Assessment and Evaluation at the end of the trimester for incorporation to the overall attainment of PILOs/SOs.

d. Self-evaluation survey on SOs/PILOs in selected professional courses

Before the end of each trimester, students who are enrolled in selected professional courses fill out a self-evaluation survey assessing the attainment of the SOs/ PILOs for that particular course. Faculty members handling these courses submit the survey report to the;

e. Direct assessment of PILOs/SOs through courses by the faculty

The programme identified courses where specific PILOs/SOs shall be assessed in a

particular trimester. The lists of courses are provided to concerned faculty members for reference and guidance.

Faculty members handling the selected courses submit the assessment results at the end of each Trimester using the assessment and evaluation templates. Each faculty member submits a CILO report to the College Committee of SO/PILO Assessment and Evaluation regarding the assessment of the Course Intended Learning Outcomes (CILOs). The faculty members use various assessment methods, to determine the attainment of the specific SOs/PILOs mapped to their courses. Each college develops the appropriate SO/PILO tool which is used as basis for the PILOs evaluation.

f. Competency-based Evaluation of the PILOs/SOs in a Practicum/Industrial Attachment Course

The student's Company Supervisor accomplishes a competency-based evaluation form on the students' achievement of SOs/PILOs. The competency-based evaluation criteria are mapped to the PILOs/SOs. The Practicum course coordinator submits the result to the College Committee for SO/PILO Assessment and Evaluation at the end of the trimester for incorporation to the overall attainment of PILOs/SOs.

5.6 Course Intended Learning Outcomes (CILOs)

Assessment of intended learning outcomes in individual courses is an essential component of the learning process. Assessment relies on a broad range of formative and summative assessment tools as declared in the Policy on Teaching, Learning and Assessments. All assessments must be designed to ensure that individual learners have the opportunity to demonstrate their achievement of different learning outcomes.
The expected level of attainment of each learning outcome is 3.00 (measured as average) for full cohort of student achieved satisfactory performance in their ability to apply and integrate their knowledge of the course or better.

5.7 Evaluation IILOs

The evaluation of the IILOs rests on the Office of VP for Academic Affairs in coordination with the colleges. The VPAA collates reports of IILOs achievement from colleges and analyses the results. The report includes detailed analysis of the IILO attainment of the students from different colleges which includes among other charts, tables, and filled-out survey forms.
The VPAA evaluates the report and considers the analysis as part of continuous improvement in coordination with the Academic Council and the Quality Assurance and Accreditation (QAA) Department.

5.8 PEOs

The evaluation of the PEOs rests on the College Curriculum Review Committee (CRC). The Committee studies and analyses the results and decides on the allocation of weighs to each survey based on the number of respondents and the quality of survey turn-outs and concludes as to what degree the PEOs are achieved on the established satisfactory criteria.

The Committee submits the PEO Evaluation Report to the College Dean and Programme/Department Head to close the process of the PEO evaluation. The report of the Committee covers detailed analysis of the results of the PEO evaluation, which includes among other charts, tables, and filled-out survey forms. The report includes suggestions and recommendations, which the Committee feels, are needed as part of the continuous quality improvement.
More importantly, the Committee highlights in the report the level of which the PEOs are attained. A copy of the report is also provided to the Programme Head and the Committee for Continuous Quality and Improvement (CQI).

5.9 PILOs

The evaluation of the SO/PILO rests on the College Curriculum Review Committee (CRC) for Assessment and Evaluation of PILOs/SOs, which is composed of faculty members of the specific programme. The aggregated data from the assessment methods listed above are used by the committee in concluding whether the student outcomes are successfully attained. The college CRC submits reports to the Dean. The Dean evaluates the report and considers the analysis as part of continuous improvement in coordination with the Programme Head and the Committee for Continuous Quality and Improvement (CQI).

5.10 CILOs

The evaluation of the CILOs in individual courses rests on the course coordinator in coordination with the member teachers. CILO attainment is measured through students' achievements in the assessment items mapped to the CILO as per the approved CILO Assessment Plan. The expected level of attainment of each CILO is 3.00 (student achieved satisfactory performance in their ability to apply and integrate their knowledge of the course(s)) or better. A CILO Evaluation Report that includes specific recommendations on how to improve the CILO attainment is submitted at the end of the trimester to the Programme Head. This report also serves as an input during annual course review to continuously improve the course its content and TLA design and strategies.

6. REFERENCES

ABET Self-Study Questionnaire: Template for Self-Study Report

019-2020 Review Cycle

QAA-UK Quality Code

7. DISTRIBUTION LIST

Academic Council Members
PDD
ACD

Programme Industry Advisory Panel

1. POLICY

It is the policy of the University to consider recent professional practices and stakeholders' inputs in ensuring that the curricular offerings of the University are relevant and responsive to the needs of all its stakeholders in the Kingdom of Bahrain, the GCC and in the global market. This is ensured through the involvement of the industry experts (employers, professional organization, and alumni) in the fields of business, computing and engineering, in the development, review and enhancement of academic offerings, referred to as programme Industry Advisory Panel (PIAP).

2. PURPOSE

This policy and procedures outline the selection, approval and appointment of the members of the PIAP.

3. SCOPE

This policy covers the roles and responsibilities of all members of the programme Industry Advisory Panel in reviewing programme curricular offerings, research, and community engagement in UTB.

4. DEFINITION OF TERMS

Programme Industry Advisory Panel (PIAP) – refers to industry experts and partners in their respective disciplines' programme and curriculum development.

5. GUIDELINES

5.1 ROLE

The PIAP was formed to ensure the responsiveness of the University programme offerings to the global industries and labour markets. The Panel aims to meet the following objectives:

- To assure that the University's academic programme s stay attuned to the advances in business, computing and engineering theories and practices.

- To improve the competitiveness of UTB graduates in terms of employment.
- To achieve the proper curricular balance between the classroom and exposure to the workplace, between theoretical and practical knowledge.
- To develop meaningful practicum, placement, faculty immersion and other cooperative programs.
- To sharpen the University's understanding of local and global industry needs in terms of new knowledge.
- To identify sustainable and viable research and development (R & D) projects; and,
- To develop links with communities and apply business, computing and engineering theories to help solve local problems.

The member of the panel shall:

- Give strategic and tactical advice to the concerned College on the attainment of the abovementioned objectives by way of proper report / communication.
- provide formal annual reports to the College presenting recommendation and proposals.
- Guide the research projects of the University's Faculty

5.2 TERM and MEMBERSHIP

Every programme shall have an advisory panel. Advisory Panel members shall hold at least any managerial position. Membership shall include one high ranking officer of a related professional organization, one alumni representative of the programme who is a practitioner within the field of specialization, and at least two employees per programme a term of membership shall last for two years. Renewal, termination or resignation of membership is subject to the evaluation and recommendation of the College and approval of the VP-Academic Affairs.

5.3 APPOINTMENT PROCEDURE

- All College Deans and Heads of Departments/Programs shall identify experts in their respective disciplines as potential PIAP members. All documents to support the qualifications of these experts should be prepared.
- The College Council shall deliberate the qualifications of the potential members based on the College's needs. A short-list of experts shall be drawn.
- The College Council approves the list and endorse it for VP-Academic Affairs evaluation and approval.

- Once approved, the Dean and programme /Department Head meets with the panel member and presents the letter of appointment as well as discusses the scope of the duties and responsibilities.
- After the industry expert accepts the responsibility, the Dean endorses the acceptance to the President who prepares the formal agreement.
- Also, the College officers shall appoint the first Chairperson, subject to the approval of the VP-Academic Affairs. The term of the Chair shall be for two years and may be reappointed.

5.4 MEETINGS

Administrative support for all advisory panel members will be provided by the College.

The PIAP shall hold at least formal meetings per academic year with the meeting dates and times determined by the Dean. Meetings shall be at conducted in the university. Every PIAP member will receive an honorarium of **BD 300** per year that will be given semi-annually after receiving all reports required by the college. Additional informal meetings may be scheduled by the PIAP or by the College upon the recommendation of the Dean and subject to the approval of the VP-Academic Affairs. No panel member of the PIAP may act by proxy.

The agenda will be established by the College Dean in cooperation with the panel chair. The agenda and supporting data will be sent to all panel members well in advance of the meeting date.

Any recommendations of the Panel shall be forwarded to the College Council for consideration and appropriate action during the programme development/review/enhancement process.

6. QUALITY RECORDS

PIAP Minutes of Meetings

7. DISTRIBUTION LIST

Academic Council Members

VP Administration & Finance

Mapping of Qualifications to NQF

1. POLICY

University of Technology Bahrain (UTB) ensures that all offered qualifications are mapped to the National Qualifications Framework (NQF) of the Kingdom of Bahrain.

2. PURPOSE

This policy and procedures provide information on the processes and implementation of mapping a qualification to the NQF. Specifically, this policy and procedures explains the mapping and confirmation processes by which qualifications are mapped on to the framework. This standard approach to mapping and confirmation provides a means of equivalency between the different qualifications that are available in the Kingdom of Bahrain. It also provides assurance to all stakeholders that UTB's qualifications have met the requirements for quality and for international recognition.

3. SCOPE

This policy covers relevant procedures of the NQF that provides a reference point to UTB to comply with the NQF policies enabling UTB to map their existing and newly developed qualifications on to the framework.

4. PROCEDURES

All currently running and newly developed qualifications shall be mapped onto the Bahrain's National Qualifications Framework. The process of mapping a qualification to the NQF involves the following:

a. Proposing the NQF level of the qualification and number of credits.

b. Mapping qualifications to the NQF involves the allocation of an NQF level and the number of credit units.

c. The NQF Level Descriptors are used to map qualifications to the framework which has10 levels.

d. Bachelor's degree programme is defined at level and Master's degree programme defined at level.

e. Each level of the NQF is defined by a Level Descriptor which relates to generic statements that describe the expected level of achievement in:

- Knowledge (knowledge and understanding)

- Skills(application and action)
- Competence (autonomy and accountability)

f. Estimating the notional hours it would take a typical learner, at the proposed level, to achieve the learning outcomes.

g. Mapping of the unit qualification and the overall qualification to the NQF.

h. Confirmation of the proposed NQF level and credit value in the college level and institutional level.

i. Verification and Validation of the confirmed level and credit by the NQF Unit at GDQ.

On Course Specifications and Mapping Scorecard

j. The preparation of the course specifications is the responsibility of Course Coordinator in coordination with the member teachers. During the development/review of the course specifications, the Course Coordinator and member teachers shall accomplish the following:

- Identification of the NQF level of the course/unit qualification based on the approved programme specification. For Bachelor's degree, Yearcourses are mapped to NQF level, while Yearcourses are mapped to NQF level, and Yearand Yearcourses are mapped to NQF level. For Master's degree, all core courses are mapped to NQF levelexcept for pre-MBA courses which are mapped to levelas these are preparatory courses. The course description shall reflect the NQF level where the qualification shall be mapped.
- Formulation of the course intended learning outcomes (CILOs) using the NQF level descriptors. The level of a qualification provides an indication of the intellectual demands made on the learner, the complexity and depth of achievement and the learner's autonomy in demonstrating that achievement. The NQF level also provides guidance i n identifying appropriate TLA methodologies for qualifications to be mappedon to it.

k. Mapping of these CILOs to NQF sub-strands and programme intended learning outcomes shall also be accomplished.

- Assignment and estimation of the notional learning hours on various learning activitiesof the course/unit qualification.
- Filling-out of the mapping scorecard form where appropriate rationale is provided thatexplains the NQF level of the course/unit qualification.

<u>Mapping to the NQF Level</u>

The mapping of the course/unit qualification to the framework is assigned to the Mapping Panel. The Dean appoints the members of the Mapping Panel per programme . The Mapping Panel is comprised of the programme Head as chairman together with course coordinators and member teachers as members of the Panel. The Mapping Panel shall undergo an induction process by the Director of Quality Assurance and

Accreditation (QAAD) in coordination with the Office of the Vice President for Academic Affairs (VPAA) to ensure that the Mapping Panel will be able to execute the mapping process accordingly.

The members of the Mapping Panel should make an initial assessment of the best fit level and credit for the units and the overall qualification. The initial assessment shall be based on the following relevant documents that must be provided to the members of the Mapping Panel:

- Course Specifications
- Mapping Scorecard
- Policy on Mapping of Qualifications to NQF
- NQF Level Descriptors
- Course Portfolios (if available)

During the meeting, the Mapping Panel shall discuss and evaluate their initial assessments. The Mapping Panel should agree the "best fit" NQF level for each submitted unit qualification and the overall qualification. The Mapping Panel should evidence that the qualification meets all the NQF requirements using the following standards criteria (lifted from BQA document):

- Justification of Need
- Qualification Compliance (for existing qualifications)
- Appropriateness of Qualification Design, Content and Structure
- Appropriateness of Assessment
- Appropriateness of NQF Levels and Credit Values

In the case that a joint decision cannot be agreed, the panel may decide to record the majority decision. The minutes of the meetings should be recorded including unit document and evaluation, and any major differences of opinion.

Mapped qualifications with complete documentation shall be submitted to the Confirmation Panel.

Confirmation of Qualifications

The Confirmation Panel members shall be independent from the Mapping Panel. The Confirmation Panel comprised by the CRC members and the specialization coordinator relevant expertise and experience covering the targeted discipline from the college where the qualification to be confirmed is offered shall be appointed by the Dean of the College.

Confirmation of qualifications begins with the submission of programme Specifications documents that include the proposed NQF level and credit value from the Mapping panel. Where the Confirmation Panel disagrees with the proposed NQF level and credit values, clarification or resubmission of scorecards should be sought from the Mapping Panel and through the internal discussion that aims to eventually reach agreement on the NQF level and credit value of the units and the overall qualification.

Once a consensus has been achieved between the Mapping Panel and Confirmation Panel, the confirmed NQF level will be submitted by the Confirmation Panel Chair to the College Council for approval.

Internal verification and validation of the submitted qualification is spearheaded by the Academic Council through the appointment of Curriculum Oversight Committee (COC) members. The COC checks, verifies and validates that the qualifications conform to all the requirements such as those set by MOE-HEC, BQA and accrediting bodies. If the COC has recommendations, the proposal will be submitted back to the PDC via the Dean for revision. If not, the COC endorses the proposal to the Academic Council for the University President's Final approval.

Verification and Validation of Qualification by the NQF Unit from GDQ.

Having internally mapped and confirmed the NQF level and credit value of a particular qualification, verification and validation process will start with the submission of the Qualification Placement Application to GDQ.

The succeeding procedures are excerpt from the NQF Handbook:

Once administrative check has been successfully completed by GDQ, verification process will follow where a verification report will be completed along with a proposed list of Validators.

Validation of qualifications will be conducted by the Validation Panel appointed and approved as per BQA guidelines. Applicant institutions are required to comply with the Validation Standards:

- Justification of Need
- Qualification Compliance
- Appropriateness of Qualification Design, Content and Structure
- Appropriateness of Assessment

- Appropriateness of NQF Levels and Credit Values

For each of the validation standards, the Validation Panel will choose one of the following three judgments: Met, Partially Met or Not Met. Once each standard receives a judgment, an overall judgment will be given to the submitted Qualification Placement Application where a qualification can be: Valid, Deferred for Condition Fulfilment or Not Valid. Qualification with Valid judgment will be approved and registered in the National Qualification Framework in the Kingdom of Bahrain.

5. REFERENCES

General Directorate of National Qualifications Framework Handbook

6. QUALITY RECORDS

Mapping Scorecard Form

Qualification Placement Application

7. DISTRIBUTION LIST

Academic Council

Faculty Members

E-Learning

1. POLICY

It is the policy of the university to ensure high quality in the delivery of eLearning with regard to content, infrastructure, assessment, and support to teaching and learning are fit-for-purpose. This includes practice such as e-learning, distance learning, blended learning, flexible learning, instructor led training and the use of web-based materials to supplement classroom-based learning.

2. PURPOSE

It is the general purpose of the University that all courses/subjects delivered via eLearning should be properly conducted and supported to assure that students attained the learning outcomes comparable to classroom instructions. Further, faculty and staff are properly guided with regards to teaching, learning, and support services.

3. SCOPE

This policy and procedure shall cover all courses/subjects in undergraduate and post-graduate studies that includes part or in whole of its content delivered via eLearning.

4. DEFINITION OF TERMS

E-Learning - a formal educational process in which instruction takes place in its entirety or partially through computer-mediated communications using digital text, audio, video, and/or other interactive computer technologies.
Face-to-Face (Traditional) - Instruction occurs in real time (synchronous), with student(s) and faculty physically present in the same location.

Blended Learning - learning mode that utilizes at least 0% -0% of the course content delivered online to complement face-to-face learning.

Flexible Learning- a system that enables students to complete part of their learning on-campus and part of their learning off-campus. This is to increase flexibility in the requirements, time and location of study, teaching and assessment.

5. RESPONSIBILITY

- Faculty Members - conducts teaching, learning and assessment and provides grades to students. E-Learning committee – monitors the implementation, monitoring and evaluation of eLearning effectiveness.
- Programme /Department Head- monitors the teaching, learning and assessment of courses delivered via eLearning.
- Head of IT – coordinates software, hardware, and other support infrastructure requirement of the college/programmes.

6. PROCEDURES

- Programme heads assign courses to faculty members according to existing policy on faculty loading.
- Faculty members are responsible for their courses including the use or integration of Learning techniques and technologies.
- Faculty members must use MOODLE as the primary content management system and must use ZOOM or Microsoft Teams as the primary virtual classroom (VC) delivery system.
- At the minimum, faculty members are encouraged to:
    - Create a learner-centered TL environment with active participation and interaction with students on the content, formative assessment, and feedback.
    - Create contents that are organized, easy for students to navigate, and cater to different types of learners.
    - Solicit prompt response from students through chatbox, short questions and answers, and others.
    - Promote effective communication that is clear, polite and respects the social diversity of each learner.

- All summative assessments shall be conducted online using MOODLE and ZOOM or Responds Lock-down Browser/Monitor for online invigilation.
    - Tests are given based on scheduled dates in the academic calendar.
    - Each student is responsible for reading lecture notes and presentations uploaded in MOODLE.
    - No make-up tests will be given unless approved by the faculty members.
    - Academic officers and selected administrative officers may remotely invigilate the exams at random.
- The marks of students shall be computed based on existing approved distribution for each course.
    - The final grade of students is encoded in the grade portal of the university.
    - Students may file a grade appeal following the existing policy on grade appeal.
- The student has the opportunity to withdraw (W) from the course or trimester by submitting an electronic application to the Registration Office for a period of time determined by the institution according to the academic calendar and official period of withdrawal.
- Students who have practicum courses should be evaluated at the end of the trimester according to the specified mechanisms by the university. Practicum faculty advisor should establish online communications with practicum industry supervisors with regards to student performance and evaluation.
- The postgraduate programme should follow the same rules applied to the baccalaureate programmes. In conducting oral thesis defence, the defence shall be conducted remotely with the use of appropriate arrangements (including technology) approved by the college.

FACULTY AND COURSE EVALUATION

- The faculty members' performance shall be evaluated just like the classroom instructions.
- The instrument for classroom observation shall be used and populated anonymously to students in his/her class.
- The results shall be used for continuous improvement of the faculty through training/workshops and for the course through course review.

SUPPORT SERVICES

Faculty support

- Faculty members must be supported with appropriate training and resources to ensure efficient and effective delivery of teaching in eLearning/Blended learning environment. The Faculty Development Office offers a wide range of workshops, discussion groups, webinars,and other training opportunities in the area of eLearning and technology skills.
- Faculty members shall be supported in terms of technology (tools, applications, and systems) and pedagogy (instructional design and assessment).

Student Support

- Students shall be provided with basic support services including course registration, academic advising, and other support accommodation as applicable.
- Students shall also be supported in terms of technology-related issues such as access to content and use of application or system.
- Students shall be mentored by their teachers outside of virtual classroom (VC) hours either through online meetings, chatbox, and other digital/social platforms such as email or groups.

Library Support

The library shall provide equivalent support for eLearning courses including access to online databases, full-text journals, e-books, and end-user searching.

Hotlines

Faculty members, staff and students who may require assistance can contact the following hotlines:

- Programme heads -
- Information Technology Department –7787953
- Accounting and Finance (call and WhatsApp) - 7787979

ACCESSIBILTY

- UTB is committed to ensuring that all of its programmes, services, and courses are accessible to students, faculty, staff, and the general public.
- College and programmes shall make every effort to know and make known to

students the infrastructures needed to be successful in eLearning/Blended environment including learning resources aimed for disadvantaged or students with special needs.

PLANNING AND EVALUATION e-LEARNING PROCESS

1. For the purposes of providing and improving pedagogical and technological support, the Planning and Development Department through its Institutional Research Office, shall conduct periodic, institutional-wide e-Learning satisfaction surveys of courses that make use of such technologies.
2. The college shall prepare an annual report on the achievement of student performance specifically on the achieved learning outcomes and student capability to succeed in eLearning environment.

STUDENT PRIVACY PROTECTION

UTB shall regulate and exercise control on what student information can and cannot be released by universities without their consent. Faculty, staff and others involved in delivering eLearning content shall ensure the privacy of a student's protected information in courses that use external software such as MOODLE, ZOOM, Microsoft Teams, and others, where a student's identification is required and shared. If the learning activity is filmed/recorded during e-Learning lectures, the teacher must seek explicit agreement from the students for the use of the recording in future trimester.

PATENT AND OWNERSHIP

1. UTB ensures that content developed by faculty members adheres accepted standards. The ownership of materials, faculty compensation, copyright issues, and the use of e- Learning courses, or other media products shall be agreed upon by the faculty and the University in accordance with existing policies on this regard.
2. UTB ensures that all copyrighted material is protected and that the rights of copyright holders and creators of intellectual property are respected and maintained.

7. REFERENCES

Faculty Manual

Research Handbook

Quality Manual

8. QUALITY RECORDS

Faculty Loading

Faculty load/plotting form approved by the Dean acknowledged by HRD.

9. DISTRIBUTION LIST

VP Academic Affairs

QAAD

Programme/ Department Heads

All Faculties

Course Implementation and Review

1. POLICY

These policies and procedures documents provide guidelines to ensure an effective course delivery through periodic course review and enhancement.

2. SCOPE

This policy includes course implementation and course review or enhancement procedure.

3. PROCEDURES

A. Course Implementation

1. The Course Coordinator, in coordination with the member teachers prepares reviews and enhances the course specification that explicitly enumerates Intended Learning Outcomes (ILO's) that a student should be able to accomplish after successful completion of the course. The formulation of ILOs is anchored on the level of complexity, relative demand and autonomy expected from the learner upon completion of a unit of learning or degree programme.
2. The Specialization Coordinator and Programme/Department Heads check and verify the course specification.
3. The Dean approves the course specification, as recommended by the Associate Dean.
4. The Programme Head consistently monitors the implementation of the course specification.
5. The students participate in the course evaluation conducted in every course offered in a trimester.

B. Teaching and Learning Methods

1. According to the Teaching, Learning and Assessment policy, the Course Coordinator ensures that the teaching and learning strategies are appropriate according to the level of the course.
2. The Course Coordinator ensures appropriate and up-to-date text book and references that include related faculty researches are used.

C. Assessment Methods

1. The Course Coordinator, with the member teachers, identifies appropriate and effective assessment strategies to ensure the attainment of the course intended learning outcomes (CILO's). Each CILO's should be mapped to the programme learning outcomes (PILO's) to guarantee each course's contribution to the attainment of the PILO's.Suitable assessment rubrics should be used to objectively indicate course performance.
2. The core documents in assessing the course success are the course assessment plan and the course evaluation report which outline the range of assessment methods (e.g.) written examination, case studies/ in-course projects, capstone projects, thesis, and practicum), performance criteria, assessment rubrics, evaluation results, and the degree of contribution to the attainment of course outcomes.
3. The Course Coordinator and the Specialization Coordinator checks coherence of formative assessments to summative assessments as exhibited in the course portfolio where students' assessed works are filed.

D. Evaluation Methods

1. The Course Coordinator with the member teachers conducts a Course Evaluation Survey at the end of each trimester.
2. Each course coordinator conducts an evaluation and assessment of ILOs for all courses that includes all summative assessments conducted for the trimester. Aspects for evaluation are the attainment of course ILOs in relation to the teaching and learning methodologies, assessment criteria and performance rubrics, and learning materials.

E. Course Review / Enhancement

1. The Course Coordinator, in coordination with the member teachers conducts review and enhancement of course specification after the 2nd trimester of the current academic year. It includes the review of Course Description, Course Intended Learning Outcomes, Course Content, Teaching and Learning Methods, Assessment Methods, Evaluation Methods, Learning materials, and components of the Grading System.
2. The team considers the following reports during the course review:
    - Course Report for the past 3 trimesters that includes CILO, PILO attainment, results of Course Evaluation survey and achievement rates.
    - Course Benchmark Report
    - Recommendations from course external examiners and/or CQI Committee, if any.
    - Recommendations as a result of external programme reviews such as those

- conducted by DHR-BQA.

3. The team ensures that the course content and delivery are aligned to international standards by conducting regular benchmarking activities.

4. The course coordinator organizes a focus group discussion to discuss results of reports as mentioned above with the member teachers and therefore accomplishes the Course Review/ Enhancement Form.

5. The team proposes the recommendations to the Specialization Coordinator, which may include:

a) Changes to syllabus (addition/deletion of topics)
b) Changes to assessments (tasks, rubrics, points allocation)
c) Changes to books and references
d) Additional learning tools (software, equipment)
e) Changing the nature of the course from lecture to lecture-lab and vice versa

6. The Specialization Coordinator verifies the appropriateness of the recommendations considering global vision inside the specialization.

7. If the Specialization Coordinator has no further comment, he/she endorses the outcome

of the course review to CRC for further evaluation and final endorsement for approval of the Programme Head, Associate Dean and the Dean.

8. The Programme Head provides appropriate action to be implemented by the Course Coordinators, in coordination with the Specialization Coordinator, after seeking approval from the Dean.

9. The Course Coordinator reflects all recommendations in the revised course specification, which will take effect in the first trimester of the new academic year.

F. Implementation and monitoring (closing the loop)

1. All suggested improvements in the course review report are reflected in the revised course specifications.

2. The course coordinator conducts an interim review, which is after one trimester, to measure the impact of the recommendation to the course in terms of students' performance.

3. The course coordinator reports his/her interim review findings on the impact/effectiveness of recommendations to the college council.

4. QUALITY RECORDS

Course Specifications
Course Report
Course Review Report

5. DISTRBUTION LIST

College Council

Curriculum Review Committee

CQI

QAAD

Teaching, Learning and Assessment

1. POLICY

University of Technology – Bahrain (UTB) ensures that the teaching, learning and assessment methods are up to the level of the course and are appropriate to the attainment of objectives and intended learning outcomes of the programme and the course. The policy requires that faculty members use recent and variety of teaching, learning methods and assessment strategies.

2. PURPOSE

This policy and procedures ensure that quality of teaching, learning and assessment (TLA) processes and outcomes is provided across all Colleges at UTB. The TLA policy supports the processes for effective teaching and are focused on design and development of the curriculum; delivery of programmes; assessment of students' learning outcomes; and improvement of TLA experiences for the students.

3. SCOPE

This policy covers procedures of all academic units including colleges and centers of the university to ensure the continuous improvement of TLAs as shown by student feedback for good teaching, relevant skills, and overall satisfaction through peer/classroom observation and in student retention. It includes the role of the quality of teaching, learning and assessment in the design of the programme and course structure. It also presents procedures along the delivery of the programme, assessment of students' learning outcomes and the improvement of the teaching-learning experience of the students.

4. RESPONSIBILITY

- Course Coordinator – prepares course specifications with member teachers using mapping score card.
- Moderator –checks and verifies whether the marks awarded to the students are appropriate
- Programme Head – prepares programme specifications and leads the mapping of

the qualification to NQF

- Dean – approves the course and programme specifications
- Specialization Coordinator- Review and approve summative assessments and ensure synergy with the formative assessments in a specific course.
- VP Academic Affairs – leads in academic planning and constructive alignment of teaching, learning and assessment to learning outcomes

5. DEFINITION

- Academic misconduct - is any action which gains, attempts to gain, or aids others in gaining or attempting to gain unfair academic advantage. It includes plagiarism, collusion, contract cheating, fabrication of data as well as the possession of unauthorized materials during an examination, any other academic misconduct.

- Assessment - one or more processes that evaluates student learning and performance against specific learning outcomes and assessment criteria. Assessments can be either formative or summative.

- Course - a discrete unit of study leading to the award of credit. The minimum credit value is 1 credit corresponding to 14 hours of classroom instruction for lecture and 28 hours of classroom instruction for laboratory.

- Formative assessment: any task or activity that creates feedback (or feedforward) for students about their learning. It has a developmental purpose and does not carry a grade which is subsequently used for summative purposes.

- Learning – the process of acquiring new understanding, knowledge, behaviors, skills, values, attitudes, and preferences.

- Learning outcomes - are statements that describe the knowledge, skills and competencies a learner should acquire on successful completion of a course or programme.

- Marking scheme: a detailed framework for assigning marks, where a specific number of marks is given to individual components of the assessment.

- Moderation of assessment – a quality assurance processes that aim to assure appropriateness, and fairness of assessment judgments and the validity and reliability of assessment tasks, criteria and standards.

- Pre-Internal moderation- a process used to ensure the form and content of assessment tasks are appropriate, fair and valid, reflecting the learning outcomes and presenting an appropriate level of challenge in terms of academic standards.

- Post Internal moderation - a process used to ensure that the grades awarded are reliable and consistent to ensure parity of standards; normally carried out through blind or non-blind double marking.

- External moderation -a process of objective engagement by experienced academic peers (external examiners), independent of the University, to ensure that the assessment and level of achievement of students reflects the required academic standards and is comparable to similar programmes nationally.

- Programme - a coherent programme of study comprising of requisite courses that meets the Bahrain NQF requirements.

- Summative assessment: Summative assessment is any assessment that contributes to the final grade/mark of a module or course to provide a measure of student achievement in relation to the learning outcomes and assessment criteria.

- Teaching – is the engagement with learners to enable their understanding and application of knowledge, concepts and processes. It includes design, content selection, delivery, assessment and reflection.

6. PROCEDURES

6.1 On Teaching

6.1.1 Teaching Philosophy

The university educational philosophy is to achieve continuous innovation and academic excellence in teaching, learning and research and that every faculty member and student achieve their full academic potential; faculty members and students are effectively engaged and committed to their curricular and extra-curricular activities through quality programmes that are locally recognized and internationally accredited; graduates are equipped with technical, practical, entrepreneurial and employability skills necessary to compete in world stage; and academic resources are efficiently and effectively utilized. Academic affairs are deeply committed to an all-around or holistic education.

6.1.2 Teaching Methodology

1. Constructive Method. Learners must be fully engaged and active in the process of constructing meaning and knowledge based on their prior knowledge and experiences through the process of doing, making, writing, designing, creating, and solving. It allows teachers to implement differentiated learning, authentic assessment practices and incorporate technologies to improve individual learning experiences. It includes simulations, in-course projects, field trips, digital content, group discussions and reflections. This method strives to improve achievement by consciously developing learners' ability to consider ideas, analyze perspectives, solve problems and make decisions on their own thereby making them more responsible and independent.

2. Inquiry based Method. Learners develop cognitive skills like critical thinking and problem solving by working on questions, problems, or scenarios and formulate creative solutions. The teachers use either structured, guided or open inquiry to facilitates learning. As a process, learners are involved in their learning by formulating questions, investigating, building their understanding and creating meaning and new knowledge on a certain lesson. Typically, activities include laboratory sessions and research-based activities.

3. Collaborative Method. Learners are divided into small groups to learn something together and capitalize on one's other resources and skills, evaluating one another ideas, and monitoring one another's work. It allows students to actively interact by sharing experiences and take on different roles. Typically, students are provided with problems or projects that they work on together to search for understanding,

meaning, or solutions and each group is expected to work together developing or formulating solutions and present the solution in class. The activities include think-pair-share, jigsaw, or round-robin which effectively engage students to complete the tasks.

4. Experiential learning method is the process of learning by doing. By engaging students to hands on experience which attempts to apply theories and knowledge learned in the classroom to real-world situations. This may include team challenges, simulations, company visits/fieldworks and other extracurricular activities. Experiential learning opportunities exist in a variety of course- and non-course-based forms and may include community service, service-learning, undergraduate research, study abroad, and culminating experiences such as internships, student teaching, and capstone projects

6.1.3 Programmes and Course Structure

In terms of the design and development of curriculum, UTB expects that its courses and programmes:

- Have learning outcomes that are appropriate to the level of the programme and of the courses and meets the requirements of the Bahrain Qualification Framework (NQF) in terms of strands.
- Reflect an ongoing commitment to pedagogy, and good teaching should be supported by relevant and recent scholarships.
- All courses in each programme are allotted a certain number of notional learning hours. Based on National Qualification Framework, the University has set 10 notional hours for each NQF credit.
- Provide students with opportunities for directed and self-directed learning following the required directed and independent learning hours based on the level of the course.

The table below shows sample distribution of percentages of contact hours, directed learning and independent learning per year level in a 3-unit course with and without laboratory components:

Year Level	Contact Hours	Direct Learning		Independent Learning		otal Notional Hours
		Percentage	Hours	Percentage	Hours	
Lecture Only						
First Year	42	75%	36	25%	12	90
Second Year	42	60%	29	40%	19	90
Third Year	42	45%	22	55%	26	90
Fourth Year	42	30%	14	70%	34	90
Lecture and Laboratory						
First Year	56	75%	26	25%	8	90
Second Year	56	60%	20	40%	14	90
Third Year	56	45%	15	55%	19	90
Fourth Year	56	30%	10	70%	24	90

- are designed to consider the equitable workloads, student support for learning, student assessment, marking practices, assessment of competency or grade distribution, and formative feedback on progress;
    - ensure that students receive planned learning resources provision;
    - ensure the alignment of CILOs with assessment tasks and the associated teaching and learning activities;
    - conform to all quality-related requirements, rules, policies and processes developed by or through the Academic Council;
    - meet the learning needs of a diverse multicultural student profile; and
    - meet the requirements as outlined in the relevant Project-Based Learning and Work-Based Learning (WBL) activities.

6.1.4 Delivery of Courses

In the delivery of programmes, UTB requires that:

- students who are officially enrolled receive course materials, assessment tasks and assessment criteria within the marking timeframes;
- systems are in place (e-Learning/Moodle Learning Management Systems)) to ensure the development and delivery of course materials that are good quality and delivered on time;
- courses at all levels across colleges are consistently well taught;
- consideration is given to diverse multi-cultural backgrounds and learning needs of students;
- consideration is given in using variety of teaching methods as required by the course level and the course topics as well as the expected ILOs
- students receive equity of learning resources provision and guidance to support learners' achievement of learning outcomes;
- concerned faculty member helps to ensure that students in any course of study are engaged and enjoy their learning and teaching experiences, particularly in relation to the moderation of assessment; and
- faculty members plan for and accommodate the progression of student work from introductory tasks and knowledge to competency and proficiency with discipline specific skills and academic writing for each marking period.
- Particular attention will be given to the first year of study, when students should be introduced to the field of knowledge, academic conventions, and technical capability, and should be given support, guidance and opportunities for formative improvement through varied assessments.

For students with special needs:

- For students with visual and hearing impairments, faculty should identify strategic location during classroom discussion.
- For left-handed students, appropriate chair and table should be provided.
- For other students with physical disabilities, advanced accommodation should be arranged with the Guidance Office.

6.2 On Learning

UTB supports students to learn on multiple modalities which include formal, non-formal and informal settings. Formal learning is considered a lifelong process whereby the student acquires attitudes, values, skills and knowledge from daily experience in the university and the educative influences and resources in his or her environment; the university concerns about informal learning that is beyond limitations and goes on outside of a traditional formal learning environment such as university or college. The informal learning bases on the daily life experiences like peer groups, industry training, media or any other influence in the learner's surrounding. The university also concerns about non formal learning, which is any organized learning activity outside the regular formal learning system. The university offers different sources for non-formal learning; The University offers different sources for non- formal learning as shown in the social program.

UTB promotes and encourages students to:

- To be active and independent learners, maximizing their knowledge and skills for lifelong learning.
- improve their oral and written communication in the course of learning their respective courses which utilize English as the medium of instruction;
- apply knowledge and skills acquired in the University to solve real-world problems;
- develop employability and leadership skills, and strong ethical values;
- inculcate a sense of citizenship and social responsibility; and
- Contribute to transforming Bahrain's oil-based economy to knowledge-based economy.

1. The students need to identify their preferred learning styles and let the teachers know about this so that the teachers will be able to create avenues that suit the students' learning preferences.

2. The students are supported during completion of directed learning and independent learning activities.
3. The students communicate their learning experiences with their teachers, classmates, and peers.
4. The students need to think positively critical through questioning, investigating, testing, etc.
5. For students with special needs, advanced accommodation should be arranged with the Guidance Office.

For graduate students:

Finding a balance between optimum teaching methods and preferred learning styles can prove to be difficult, but at the very least, a graduate student can:

a. Articulate information but also manage to apply it to real-world business situations through case studies and experiential learning;
b. Learn by active doing and participating through projects, presentations and groupworks.
c. Learn from discussion boards, research activities, e-book platforms and other forms of directed and independent studies;
d. Assimilate knowledge and concepts through power point, lecture videos, and simulations.

6.2 On Assessment

6.2.1 Assessment Design

a) Each course should develop an assessment plan that clearly shows the mapping of course learning outcomes with the assessment methods to be used to test the outcomes. The course learning outcomes should be aligned with the programme intended learning outcomes where the course is mapped.

b) Assessment should reflect the nature and level of the course and should provide opportunities for students to demonstrate their knowledge, abilities, and competencies in a variety of tasks relevant to the topic.

c) The number of assessment tasks and their corresponding weightings shall be approved by the college. The weight of the assessment task toward the final grade should reflect the task's size and complexity and the relative importance of each learning outcome.

d) No single assessment may exceed 50% of the final grade, except for project-based courses.

e) Assessment tasks and its weightings should be communicated to students during course orientation.

f) Competency based assessment is utilized in the evaluation of student learning outcomes relating to professional and practical skills, critical thinking and cognitive ability, and relevant knowledge recall, in accordance with set performance criteria.

g) The Specialization Coordinator reviews the summative assessments including the mapping of questions to CILOs shown in the pre-moderation form and marking scheme/rubrics submitted by the Course Coordinators and sees to it that it is aligned with the CILO's and meeting the assessment criteria.

h) The course external examiner reviews and approves the final examination scripts of the course prior to administration to students.

6.3.2 Approval of Assessment Scripts and Administration of Final Examination

a) The conduct of student assessment is transparent and fair and follows the approved assessment standards for all assessment tasks which are provided to students.

b) All summative assessments must follow the approved pre-moderation process in the development of assessments to verify the appropriateness of the assessment and the alignment to the CILOs.

c) For examination schedule, the College prepares the schedule of examinations which will be reviewed by the Chair of the Central examination Committee and to be approved by the Vice President for Academic Affairs and will be posted in the Moodle.

d) During the in-campus examination, the course coordinator prepares the examination scripts, keeps them in a sealed envelope and submits it to the programme head a week before the examination week. Only the programme head has access to the submitted examination scripts.

e) During examination week, each college appoints at least two faculty members who can assist the programme head in the distribution of assessment scripts to the assigned faculty member before the time of the examination.

f) Attendance of students who took the examination shall be recorded.

6.3.3 Marking Criteria and Internal Moderation

a) The faculty members make use of established rubrics in checking the assessment and providing marks to the students.

b) To ensure fairness, consistency and transparency, in the conduct of assessment on the course level, all courses implement Internal and External Moderations of Assessment.

c) The internal moderator verifies whether the mark provided by the course coordinator corresponds accurately to the answers provided in the test booklets. In case of discrepancy, a grade resolution and/or double marking can be initiated.

d) The internal moderator also checks the feedback provided by the course coordinator to the students, usually in the form of written comments in the students' booklets.

e) The results of the in-course assessments are provided by the faculty members to the students immediately within the week where faculty members provide oral feedback in addition to written feedback, to the students.

f) Students can validate the marks received for each assessment and raise corrections when appropriate. Marks on the final exam can be verified during the release of grades where students are given one week from the release of grade to file a grade appeal.

6.3.4 Feedback to Students

Following a formative assessment:

Faculty members shall provide timely feedback on all formative assessments provided to students. In general, faculty members shall;

- only provide feedback after the student/s has attempted a solution;
- focus on the tasks of the formative assessment and not on the learner;
- use praise sparingly and shall focus on how the task was performed;
- provide feedback real-time for formative assessment provided in class or on the following meeting for cases such as homework and assignment.

Following a summative assessment:

Faculty members shall provide oral feedback to students by:

- Discussing and presenting all the answers to the examinations by showing the logical flow of solutions (for problem solving) and the reasoning for essay-type questions.
- Allowing student/s to ask/raise clarification for better appreciation and

understanding

In addition to oral feedback, faculty members shall provide written feedback on the test booklets of the students. The written feedback should clearly inform student on both the positive (commendation) and negative (course of mistakes) aspects of the student achievement. The written feedback may be in a form of instruction, formulas, flow-chart, and elaborative comments which should help the student identify areas of further readings and improvements.

For online examination, the written feedback shall be provided in every item of the test for the essay type and problem-solving type of examination.

6.4 Plagiarism and Academic Misconduct

a) All assessments are treated with integrity and free from academic dishonesty.
b) The use of generative AI tools, such as ChatGPT, for any part of submitted coursework will be considered plagiarism. Similarly, academic dishonesty includes having another person or entity complete a substantial portion of graded coursework. This encompasses actions such as purchasing assignments, hiring individuals or organizations to complete course projects, or outsourcing exams.
c) All final manuscripts of theses, practicum reports, in-course projects, design projects, and other capstone requirements, as well as all homework, assignments, and cases, will be subjected to a plagiarism check. To be accepted, submissions must maintain a similarity index below 20%, covering both plagiarism and AI-generated content.
d) Students who will be found cheating and committing academic dishonesty receive an automatic grade of 5.0 in the course once proven guilty of such infraction through a systematic and fair investigation. The list of offenses and corresponding sanctions are specified in the student handbook.

6.5 On Improving Teaching and Learning Experiences for Students

For further improvement of teaching and learning experiences for students, UTB requires that:

- The Academic Council considers that the student learning experience depends on good teaching and effective student learning support using varied teaching and learning methods, such as Collaborative Approach, Lecture, Discussion, Intra-group discussion, and sound curricula that have their basis in knowledge, and professional experience. Teaching, learning support and the curriculum must therefore be well informed and subject to continuous reflection, evaluation and review.
- UTB has an online system for learning called Moodle; the Moodle learning management system can be used as a tool for e-learning. E-learning is a learning system based on formalized teaching but with the help of electronic resources. E-

learning helps communication between teachers and students in or out of the classrooms; the use of computers and the Internet forms the major component of E-learning.

- Teaching, course materials and courses are routinely and reliably evaluated with a view to formative improvement.
- Student feedback and satisfaction data are regularly collected and reported, contribute to continuous improvement in teaching, learning and the curriculum, and information on improvements made is provided back to students;
- Opportunities for the improvement of teaching practice, and knowledge about student learning be made available to faculty members; and
- Faculty members maintain and develop their professional skills in teaching and facilitate learning, in student assessment practices, and in course and unit review procedures.

6.6 On Monitoring of Implementation

The implementation of the Teaching, Learning, and Assessment Policy will be periodically monitored versus the performance measures that include:

- Classroom Observation
- Peer Evaluation
- Teacher's Behavioural Inventory
- Course Pass/Fail Rates
- Course Assessment and Evaluation
- Student Satisfaction Survey

7. QUALITY RECORDS

Programme Specifications

Course Specifications

8. DISTRIBUTIN LIST

VP for Academic Affairs

College Deans

Moderation of Assessment

1. POLICY

University of Technology-Bahrain (UTB) ensures that assessment tasks are well designed and applied consistently across the University and its programmes. It supports assessment practices in which students' assessed work, mainly examinations and course projects, are appropriately and fairly marked across all students undertaking the same assessment.

2. PURPOSE

The purpose of this policy is to establish a set of guidelines and procedures for the conduct of pre- and post-assessment moderations. This policy supports and elaborates the expectations of the University's Teaching, Learning and Assessment Policy, and in particular, the educative principles that learning activities and assessment are clearly aligned with stated learning outcomes and assessment procedures and practices are valid, fair, and appropriate and incorporate clearly defined assessment criteria. This policy seeks to assure all stakeholders that good practice in assessment is applied consistently across the colleges and their programmes; student performance is properly, fairly and consistently marked across all students undertaking the same course of study, and standards expected of, and achieved by, students are appropriate, reliable and comparable to best practices at the Universities locally, regionally and internationally.

3. SCOPE

The policy and procedure cover the internal and external moderation for all summative forms of examinations, of both the undergraduate and graduate programmes.

4. DEFINITION OF TERMS

- Moderation of assessment – a quality assurance processes that aim to assure consistency or comparability, appropriateness, and fairness of assessment judgments and the validity and reliability of assessment tasks, criteria and standards.
- Pre moderation of assessment - is a process carried by the course to ensure the moderation of exams before administering the exams.

- Post moderation - is a process carried by the course to ensure the moderation of the exam booklet after its correction.
- Internal moderation - is the process of moderation conducted by member(s) of the college.
- External Moderation is the process of moderation conducted by course external examiners.

5. RESPONSIBILITY

- Dean – approves internal external moderators in every course.
- Programme Head- assign internal moderators in every course with specialization aligned with the course to be moderated.
- Specialization Coordinator – conducts a pre-internal moderation of assessment scripts based on established criteria.
- Course Coordinator – responsible for preparing the assessment tasks based on topics, learning outcomes, and table of specifications

6. PROCEDURES

6.1 Pre-Internal Moderation

Designated summative assessments in all courses will be subject to pre-internal moderation of assessment conducted by a specialization coordinator:

- That they are appropriately aligned to the published learning outcomes and assessment requirements of the course.
- That assessment is valid, fair, and feasible and reflects the required breadth and level of complexity and critical thinking.
- That their content and instructions are clearly, comprehensibly and accurately presented, and
- That the academic challenge they present the student is consistent with the level of the course.

6.1.1 The Course Coordinator, who is responsible for preparing the summative assessments, will provide their designated Specialization Coordinator (Internal Moderator) with a copy of the internal moderator form, course specification, exam manuscript, and answer key at least 2 weeks to 4 weeks before the scheduled periodic examination.

6.1.2 The Specialization Coordinator reviews the proposed summative assessment according to the moderation criteria (refer to QR-QAA-014 template) and

communicates with the responsible course coordinator any feedback and discuss any matters of concern.

6.1.3 If all concerns have been resolved, the specialization coordinator (Internal Moderator) will sign off on the assessment which implies that the summative assessment is suitable for use.

6.1.4 The programme head is the final authority who reviews the approved assessments by the specialization coordinator and if needed asks the designated course external examiner for review, revision (if needed) before his approval.

6.1.5 For continuous quality improvement on assessment design, recommendations from pre-internal moderation reports during the current academic year will be summarized by the course coordinator which will be discussed during annual course review.

6.2 Post-Assessment Moderation

All taught courses should undergo a post-internal moderation of assessment components on sampling-based except for research/thesis/terminal design course where double marking is required.

6.2.1 The Programme Head/Department Head is responsible for the identification and selection of person(s) who would be suitable to undertake internal moderation.

6.2.2 A moderator is also a faculty member that possesses the requisite competence and academic standing in the same area of specialization in which they are moderators. The selection of the Internal Moderators will be confirmed by the Dean.

6.2.3 The Internal Moderator must have access to the work of all students' exam sheets of the moderated exams of all the sections and will normally select a sample from each group of section by the faculty based on the following: As per University policy, for sections with small student number (less than 10), the entire exam sheets are to be moderated. For sections with 10 or more students, the following should be applied:

a) Normally 50% of the exam sheets should be moderated.
b) Sample moderated exam sheets should include at least:
    - All failed exam sheets.
    - At least 3 copies of highest pool (upper 10%)
    - At least 3 copies of the lowest pool (lowest 10%)
    - At least 3 copies of the medium pool (what remains in between)

For courses with more than 5 sections, an additional moderator will be assigned.

6.2.4 The Internal Moderator undertaking the post moderation will review the work selected and consider whether the assessment criteria have been applied appropriately and consistently and whether the mark awarded is appropriate.

6.2.5 Where the Internal Moderator identifies issues relating to inconsistencies in the application of the assessment criteria, a meeting with all the markers of the specified course shall be called together with the Programme/Department Head. Where concerns are deemed to be significant, the Programme head along with the internal moderator will initiate a blind marking of either the exam/project work a section of students or the work of all students in a course or all the work of a particular marker(s) as the case seem fit. The Internal moderator will accomplish the Moderation Assessment Report.

6.2.6 All thesis / research projects / terminal design courses or any course must routinely be assessed, by a Panel or Committee. The Committee is composed of the internal panel member / or members as deemed fit by the college and one external panel member to assure the fairness of assessment (refer to Academic Memo on Selection of External Panel).

6.2.7 For continuous quality improvement on marking student works, recommendations from post-internal moderation reports during the current academic year will be summarized by the course coordinator which will be discussed during annual course review.

6.3 Agreement of Marks Following Double Marking

Following blind marking, the first and blind markers meet and compare their judgments on the marks awarded. If there are no significant differences, then the markers will agree on the mark of the student. The first marker will then make any necessary alterations feedback, and the student will only receive one set of feedback which is signed by the first marker. The names of markers, their marks and the agreed mark are recorded for inclusion in the Moderation Assessment Report.

If there are significant differences in the marks, then the reasons for allocating marks will be explored to reach agreement on the marks to be awarded. If the two markers can resolve their differences, then they will agree upon a set of marks for the work. If the two markers are unable to resolve
Head/Department Head who will review the mark with the markers and attempt to reach a resolution. Where this cannot be easily achieved, an independent person will be asked to blind mark (concealed) the work (third marker) and following the discussion, the Programme Head will determine the final mark for disputed work to be given to the student.

6.4 External Examination

The University has a system for External Examining for each Program in the University / College. The College Dean recommends for approval of the College Council the appointment of an External Examiner for a Program or a suite of critical courses as identified by the Programme/Department Head (refer to the External Examiners Guidelines).

The duration of an External Examiner's appointment will be for a period of two (2) years, may be renewed for another term subject to the performance evaluation at the end of each year.

Once appointed, the External Examiner shall undergo briefing by the Dean and head of Program/Department and receive an induction pack from the Quality Assurance and Accreditation Office in coordination with the College CQI Committee.

External examination is the responsibility of the programme and course examiners. The external examiners provide informed, independent and impartial judgements and advice to the University pertaining to the academic standards of the graduates.

The programme examiner investigates the entirety of the programme. He/she works closely with the academic staff responsible for the development, delivery and management of the programme. He/she assures the overall extent of achievement of the standards set for the programme. Specifically, the programme examiner is expected to:

- Scrutinize the design, aims and content of the curriculum including modes of delivery, resources and facilities used for the programme;
- Review and advise on the processes for assessment, examination and determination of awards;
- Review faculty profile, assessment and evaluation reports, survey results and college plans related to the Programme, which include the programme intended learning outcomes (PEOs) and the programme intended learning outcomes (PILOs); capstone/thesis and work-based learning outputs; and advise on the appropriateness of the instruments, analysis of the results and the implications of these reports and results to the programme; and
- Attend meetings as requested. If the External Examiner is not able to attend, he/she should provide comments which will be recorded as part of the minutes of the meeting.

The Course examiner focuses on the review of the courses and their components. He/she works closely with the academic staff responsible for the development and delivery of both existing and new courses in the programme. He/she assures that the performance of, and the standards achieved by the students and similarly, the postgraduates are up to the level and are comparable to the postgraduates of similar programmes. Specifically, the Course examiner is expected to:

- Review the intended learning outcomes, content, teaching, learning and assessment methods and academic infrastructure of the course.
- Review the form, content, adequacy of level and assessment criteria of the summative assessments.
- Review and approve summative examination scripts (final examinations) every trimester.
- Scrutinize students' assessed work such as examination booklets, assignments, projects/theses, etc. in line with the Policy on Moderation of Assessments to ensure examination scripts reflects required level of breadth and complexity, fairness and rigor in marking student outputs.
- Advise/ provide recommendations for possible enhancements of the courses; and
- Attend Assessment Meetings for courses in their subject area. If an External Examiner is not able to attend, he/she must provide formal comments which can be recorded as part of the minutes of the meeting.

For continuous quality improvement on external examination, recommendations from external examiners' reports during the current academic year will be summarized and analyzed by the department. Report on the analysis and actions to be taken will be discussed in the annual programme report.

6.5 Retention of Assessed Work

All assessed work, including those submitted electronically, should be normally be retained by the College for the current academic year, plus four academic year, subject to any statutory and regulatory body requirements (refer to Policy on Record Retention).

In the event that a student seeks assessment review or is otherwise in pursuit of remedial solution through a complaint, then the work of such student should be retained.

In all other cases, student work may be destroyed at the close of this three-to-five-year period. All work should destroy as confidential waste.

It is the responsibility of the student to retain a copy of his/her own work. All original work will be retained by the University for a period of five years. Examination scripts are not to be returned to the students.

6.6 Evaluation of the Effectiveness of Moderation

The effectiveness of the internal moderation processes is measured annually. The college CQI is tasked to conduct independent internal quality audits (IQA) within an academic year. IQA findings and recommendations is submitted to the Dean of the College where an improvement plan to address the findings and recommendations is developed by the College in consultation with the faculty members. The College CQI monitors the implementation of the improvement plan through the conduct of follow-up audits. In addition, results of the audits are used as an input during annual course review to improve assessment design, rubrics for marking student works and feedback.

On external examination, the effectiveness of the process is measured through quality audit review conducted by the College CQI. The quality audit review covers both course and programme examination process where performance of the examiners will be quality reviewed annually according to the following matrices:

- On-time submission of reports
- Ease of communication
- Completeness of report submission
- Clarity, fairness and validity of findings
- Quality and appropriateness of recommendations

The Programme Heads provides the CQI committee copy of all the reports of the external examiners including the annual summary report (QR-QAAO-019). These reports will be the basis of the evaluation. The college CQI reviews and evaluates the reports using the approved matrix (QR-QAAO-018). The Chair of the CQI consolidates all the findings/recommendation of the CQI committee members and submits the report and recommendations to be discussed with the College Council. Approved recommendations will be communicated to the external examiners by the assigned college officer to improve quality of external examination.

7. REFERENCES

UK Quality Code for External Examining

8. QUALITY RECORDS

The following are the forms to be used for the periodic reports:

- Moderation of Assessment Course Details
- Internal Moderation Report
- Moderation of Assessment Sample Scripts
- Record of Blind Marking
- Internal Moderation of Assessment Instrument

9. DISTRIBUTION LIST

VP for Academic Affairs College Deans
Director, Quality Assurance & Accreditation.

Programme and Course External Examination

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to externally assess assessment tasks and students' assessed work to ensure that it is appropriate to the level and type of the programme in Bahrain, regionally and internationally.

2. PURPOSE

The purpose of this policy is to establish a set of guidelines and procedures for the conduct of external examination. It ensures that the External Examiners appointed by the University are appropriately qualified and, in a position, to provide informative comment and recommendations for the programme s and courses offered in UTB.

3. SCOPE

This policy sets out the role of the External Examiner at the UTB. It explains how we appoint, instruct and engage External Examiners on our undergraduate and graduate taught programme s and courses.

4. RESPONSIBILITY

To ensure the effective and efficient operation of the process and ensure that External Examiners can carry out their duties effectively, the following responsibilities are allocated as follows:

a) **Colleges' Ongoing Responsibilities to External Examiners the College provides the following information to the External Examiners annually:**

- Any changes to the contact person within the College.
- Details of any additional duties required of them.
- programme specification(s).
- Course descriptors, including learning outcomes and assessment methods.
- Description of levels of attainment adopted for assessed work, together with any other assessment criteria, including classification criteria.
- Where appropriate, a description of the marking schemes/criteria adopted for each type of assessment.
- Where the external examiner is responsible for collaborative provision

programme (s), information and details of the nature of the provision and any variations in the programme compared to those run at UTB.

- Notification of sampling to be used for the consideration of students' work. The sample to be made available to course external examiners is negotiated with individual examiners.

A selection of assessed student work (examination papers, assignments, etc.) The selection of which should be agreed early in the academic year as well as negotiating a timescale for the dispatch thereof, allowing adequate time for consideration. response by the external examiner. The programme head ensures that the course internal moderator(s) informs the external examiner of their response to assessment recommendations.

- Significant changes to approved courses or programme s that take place between periodic reviews.
- Reviews of the courses during periodic review.
- During on-site visit, the arrangements, where appropriate, for the external examiner to meet with the students on the programme .
- Periodic and annual report template.

In addition, the College will:

- Checks, acknowledge receipt of reports and endorse all reports to VP- Academic Affairs.
- Prompts External Examiners for reports not received by the agreed date. If a report does not conform with the University format and/or does not answer all the questions or include names of individuals, the College will return the report to the External Examiner to complete/amend and any fees will be withheld pending completion and re-submission.
- Identifies issues raised and recommendations for enhancement in External Examiner Periodic and Annual Reports and produce a summary of conclusions and good practice within the annual monitoring process with associated actions and allocate the responsibility to relevant staff members. The Quality Assurance and Accreditation Office (QAAD) will use the above conclusions to compile a report as part of the annual monitoring process.
- Ensures that the verbal and written External Examiner Reports are considered and that the External Examiner is responded to formally in writing and informed of actions taken in a timely way. The response will be sent both in hard copy and via e-mail. Reports and action plans form part of the information used in annual monitoring.
- Provides a report detailing External Examiner’s tenure end dates to ensure that replacement Examiners are appointed in a timely manner to allow a handover/mentoring period with the existing External Examiner’s term.
- Maintains a database of External Examiner’s induction arrangements.

External Examiners should be offered the opportunity to visit the University at any time during their appointment and when the External Examiner travels from outside of Bahrain they will be expected to visit the University once in each academic year and Colleges are encouraged to consult with External Examiners on a regular basis.

b) **Office of Vice President for Academic Affairs' Ongoing Responsibilities to External Examiners**

- Approves all college reports and submits copy of the report to the President, QAAD and Planning and Development Office (PDD).
- Maintains a record of External Examiner Reports received and send reminders as and when required.
- Review national comparability of standards as reported by programme and Course External Examiners; report on procedural compliance; identify areas of common concern which may affect standards; and highlight areas of good practice.
- Maintains a reciprocity database to ensure that there are no clashes of interest between staff at UTB who act as External Examiners at other institutions and External Examiners contracted to UTB.

5. DEFINITION OF TERMS

External Examining – a process whereby an external expert in a specific field of specialization verifies that the academic standards of the undergraduate and graduate programme s and courses based on the sample assessments and assessed work are at par with the higher education (HE) sector in Bahrain, in the region and in the international setting.

Moderation – an overarching term to describe the processes that take place following first marking to verify the judgment of the first marker(s).

Pre-Internal Moderation – a process whereby the Course External Examiner validates the appropriateness, fairness, clarity, accuracy and standard of final assessment tasks and materials before they are used for assessment.

6. GUIDELINES

APPOINTMENT, TERM of OFFICE and TERMINATION of APPOINTMENTS;

Appointment

UTB appoints External Examiner(s) who:

- Are competent and experienced in the fields covered by the programme of study, or parts thereof.
- Has relevant academic and/or professional qualifications to at least the level of the qualification being externally examined.
- Has sufficient credibility and breadth of experience within the discipline.
- Has familiarity of standards to be expected of students to achieve the award that is to be assessed; and Has awareness of current developments in the design and delivery of current curricula.
- Every College appoints one programme External Examiner for every programme offered and one or more Course External Examiner(s) to carry out defined roles for all provisions that lead to a higher education award of the University. The number of Course External Examiner depends on the number of cluster of courses in the College.
- All College Deans and Heads of Departments/Programmes identifies experts in their respective disciplines as potential External Examiners. All documents to support the qualifications of these experts should be prepared.
- The College Council shall deliberate the qualifications of the potential external examiners. A short-list of experts shall be drawn.
- The College Council approves the list and endorses it for VP-Academic Affairs evaluation and approval.
- Once approved, the Dean and programme /Department Head meets with the panel member and presents the letter of appointment.

Term of Office / Appointment

- The duration of an External Examiner's appointment will be for a period of two (2) years, may be renewed for another term subject to the performance evaluation at the end of each year.
- An External Examiner may be re-appointed upon the recommendation of the Dean, subject to the approval of the VP-Academic Affairs at the end of their appointment.

Termination of Office / Appointment

In the event that the External Examiner needs to terminate his/her contract prematurely, he/she should write to the Dean, so that records can be amended accordingly.

UTB reserves the right to terminate the appointment of an External Examiner. This may normally occur when an External Examiner is unable, unwilling or incapable of fulfilling his/her duties, including the non-submission of the Annual Report within the specified period for submission, continual late submission of Annual Reports, or repeated non- attendance for reporting at the University, without a valid reason(s).

If the External Examiner's circumstances change following appointment in such a way that a conflict of interest might arise, he/she must notify the Dean of this change immediately.

He/she is also required to advise the Dean immediately of any changes of address, e-mail, etc., so that records can be amended accordingly.

INDUCTION and SUPPORT for EXTERNAL EXAMINERS

Following appointment, External Examiners will be sent the following by the:

a) Dean:

A contract letter stating the programme and/or course(s) to be examined and the length of the tenure. The external examiner is required to sign and return one copy of the contract letter within six (6) weeks of the date of the letter as an indication of his/her acceptance of the post. If a signed copy is not received by this deadline, it is assumed that the external examiner does not wish to accept the post and the college can made;

- arrangements to find an alternative external examiner.
- A copy of External Examiner Guidelines and any updates of documentation in liaison with the Colleges to which the Examiner is to be working with.

b) Programme Head:

- A copy of the programme specification(s) and other relevant documentation.

- The list of courses and/or Course Specification(s) for which the appointee is responsible.
- The set of course documentation, information on assessment and setting, and information of the implementation of the policy on moderation of assessments.
- A University/College Handbook.
- Contact details of relevant College staff.

Each College arranges induction activities specific to its disciplines and External Examiners will be advised of these by the College following their appointment.

Colleges are required to complete an Induction Checklist (see Appendix A), for every newly appointed External Examiner and return this to the Dean, who will collate and present periodic reports.

ROLES AND RESPONSIBILITIES

a) The programme External Examiner's Role

1. The programme examiner looks into the entirety of the programme . He works closely with the academic staff responsible for the development, delivery and management of the programme . He assures the overall extent of achievement of the standards set for the programme . Specifically, the programme examiner is expected to:
2. Scrutinize the design, aims and content of the curriculum including modes of delivery, resources and facilities used for the programme ;
3. Review and advise on the processes for assessment, examination and determination of awards;
4. Review assessment and evaluation reports and survey results related to the programme , which include the programme intended learning outcomes (PEOs) and the programme intended learning outcomes (PILOs); and advise on the appropriateness of the instruments, analysis of the results and the implications of these reports and results to the programme ; and
5. Attend meetings as requested. If the External Examiner is not able to attend, he/she should provide comments which will be recorded as part of the minutes of the meeting.

b) The Course External Examiner's Role

The Course examiner focuses on the review of the courses and their components. He works closely with the academic staff responsible for the development and delivery of both existing and new courses in the programme . He assures that the performance of, and the standards achieved by the students and the post graduates are up to the level and are comparable to the post graduates of similar programmes. Specifically, the Course examiner is expected to:

1. Review the intended learning outcomes, content, teaching, learning and assessment methods and academic infrastructure of the course;
2. Review the form, content, adequacy of level and assessment criteria of the summative assessments;
3. Review and approve summative examination scripts (final examinations) every trimester.
4. Scrutinize students' assessed work such as examination booklets, assignments, projects/theses, etc. in line with the Policy on Moderation of Assessments to ensure examination scripts reflects required level of breadth and complexity, fairness and rigor in marking student outputs;
5. Advise/ provide recommendations for possible enhancements of the courses; and
6. Attend Assessment Meetings for courses in their subject area. If an External Examiner is not able to attend, he/she must provide formal comments which can be recorded as part of the minutes of the meeting.

c) Reporting

1. Every Course External Examiner submits a periodic external examiner's report on final assessment manuscripts every trimester (see Appendix B).
2. Both programme and Course External Examiner submits an annual report based on the above mentioned reviews conducted either on-site or off-site. External Examiners are provided with a template for the annual report (see Appendix C and D).

Note: Failure to submit an Annual Report may result in the termination of the External Examiner's contract and non-payment of fees.

3. The Annual Report is submitted electronically to the Dean for review and submission on a pre-arranged date each year. If this is not possible, a word-processed paper copy will be accepted.

The Dean endorses the report for approval of the VP-Academic Affairs. VP- Academic Affairs submits copy of the report to the President, QAAD, and PDD. These reports are one of the key features of the University's annual monitoring process in assuring national, regional and international comparability of the University's awards and for quality assurance and enhancement.

Reports are made available for discussion widely in the University and includes students and external audiences. It is therefore advised not to refer to individuals, either students or staff, within the Report. In certain circumstances where the findings of External Examiners would expose the University to legal liabilities or unfairly damage its reputation, the availability of this information may need to be delayed or withheld. An additional and separate confidential report may be sent by the External Examiner to the President if necessary.

HONORARIUM, EXPENSES and TRAVEL ARRANGEMENTS

a) Honorarium

Honorariums are payable to External Examiners on receipt of a completed annual report, and cannot be authorised for payment until the report has been received. programme and Course External Examiner's fee for technical programme s/courses (BSME, BSIE and BSCS) is BD500/academic year and BD300 for non-technical programme s/courses (BSBI, BSIB and MBA).

b) Expenses and Travel Arrangements

Expenses incurred by External Examiners during annual on-site visits may include:

- Travel
- Accommodation
- Subsistence

PERFORMANCE EVALUATION

The effectiveness of the process of external examination will be measured through quality audit review to be conducted by the College CQI. The quality audit review covers both course and programme examination process where performance of the examiners will be quality reviewed annually according to the following metrics:

- On-time submission of reports
- Ease of communication

- Completeness of report submission
- Clarity, fairness and validity of findings
- Quality and appropriateness of recommendations

The programme Heads provides the CQI committee copies of all reports submitted by the external examiners including the annual summary report (QR-QAAO-019). These reports will be the basis of the evaluation. The college CQI reviews and evaluates the reports using the approved metrics (QR-QAAO-018). The Chair of the CQI consolidates all the findings/recommendation of the CQI committee members and submits the report and recommendations to be discussed with the College Council. Any approved recommendation/s is communicated to the external examiners by the dean to improve the quality of external examination process.

7. RFERENCES

BQA programme Review Handbook

8. DISTRIBUTION LIST

VP- Academic Affairs

VP-Administration and Finance Deans

Director, Quality Assurance & Accreditation

Central Examination Committee

1. POLICY

This policy is intended as a guide and support document for members of Central Examination Committees (CEC). It is envisaged that by adopting the procedures outlined in the policy, assessment procedures will exhibit a level of uniformity that reflects both quality and university standards.

2. PURPOSE

The purpose of creating a Central Examination Committee is as follows:

1. Planning and implementation of regulations and procedures to ensure and safeguard the quality, accuracy, and integrity of examination process.
2. Create an appropriate environment and ensure effective implementation of the examination procedure.
3. Suggest and develop examinations' rules and procedures to ensure effective management and administration of the conduct of examinations.

3. SCOPE

The UTB Central Examination Committee is responsible for administration and management of midterm and final trimester examinations by implementing the proper rules and procedures.

4. DEFINITION OF TERMS

Examination Matrix – A schedule guide to be used in the preparation of the midterm and final schedule.

Exam Schedule – A list of the courses, along with the exam's time, date and designated proctors.

Incident Report – A report prepared by proctors in the event of any cheating or misbehaviour during the conduct of the examination.

5. RESPONSIBILITY

- Vice President of Academic Affairs - oversees the implementation of the conduct of midterm and final examinations. He also approves the midterm and final exam schedules endorsed by the Central Examination Committee chair. He reviews and endorses the list of incident reports to the Dean of Student Affairs.
- Dean - prepare the examination schedules in accordance with the approved examination matrix provided by the CEC. Assigns proctors in accordance with the guidelines.
- Dean of Student Affairs - conducts proper investigation on the incident reports endorsed by the VPAA. Submits the results of the investigation team.
- programme /Dept. Head - Assists the Dean in monitoring the conduct of the midterm and final examinations.
- Faculty member - Conducts proctoring assigned by their respective Deans.

6. PROCEDURES

a. Committee composition:

The academic council forms the Central Examination Committee to conduct and manage examinations called “The UTB Central Exam Committee”.

It consists of at least two members from each college and centre taking into account the student population of each college. The college may elect additional members as necessary.

The academic council nominates the head of the committee. The term of appointment of UTB Central Examination Committee is a one school year and can be extended for another year.

b. Proctoring

- Full-time and part-time faculty are allowed to proctor the examinations. No admin or lab assistant is allowed to proctor.
- Proctors should pay full attention to proctoring the examination. They are not allowed to use their mobiles or do any administrative work while the exam is going on.
- For exam rooms or big halls that take more than 20 students, then one proctor is assigned for every student attending the exam.

c. Reporting

The head of central examination committee submit a report about conduct of the final

examinations for each trimester including:

- Incidents
- Remarks.
- Recommendations

d. Exams' Rooms Rules and Regulations

- No ID, No exam.
- Mobile phones or any electronic gadget is not allowed while the exam is going on.
- Any student caught guilty of cheating in any form shall have a failing mark in this subject.
- Conversation in any language is prohibited.
- incident report made by assigned proctor/s is sufficient ground for disciplinary actions.
- Use blue or black ink only.
- Use calculators for computational skills. No borrowing of calculator
- Getting out while the exam is going on is strictly prohibited.
- Write the answers in the test booklet.
- Read and follow the instructions of each type of test very carefully.

7. QUALITY RECORDS

Summary Exam

Schedules Summary

Proctoring Schedules

Summary of Incident Reports

Copy of Incident Reports

8. DISTRIBUTION LIST

Vice President for Academic Affairs

Dean of Student Affairs \ CEC

Special Examination

1. POLICY

The purpose of this policy is to establish effective procedures for arranging special examinations.

2. PURPOSE

The purpose of this policy is to monitor the special exams and specify the rules to be implemented in that regard.

3. SCOPE

The policy and procedure cover the arrangement of special examinations for both postgraduate and undergraduate students.

4. DEFINITION OF TERMS

Special examination is an examination taken when a scheduled major examination is missed due to health reasons, accident, death of immediate family members and work constraints, and representing UTB or Bahrain in competition.

5. RESPONSIBILITIES

Dean – Oversees the implementation and monitoring of the special examination conducted.

Department Head – Approves the requests of the special examination.

Faculty member – Schedules and conducts the special examination requested by the student.

6. PROCEDURES

- Students who missed the examination due to health reasons, accident, death on immediate family members and work constraints (with appropriate document(s)) are allowed to sit the special examination.

- After the approval, the concerned faculty member administers the special examination on the agreed schedule.
- The faculty informs student about the results, in case the student is not satisfied about the results, the student is given an opportunity to file grade appeal following the policy on grade appeal, otherwise the faculty records the marks of the students in the SIS.

7. QUALITY RECORDS

Special Exam Request

8. DISTRIBUTION LIST

College Deans Registration

Student Attendance

1. POLICY

It is the policy of UTB to ensure that students attend regularly and on time so that students are able to take full advantage of the educational opportunities provided to them.

2. PURPOSE

The purpose of this policy and procedures is to monitor students' attendance and to ensure that there is evidenced documentary record of attendance using student information system (eMADA) for all attendees/absentees of each class session.

3. SCOPE

This policy and procedures cover attendance, tardiness and absences with and without excuse.

4. RESPONSABILITIES

- Head of ICT Department- is responsible for ensuring that eMADA SIS is properly working for recording students' attendance and that electronic notifications are received by students. He also must ensure that both faculty members and students can access the eMADA SIS.
- Programme Heads- are responsible for ensuring courses are accurately assigned to faculty members. He also has to monitor that attendance record is completed by the relevant faculty members.
- Faculty Members- are responsible for checking the attendance at the start of each class and are responsible for identifying and proactively managing the punctuality of their students for all aspects of their programme of study.
- Deanship of Student Affairs- supporting students that may have personal or health reasons that affect their attendance. Approving attendance excuse request and reporting to the concerned Dean where repeated absence indicates possible academic concerns.

5. DEFINITION OF TERMS

eMADA SIS- UTB's student information system electronically records student attendance and sends notifications in case the absences have reached 10%, 15%, 20%

and before his/ her absences reached 25% of class time given for a course.

6. PROCEDURES

Attendance Requirement: Absences and Tardiness

6.1 Absences

6.1.1 A student has to meet attendance of at least 75% (25% absences) throughout the trimester of the required total number of laboratory and lecture hours.

6.1.2 Student with valid reason of absence will be marked Excused in eMada.

6.1.3 A student who is in violation of the attendance policy will be automatically marked by the system "Failure" due to absences.

6.1.4 Warnings are issued to a student regardless of the reason for the absence.

6.1.5 A student will receive warnings through eMADA when the absences have reached 10%, 15%, 20% and before his/her absences reached 25% of class time given for a course.

Absence with Excuse

A student's absence may be considered excused and therefore excluded from the calculation of total absences in the following cases, but not limited to:

- Representation of the government of the Kingdom of Bahrain on an official mission or event.
- Call of duty in the defense forces, police, or other national service obligations.
- Representation of the University or the Kingdom in officially approved sports, academic, cultural, or skills competitions.
- Absence due to extenuating personal circumstances, such as illness, family emergencies, or other justifiable reasons, supported by appropriate documentation.

Students seeking recognition of an excused absence must submit a formal request through eMADA, accompanied by verifiable evidence supporting the reason for absence.

6.2 Tardiness

A student who arrives late in class (between 10 to 20 minutes late) will be marked as having “Late attendance”. A student will be marked with one (1) absence for incurring four (4) “Late Attendance”.

6.3 Reporting

All faculty members are required to monitor student attendance/punctuality in a timely manner and address issues accordingly. Maintaining accurate records is required and must be completed during the teaching session.

7. QUALITY RECORDS

Online Attendance Record

Online Attendance Excuse Request

8. DISTRIBUTION LIST

VP Academic Affairs (VPAA)

Deans

Programme/ Department Heads

Registration

All Faculties

Grade Reporting

1. POLICY

It is the policy of the University to maintain integrity and transparency in all its dealings. As such, all transactions in the University, whether academic or non-academic should be fully documented and records of these are made available to authorized personnel and stakeholders.

2. PURPOSE

The purpose of this policy is to establish effective procedures in grade reporting. The policy and procedure cover the grade reporting for the prelim, midterm, and finals and includes both Full time and part time teaching staffs.

3. SCOPE

It is the responsibility of the subject teacher, heads of department and deans to ensure that students' grades are reported correctly and on time to respective offices.

4. PROCEDURES

1. Records the students' course works and other criteria for marking every grading period in a prescribed class record;
2. Enters the students' grade for each course in the CIS every grading period;
3. Makes final submission of the students' grades for each course after the final examination;
4. Prints the system-generated QER and grade sheets for each course;
5. Signs the QER and grade sheets.
6. Submits the duly signed course QER, and Grade sheets to the programme/department head.
7. programme /Department head checks and approves the submitted QER and grade sheets and forwards the documents to the dean.
8. Dean approves the grade sheets and the QE. Faculty submits the approved grade sheets to the registration office.
9. The college maintains copies of the submitted grade sheets and QER by faculty members.

Student Academic Support Services

1. POLICY

Students' Academic Support Services is a multifaceted activity promoting shared responsibility and constructing connections between academic affairs, student affairs and other support services consequently encouraging students to become involved and live a meaningful University life thereby enhancing their educational outcomes.

University of Technology Bahrain (UTB) recognizes the value of providing reliable and efficient support to all its students, especially at-risk of academic failure. Also, to ensure that all students with special needs are accorded appropriate support and that their admission to the University will be deliberated properly and fairly.

2. PURPOSE

This policy lays the foundation for the clarification of students' educational, life and career goals and the utilization of the University's resources to meet their educational needs and aspirations. These policies and procedures delineate the assistance provided to students and students with special needs in terms of academic support, learning opportunities, and development. Moreover, it outlines the benefits of early detection of academically at-risk students which allows timely intervention and provisioning of assistance and mentoring.

3. SCOPE

The policy covers the procedures on academic advising and mentoring as well as students' academic support services of the University for student at-risk and students with special needs.

4. RESPONSIBILITY

Admission Office: manages academic advising, student-at-risk support, and peer mentoring programs, ensuring student success and maintaining quality records for effective distribution across departments.

Academic Adviser: provide personalized guidance, assist with course selection, monitor academic progress, and implement interventions for at-risk students.

College Dean: Assign academic adviser to every student in the college and issue student notice to students at-risk. Also, responsible in the organization, management and quality assurance of academic advising and mentoring.

Deanship of Student Affairs: responsible for the organization, managing and quality assuring the peer mentoring program.

5. DEFINITION

- **SIS** –acronym of (Student Information System)
- **CGPA** –acronym of (Cumulative Grade Point Average)
- **Peer Mentor**- student with a durable academic record who possesses subject knowledge, skills, and values to assist and guide fellow students in their academic studies.

6. PROCEDURES

Academic Advising

The individual growth and development of its students is one of the primary concerns of UTB. The University will ensure that all students receive the level of academic advising necessary to attain their educational goals and the timely completion of degree requirements. Every student on the programme is assigned an academic adviser throughout his/her stay in the university. By providing personalized guidance and support, academic advisers can help students achieve their academic and career goals. This procedure covers all three (3) components of advising, including: (1) academic advising; (2) mentoring; and (3) career guidance.

Managing Academic Advising

1. The College Deans appoint academic advisers for all new students joining the college who may continue with a group of students for the duration of study at the University.
2. The name of the assigned adviser, including its contact details and consultation hours, is reflected in the student's dashboard in the university's SIS.
3. Every full-time faculty member assigned as an academic adviser is required to render six hours of consultation per week for academic advising.
4. The college organizes induction to newly hired full-time faculty members and/or training for all existing advisers. The induction and/or training includes an introduction to academic advising/mentoring, related policies, procedures and guidelines, role of academic adviser; and any programme update (discipline specific training).
5. Academic advisers should keep advisee file in the SIS and should submit an academic advising report to their respective programme heads at the end of every trimester.

6. The effectiveness of academic advising will be evaluated using student feedback through surveys.
7. Colleges are responsible for the organization, management and quality assurance of academic advising.

Conducting Meetings

1. Academic advisers will be available to meet with students during consultation hours. Students may schedule appointments with their academic advisor in person or via email.
2. Academic advising may take the form of a 1:1 meeting with the students or group information meetings for the list of advisees per programme.
3. Students in good academic standing need to meet with their academic adviser at least once in each trimester through consultation sessions. Additional meetings can be held based on the individual needs of the advisees.
4. Advisers will discuss course selection, academic progress, career pathways and any concerns or challenges that the student may be experiencing.
5. Academic advisers will provide students with clear expectations regarding their role and responsibilities. This includes information on scheduling appointments, how often to meet, and what types of questions or concerns the advisor can assist with.
6. Academic advisers will take a personalized approach to advising. They will work with each student to understand their unique goals, interests, and challenges, and provide tailored guidance and support accordingly. Advisers will also help students explore academic and career options and provide information on available resources and opportunities.
7. For students with special needs, the Guidance Office will provide each college with a list detailing their conditions and the specific arrangements required, as outlined in the Policy on Students with Special Needs.
8. The Academic adviser may coordinate any required action with the guidance office to offer the most appropriate assistance to the students.

Student-At-Risk:

The College will ensure that they implement clear and transparent internal processes for handling students at-risk that are consistent with this policy and procedure. The College will be proactive in identifying students at risk and will be responsible for tracking student progression and keeping appropriate records. The following procedures are used to identify students at risk and the specific support mechanisms provided by the College.

At the end of each trimester, the SIS will generate a report that will be accessed by academic officers and advisers.

Students on probation:

The university recognizes that academic success is essential for students' personal and professional development and is committed to providing resources and support to help students achieve their academic goals.

1. Students whose cumulative grade point average (CGPA) falls below 2.0 will be placed on academic probation for the following trimester.
2. Students under probation automatically receive a warning through SIS, while the academic adviser and the guidance office is provided with a report regarding their advisees who are on probation.
3. The SIS will place the probationary student under academic hold, where the student can only enroll in a maximum of 12 credit units and will be required to report to his or her academic adviser to be able to enroll in courses.
4. Students need to meet with their academic adviser to discuss what courses to enroll in and other support mechanisms that will be offered to the student and develop an intervention report.
5. The intervention report will outline specific steps that the student will take to improve their academic performance, such as attending tutoring sessions, meeting with faculty members during consultation hours, improving study habits and if necessary, undergo counselling.
6. Academic advisers are required to meet the students on probation at least twice in a trimester to monitor their progress and adjust their academic interventions as needed.
7. Academic advisers are required to maintain a full record of student progression and must submit monitoring reports to their respective programme head those details whether the student responds to the support mechanism and attends the identified intervention sessions. A report on the effectiveness of the interventions provided to at-risk students will be prepared by the Institutional Research Office at the end of each academic year.
8. The college will provide resources and support services to help students on probation improve their academic performance and succeed academically.
9. Students who successfully complete their probationary trimester and raise their CGPA to the minimum requirement for good academic standing will be removed from probation.
10. On the first instance of academic probation, students must prioritize enrolling in their failed courses before registering for other subjects. If the failed courses are not offered during the current enrollment period, students are required to take them in the following trimester.
11. On the second instance, if the students' CGPA has not improved, they must retake the failed courses as well as those in which they received a grade of D. A final warning letter will be issued, and the academic adviser will recommend the student for guidance counseling.
12. On the third instance, if the students' CGPA still has not improved, the academic adviser will arrange a meeting with the Programme Head to determine appropriate action.

Peer Mentoring

In addition to tutorial classes conducted by faculty members, peer mentoring is one of the academic support services offered by the Deanship of Student Affairs. The program serves a dual purpose: it provides student mentors with an opportunity to reinforce their knowledge and critical thinking skills, while also helping their peers achieve the same objectives.

Managing Mentoring

1. DSA is responsible for the organization, managing and quality assuring the peer mentoring program.
2. Deans of every college will submit a list of possible peer mentors to the DSA.
3. Criterion For A Peer Mentor

   A peer mentor should meet the following criteria:

   - The peer mentor must be at least a 2nd year student and in a good academic standing.
   - The peer mentor must have a grade of A or above and must have a comprehensive understanding of the subject and discipline to be tutored.
   - The peer mentor must have good communication, presentation and interpersonal skills.
4. DSA will conduct interviews and will submit qualified peer mentors to VPAA for approval.
5. DSA must keep an up-to-date list and profile of all approved peer mentors and must provide induction program and training for mentors.

Conduct of Peer Mentoring

1. Any student in need of academic support may register with the Deanship of Student Affairs (DSA). Additionally, academic advisers or course instructors may refer individual students or groups to attend peer mentoring sessions as a supplement to tutorial classes.
2. The DSA will organize and distribute the schedule of group peer mentoring sessions at the beginning of each trimester.
3. Peer mentors are expected to consult and collaborate with the faculty members teaching the relevant courses to ensure alignment with course content and objectives.
4. At the end of each session, the assigned DSA staff member will share an evaluation link to assess the peer mentor's performance. Feedback will be provided by the Dean of DSA to support continuous quality improvement.
5. The DSA will prepare an annual report evaluating the effectiveness of the peer mentoring program at the end of each academic year.

7. QUALITY RECORDS

Academic Advising Reports

Intervention Report with Monitoring

List of Qualified Peer Mentors

8. DISTRIBUTION LIST

Academic Council

Deanship of Student Affairs

Registration Office

Guidance Office

Visiting Students

1. POLICY

The University of Technology Bahrain (UTB) supports academic mobility and international cooperation by allowing students from recognized local or international higher education institutions to enroll temporarily as visiting students. This policy ensures that the admission, registration, academic performance, and completion of visiting students are managed transparently and aligned with the university's academic standards and the regulations set by the Higher Education Council (HEC) of Bahrain.

2. PURPOSE

The purpose of this policy is to facilitate academic exchange and cooperation between the University of Technology Bahrain (UTB) and other recognized higher education institutions, both locally and internationally. It aims to provide students with the opportunity to benefit from UTB's academic resources and expertise while ensuring that their temporary enrollment is managed with transparency and in accordance with the university's academic standards. Additionally, this policy sets clear guidelines for the admission, registration, academic engagement, and recognition of credits for visiting students, while ensuring compliance with the regulatory requirements of the Higher Education Council (HEC) of Bahrain.

3. SCOPE

This policy applies to all visiting students who are formally enrolled in other accredited higher education institutions and seek to temporarily register in one or more academic courses at UTB without pursuing a UTB degree. It also covers all academic and administrative units involved in the facilitation of visiting students. The policy governs the processes from application to transcript issuance and ensures that visiting students are subject to the same academic policies and expectations as regular UTB students.

4. RESPONSIBILITIES

Head, Admissions Office – Responsible for verifying the eligibility and completeness of documentation submitted by visiting students. Manages the application process and coordinates course registration in collaboration with academic departments.

Head, Registration Office – Reviews registration records and ensures compliance with UTB and HEC regulations. Oversee the issuance of transcripts upon completion of the student's approved study period.

College Dean/Programme Head (PH) – Evaluates and approves course enrollment requests based on course prerequisites, availability, and academic alignment. Provides academic advising and necessary support to ensure a smooth academic experience for visiting students.

Vice President for Academic Affairs (VPAA)- Approves visiting student application.

Visiting Student – Submits all required application materials and complies with UTB's academic policies, regulations, and code of conduct throughout the period of study.

5. DEFINITION OF TERMS

- Visiting Student- A student enrolled at a recognized higher education institution who is temporarily registered at UTB for one or more academic courses and is not seeking a UTB degree.
- Transcript of Records- An official UTB document indicating the courses completed and grades earned by the visiting student.

6. PROCEDURES

6.1 A student from another university may study concurrently or as a visitor at UTB according to the following:

6.1.1 Application and Admission

1. The applicant must be a full-time student enrolled at a university recognized by the relevant authorities in the Kingdom of Bahrain.
2. Interested students must submit a Visiting Student Application Form to the Admissions Office at least four weeks prior to the start of the trimester.
3. The application must be accompanied by the following documents:
    - An official letter of approval or candidacy from the authorized body at the home university, indicating permission to study specific courses during the trimester.
    - An attested copy of the applicant's most recent academic transcript from the home university.

- A copy of the applicant's current university identification card.
- A copy of a valid national ID card or passport. For non-Bahraini students, this must include a valid residence permit in Bahrain or proof of the renewal process if expired.
- A valid ID card or proof of renewal in case of expiry (for non-Bahraini applicants).
- Detailed course descriptions/content for equivalency assessment, certified and approved by the transferring university (if course credit transfer is sought).
- A recent colored passport-sized photograph.
- A medical fitness certificate issued by an accredited medical center or hospital in the Kingdom of Bahrain.
- A list of preferred courses at UTB (subject to availability and academic approval).
- Evidence of passing any additional tests or evaluations required by the relevant academic department at UTB (if applicable).

4. The Admissions Office shall review the submitted documents and verify the applicant's eligibility.
5. Final admission approval is granted by the Vice President for Academic Affairs (VPAA upon endorsement of the relevant college.
6. For international applicants residing outside the Kingdom of Bahrain, obtaining a valid entry and residence visa is mandatory. The visa must be secured through the appropriate authorities. If the applicant is unable to obtain the required visa, the university holds no responsibility, and the application will be considered null and void.

6.1.2 Registration and Tuition

1. Upon approval, the student registers for approved courses through the Admissions Office.
2. Visiting students may enroll in a maximum of 12 credit units per trimester, subject to the fulfillment of all prerequisite requirements.
3. Tuition and any applicable fees are assessed and must be settled prior to the start of the semester.
4. Visiting students are issued a UTB student ID for the duration of their enrollment, with their visiting student status clearly indicated on the ID card.

6.1.3 Attendance and Academic Performance

1. Visiting students must adhere to all UTB academic policies including attendance, assessment, academic integrity, and conduct.
2. Course instructors evaluate visiting students using the same grading system applied to regular students.

6.1.4 Transcript and Credit Recognition

1. At the end of the academic term, the Registration Office prepares an official Transcript of Records for each visiting student.

2. It is the responsibility of the visiting student to arrange for the recognition of credits with their home institution.

6.1.5 Duration and Extension

1. Visiting student status is initially granted for one trimester and may be extended for up to two additional consecutive trimesters, subject to approval.
2. Requests for extension must be submitted before the end of the current enrollment period and will be considered based on course availability and the students' academic performance.
3. Enrollment in non-consecutive trimesters across different academic years is also permitted, subject to course availability and the necessary approvals.

6.2 Visiting Student Procedure for UTB Students

A UTB student may study as a visiting student at another university in accordance with the following conditions:

1. The student must have completed at least three trimesters of study at UTB.
2. The host institution must be a university recognized by the HEC.
3. The student must obtain prior written approval from the relevant college before commencing studies at the host institution.
4. The courses taken at the host institution must be equivalent, in terms of credit units and content, to courses required for graduation at UTB.
5. The student may not study as a visiting student for more than three trimesters, or two semesters under a semester system.
6. The total number of academic units studied concurrently or as a visiting student at another university shall not exceed 20% of the total units in the student's study plan.
7. Approval of visiting student requests shall be granted by the Registration Office following endorsement by the relevant college.
8. The student must submit the official transcript of results from the host institution to the Registration Office no later than the end of the first week of the trimester immediately following the study period.
9. Courses successfully completed as a visiting student will be recorded in the student's academic record; however, the grades will not be included in the calculation of the cumulative GPA.

7. QUALITY RECORDS

Visiting Application Form

8. DISTRIBUTION LIST

President

VP for Academic Affairs

VP for Administration and Finance

College Deans

Head, Admission

Head, Registration

Student Activities

1. POLICY

It is the policy of UTB that only approved student organizations conduct student activities on or off the campus. All University activities conducted by an officially recognized student organization must be approved by the Office of the Student Affairs.

2. PURPOSE

The purpose of this policy and procedures is to provide a set of procedures for the conduct of student activities.

3. SCOPE

This policy and procedures cover the planning, scheduling, and over-all conduct of student organization activities.

4. RESPONSIBILITIES

Office of Student Services

Student Council/Organization Faculty-Advisor Student Council/Organization Officers

5. DEFENTION OF TERMS

- Curricular activities refer to activities that are directly related to the curricular plan of the student

- Co-curricular Activities refers to activities, programs and learning experiences that complement what students are learning inside the classroom.

- Extracurricular activities refer to activities that fall outside the realm of the normal curriculum of a university.

6. PROCEDURES

1. The student organization prepares an annual plan which details the different activities of the organization. The annual plan is endorsed by the Office of the Student Affairs to the Dean of Student Affairs
2. The activities in the annual plan are carried out as scheduled. In case there is an activity that needs to be carried out that is not included in the plan, the student organization seeks approval from the management through the Office of the Student Affairs.
3. The request for the holding of the activities comes along with the programme of activities, the people/committees involved and the budget. Once the activity is approved, the student organization can start the dissemination of the conduct of the activity.
4. Any student organization activity is evaluated. The activity evaluation form is accomplished by those involved in the activity. The results of the evaluation are tallied and analysed by the Research and Publication Office and the findings are considered for the next planning.

7. QUALITY RECORDS

Activity Proposal

Activity report

8. DISTRIBUTION LIST

VP Administration & Finance Academic

Council Members

Deanship of Students Affairs

Presidents of all Student Council and Recognized Student Organizations

Head, Facilities Management Office

Head, IT Office

Events Management

1. POLICY

The University of Technology Bahrain (UTB) adopts a centralized and structured approach to event planning, event management, and outreach activities to ensure alignment with its mission, vision, strategic objectives, and regulatory requirements.

This framework is designed to enhance quality, strengthen institutional coordination, and ensure that all events and outreach initiatives are purposeful, well-organized, and aligned with their intended objectives.

All university events and outreach activities must be formally planned, approved, executed, documented, and evaluated in accordance with the University's Strategic Plan [measured through Key Performance Indicators (KPIs).

No event or outreach activity may be conducted without prior official approval.

2. PURPOSE

The purpose of this policy is to:

- Improve the planning and coordination of university events and outreach initiatives
- Ensure each activity clearly defines and achieves its intended objectives
- Promote alignment with UTB's mission and strategic priorities
- Encourage responsible budget management
- Maintain consistent branding and professional representation
- Support documentation, evaluation, and continuous improvement

Support UTB's student-centered approach by enhancing student engagement, participation, and experiential learning opportunities (to highlight student high initiative, participation and engagement in university events)

3. SCOPE

This policy applies to all events and outreach activities organized, hosted, co-hosted, sponsored, or officially endorsed by UTB, whether conducted on-campus or off-campus.

This includes academic, professional, community engagement, student activities, university ceremonies, and external representation initiatives.

It applies to all colleges, departments, centers, administrative units, employees, and students involved in initiating, planning, coordinating, or executing such activities.

4. GOVERNANCE FRAMEWORK

4.1 Annual Planning and Submission Deadline

To ensure effective coordination and resource allocation, all colleges, departments, centers, and administrative units must submit their proposed events and outreach activities for the upcoming academic year no later than June 1 of each year, prior to the commencement of the next academic year.

Submissions shall include:

- Title of event or outreach activity
- Objectives and intended outcomes
- Proposed timeframe
- Estimated budget requirements
- External participation (if applicable)

The Events and Outreach Manager consolidate all submissions into the Annual Events and Outreach Calendar.

The consolidated calendar and related budgets are reviewed and approved by the University Council prior to the start of the academic year.

This structured planning process supports institutional alignment, avoids scheduling conflicts, and enhances overall quality.

4.2 Additional or Unplanned Activities

Events or outreach activities not included in the approved Annual Calendar may still be proposed.

Such proposals must clearly outline objectives, expected outcomes, justification for late submission, and resource requirements.

Approval of unplanned activities is subject to institutional priorities and availability of resources.

4.3 Oversight and Alignment

The Events and Outreach Manager provide institutional oversight to ensure:

- Alignment with university priorities
- Clearly defined and measurable objectives
- Adherence to planning standards
- Effective cross-departmental coordination

This oversight is intended to improve consistency, quality, and institutional impact.

4.4 Event Classification and Prioritization

To ensure strategic resource allocation and institutional impact, all events and outreach activities shall be classified and prioritized based on their contribution to:

- Student recruitment and enrollment growth
- Institutional brand awareness and market positioning
- Strategic visibility and stakeholder engagement

Events shall be categorized as follows:

- Category A – Strategic / High-Impact Marketing & Recruitment Events
- Category B – Academic & Professional Visibility Events
- Category C – Student & Internal Engagement Events

Priority level, budget allocation, marketing support, and approval authority shall be determined based on the event's expected contribution to enrollment objectives, brand enhancement, and strategic positioning.

5. RESPONSIBILITIES

Events and Outreach Manager
Oversees coordination of events and outreach activities, reviews submissions for alignment and quality, maintains the official calendar, reviews communication materials prior to circulation, and ensures compliance with this policy.

MarCom Team
Supports branding, communications, promotional coverage, and documentation.

College Deans / Programme & Department Heads
Ensure proposed activities align with departmental, college and university objectives.

Requesters / Organizers
Define clear objectives, submit required documentation on time, coordinate planning requirements, prepare communication materials for review, and support proper execution and evaluation.

Security Personnel
Support safety and risk management during events and outreach activities.

6. EVENT AND OUTREACH PROCEDURE

All university events and outreach activities shall follow the process below to ensure effective planning and successful outcomes.

Step 1: Initiation

The requester submits a formal Pre-Event / Outreach Form outlining:

• Objectives and intended outcomes
• Target audience
• Proposed date and venue
• Budget requirements
• Nature of the activity (internal or external)

The Events and Outreach Manager review the submission to ensure alignment and clarity of objectives.

Step 2: Review and Approval
The proposal is reviewed for:

• Clarity of objectives
• Strategic alignment
• Budget feasibility
• Scheduling coordination

Required approvals must be obtained before planning proceeds or public communication is initiated.

Step 3: Planning and Coordination

Once approved:

• The activity is scheduled within the official calendar.
• Logistics and communications are coordinated with relevant departments.
• Marketing materials are prepared in accordance with UTB branding standards.
• The event program agenda is finalized, including speakers and sequence of activities.
• An appropriate Master of Ceremonies (MC) shall be selected where applicable.

Master of Ceremonies (MC) Selection

For formal or high-profile events, the selection of the MC must be coordinated with the Events and Outreach Manager and approved by the University management to ensure:

• Professional representation of the University
• Alignment with event objectives and tone
• Effective program flow and time management

The MC shall be properly briefed regarding event objectives, institutional protocol, and program structure.

Communication and Marketing Approval

All official email invitations and event-related communication and marketing

materials — including emails, invitations, posters, social media posts, website announcements, press releases, digital displays, and promotional content — must be reviewed and approved by the Events and Outreach Manager prior to publication or circulation.

This review ensures:
• Accuracy of information
• Alignment with event objectives and the overall events strategy

Step 4: Regulatory Approval for External Activities
In accordance with regulatory requirements, all internal and external events and outreach activities must be submitted for approval to the Higher Education Council (HEC) prior to execution.

Submission to HEC shall be coordinated with the UTB President's Office in collaboration with the Events and Outreach Manager.

External activities may proceed only after HEC approval has been formally obtained with a minimum of 14 working days prior to the date of the event.

Step 5: Execution

The event or outreach activity is conducted according to the approved plan, ensuring:

• Professional delivery
• Responsible budget management
• Compliance with branding standards
• Appropriate safety and security measures

Each activity should actively aim to achieve its defined objectives.

Step 6: Post-Activity Evaluation

Following completion:

• A Post-Event / Outreach Report shall be submitted.
• Feedback may be collected where appropriate.
• Outcomes are reviewed to assess whether objectives were achieved.
Findings from post-event evaluations shall inform the planning and approval of subsequent events.

7. SPEAKER AND EXTERNAL PARTICIPANT GOVERNANCE

All external speakers or official participants must complete the required registration process prior to confirmation. Background review where necessary to be compliant with university standards.

UTB maintains appropriate records to support documentation, quality assurance, and institutional reporting.

8. DOCUMENTATION AND RECORDS

All documentation, approvals, communication materials, email circulations, regulatory submissions, and evaluation reports shall be maintained in accordance with institutional quality and record-keeping standards.

9. COMPLIANCE

All events and outreach activities must comply with:

- UTB financial regulations
- Branding and communication standards
- Safety and security requirements
- Higher Education Council (HEC) regulations for external activities
- Other applicable regulatory requirements

The University Council retains authority over the approved Annual Events and Outreach Calendar.

10. PERFORMANCE MEASUREMENT & KEY PERFORMANCE INDICATORS (KPIS)

All events and outreach activities shall be evaluated to ensure alignment with UTB's Strategic Plan and continuous improvement objectives.

Evaluation may include:

Attendance and participation levels
Student engagement and involvement
Budget adherence and financial efficiency
Stakeholder satisfaction (via feedback)
Strategic alignment and institutional impact
Compliance with approval and regulatory requirements

A Post-Event Report shall summarize outcomes, KPI results, and improvement recommendations.

An Annual Events Performance Summary may be prepared to assess overall institutional effectiveness and inform future planning.

11. QUALITY RECORDS

Event Request Form
Post-Event Form
Feedback Form
Activity Reports

12. DISTRIBUTION

President
VPAF
VPAA
Administrative Council
Academic Council
MarCom
OSA
ACDC
International Students Manager
HR

Issuance of Certificates for Trainings, Workshops, Seminars and University Activities

1. POLICY

The University of Technology Bahrain (UTB) is committed to recognizing and validating participation, completion, and achievement in institutional trainings, workshops, seminars, and official university activities. Certificates shall be issued in a standardized, transparent, and accountable manner to ensure credibility, accuracy, and consistency across all academic and administrative units.

2. PURPOSE

This policy aims to:

Establish a clear and standardized process for issuing certificates.
Ensure the accuracy and authenticity of certificates awarded to students and staff.
Promote accountability among organizing units.
Safeguard the university's reputation through proper documentation and approval processes.

3. SCOPE

This policy applies to:

- All UTB colleges, departments, centers, and administrative units.
- All university-organized or officially endorsed:
  - Trainings
  - Workshops
  - Seminars
  - Conferences
  - Co-curricular and extracurricular activities
- All participants, including:
  - Students
  - Academic staff
  - Administrative staff
  - External participants

4. RESPONSIBILTIES

Organizing Unit

- Plan and document activity details (title, objectives, duration, participants).
- Maintain accurate attendance and/or assessment records.

- Prepare certificates for all participants.
- Ensure compliance with the approved certificate format and guidelines.

Human Resources Department (for staff-related activities)
- Verify staff participation where applicable.
- Maintain staff training records.

Deanship of Student Affairs (for student-related activities)
- Verify student participation and engagement records.
- Maintain co-curricular activity records.

MARCOM
- Review and verify certificate requests submitted by organizing units to ensure completeness and clarity of required details (e.g., type of certificate and preferred content).
- Develop, maintain, and update standardized certificate templates in alignment with UTB branding guidelines.
- Provide organizing units with the appropriate certificate template and clear instructions for its proper use.
- Ensure all certificate templates incorporate official elements, including the university logo, branding, and designated signatory fields.
- Monitor and enforce compliance with the approved certificate format and standardization requirements.
- Coordinate with relevant offices, when necessary, to confirm authorized signatories and ensure accuracy of certificate content.

Information Technology Department
- Support digital certificate generation and verification systems (if applicable).

5. DEFINITION OF TERMS

Certificate of Participation- Issued to individuals who attended an activity without formal assessment requirements.

Certificate of Completion- Issued to individuals who fulfilled all requirements of a structured program or training.

Certificate of Achievement- Issued to individuals who demonstrated outstanding performance or met specific evaluation criteria.

Organizing Unit- The college, department, or office responsible for planning and delivering the activity.

Endorsing Authority- The authorized university official responsible for approving and signing certificates.

Official Activity- Any UTB-approved or UTB-organized event recognized by the university.

6. PROCEDURES

6.1 Pre-Activity Requirements

The organizing unit shall obtain prior approval for the activity from the relevant authority.
The activity details must include:
Title and type of activity
Date(s) and duration
Target participants
Learning objectives or outcomes

6.2 Documentation of Participation

Attendance must be recorded using approved methods (e.g., sign-in sheets, digital attendance systems).
For completion or achievement certificates, assessment criteria must be clearly defined and documented.

6.3 Certificate Request and Preparation

The organizing unit shall submit a certificate request to MARCOM. The request must include:
Type of certificate to be issued
The preferred certificate content
MARCOM shall develop and provide the certificate template to the organizing unit, along with guidelines to ensure standardization.
All certificates must adhere to the official UTB template, which includes:
University logo and branding
Signature(s) of authorized signatories

6.4 Issuance of Certificates

Certificates shall be issued within 5–10 working days after approval.
Distribution methods may include:
Official university email (digital copy)
Printed certificates during formal events
A record of issued certificates must be maintained by the organizing unit and relevant offices.

6.5 Record Keeping and Verification

All issued certificates must be archived (digitally or physically) for a minimum of 5 years.
The university shall provide a mechanism for certificate verification upon request.

6.6 Replacement and Corrections

Requests for corrections must be submitted within 30 days of issuance.
Replacement certificates may be issued upon valid justification and approval.

7. QUALITY RECORDS

Standardized Certificate Template

8. 8. DISTRIBUTION LIST

University Council
Academic and Administrative Councils

Tutorial Classes

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide academic support to the student-at-risk students by conducting tutorial classes.

2. PURPOSE

This policy and procedure aim to assure that the student-at-risk students are given the necessary support and guidance to be able cope with the requirements of the course and the programme.

3. SCOPE

This policy and procedure cover any officially registered students of the University that need academic guidance as recommended by the Academic Adviser, and any student who is at risk during the current term of enrolment. It presents the responsibility of the faculty members in providing academic assistance to the students, when necessary.

4. RESPONSIBILITIES

The faculty members are directly responsible for the tutorial classes of their students.

The Academic Adviser makes the referral in case his advice needs academic guidance.

The Dean, Associate Deans programme /Department Heads ensure that tutorial classes are done accordingly through tutorial classes' attendance and refusal forms.

In addition to the tutorial classes as identified by the faculty members, the Guidance office, in coordination with the Dean's office schedule and recommend tutorial classes to attend to the students having general difficulties. The delivery of the tutorial classes in that case is still assured by faculty members

where the monitoring and the student progression has to be controlled by the guidance office.

5. DEFINITION OF TERMS

Tutorial classes are classes conducted outside of regular hours to be offered to students who are at – risks and/or having a mark of less than 50% in the midterm period.

6. PROCEDURES

The College Dean conducts faculty meeting at the start of the term and discusses the faculty members' tutorial function in case they have at - risk students.

The College Dean ensures that all faculty members identify the list of required tutorial classes. Tutorial classes are offered to at – risk students and students having a mark of less than 50% in the midterm period.

The faculty members conduct tutorial classes during their consultation hours. Students identified as at-risk and needing tutorial classes may choose to not attend the tutorial classes. In such case the concerned students will have to sign a specific waiver.

The faculty members coordinate with the students' advisers to monitor the efficiency of the tutorial classes by closely measuring the student progression.

In case of tutorial classes recommended by the guidance office, faculty members will have to send a student attendance report as well as student grades progression to the guidance office, which will consolidate the data and produce the appropriate monitoring and evaluation reports

The Dean's office keeps quality records of the conduct of tutorial classes of their respective teachers.

7. QUALITY RECORDS

Tutorial Classes Reports

8. DISTRIBUTION LIST

VP Academic Affairs

College officers

All Faculties

Deanship of Students Affairs

Director, Quality Assurance & Accreditation Department

Capstone/Thesis Writing

1. POLICY

This policy applies to all undergraduate and postgraduate taught programmes of studies at UTB. The Capstone / Thesis / Project Course is the mandatory course for all the students enrolled at UTB which is useful for their practical life after graduation.

2. PURPOSE

The goal of University of Technology Bahrain (UTB) is to maintain excellent standards of achievement in teaching, learning and research that can enrich the University community and to be of service to the Kingdom of Bahrain, the GCC and the international community.

3. SCOPE

This policy and procedure documents provide guidance to students taking and faculty handling Capstone courses (thesis, design projects or research). The capstone course policy covers all procedures in completing the capstone course required from undergraduate and postgraduate students of UTB.

4. RESPONSIBILTIES

- **Capstone Project / Thesis / EDP Supervisor:** Provides guidance and support to students throughout their capstone / Thesis / project, ensuring academic rigor and relevance.
- **Thesis Coordinator:** assigned faculty member to manage capstone project/thesis/EDP including course design and student engagement.
- **Panel Member:** Evaluates student capstone / Thesis / Projects during the defence process, providing constructive feedback and assessment.
- **Student Researcher:** Conducts thorough research as part of their capstone project, applying academic and analytical skills to address real-world issues.
- **Programme Head:** Ensures the academic program aligns with educational standards and institutional goals while fostering faculty development.
- **External / Internal Examiner:** Provides impartial assessment and feedback on the capstone / thesis / Project contributing to the academic integrity of the evaluation process.

5. DEFINITION OF TERMS

Entrepreneurial Development Program (EDP): A cross-disciplinary initiative for BSIB, BSBI, and other students, promoting innovative projects and entrepreneurial skills.

An EDP Coordinator :is the faculty responsible for managing the Entrepreneurial Development Program, assigning credits, and grading students.

Oral defence: is a presentation where a student defends their capstone / thesis / project and answers questions from a panel of experts.

Research Topic Proposal / Project Proposal (RTP/PP): is a formal document outlining a proposed research / project area or topic, including its objectives, significance, methodology, and expected outcomes. It serves as a plan for the research / project and is typically submitted for approval before beginning the actual study.

A Capstone Project / Thesis / Supervisor: is a faculty member or expert who guides and mentors students throughout their capstone / thesis / project. They provide support in developing ideas, conducting research, and ensuring the project meets academic standards.

6. PROCEDURES

6.1 Undergraduate Students' Capstone Project /Thesis/EDP

6.1.1 Conduct of Capstone Project /Thesis/EDP

1. Students have to register in the capstone project /thesis/ EDP course through the registration system.
2. Capstone Project /Thesis/EDP coordinator conducts orientation regarding the requirements of the courses including finalization of the groupings, submission and approval of research topic proposal (RTP), ethical assessment and prescribe timelines.
3. Once RTP is approved, the coordinator prepares the list of expert supervisors according to their expertise. Furthermore, students are assigned to be expert supervisors from the pool of faculty members and submit the list to the Dean for approval.
4. Once the list is approved then it is disseminated to the students and expert supervisors.
5. The students must get an acceptance form signed by the expert supervisor and submit a copy to the Capstone Project/Thesis Coordinators.
6. An expert supervisor will guide and supervise the students from start until the completion of the capstone project / thesis.

6.1.2 Final Capstone Project /Thesis/EDP Documentation

Appropriate content and format of the capstone project/thesis/EDP documentation is

used by each college accordingly. Comprehensive orientations regarding the required content and presentation are provided by the coordinator to all the groups. Groups are asked to complete a certificate to confirm that the capstone project /thesis is his/her original work and has been carried out by him/her and to certify that all secondary material has been properly acknowledged and documented.

6.1.3 Assessment and Presentation of Capstone Project /Thesis/EDP

The capstone project/ thesis is assessed internally in UTB by 1-2 faculty members and an external panel with the same specialization as the topic being presented. Each examiner evaluates the capstone project/thesis independently. Appropriate rubrics are developed per programme. The rubrics used are based on the Programme Intended Learning Outcomes (PILOs) and the key skills students are expected to gain from the course. They are designed to assess students' mastery of relevant knowledge, skills, and competencies in line with program objectives. In addition, panel members provide feedback highlighting the strengths and weaknesses of the study.

Oral defence Stage

a.1 For the Capstone Project/Thesis Course:

1. The Capstone / Thesis / Project coordinator must ensure that the approved capstone project /thesis is complete before including it in the schedule of defence. The following must be completed:
    - **Edited and printed final draft of manuscript**
    - **Software is available and running.**
    - **Prototype is available and working/functioning.**
    - **Plagiarism threshold (20%).**
2. After fulfilling the requirement of the pre oral defence stage, the students are allowed to take the oral defence before the capstone project /thesis evaluation panel. The result of the student's evaluation which was done by the panel was then submitted to the College Dean.
3. The final evaluation report is endorsed by the panel and the feedback is given to the student and the coordinator.
4. The result of the evaluation whether satisfied or unsatisfied will be communicated to students and supervisor by the coordinator.
5. The coordinator is to guide students about their final submissions and guide them to prepare and bind the project thesis accordingly.

a.2 For the EDP:

1. The EDP coordinator must ensure that the project is complete before including it in the schedule of defence.
2. After fulfilling the requirement of the pre oral defence stage. The final result of the

student's evaluation which was done by the external panel members was then submitted to the College Dean.

3. The final evaluation report is endorsed by the panel and the feedback is given to the student and the coordinator.
4. The coordinator is to guide students about their final submissions.

Post Oral defence Stage

1. Students has to make three copies of Capstone /thesis/project/EDP book which should bear the signatures of the chair of the panel, internal panel member of the committee, an external panel member and the Dean of the College.
2. One copy is submitted to the library as part of its collection, one copy is submitted to the College, and one copy for him/herself for record purposes.
3. The final result of capstone project /thesis evaluation will be encoded by the capstone project/thesis/EDP course coordinator in the eMADA system.

6.2 Postgraduate Student's Thesis Writing Course

- **Conduct of Thesis Writing Course**

Topic Proposal defence

1. The student will initially select a supervisor based on the area of specialization the thesis is being done. If the student is unable to find a suitable supervisor, the Thesis coordinator in consultation with the PH shall allocate a supervisor for the students. The students need to fill in a supervisor's acceptance form where the stated research topic will be mentioned.
2. The student will prepare a Research Topic Proposal (RTP) and will submit it to the supervisor who will evaluate the Research Topic Proposal using an appropriate rubric. After his evaluation the thesis supervisor will submit RTP to the thesis coordinator who will submit all the submitted RTP to the Higher Education Council (HEC) for the approval of the Topics. The Research topic proposal will also have a Gantt chart.

Pre - Oral defence

1. The student, after finishing the first three chapters and upon the recommendation by the supervisor, and meeting the required plagiarism threshold (20%), shall apply for Pre-oral Defence.
2. The thesis coordinator will convene the internal panel consisting of two faculty who are aligned in the area of specialization to sit on the Pre-oral defence; and,
3. The panel will approve the first three chapters including the methods and requisite research instruments.

Final defence

1. Upon the recommendation by the supervisor, the student, after completing all chapters and meeting the required plagiarism threshold (20%), and payment of the final defence fee shall apply for Final defence; and,
2. The thesis coordinator reconvenes the panel of two (2) faculty members and adds one (1) external evaluator.
3. The Programme Head submits an HEC Info Sheet of the Final defence schedule to the Higher Education Council.
4. The final defence is open to the public, and to be at least for one hour and fifteen minutes duration.

Postgraduate Thesis Final Oral Defence Guidelines

PART I: Before the defence

1. Prior to the actual defence, the members of the panel shall meet among themselves for at least 15 minutes to discuss the flow of the thesis defence process; to explain the role of the chairman, internal and external panel members and thesis supervisor; as well as the criteria and forms to be used in the evaluation of the thesis. The examining panel shall be composed of a Chairman (internal), external examiner, and an internal examiner.
2. Ensure that all cell phones and electronic devices (that are not a part of the defence) have been turned off. Recording the defence is not permitted. Picture-taking is allowed but only for official documentation purposes.
3. The defence proceedings are open to the public as audience observers (Faculty, students, and HEC representatives), but no audience participates in any part of the proceedings.

PART II: During the Defence

1. The Thesis coordinator will ensure the readiness of the final defence.
2. The Chairman will act as the moderator of the entire session. He will introduce the candidate and the members of the panel. Briefly outline the examination procedures and the criteria.
3. The candidate will give a presentation that is a brief overview of the research, findings and conclusions (approximately 30-45 minutes). No questions are allowed at this time.
4. After the presentation, the Chairman of the defence panel will initiate the discussion of the presentation through question and answer. It is expected that all the examiners will cover the entire details of the thesis. The External Examiner will be given the opportunity to be the first to ask questions followed by the internal examiner. The chairman during the questioning other panels may ask clarification or follow up questions.

5. All throughout the proceedings, the thesis supervisor shall be a silent observer – not answering questions for the student, nor taking down notes on matters raised by the panel. It is, however, the student's responsibility to write down notes or comments made by the Panel.
6. When the questioning is completed, the Chairman will ask the candidate, the audience and all other individuals who are not members of the panel to leave the room for a recess. The candidate and the supervisor shall wait outside of the discussion room and will be recalled returning after the deliberation of the panel.

PART III: After the defence

During the panel's deliberation, the panel will discuss among themselves the result of the defence proceedings and come up with one of the following judgments:

Judgment	Grading System			
a) PASSED without revision	*A+*	*4.00*	*95-100*	*Excellent*
b) PASSED with minor revision	*A- to A*	*3.67-3.89*	*87 - 94*	*Very Good*
	B- to B+	*2.67-3.33*	*76 - 86*	*Good*
c) PASSED with major revision	*C- to C+*	*1.67-2.33*	*64 – 75*	*Fair*
	D to D+	*1.00-1.33*	*50 –63*	*Satisfactory*
d) FAILED and schedule for re-defence	*F*	*0.00*	*Below 50*	*Failed*

The Chairman shall confirm the final decision with the panel and complete the panel's comments in a prescribed form.
The Chairman will invite the candidate back into the room to resume the session, discuss the findings and suggestions, and provide a copy to the student.

The judgment, together with the time allotted to reflect all the suggestions of the panel, will be announced by the Chairman. The time allotment to submit the final manuscript is as follows:

a) If PASSED without revision, at the minimum of two weeks after the defence and up to the end of the trimester.
b) If PASSED with minor revisions, at the minimum of three weeks after the defence and up to the end of the trimester.
c) If PASSED with major revisions, at the minimum of one month and up to one month after the trimester has ended.

The candidate, after the defence, continues to discuss the thesis defence findings with the thesis supervisor in improving the final manuscript.

Role of the Chairman

1. As the Chairman of the examination committee, he will be the moderator of the session and is expected to be impartial and ensure that the treatment of the candidate is fair.
2. The Chairman is responsible for ensuring that the examination is conducted at the level expected for the degree.
3. The defence is a formal event, and part of the Chairman's role is to ensure that all participants conduct themselves appropriately.
4. The Chairman has the authority to ask anybody from the audience to leave the session room if he finds the person disruptive or influencing the candidate.

Role of the Thesis Examiner (Internal and External)

1. The examiner shall assess whether the research study meets the criteria for a successful thesis, as outlined in the instructions for the defence score sheet and structure of a master's thesis as per Research Guidelines.
2. The examiner shall provide a review of the strengths and weaknesses of the thesis and recommends revisions in verbal and written form.
3. All examiners (internal and external) shall evaluate and rate the entire proceedings using the same criteria in the score sheet for final defence.

6.3 Postgraduate/Undergraduate Student's Terminal Project Course

- **Conduct of Project Course**

Project Proposal

1. The student will initially select a company based on the area of project that is being done. If the student is unable to find a suitable company, the project coordinator consulting with the PH and Alumni and Career Development centre (ACDC) shall find a company for the student to undertake his terminal project. The Project can also be an extension of the internship course if the curriculum has an internship course embedded in it.
2. The student, in coordination with the project coordinator and the company supervisor, needs to identify a project that will be completed by him.
3. If required, the project coordinator can assign a internal supervisor if needed (in case of Master Students) in addition to the company supervisor.
4. The student will prepare Project Proposal (PP) in consultation with the supervisor/s in the company / university and will submit it to the project coordinator who will evaluate the Project Proposal. After his evaluation the project coordinator will submit the PP to the Higher Education Council (HEC) for the approval of the projects if required by the HEC. The project proposal will also have a Gantt chart.

First Phase Project Submission

1. The student, after finishing the initial Project requirements will submit an initial report (not exceeding 20% plagiarism) to the project coordinator.
2. The project coordinator in coordinator with the company supervisor will assess the work of the students and allow the students to proceed to the final phase of the project.

Final Project Presentation

1. Upon the recommendation by the company supervisor, the student, after completing all requirements of the project will submit a final report after meeting the required plagiarism threshold (20%). The student will then make payment for the final project presentation.
2. The project coordinator reconvenes the panel of one faculty member and one external panel member
3. The final project presentation is open to the public, and to be at least one hour and fifteen minutes duration.

Postgraduate/Undergraduate Student's Terminal Project Final Presentation Guidelines

PART I: Before the Final Project Presentation

1. Prior to the Project Presentation, the members of the panel shall meet among themselves for at least 15 minutes to discuss the flow of the Project Presentation process; to explain the role of the internal and external panel members and project supervisor (if allotted); as well as the criteria and forms to be used in the evaluation of the thesis. The examining panel shall be composed of an external examiner and an internal examiner.
2. Ensure that all cell phones and electronic devices (that are not a part of the Project Presentation) have been turned off. Recording of the Project Presentation is not permitted. Picture-taking is allowed but only for official documentation purposes.
3. The project proceedings are open to the public as audience-observers (Faculty, students, and HEC representatives), but no audience participation in any part of the proceedings.

PART II: During the defence

1. The project coordinator will organize the project presentation. The internal panel will introduce the candidate and the members of the panel. Briefly outline the examination procedures and the criteria.
2. The candidate will give a presentation that is a brief overview of the research, findings

and conclusions (approximately 30-45 minutes). No questions are allowed at this time.

3. After the presentation, the External Examiner will be given the opportunity to be the first to ask questions followed by the internal examiner.
4. When the questioning is completed, the interna panel member will ask the candidate, the audience and all other individuals who are not members of the panel to leave the room for a recess. The candidate shall wait outside of the discussion room and will be recalled returning after the deliberation of the panel.

PART III: After the defence

During the panel's deliberation, the panel will discuss among themselves the result of the Project Presentation proceedings and come up with one of the following judgments:

Judgment	Grading System			
a) PASSED without revision	A+	4.00	95-100	Excellent
b) PASSED with minor revision	A- to A	3.67-3.89	87 - 94	Very Good
	B- to B+	2.67-3.33	76 - 86	Good
c) PASSED with major revision	C- to C+	1.67-2.33	64 – 75	Fair
	D to D+	1.00-1.33	50 –63	Satisfactory
d) FAILED and schedule for re-defence	F	0.00	Below 50	Failed

The internal panel shall confirm the final decision with the panel and complete the panel's comments in a prescribed form.

The Chairman will invite the candidate back into the room to resume the session, discuss the findings and suggestions, and provide a copy to the student.

The judgment, together with the time allotted to reflect all the suggestions of the panel, will be announced by the Chairman. The time allotment to submit the final manuscript is as follows:

If PASSED without revision, at the minimum of two weeks after the Project Presentation and up to the end of the trimester.

If PASSED with minor revisions, at the minimum of three weeks after the Project Presentation and up to the end of the trimester.

If PASSED with major revisions, at the minimum of one month and up to one month after the trimester has ended.

The candidate, after the defence, continues to discuss the project Presentation findings with the project coordinator / Project supervisor (if allotted) in improving the final manuscript.

Role of the Project Examiner (Internal and External)

1. The examiner shall assess whether the project meets the criteria for a successful project, as outlined in the instructions for the project score sheet and structure of a Project as per prescribed guidelines.
2. The examiner shall provide a review of the strengths and weaknesses of the project and recommend revisions in verbal and written form.
3. All examiners (internal and external) shall evaluate and rate the entire proceedings using the same criteria in the score sheet for final Project Presentation.

6.4 Format of Postgraduate/Undergraduate Student's Thesis /Terminal Project Course Documentation

For postgraduate thesis that is conducted independently by a student. The format of the thesis will be provided to them and students will be asked to complete a certificate to confirm that the thesis project is his/her own original work and has been carried out by him/her and to certify that all secondary material has been properly acknowledged and documented. The thesis for postgraduate students should be between 10,000 to 20,000 words. The full document should include essential parts arranged per programmes.

For terminal project course that is conducted independently by a student in an organization. The format of the project will be provided for the students. The project should be between 8,000 to 20,000 words.

For graduate students, two (2) hardbound copies (with CD attached) shall be submitted to the Library and the National Library.

6.5 Capstone Project/Thesis Student Satisfaction Survey

Capstone Project/Thesis Student Satisfaction Survey will be conducted to undergraduate and postgraduate students after submission of their final report.

The College Dean discusses the results of the survey to the undergraduate and postgraduate programme head and concerned offices on a trimestral basis to identify measures which may be done to maintain good practices and improve weaknesses. This serves as input to the annual course review.

7. QUALITY RECORDS

Thesis Supervisor Approval Form

Progress Monitoring Form

Ethical Assessment Form

Research Student Satisfaction Survey

Student Satisfaction Survey for Projects

8. DISTRIBUTION LIST

VP for Academic Affairs (VPAA)

Deans

Research Council

Work Based Learning

1. POLICY

Career Practice, the second component of the Placement & Linkage Cycle, serves as the primary method for the integration of academic knowledge with professional experiences. As the flagship program, Work Based Learning supplements the knowledge imparted through Career Awareness programs through the development of actual work-related competencies. Career Practice aims to expose students in the real world of work, and business, engineering, computing environments in order to develop their capacities, attitudes, professional attributes, and work ethics that contribute to their employability and life-long learning. With the objective of producing professionals and potential leaders of society, UTB believes that work-based learning (WBL) helps the student-trainees identify their career paths and work towards professional success. The success of WBL lies on the tripartite partnership between the University, the participating employers or work based and placement learning institutions, and the students.

2. PURPOSE

Moreover, the Career Practice aims the following: to provide opportunities for student-trainees to apply their knowledge and skills, learned and enhanced from UTB; to allow student-trainees to develop new skills in team building, human relations, leadership, communication and work ethics; to enable students to interact and work with , and learn from training entity supervisors who represent their respective companies/institutions; to provide student-trainees with the opportunities, to conduct self-assessment of their performance in the work place, recognizing their strengths and weaknesses for future development needs; to implement structures and procedures to assure the quality of WBL; to develop linkages and strengthen partnerships with the training entity supervisors; to ensure a safe, fair, decent, and conducive atmosphere to students; to produce highly skilled graduates dedicated to life-long learning and responsive to the growing socio-economic needs of Bahrain and the region.

3. SCOPE

The Work Based Learning Program (Internship) is an integral part of all undergraduate programmes of the university. The University defines WBL as any situation that provides student-trainees various opportunities to apply knowledge and skills learned from the University to workplace environments afforded by WBL linkage training entities. UTB ensures that the intended learning outcomes of the WBL are assessed and credited as part of the respective programmes where students are enrolled.

4. DEFINITION OF TERMS

Work-Based Learning (Internship) is learning that is integral to a higher education program, and which is based in the workplace and assessed and credited as part of the University programme. It is usually demonstrated through engagement with a workplace environment, the assessment of reflective practice and the designation of appropriate intended learning outcomes.

Student – trainee: A student enrolled in the Practicum course that receives hands-on experience and develops skills relevant to employer needs through WBL opportunities.

Field Training Unit: The entity responsible for supervising the field training program at the higher education institution, ensuring that students acquire professional skills aligned with labor market needs.

Training Supervisor: A member of the faculty at the higher education institution tasked with supervising and evaluating the student during the field training period, ensuring compliance with the course requirements.

Training Entity: The government or private entity responsible for providing the student with field training.

Training Entity Supervisor: An employee at the training entity with the experience and ability to train, mentor, and evaluate the student according to the training plan.

Assessment is the evaluation of a student's performance or achievement of the WBL objectives which lead to the realization of the Internship's CILOs.

Deployment is the entire process of carrying out Internship activities to students, advisers, and company/industry partners.

5. RESPONSIBILITIES

Head of Placement, Alumni and Career Development Center (ACDC) in coordination with Training Supervisors.

- Assists student-trainees in identifying and allocating WBL placements in case they have not chosen one.

- Endorses student-trainees to their identified WBL training entity supervisors. Conducts career seminar, career fairs, and related activities to assist students' career development and fulfilment of their professional success; and
- Keeps and updates database of training institutions per programme that includes company profile and information of training supervisors.
- Strengthen partnerships with WBL training entity supervisors.

Training Supervisor:

- Orients the student-trainees on WBL policies and procedure and other WBL related matters in coordination with the ACDC Head.
- Coordinating with the training entity to develop the student's training plan.
- Providing the training entity with the student's evaluation form.
- Ensuring that the student adheres to the training schedule.
- Visiting the student at the training site at least twice during the training period.
- Assisting the student in resolving any challenges faced during the training period.
- Evaluating the student upon completion of the training period.
- Assisting the administration of WBL surveys.
- Prepares an annual report on field training.

Training Entity:

- Assigning specific tasks to the trainee and appointing a supervisor to oversee the execution of these tasks.
- Ensuring that the student is not assigned tasks outside of the specified training program.
- Providing a safe and appropriate training environment, in line with approved health and safety standards.
- Coordinating with the training supervisor during site visits.

Student-Trainee:

- The trainee student must adhere to the training entity assigned by the higher education institution and may not switch training entities without prior official approval.
- The student must complete the training period.
- The student must comply with the training requirements and regulations set by the institution and the training entity.
- The student must adhere to health and safety standards at the training site.
- In case of inability to attend training, the student must inform the training supervisor and the training entity, providing reasons for their absence.

Dean:

- Appoints the training supervisor in the college.

- WBL training outcomes are aligned with the academic curriculum and are assessed based on clear educational objectives.

6. PROCEDURES

Deployment

The Head of Alumni and Career Development Center (ACDC) is tasked to forge partnerships/linkages with various local and international industry partners as WBL potential venues for the students.

1. The College organizes the Internship Orientation Seminar to provide significant information regarding the training activities.
2. The ACDC maintains a database of potential employers and posts these in conspicuous areas in the campus.
3. Any student requiring assistance may file his/her request to the ACDC and submit the following documents:
    - Training Application Letter
    - Curriculum Vitae
4. The ACDC prepares a letter of endorsement to the prospective WBL training entity supervisor submits this together with the students' credentials/documents. The letter must be endorsed and signed by the ACDC.
5. If the company accepts the student's application, the students are deployed to the training institution; otherwise, they will be referred to other companies.
6. Per HEC, a student shall not be allowed to take the WBL course more than two (2) other courses during the trimester.
7. The field training period should not be less than 8 continuous weeks, with a minimum of **5 working days per week**, and **6 hours per day** (a total of **240 training hours**). Public holidays are not counted within the training period. Student-trainees must attend at least **80%** of the scheduled training hours.

Assessment

1. Practicum activities should be subject to effective assessment and evaluation procedures. These should include as a minimum:

- Evaluation of Competencies signed by the Training Entity Supervisor.
- Performance Evaluation signed by the Training Entity Supervisor.
- Accomplishment Evaluation signed by the Training Supervisor and
- Ensuring feedback from Training Entity Supervisors through surveys and monitoring feedback forms.

2. If the student completes all the training requirements, the grade of the student should be based on the following:

   Performance Evaluation (by the company supervisor/head) - 50%
   Competencies Evaluation (by the company supervisor/head) - 20%
   Accomplishment Evaluation (by the practicum advisor) - 30%

3. The student may "Fail" WBL if the student fails to submit the technical report, does not achieve a passing grade from the training entity supervisor, or is absent for more than 20% of the training period without an acceptable excuse.
4. If the student is absent for more than 20% of the training period with an acceptable excuse, the student may be given an" Incomplete (IC)" mark.

7. QUALITY RECORDS

Updated List/Database of Training Entities

Endorsement Letters to Training Entities

Training Opportunities' File Record

Competencies Evaluation Form

Performance Evaluation Form

Accomplishment Evaluation Form

8. DISTRIBUTION LIST

VP for Academic Affairs (VPAA)

Academic Council

Head, ACDC

Academic Appointment

1. POLICY

It is the policy of the university to provide equal employment opportunities for individuals applying for academic posts and to undertake deliberate steps that increase the likelihood of a diverse applicant pool to address local and international best practices.

2. PURPOSE

UTB ensures that all individuals have an equal opportunity for employment, without regard to race, colour, sex, nationality, marital status, and sexual orientation.

3. SCOPE

This process is applicable to all employment practices including recruitment, selection, promotion, transfer, merit increases, demotion and separation.

4. PROCEDURES

4.1 Academic Search Process

a. Concerned dean/s prepares manpower request forms based on course projection, target number of students, competency requirements (PhD, etc.); and diversity requirements.
b. Dean submits manpower request form (MRF) duly approved by the VP for Academic Affairs and VP for Administration and Finance with specified minimum degree and competency requirements.
c. HRD receives the MRF and create a position announcement.
d. Whenever applicable, VP for Academic Affairs create a search committee that is diverse by race and gender, usually a group of three;
e. HRD advertise in various media/channels for the position sought for indicating the term- of-reference for the position and required materials for submission during application.

4.2 Evaluation of Candidates

a. HRD reviews received application materials based on established evaluation criteria;

b. HRD verifies candidate's qualifications (degrees/awards) by conducting

   background checks/character investigation.

c. HRD identifies candidates for initial screening/interviews. HRD submits list of qualified applicants to the Academic Search Committee.
d. Academic Search Committee evaluates the qualification of the candidate and recommends qualified applicants for teaching demonstration.
e. Dean forms a committee of three (3) chairs by the programme Head, for the purpose of teaching demonstration. The applicant has to achieve an average score of 80% to successfully passed the teaching demonstration;
f. The programme Head prepares results of teaching demonstration and forwards the list of successful candidate to the Dean;
g. The Dean interviews the applicant and verifies college's conformance to HEC regulations pertaining to competency requirements (PHD/MS); and diversification. Dean recommends successful applicants for hiring to the HRD;
h. HRD prepares list of successful candidates and arranges for candidate's interview with the VP for Academic Affairs.
i. VP for Academic Affairs interviews applicants and submits results to HRD.
j. HRD arranges interview with the VP for Administration and Finance.
k. VP for Administration and Finance interviews and submits results to HRD.

4.1 Job Offer

a. HRD prepares the job offer to the successful applicants.
b. HRD informs other candidates of their status and close the search process.

4.2 Appointments Requiring a Search

Every effort should be made to advertise, post, and evaluate applicants for vacant positions where opportunities should generally be filled through a competitive process. Filling vacancies through the search process assures that programmes are hiring the most qualified candidates.

<u>The following position requires an academic search:</u>

- Senior Faculty Administrative Positions including VP for Academic Affairs, Dean, programme Head, and Director
- Regular Faculty Positions such as Professor, Associate Professor, Assistant Professor, and Lecturer

4.3 Appointments Eligible for Search Waiver or direct appointment based on urgent needs that cannot be addressed through the normal search process (i.e. increase class enrolment at the beginning of a trimester requiring an immediate teaching appointment).

- Part-time/hourly position
- Temporary specialized faculty position (visiting or adjunct)
- Faculty positions with "Emeritus" in the title
- Postdoctoral research associate and visiting scholars

4.4 Promotions and Title Change

Appointment changes apply for changes in the status or title for academic professionals in the following circumstances:

- Promotion of academic professionals.
- Reassignment of academic professional to another position with similar duties and similar rates of pay within the university.

4.5 Appointment to Interim Position

When a position is vacant and the college/ programme needs to fill the position for a limited period (up to trimester) prior to a full search, the Dean may make an acting/interim appointment of an existing UTB employee. The college/ programme should undertake the following process:

- Announce the opportunity within the college/ programme and specify deadline for submission of letter of intent.
- Indicate that an open recruitment will occur in the future to permanently fill the position.
- Interview interested employees who are best qualified.
- Considers equality and diversity objectives when selecting temporary replacement.
- Inform the temporary replacement that he or she has a right to return to his or her permanent position at the end of the acting/interim appointment.

5. DISTRIBUTION LIST

VP for Academic Affairs (VPAA)

Academic Council Head

ACDC

Faculty Loading

1. POLICY

It is the policy of the university to provide every faculty with just, fair, and equitable course loads in accordance with statutory and regulatory requirements.

2. PURPOSE

It is the general purpose of the University that all classes offered accordingly for the term will have assigned faculty members from the first day of class up to the end of the term. The faculty members assigned to deliver the course must possess the required credentials, qualifications, and capability to teach and handle the assigned courses.

3. SCOPE

This faculty loading policy and procedure shall cover full- and part-time faculty members who are included in the HRD-approved summary list.

4. RESPONSIBLITIES

- Programme /Department Head - responsible for assigning faculty loads, in accordance with the University regulations and endorses to the Dean
- Dean- approves the faculty loading for the term in their respective departments/ programmes.

5. DEFINITION OF TERMS

- Engagement Hours- hours allotted for committee/administrative work per week depending on the rank of the faculty.
- Consultation Hours - consist of 6 hours of academic advising per week.
- Credit Hours (lecture) - consists of 14 hours of face-to-face contact per term per 1 credit hour
- Credit Hours (laboratory) - consists of 28 hours of face-to-face contact per term per 1 credit hour
- Faculty Load - Course load or subjects assigned and given to a faculty member.
- Regular Class – An officially approved course section offered during a regular academic term with a minimum enrollment of ten (10) students. Course sections with fewer than ten (10) enrolled students shall be subject to review by the VPAA

and approval by the President, taking into consideration academic requirements, graduation needs and institutional priorities.

- Research Hours - consist of 9 hours of research-related activities per week.

6. PROCEDURES

Programme/Department Heads collate all the needed references for faculty loading such as course offerings, list of faculty members, and faculty specialization.

2. At least a week before the start of classes, the Programme/Department Head under the oversight of the Dean assigns faculty members to all regular classes. The loading must be approved by the Dean.
3. Faculty load assignments are determined based on established criteria, including the faculty member's area of specialization and demonstrated research capabilities. In accordance with HEC regulations, faculty members are expected to engage not only in instructional activities but also in the following areas:
    - Conducting scholarly research and engaging in professional development activities to maintain expertise in their academic discipline;
    - Providing academic advising and mentoring to students; and
    - Participating in service activities that contribute to the college, university, and the wider community.
4. A full-time faculty member shall have a standard workload based on a 40-hour workweek, which shall be distributed as follows:
    a) Regular Teaching Load: A teaching load equivalent to 15 units per week, however the regular teaching load may be increased to a maximum of 18 units per week depending on programme requirements and course offerings.
    b) Academic Research: 9 hours per week shall be allocated for research, scholarly activities, publications, grant-related work, and other approved research activities.
    c) Student Advising and Consultation: 6 hours per week shall be dedicated to academic advising, student consultation, mentoring, and other student support services.
    d) Engagement and Administrative Responsibilities: The remaining hours of the 40-hour workweek shall be allocated to institutional service, including committee work, programme development, accreditation and quality assurance activities, community engagement, professional service, administrative assignments, and other duties assigned by the University.

Note: A full-time female faculty member shall be entitled after her maternity leave and until her child is six (6) months of age to two periods to suckle her newly born child each

of which shall not be less than one hour. She shall also be entitled to two periods of care for 30 minutes each until her child is one year of age.

5. All full-time faculty members must be physically present at the University for at least forty (40) hours per week, over five (5) working days between 8:00am to 9:30pm.
6. A flexible work schedule is allowed, with daily attendance ranging from a minimum of four (4) hours to a maximum of eight (8) hours, as long as the total weekly requirement is met. Flexible arrangements must not compromise the faculty member's responsibilities, including participation in University and College meetings, academic advising, and other assigned academic functions.
7. The number of courses per trimester teaching workload within colleges and/or departments may be adjusted with the approval of the President to allow faculty members to handle additional teaching load. A faculty member who assumes overload teaching assignments will be given additional compensation. Faculty with approved teaching overload assignment must continue to fulfill all its obligations.
8. College officers teaching load is specified as follows:
    - Dean shall have 6 credit hours teaching load.
    - Programme/Department Head shall have 9 credit hours teaching load.
    - The teaching load of other college officers and faculty members assigned administrative responsibilities shall be determined on a case-by-case basis, taking into consideration the nature, scope and complexity of their administrative functions. The recommended teaching load shall be endorsed by the VPAA and shall be subject to the approval of the President.
9. A faculty member who secures an external research grant or is appointed to lead an externally funded research project may request a reduction in teaching load. Such requests shall be subject to the recommendation of the Research Director, endorsement by the VPAA, and approval of the President.
10. Part-time faculty members may be assigned a teaching load of up to 12 credit hours.
11. Professional and advanced courses are assigned and preferably loaded to doctorate degree holders or to master's degree holders with professional certifications.
12. The Programme Head follows closely the enrollment of the students during the Add/Drop period to make sure that all the confirmed sections are assigned to an available faculty member (Part or full time). The Dean's office ensures that the final faculty loading is encoded in the SIS.

7. QUALITY RECORDS

Faculty Loading

Faculty load/plotting form

8. DISTRIBUTION LIST

VP Academic Affairs \ Head, Internal Audit \ All Faculties \ Programme and Department Heads

Faculty Induction, Peer Review and Mentoring Program

1. POLICY

This policy covers three parts for the successful integration of new faculty members into their respective programmes: Faculty Induction, Peer Review and Mentoring program.

It is the policy of the university to ensure that all faculty members will acquire the knowledge of all administrative and academic procedures and resources of the University to succeed in their roles as esteemed faculty.

It is also the policy of the university to ensure that all teaching faculty members must undergo peer evaluations of teaching performance on a regular and ongoing basis. This policy, in part, establishes procedures and guidelines that must be followed for the evaluation of faculty teaching effectiveness to determine additional mentoring activities for the faculty, if needed.

Moreover, it is also the policy of the University to provide support for faculty who, as a result of the Peer Review, need to undergo further mentoring to improve and succeed in their roles as faculty members within their colleges and programmes. This peer mentoring program aims to establish a mentoring relationship between a mentor and a mentee. The mentor is a senior faculty member, or head of department, with sufficient skills and knowledge of their operations or programs and can impart this knowledge to new faculty.

2. PURPOSE

The policy aims to assure that all newly hired members of the faculty will adhere and gain benefit from the knowledge and skills developed by senior faculty, administrators and students.

First, it will describe the rules for knowledge sharing between new faculty members and their peers during the faculty induction and orientation stage.

Second, it will set guidelines for peer review that will ensure that faculty has greater autonomy to innovate and to teach rigorously. This can give faculty the opportunity to focus more intentionally on what helps students learn best, and therefore more directly focus on the quality of their teaching.

Third, it will set the direction to reinforce the relationship and knowledge sharing between mentors and mentees in the peer mentoring process that aims to continuously improve the teaching performance and effectiveness of the faculty during his/her tenure in the University.

3. SCOPE

The policy covers (a) Faculty Induction/Orientation Process, (b) Peer Review Process and (c) Peer Mentoring activity

4. RESPONSIBILITIES

- **Programme Head** – responsible for the conduct of faculty member induction to the programme
- **Heads of Department** - responsible for the conduct of the faculty member induction regarding the services or support provided by the department.
- **Dean** - responsible for assigning mentor to new faculty members.
- **Mentor** – provides informal advice to the new faculty member on aspects not only of teaching, but also on research and committee work.

5. DEFINITION OF TERMS

- **Induction** – the process of faculty on boarding to the programme that includes information sessions with the programme head and heads of support department
- **Peer Review** - the process of observing peers during teaching session and used as basis for mentoring
- **Mentoring** – the process of providing support mechanism for junior faculty members to improve their teaching performance

6. PROCEDURES

6.1 Faculty Induction

6.1.1 Faculty induction session

A. *Faculty induction by the HR Department*

The first stage of new faculty member induction is conducted by the head of HRD where the following are covered

- Organizational structure including key officers
- Benefits and compensation including sick leave, vacation leave, and airfare
- Renewal
- Performance evaluation

- Conduct and discipline

B. *Faculty induction by the College*

In the beginning of each trimester, the programme head in the college should conduct an induction session for newly hired faculty members teaching in the programme. He/she will:

- Present the University mission, vision and values to new faculty.
- Present the University and college organizational Units and present the faculty manual.
- Discuss faculty duties and responsibilities in the areas of teaching, research, academic advising, and administrative.
- Discuss all the academic policies necessary to effectively fulfil their duties and responsibilities such:
    1. Teaching and learning including use of Moodle and zoom
    2. Assessment including table of specifications, rubrics, schedules, and grade submissions
    3. Research
    4. Learning outcomes
    5. Course report
    6. Course review
    7. Internal and external moderations

To ensure that newly hired faculty members will be able to execute his or her responsibilities in accordance with the university's policies and procedures, the programme Head will assign a mentor for one (1) trimester. The mentor will provide guidance and assistance with her/his mentee on areas about teaching research, committee processes as well as on the report preparation and submissions. A mentoring report will be submitted to the programme head.

Minutes of the induction session should be documented and submitted to the Dean's Office

6.1.2 Library Orientation session

The Librarian conducts an orientation session to all new faculty members. The objective is to show available resources including books, periodic and journals. The session should cover also online resources. The Librarian discusses detail of all the procedures on how to borrow and return books access other reference. A library user guide will be provided to all participants. The library orientation session minutes will be prepared and used for Library manager clearance.

6.1.3 CQI Orientation session

The chair of the college Continuous Quality Improvement (CQI) Committee is responsible for presenting university and College policies and requirements with regards to quality assurance. The session should cover quality assurance processes and required documents, plans, improvement plans and monitoring plans. The CQI chair should present the timeline for quality documents submission. Minutes of the orientation session will be used for the clearance of the college CQI chair.

6.1.4 Research orientation session

The director of the University research department is responsible for presenting to the newly hired faculty members the university research strategy including research areas and priorities. The orientation session should cover the research policy and requirements including the timeline for research submission, revision and approval. Minutes of the orientation session will be used for the clearance of the University research director.

6.1.5 Moodle, CIS and Grading system and advising orientation session

The chair of the College curriculum review committee is responsible for conducting an orientation session for newly hired faculty members. The session should cover:

1. Moodle user guide
2. CIS system user guide
3. Grading system user guide
4. Students' advising process including pre-enlistment, enrolment, adding and dropping, attendance monitoring, etc.
5. The Chair of the CRC committee will present the minutes of the orientation session for his clearance.

6.1.6 Mentoring teaching sessions

When required the dean of the College can arrange for pilot teaching sessions offered by senior faculty members recognized for their teaching experience and successful teaching style and methodology to be introduced to new faculty members in specific subjects.

6.2 Peer Review Activity

6.2.1 Responsibility

A committee of peer reviewers in the respective programme s is responsible for the conduct of peer review activity that is conducted on a regular frequency every school year.

6.2.2 Procedures

A committee of peer reviewers (maximum of 3 members) is to be formed every beginning of the school year. Membership of the committee prioritizes faculty who have more than 3 years of academic experience in the University. Two reviewers ("raters") will be assigned to each faculty member ("faculty") to be reviewed. The committee should consist of a chair within the department/programme who oversees the peer review process and a cadre of faculty raters who may come from within the department or from other departments in related disciplines.

6.2.3 The raters meet first with the faculty to discuss the faculty's objectives for the course, arrange two class observation dates, specify the course materials to be collected (course specifications, course learning objectives, policies and procedures, handouts, lecture notes, etc.), and go over the two rating forms. This may take from 20-30 minutes.

6.2.4 The raters observe the first class and independently fill out class observation rating forms. Immediately afterward, they meet to reconcile their ratings of each item on the form and enter the reconciled ratings on a consensus form. If they could not agree on how to rate an item, their ratings were averaged and rounded up to the next highest integer. The same procedure will be subsequently carried out for the second.

6.2.5 class observation. The class observation must be conducted for a minimum of 30 minutes and a maximum of 1 hour.

6.2.6 At the end of the trimester, the raters collect the specified course materials, independently fill out course material rating forms, and reconcile them to arrive at a consensus rating. They then draft a report summarizing their findings and hand it over to the review committee chair.

6.2.7 The chair drafts a report that summarizes and discusses the faculty's strengths and areas that need improvement. The letter is first given to the raters to be reviewed for accuracy and revised if necessary, and copies of the revised letter are sent to the department head and the faculty. The faculty is welcome to submit a dissenting report if he/she disagrees with any of the findings.

6.2.8 All faculty members who will be reviewed will be invited to meet with their raters and the review committee chair to discuss the evaluation and formulate measures they might take to improve their teaching.

6.2.9 Each rater spends about five hours on this entire peer review process: 30

minutes meeting with the faculty, 2 hours observing classes, and 2 hour reviewing course materials, reconciling forms, and preparing reports. Peer review of teaching is to be conducted for all faculty members with teaching assignments.

6.2.10 Lecturers and Assistant Professors should have a minimum of three peer reviews each school year, with one of them occurring before reappointment/renewal of contract.

6.2.11 The review period for Associate Professors should be a minimum of two peer reviews each school year, with one of them occurring before reappointment/ renewal of contract.

6.2.12 Peer review of Full Professors must be completed every two years, with one of them occurring before reappointment/ renewal of contract.

6.2.13 A minimum of two (2) peer reviews of part-time faculty must be completed every trimester.

6.2.14 Courses that have enrolments too low to ensure anonymity of student evaluations ($n \leq 8$) or that do not present course material (e.g., undergraduate and graduate research, internships, capstone courses) will not be evaluated using the university evaluation instrument. Other exemptions must be approved by the VP for Academic Affairs.

6.3 Mentoring Program

6.3.1 Responsibility

Deans, Associate Deans, and programme / Department heads are responsible for the continuous improvement and growth of their respective faculty and their teaching performance. Thus when needed, or based on the results of the Peer Review activity, senior faculty will be assigned as mentors to mentee faculty who will need to be mentored to improve their teaching skills.

The mentor should provide informal advice to the new faculty member on aspects not only teaching, but also on research and committee work.

6.3.2 Procedures

- After the conduct of the peer review activities every trimester, the peer review committee drafts a report summarizing their findings and gives it to the review committee chair.
- The chair drafts a letter that summarizes and discusses the faculty's strengths and areas that needed improvement.
- Once the department head and the faculty come into agreement on the results of the peer review, the peer mentoring process is then initiated to address the areas for improvement.

- A mentor (selected from a pool of senior faculty with more than 3 years of work experience in the University and in the same or similar discipline) will then be selected to guide and support the prospective mentee faculty.
- The assigned mentor should contact and meet his/her assigned mentee on a regular basis for period of not less than two trimesters. The frequency of the meetings will depend on the progress of the mentee but should not be less than 3 times per trimester. Each meeting should be documented in an activity report submitted by the mentor at the end of the trimester to the programme head.
- The progress of the mentee will be monitored by the mentor who will then align his mentoring procedures and focus areas with the aim of strengthening the weak points of the mentee.

6.3.3 Review of Teaching sessions

When required the dean of the College can advise for additional teaching sessions offered by senior faculty members recognized for their teaching experience and successful teaching style and methodology to mentee faculty members in specific subjects.

The mentor should treat all interactions and discussions in confidence. There is no evaluation or assessment of the new faculty member on the part of the mentor, only supportive guidance and constructive feedback.

7. DISTRIBUTION LIST

VP Academic Affairs

Deans of Colleges

Quality Assurance and Accreditation Department

Faculty Professional Development

1. POLICY

It is the policy of the university to provide opportunities for academic professional to engage in various faculty development activities that promotes innovation and excellence in teaching and learning, research, and administration.

As faculty members enter various career stages and seek to widen the range and scope of their work, they frequently need to acquire skills and approaches that push the limits of their own disciplines.

The University encourages and supports faculty development in the areas of teaching; research and creative/scholarly activity; and professional service and community engagement.

2. PURPOSE

The purpose of the policy is to ensure that the academic staff is provided with the opportunity to amplify or focus their core competencies or to acquire new ones and be a successful educators, researchers and administrators.

3. SCOPE

This process is applicable to all full-time time academic staff of the university and involves formal education and informal trainings, workshops, seminars, and conferences.

4. PROCEDURES

UTB develops and supports assortment of long-term faculty development programs (formal education and sabbatical); and short-term and special training opportunities (conference attendance, workshops, and in-service training). These activities are included in the Faculty Development Plan of the College. The FDP is the product of the following inputs: individual Faculty Development Plans, Training Needs Assessment (TNA), Dean/PH Evaluation/Faculty Performance (PAST) in consideration of college needs/priorities. These inputs are the bases for the formulation/implementation of the College FDP. Measurement of training effectiveness is done on an annual basis and

training activities are gauged based on impact indicators.

4.1 Long-term faculty development programme includes formal course of studies and sabbatical leaves.

a. Faculty members may avail of the educational benefits after one (1) year of full-time and continuous service to the university;
b. Faculty members must enrol in the programme of studies offered at the university or at any of the branches of the University where they can avail of tuition fee subsidy;
c. Faculty members are allowed to apply for sabbatical leave to pursue scholarly activities and interact directly with scholars in leading academic and research institutions;
d. Faculty members are eligible to apply for one year sabbatical leave after serving the university continuously for a period of five (5) years with the rank of at least Associate Professor;
e. Faculty applying for sabbatical leave must submit to the Office of Vice President for Academic Affairs a complete proposal that clearly states the objectives, research plan, budget and its contribution to the university in general.
f. Faculty members on sabbatical leave is not allowed to accept gainful employment except under meritorious cases as approved by the President.
g. Salary while on sabbatical leave may range from 0%-100% of the basic salary with provision for additional support if necessary such as airfare, budget assistance, transportation allowance, and others.

4.2 Short-term and special training opportunities include faculty attendance to trainings, workshops ,conferences and professional certifications.

4.3 Faculty members are encouraged and supported to attend local trainings, workshops, and conferences based on their faculty development program;

4.4 Faculty members are also encouraged and supported to attend international trainings, workshops, and conferences based on their faculty development program.

In both cases, concerned faculty member must submit the request to the college dean in availing the support including appropriate documents related to the request.

a. Dean endorses the request to the Office of Vice President for Academic Affairs (VPAA) for approval.

b. Faculty Development Officer who reports to the VPAA verifies request based on faculty development programme of the college and provides recommendations to the VPAA.

c. Vice President for Academic Affairs approves/disapproves the request of the faculty;

d. Faculty Development Officer monitors the progress of all faculty members who availed of the faculty development activities.

4.5 Faculty Development Plan/Budget Preparation, Approval and Implementation

Preparation for Annual Budget

- The Vice President for Academic Affairs (VPAA) in one of the Academic Council

meeting announces the budget preparation for the coming academic year;

1. The Academic Council agrees on the timetable for submitting the College Plans including budget;
2. The College Faculty Development Committee solicits inputs such as individual faculty programme and makes use of result of performance appraisal evaluation. The committee consolidates input and prepares the faculty development program;
3. Faculty development committee presents programme to the College Council for evaluation and take into consideration the development plan and strategic plan of the college in the areas of instruction, research and community engagement. The process allows programme heads to assess the appropriateness of each item brought forth by each faculty member;
4. Dean of College prepares College Faculty Development programme based on the result of the evaluation by the College Council with additional faculty development items as appropriate. The programme is submitted to the Office of Vice President for Academic Affairs.
5. The Faculty Development Officer (FDO) consolidates the submission of the Deans and schedules a plan/budget defence with the VP for Academic Affairs to ensure coherence of the programs to University Vision, Mission and Goals attainment.
6. FDO prepares an Institutional Faculty Development programme where additional activities can be added on top of the programs submitted by the colleges.
7. The VPAA approves the institutional faculty development programme and recommends approval to the President.

Implementation of FD Plan

1. Each college has FD Plan with the list of activities to be carried out during the

Academic Year;

2. FD chair submits a memo request for every activity that is proposed to be done. The memo request contains the following as: memo approval sheet, training overview or proposal, CV of the trainer/s and list of participants.
3. The memo request has to be signed by the FD Chair, College Dean, and the FDO with recommending approval by the Finance Department and VPAA Office. The Vice President for Academic Affairs then endorses the memo to the President for approval.
4. After the activity, FDO conducts reaction evaluation to measure the strength and quality of the activity.
5. Every end of the Academic Year, FDO prepares the report on Training Effectiveness evaluated on basis of four (4) impact indicators as participants' post activity feedback by the FDO; students' satisfaction results by the Planning Department; teachers' satisfaction results by the Planning Department; and Deans evaluation on teachers' performance. This report on training effectiveness is validated by the Institutional Research Office of the Planning and development Department. The report also serve as input to the annual faculty development plan.

5. QUALITY RECORDS

Individual Faculty Development Plan (iFDP)

TNA Analysis

Performance Appraisal System for Teachers (PAST)

College Faculty Development Plan (FDP)

FD Impact on Training Effectiveness Report

6. DISTRIBUTION LIST

VP-Academic Affairs Deans

Head, Faculty Development Office

Head, Research Center

Head, Human Resource Department

Faculty Exchange

1. POLICY

UTB promotes faculty exchange and other forms of joint collaborations with local and international universities. It is a way of expanding the university's network for teaching, research and other scholarly activities which are mutually beneficial in one way or another.

2. PURPOSE

It is the policy of the University to support the professional development and growth of its teaching staff and pave the flourishing of learning diversity and research specializations.

3. SCOPE

This policy and procedures is applicable to faculty exchange activities of the teaching staff of UTB.

4. PROCEDURES

4.1 ***<u>Faculty Exchange – UTB Lecturer:</u>***

4.1.1 Faculty member(s) who may wish to conduct short-term lecture in another university as professional lecturer may be permitted provided there is a signed memorandum of agreement between UTB and the concerned university, either local or foreign.

4.1.2 For short-term engagement, UTB is allowing the conduct of professional lecture provided the maximum duration is two weeks and the schedule falls during the scheduled term breaks of classes.

4.1.3 There will be no employee-employer relationship to exist between the faculty member and the sponsoring university and the faculty member should not receive compensation to the services rendered.

4.1.4 The service rendered by the faculty will form part of the technical community extension by UTB.

4.1.5 For long term engagement, UTB is allowing academic staff to conduct a professional lecture to another university under sabbatical leave arrangement for a duration of one (1) trimester.

4.1.6 During the sabbatical period, the faculty member is still considered as a full-

time employee of UTB. However, the compensation of his/her salary depends on the arrangement between UTB and the sponsoring university.

4.1.7 The arrangement shall be specified in the signed MOA between the two universities.

4.1.8 The faculty member shall:

A. *Submit a letter of intent to the College Dean three (3) months prior to the scheduled conduct of the lecture. All supporting documents must accompany the letter of intent, e.g. Invitation letter, topics to be discussed, arrangement for airfare and accommodation, etc.*
B. *The College Dean will evaluate the suitability of the request and either approves or disapproves the request.*

If the request is approved, the Dean will endorse the request to the VP Academic Affairs for approval.

4.2 Faculty Exchange – Research:

4.2.1 Faculty member(s) may collaborate with local or foreign university in the conduct of his/her research especially if the area of interest falls outside the capability of the University to support the research. These limitations may be in a form of equipment availability and other resource which shall be identified by the faculty member.

4.2.2 The area of interest should be listed in the priority research agenda of the college and the university.

4.2.3 The Dean of the College shall facilitate the signing of the memorandum of agreement between UTB and the host university. The signed MOA/MOU serves as a prerequisite before granting the request.

4.2.4 Proper provisions pertaining to ownership of research outputs and other intellectual property right issues should be outlined in the MOA/MOU.

4.2.5 All financial and other budgetary requisites shall be identified and agreed between the two universities. Should there be financial grants involved, and which has to be provided by the University, the faculty member is required to sign a return service agreement.

4.3 Faculty Exchange – Industry Immersion/Training:

4.3.1 UTB may, from time to time, send faculty members to industry immersion and training as a result of consultations with external stakeholders and partners. Such activity may be a requirement to support new curriculum and programme offerings.

4.3.2 If the length of the programme is less than a month, the faculty member may avail of substitution of classes and the dean of the college shall facilitate such arrangement. If the length of the programme is more than a month, the faculty member shall be fully loaded in that trimester to avoid short-changing the students. Throughout the entire course of the immersion/training programme, the faculty member is properly compensated.

4.3.3 The faculty member shall develop the course modules and its associated activities as part of the required documentation for submission.

4.3.4 All industry immersion/training shall be covered by signed memorandum of agreement between UTB and the company.

4.3.5 All industry immersion/training shall be covered by appropriate return service agreements.

4.4 Faculty from other Universities:

4.4.1 UTB may receive experts from other universities either as teaching staff or research associates.

4.4.2 The arrangement shall be covered by a contract (if personal) or by a memorandum of agreement (if university)

4.4.3 During the period of engagement, there will be no employee-employer relationship to exist between the faculty. However, all entitlements such as salaries and benefits for the duration of the engagement shall be mutually agreed and stipulated in the contract or MOA.

4.5 Programme Implementation and Monitoring:

4.5.1 All requests for faculty exchange shall be submitted to the college dean for checking and verification. The Dean after receiving the request shall check whether a signed MOA between UTB and the concerned company exists. If there is no signed MOA, the Dean shall facilitate the signing of the MOA before any request shall be approved.

4.5.2 If signed MOA exists and still in effect, the Dean shall evaluate the request based on established parameters, e.g. availability of substitute teachers, availability of equipment and other research facilities, material benefits to the college and to the university, etc.

4.5.3 All approved requests shall be endorsed to the VP Academic Affairs for recommending approval of the President of the University.

4.5.4 The President approves the request.

*4.6 **Reporting:***

4.6.1 Any form of faculty exchange will require submission of progress monitoring report during the conduct of the programme and a completion report after the conclusion of the programme.

4.6.2 For lecturer, a summary of learning experiences, teaching methodologies and course materials used during the conduct of lecture shall be provided in the report.

4.6.3 For research collaboration, a copy of the final paper or article shall accompany the report together with the listings of potential journal publications and conference presentations.

4.6.4 For immersion and training, a complete set of course module and case/laboratory activities shall accompany the report.

4.6.5 All faculty exchange activities of college shall be compiled every end of trimester and to be submitted to the VP Academic Affairs copy furnished the Quality Assurance and Accreditation office.

At the end of every academic year, all faculty exchange completion reports shall be submitted to the VP Academic Affairs copy furnished the Quality Assurance and Accreditation office. These documents will form part of the college and university exhibits for external visits and accreditation purposes.

Faculty Appraisal System

1. POLICY

The University's policy is to provide a continual and constructive evaluation procedure that allows faculty members to improve their efficacy and foster better instruction delivery, research and community engagement.

2. PURPOSE

- This policy and procedure provide the steps in evaluating faculty members' performance at University of Technology Bahrain (referred to herein as "UTB" or "the University").
- The purpose of this policy is to set clear standards and responsibility for the faculty members' evaluation program, as well as to standardize the evaluation system for all faculty members across departments and colleges.
- The Faculty Appraisal System provides appropriate feedback to faculty members, encouraging professional learning and progress. The technique is designed to aid faculty development and identify areas where additional assistance is required.
- The results of the performance evaluations will be utilized to link in the rewards /incentives, remuneration system, academic promotions, and training requirements analysis set by the University.

3. SCOPE

- The process of evaluating a faculty member's performance is defined by this policy and procedures, which covers five criteria: Teaching and Learning; Research; University Service; Community Service; and professionalism.
- Each faculty member's rank is allocated a weighted percentage based on the five criteria.
- This policy applies to all faculty members who have successfully completed their probationary period.

4. FREQUENCY OF THE PERFOMANCE EVALUATIONS

The evaluations for the faculty members will occur once a year. All data will be collected every trimester.

5. SUMMARY OF CRITERIA FOR FACULTY MEMBERS

Category	Research	Teaching & Learning	University Service	Community Service	Professionalism	Total
Professor	35%	40%	10%	10%	5%	100%
Associate Professor	30%	45%	10%	10%	5%	100%
Assistant Professor	25%	50%	10%	10%	5%	100%
Lecturer	20%	55%	10%	10%	5%	100%

6. PROCEDURES

6.1 Research

- Components of the research criteria are the following: Research/book publications in refereed journals (Scopus). Paper presentations in a research conference. Accepted research project with industry or external group.
- Each faculty member will download the Research Activities form, which will be used to record all research activities completed during the academic year, together with supporting materials.
- The documents for evaluation will be submitted within the College's stipulated time frame.
- The documents will be evaluated by the immediate supervisor (programme Head/Head of Department) in accordance with the approved rubrics.
- The result of the evaluation will be presented and discussed to the concerned faculty member; and signatures from both parties will be affixed.

6.2 University Service

- The following are among the university's service achievements: engaging in activities related to quality assurance. Taking part in the work of both standing and ad-hoc committees. Participating as a chair, coordinator, or member in organizational events such as conferences, workshops, and seminars (refer to University Service Rubrics).
- Each faculty member will download the University Service Achievements form,

which will be used to record all university service achievements completed during the academic year, together with supporting materials.

- The documents for evaluation will be submitted within the College's stipulated time frame.
- The documents will be evaluated by the immediate supervisor (programme Head/Head of Department) in accordance with the approved rubrics.
- The result of the evaluation will be presented and discussed to the concerned faculty member; and signatures from both parties will be affixed.

6.3 Community Service

- Components of the community service achievements are the following: Delivering public lectures that serve the community; Participating in activities organized by official professional/ cultural societies; Membership of technical or ad- hoc committees, or boards; providing scientific consultation or conducting workshops or seminars. Participating in media activities related to the major, such as articles, TV or radio interviews, participating as judge /referee in official local, regional or international contests and Participating in other community service activities.
- Each faculty member will download the Community Service Achievement form, which will be used to record all community service achievements completed during the academic year, together with supporting materials.
- The documents for evaluation will be submitted within the College's stipulated time frame.
- The documents will be evaluated by the immediate supervisor (programme Head/Head of Department) in accordance with the approved rubrics.
- The result of the evaluation will be presented and discussed to the faculty concerned member; and signatures from both parties will be affixed.

6.4 Teaching and Learning

- Components of the teaching and learning are the following: students' evaluation (all classes every trimester) and immediate supervisor's evaluation (classroom observation).
- Each faculty will download the Summary of Course Taught form, which will be used to list all course taught with corresponding ratings completed during the academic year, together with supporting materials.
- The documents for evaluation will be submitted within the Academic Affairs Department's stipulated time frame.
- Classroom observation will be conducted by the immediate supervisor every trimester. Results will be accumulated for the whole academic year.
- The College Dean prepares schedule for the classroom observation of all faculty members every trimester.

- The College Dean/Associate Dean/Department Heads conduct actual classroom observation on the set schedule.
- The College Dean/ Associate Dean/ Department Heads conduct an individual post-conference with the faculty concerned.
- The documents will be evaluated by the immediate supervisor in accordance with the approved rubrics.
- The result of the evaluation will be presented and discussed to the faculty concerned and signatures from both parties will be affixed.

6.5Professionalism

- Components the personal and behavioural capabilities are the following: Institutional commitment; collaboration and teamwork; client service and achieving results.
- The immediate supervisor will evaluate the faculty member in accordance with the approved rubrics.
- The result of the evaluation will be presented and discussed to the faculty concerned and signatures from both parties will be affixed.

7. PERFORMANCE EVALUATION APPEAL PROCESS

- If a faculty member is dissatisfied with their performance review or final rating, he/she can submit a written appeal to the Dean within0 working days of receiving their final feedback.
- If the Dean is the appraiser, a faculty member has the authority to appeal to a higher level of senior administration.
- The appeal will be submitted in a confidential letter outlining the reasons for the disagreement. The letter should include a copy of the appraisal as well as any extra paperwork.
- The appeal will be sent to the Appeal Committee, which will have0 working days to respond.
- The Academic Appeal Committee will be composed of the Vice President for Academic Affairs and two College Deans. The Chairman of the Appeal Committee will be the Vice President of Academics. If the person who is appealing or the evaluator is already on the Appeal Committee, a new member must be chosen. The Academic Council will nominate members of this Committee at the start of the academic year.
- Before making a final judgment, the Appeal Committee may conduct separate discussions with the employee and the faculty member's immediate supervisor.
- The decision that has been reached is irrevocable. The HRD will receive a copy of the final decision, which will be filed in the personnel file of

the faculty member.

8. PERFORMANCE EVALUATION APPEAL PROCESS

The final ratings shall be assigned using the following rating scale for the faculty members:

Numerical Rating	Descriptive Equivalent
93-100	Outstanding (O)
85-92	Very Satisfactory (VS)
80-84	Satisfactory (S)
70-79	Moderately Satisfactory (MS)
Below 69	Not Satisfactory (NS)

These ratings will be recorded on the faculty member's record file and may be used to make decisions about providing incentives, bonuses, pay increases, promotions, and training programs, as well as grounds for considering termination or non-renewal of contract for non-performance.

9. POLICY REVIEW PERIOD

The herein policy shall be reviewed every five years, or when the need calls by the Vice President for Academic Affairs

10. APPENDICES

Appendix A Evaluation Summary Rating - Professor.xlsx

Appendix B Evaluation Summary Rating - Associate Professor.xlsx

Appendix C Evaluation Summary Rating- Assistant Professor.xlsx

Appendix D Evaluation Summary Rating - Lecturer.xlsx

Appendix E Rubrics_Research.docx

Appendix F Rubrics_Teaching CLearning.docx

Appendix G Rubrics_University Service.docx

Appendix H Rubrics_Community Service.docx

Appendix I Rubrics_Personal-Behavioral.docx

Appendix J Research Activities.docx

Appendix K Scientific Activities.docx

Appendix L Community Service Achievements.docx

Appendix M University Service Achievements.docx

Appendix N Awards and Acknowledging Certificates.docx

Appendix O Summary of Courses Taught.docx

Academic Promotion

1. POLICY

University of Technology Bahrain (UTB) supports continuous advancement and excellence among academic staff in the areas of teaching and learning, research and scholarship, and community engagement. Hence, UTB adopts a policy to promote academic staff based on their qualifications, exemplary performance and scholarly contributions to academia and the community.

2. PURPOSE

The purpose of this document is to itemize the comprehensive procedures and processes of promotion, which are used as guidelines in awarding the merit of promotion among qualified candidates at UTB.

3. SCOPE

The policy covers the criteria of promotion and is applicable to all full-time academic staff at the University. The policy adheres to the criteria of academic qualifications and employment, research and scholarship, and community engagement.

4. PROMOTION BOARD

4.1 Institutional Promotion Board

The board shall be responsible for adhering to the procedures in the promotion policy and ensuring that all promotional criteria requirements are met. Moreover, the board shall evaluate the submitted publications to ensure that they contribute to the applicant's specialization area and the scientific community. If any of the members listed below are in absence, the institutional board will appoint an alternate member and the promotion board will proceed as usual.

4.2 The board shall have the following members:

a. VP Academic Affairs (VPAA)

b. College Deans

c. QA Senior Director

d. Research Director

e. One Full Professor

4.3 External Evaluators

4.3.1 The committee shall be composed of members, to be determined by the Institutional Promotion Board.

4.3.2 The appointed external evaluators shall serve as reviewers of the results deliberated by the Institutional Promotion Board.

4.3.3 Must have a PhD degree aligned with the candidate's specialization.

4.3.4 Evaluators must be of a higher academic rank than the faculty member applying for promotion.

4.3.5 Must not have any connections with the candidate (such as being a co-author, relative or co–organizer of any scholarly activities with the applicant)

5. PROMOTION CRITERIA

5.1 Promotional Rank

5.1.1 Assistant Professor to Associate Professor

- An Assistant Professor candidate must have a PhD degree with aligned specialization from a recognized Higher Education Institution.
- The candidate shall have at least0% teaching evaluation for the past years prior to their application.
- The candidate shall have at least international publications in indexed Journals (SCOPUS) and may attend conferences domestically or internationally for additional points.
- At least of the Publications submitted for promotion must be published papers are single authored.
- At least of the publications submitted for promotion must be published during his/her employment with UTB.
- All submitted papers for promotion should have been published following the applicant's last promotion.

5.1.2 Associate Professor to Full Professor

- An Associate Professor candidate must have a PhD degree with aligned specialization from a recognized Higher Education Institution.
- The candidate shall have at least0% teaching evaluation for the past years prior to the application.

- The candidate shall have at least international publications in indexed Journals (SCOPUS) and may attend conferences domestically or internationally for additional points.
- At least of the Publications submitted for promotion must be published papers are single authored.
- At least journals submitted for promotion must be published during his/her employment at UTB.
- All publications and activities submitted for promotion should have been published following the applicant's last promotion.

5.2 Areas of Promotion

5.2.1 Teaching and Learning

a. Irrespective of the rank applied for, the candidate must have satisfied the requirements mentioned in section.1.
b. The candidate must be evaluated based on his/her teaching performance through the Dean's Evaluation and Students' Evaluation as well as non-paid university services provided. These include but are not limited to committee members and chairs.
c. An applicant must submit supporting documents related to his/her teaching and educational activities (such as production of teaching materials, developing courses, and the courses that he/she has taught during his/her current academic rank).
d. An applicant must submit evidence of professional development during their employment at UTB prior to promotion. This includes any courses attended and/or certifications obtained.
e. An Applicant must score at least 0% of the evaluation of his/her teaching and educational activities based on performance appraisal and students' evaluations with 0% and 0%, respectively for the past years

5.2.2 Research and Scholarship

a. The majority (more than0%) of the scientific research papers submitted for promotion must be in the applicant's specific area of specialization, the rest should be in the general area of specialization.
b. Research papers submitted for promotion must not be plagiarized, nor extracted from the applicant's master's dissertation or PhD dissertation, Applicants violating this clause will be referred to an investigation committee.
c. Research Papers submitted must not be submitted for a previous

promotion at the University of Technology Bahrain (UTB) or any other university.

d. Research published in a refereed scientific journal (SCOPUS), as part of a special issue of conference proceedings, shall be treated in the same manner as research published in scientific journals if there is a proof that this research was meticulously referred by the journal and if there is a proof that the journal implemented the normal publishing procedures.
e. Research published in a particular scientific-referred journal and submitted for promotion must not exceed (50%) of the total number of research papers.
f. Book chapters are considered publications if the book has an ISBN.
g. All the publications need to be indexed under Scopus.
h. Scholarly contributions that expand the candidate's knowledge in his/her specialization are expected. These include, but are not limited to, memberships in editorial boards / referred journals and /or evaluators or supervisors of MBA or PhD thesis.

5.2.3 Points obtained by the applicant are calculated as shown in the following tables:

A. Scientific Research

Publication type	International/Local		
	Sole Author	Main Author	Co-Author
Research Publication (Scopus)	18	12	8
Accepted research project with industry or external group	18	12	8
Paper presentation in a research conference (Scopus)	9	7	5

B. Books and Patents

Activity Type	Sole Author	Main Author	Co-Author
Published Book	12	8	4
Chapter in a published book	3	2	1
Approved Patent	12	8	4

C. Supporting Research Activities

Type of supporting activity	Points gained per activity
Refereeing a research paper, dissertation, or scientific award	3
Keynote speaker in a conference	3
Editorial member in a refereed scientific journal	3
Translating book	3
Creative work	3
Unpublished funded research or contractual research project for establishment	3
Any other activity (of the same status of the above, based on the assessment of the relevant promotion committee)	3

D. To meet the requirements for promotion to the rank of Associate Professor, the applicant must score (54) points, of which at least (42) points are for published research. The total score allocated for Supporting Research Activities must not exceed (6) points.

E. The applicant to the rank of Full Professor must score (72) points, of which at least (54) points are for published research. The total score allocated for Supporting Research Activities must not exceed (6) points.

5.2.4 Community Engagement

UTB believes in the role of universities in giving back to the community.

5.2.4.1 Community Service Activities

Community service is any professional / non-professional activity conducted outside the university for the benefit of the Bahraini community.

Points obtained by the applicant are calculated as shown in the following tables:

Community Service Activities (Per year)	Organizer/ Co-organizer/ Chair/co-chair Coordinator	Member of the organizing team	Participant/ Attendee Remarks	Remarks
Delivering general lectures in the candidate's area of specialization to schools, clubs, or societies.	3	2	1	Present signed certificate and/or activity report
Participating in activities or membership of professional, cultural, or social societies.	3	2	1	Present signed certificate and/or activity report
Membership in technical or specialized committees; or board member of councils of associations, authorities, or clubs of service or social nature.	3	2	1	Present signed certificate and/or activity report
Providing scientific and academic consultations, conducting workshops, or convening seminars of service or social nature.	3	2	1	Present signed certificate and/or activity report
Media activities related to area of specialization (such as newspaper articles, TV and broadcasting interviews). Community services of social, humanitarian, or cultural dimension.	3	2	1	Present signed certificate and/or activity report
Any other professional activities related to serving the Bahraini community	3	2	1	Present signed certificate and/or activity report
Community services of social, humanitarian, or cultural dimension	3	2	1	Present signed certificate and/or activity report
Other professional activities related to serving the Bahraini community	3	2	1	Present signed certificate and/or activity report

Note: Should score 2/3 of the maximum score of 72 points. The minimum score for community services is (48) points.

5.2.4.2 University Services

Points obtained by the applicant are calculated as shown in the following tables

University Services Activities (Per year)	Organizer/ Co-organizer/ Chair/co-chair Coordinator	Member of the organizing team	Participant/ Attendee Remarks	Remarks
Participating in the activities of standing and ad-hoc committees at the department, college, or university level.	3	2	1	Present signed certificate and/or activity report
Participating in organizational activities such as conferences, workshops, seminars at the department, college, or university level.	3	2	1	Present signed certificate and/or activity report
Delivering lecture at the department, college, or university level.	3	2	1	Present signed certificate and/or activity report
Proposing development initiatives at the department, college, or university level.	3	2	1	Present signed certificate and/or activity report
Proposing an academic program that has been adopted/discussed by the Academic Council.	3	2	1	Present signed certificate and/or activity report
Participates in preparing accreditation requirements, or institutional review for the Education and Training Quality Authority, or HEC, ABET, ECBE, whether at the department, college, or program level.	3	2	1	Present signed certificate and/or activity report

Note: Should score 2/3 of the maximum score of 54 points. The minimum score for university services is (36) points

6. PROMOTION PROCESS AND PROCEDURES

6.1.1 The applicant shall submit his/her promotion application form to the relevant Department/Programme head to assess whether it satisfies the promotion requirements.

6.1.2 Department/Programme head shall check the application form (UTB-Number) as per requirements.

6.1.3 In case the Department/Programme head found some missing/lacking documents, he/she shall ask the applicant to complete the requirements.

6.1.4 In case the Department/Programme head satisfied, he/she shall refer the promotion file to the Department/Program Council.

6.1.5 Department/Program Council to decide whether it meets the requirements for promotion.

6.1.6 In case the Department/Program Council has some concerns and there are some lacking documents, the applicant shall be notified through the Department/Program head indicating the requirements.

6.1.7 If the council members approve the applicant report, the council shall determine the scoring points for each promotion criteria. Hence the promotions file to be submitted to the dean through the Department/Program head.

6.1.8 The dean shall refer the application to the college council. The college council shall review the extent to which the applicant has met the relevant criteria of promotion and shall take decision on approval or no approval of the application.

6.1.9 The college council shall verify the points of the promotion criteria.

6.1.10 In case the College Council has not approved the application, due to incompletion, the applicant shall be notified through the Department/Program head indicating the reasons for not approving the applications.

6.1.11 In case the council members approve the applicant report, the promotion files to be submitted to the Institutional Promotion Committee.

6.1.12 The Institutional Promotion Board shall review the scientific research and activities of the applicant after ensuring the accuracy of the prescribed actions in the minutes and reports of the department and college councils and to ratify them.

6.1.13 The Institutional Promotion Board shall verify the points of promotion criteria.

6.1.14 The chair of the Institutional Promotion Board may request from the dean or the concerned representative of the college any information on issues raised by its members.

6.1.15 The Institutional Promotion Board may return the promotion file to the college, for reviewing, if it deems that the actions were not fulfilled.

6.1.16 The applicant shall be notified of the type and number of requirements needed, through the Department/Programme head to complete the items, and their submission according to the applied procedures.

6.1.17 In case the Institutional Promotion Board satisfied with application of the candidate, they shall consider the scholarly accomplishments (Papers published and accepted for publication in Journals and Conferences) for external evaluation, shall select 3 external evaluators followed by sending them the papers with “Paper Evaluation Form”, (Form UTB-NO) and “Evaluation Summary Form” (Form UTB- NO).

6.1.18 In case the result of refereeing the research is negative, the applicant shall submit the promotion file containing the scientific research and activities only. He/she must observe that research papers with weak evaluation from the majority of referees should not be resubmitted.

6.1.19 In case the result of any of the promotion committees at the department, college, or the university level is negative, the respective applicant shall submit the file including only the unsatisfied requirements in the previous submission, provided that the resubmission be made in a period not more than 12 months from the date of rejecting the file, otherwise, the applicant shall resubmit the file with all the requirements.

6.1.20 The Institutional Promotion Board shall submit its report on results of refereeing the research of the applicant applying for promotion and whether he/she has fulfilled the requirements to the Vice President who shall forward it to the University Council to issue the proper decision.

7. TIME SPAN FOR PROMOTION

a. Any faculty member who has spent five years in his/her academic rank may apply for promotion to a higher rank in accordance with the rules and criteria specified in these regulations.

b. The applicant may submit the promotion application six months prior to the submission date, provided that the promotion shall not be effective before the completion of the specified period.

c. If the applicant publishes new research papers after the submission of his/her application and are not included in the file, he/she may add them during the evaluation of the file at the department level only, or he/she may include them in a subsequent promotion application file.

d. Promotion shall be effective as of the date of the University Council's approval of the promotion.

8. CONFIRMATION AND EFFECTIVITY OF PROMOTION

8.1 The confirmation of promotion must be in a memorandum signed and approved by the University President.

8.2 The VPAA presents the results of the promotion application to all members of the board together with the candidate in either a meeting or via email.

8.3 The VPAA sends a communication on the approval of the applicant to the HRD Office for filing and updating of faculty records.

8.4 A copy of the promotion approval is also sent to the VP Administration and Finance, and Accounting Office.

8.5 Upon announcement and communication of the promotion approval, the promotion shall be effective immediately.

9. PROMOTION APPEAL

9.1 Appeals on 'failed' promotion decision may be filed if the candidate believes that there was violation of established standards and procedures.

9.2 Appeals with supporting documents must be filed with the Institutional Promotion Board through the Office of the VPAA.

9.3 A special External Committee on appeals will be formed to validate the evaluation of the Institutional Promotion Board.

9.4 The board's recommendation is advisory to the President, who makes the final decision to affirm or reverse the original decision of the Institutional Promotion Board.

9.5 The decision of the University President is final and non-revocable.

10. POLICY REVIEW PERIOD

The herein policy shall be reviewed every five years, or when the need calls by the Vice President for Academic Affairs (VPAA).

Recognition of Prior Learning

1. POLICY

It is the policy of the University to provide alternative recognition of students' ability rightfully gained from years of practice and professional experiences and avoid duplication of learning and assessment for the purpose of awarding credits.

2. PURPOSE

This policy and procedures aims to establish guidelines, principles, and assessment criteria towards implementation of a systematic and organized RPL process.

3. SCOPE

This policy shall cover all the academic programme s offered by the University.

4. PROCEDURES

4.1 RPL is a valid method of enabling individuals to claim credit for units, irrespective of how their learning took place. There is no difference between the achievement of the learning outcomes and assessment criteria of a unit through prior learning or through a formal programme of study.

4.2 RPL policies, processes, procedures, practices and decisions should be transparent, rigorous,reliable, fair and accessible to individuals and stakeholders to ensure that users can be confident of the decision and outcomes of RPL.

4.3 RPL is a learner-centered, voluntary process. The individual should be offered advice on the nature and range of evidence considered appropriate, to support the claim for credit through RPL, and be given guidance and support to make the claim.

4.4 The process of assessment for RPL is subject to the same quality assurance and monitoring standards as any other form of assessment. The award of credit through RPL will not be distinguished from any other credits awarded.

4.5 Assessment methods for RPL must be of equal rigor to other assessment methods, be fit for purpose and relate to the evidence of learning. Credit may be claimed for any unit through RPL unless the assessment requirements of the unit do not allow this, based on a rationaleconsistent with the aims and regulations of the framework.

Implementing Rules and Regulations (IRR):

a. The use and application of RPL may only be applied to learners without formal qualifications or proof of certificated achievements as usually provided by an institution of higher learning; otherwise, the learner should apply for transfer of credits from other Universities or institution of higher learning.

b. There is no difference between credits achieved through a RPL process and that of credit achieved through a formal program of study, as such, award of credit through RPL will not be distinguished from any other credits awarded.

c. Applicants are responsible for providing information required and meeting the deadlines set by the University. The base document may include but not limited to, comprehensive curriculum vita outlining the relevant experience, letter from applicant's employer, summary of performance appraisal, etc.

d. Since the RPL assessment process is vital and critical to the awards of credit, it must be carried out by a team of academic specialists and by an individual. An appropriate committee or panel should be set-up on this regard. The University must train and develop a pool of RPL assessors to maintain the quality and integrity of the assessment process.

e. All relevant evidence must be assessed by the team of specialists, and they may request for additional supporting documents if deemed necessary.

f. After the assessment has been carried out and a decision is made, the University must ensure that appropriate support mechanisms are in-place to bridge the gap between formal and non-formal learning.

g. The decision of the Panel is final and non-appealable.

5. QUALITY RECORDS

ANQAHE Glossary for Quality Assurance Terminology in Higher Education
Guidance on the recognition of prior learning within the Qualification and Credit Framework, QCA, 008.http//:www.qcda.gov.uk

6. DISTRIBUTION LIST

Academic Council Members

Head, Audit

Approval of the Assessment Results

1. POLICY

The purpose of this policy is to establish effective policy and procedures for approving assessment results within the college.

2. PURPOSE

The purpose of this policy is to ensure that grade or marks awarded to the students have gone through a rigorous process of review and approval with the objective of ensuring transparency and fairness.

3. SCOPE

The policy and procedure cover the arrangement for the approval of the assessment results of courses offered in both undergraduate and graduate programme s in the University.

4. RESPONSIBILITIES

Faculty member – responsible for accurate recording of assessment marks and submits quizzes and examination results, class records and grade sheet to the programme head.

Programme Head – responsible for the review of the assessment documents. Dean - responsible for signing grade sheets approved by the College Council.

Academic Council- responsible for the review, verification of assessment results and approval of the grade sheets prior to submission to the Registration Office.

Registrar – responsible for the safekeeping of assessment grade sheets and verification of encoded entries in the CIS.

5. PROCEDURE

Encoding and Approval of Grades

1. Faculty members encode all results of summative assessments in the Student

Information System (SIS) after all assessment results have gone through the process of internal moderation;

2. At the end the trimester, each faculty member submits printed copy of the class record and grade sheet to programme head;
3. The programme head reviews and verifies completeness of the submission and entries;
4. The Academic Council will a form a committee who will convene for a special meeting for review and approval of the final grades/marks;
5. Any discrepancies shall be addressed and corrected by the concerned faculty members;
6. The Academic Council approves the grade sheets and signed by the Dean before submission to the Registration Office;
7. The Registration Office verifies the completeness of the submission based on faculty loading before posting for student viewing;
8. The Registrar locks the SIS to avoid any unnecessary changes to the encoded grades and ensure the integrity of the system;
9. The Registration Office keeps the grade sheet for record safekeeping.

6. DISTRIBUTION LIST

VP for Academic Affairs

Colleges

Registration Office

Performance Appraisal System for Deans, Associate Deans, and Programme Heads (PASDAP)

1. POLICY

It is the policy of the University to provide a continuous and constructive evaluation process which serves as an avenue to improve the college management effectiveness and foster better delivery of instruction, research and community engagement.

2. PURPOSE

The purpose of this policy is to establish a set of guidelines and procedures for the conduct of performance evaluation for college officers including deans, associate deans, and programme heads. This policy seeks to assure all stakeholders that good practice in organizational management is being applied consistently across the institution and its programme s; and college plans, activities and programs are effectively implemented, monitored and evaluated.

3. SCOPE

This policy and procedures cover the process of evaluating the college officer's performance including the conduct of immediate superior's evaluation and the evaluation by faculty members and staff.

4. RESPONSIBILITIES

Human Resource Department – responsible for processing the performance evaluation of college officers by direct superior

Planning and Development Department – responsible for administering the performance evaluation of college officers by faculty members/staff

VP for Academic Affairs – evaluates the performance of college officers based on established criteria and rubrics

5. DEFINITION OF TERMS

PASDAP – refers to the performance appraisal system for deans, associate deans and program heads

Appraisal – means the system of assessment including the methods of data collection, analysis and evaluation of data

6. PROCEDURES

6.1 Conduct of Appraisal by immediate superior

1- The Human Resource Department, in coordination with Office of Vice President for Academic Affairs (VPAA), schedule appraisal on the 3rd trimester of each academic year.

2- The VPAA performs assessment and evaluation based on duties and responsibility areas which are anchored on operation plans, and based on management and organizational traits.

3- The VPAA submits the accomplished appraisal forms to the HRD for processing and reporting.

4- The VPAA used the result in renewing or non-renewing the appointment of the college officers in the following academic year.

5- The HRD used the outcome of the report as basis for developing professional development program for the college officers.

6.2 Conduct of Appraisal by faculty members/staff

1- The Planning and development Department (PDD) administers surveys to faculty members of the college every 3rd trimester of the academic year.

2- Each faculty members teaching in the programme appraise their respective programme heads in the areas of leadership, administration and management, programme development, communication, professionalism and ethics, student matters, and community engagement.

3- Faculty members in the college evaluate the dean and associate dean in the same areas as the programme heads.

4- The PDD collects, analyses and prepares report to the academic affairs.

5- The VPAA used the result in renewing or non-renewing the appointment of the college officers in the following academic year.

6- The HRD used the outcome of the report as basis for developing professional development program for the college officers.

7. QULITY RECORDS

HRD

PASDAP form

PDD appraisal instrument

PDD appraisal report

8. DISTRIBUTION LIST

VPAA

Deans

HRD

PDD

QAAD

Blended and Distance Learning

1. POLICY

This policy applies to all undergraduate and postgraduate taught programmes offered through blended and distance learning at UTB. It ensures that students in these study modes receive the same quality of education and support as those in traditional on-campus programmes, preparing them for practical, real-world applications after graduation.

2. PURPOSE

The goal of the University of Technology Bahrain (UTB) is to maintain excellent standards of achievement in teaching, learning, and assessment across all delivery modes, including blended and distance learning. UTB aims to provide flexible and accessible education that meets the needs of diverse learners while upholding the same high standards as traditional on-campus programmes.

3. SCOPE

This policy and procedures guide students enrolled in and faculty handling blended and distance learning programmes. The Blended and Distance Learning Policy outlines all procedures for effectively delivering and completing courses in these modes of study, ensuring that undergraduate and postgraduate students at UTB meet the required academic standards and learning outcomes.

4. RESPONSIBILTIES

The E-Learning Unit (ELU) at the University of Technology Bahrain is led by the head of the Unit, with the chair of IMLC from each college (COE, CCS, CAFS, and CGE). These chairs ensure that e-learning strategies are effectively integrated into their respective academic programs while also coordinating with IT support to facilitate seamless implementation and technical assistance.

Head of the ELU responsibilities:

- Develop and implement the university's e-learning strategy.
- Align e-learning policies with UTB's academic and institutional goals.
- Ensure compliance with accreditation and quality assurance standards.
- Oversee e-learning development, implementation, and evaluation.
- Manage budgets, resources, and partnerships for digital learning.

- Foster collaboration between colleges, faculty, and students for technology integration.
- Evaluate the effectiveness of e-learning tools and methodologies.
- Generate reports on e-learning progress and improvements.

IMLC's Chairs in the ELU:

- Ensure that digital learning tools and methodologies support the specific needs of each college.
- Integrate e-learning tools such as simulations, virtual labs, and analytics to improve teaching and learning experiences.
- Assist faculty in implementing and effectively using digital platforms, AI-powered tools, and gamification techniques.
- Make digital resources accessible to students while ensuring content aligns with industry trends and accreditation standards.
- Utilize the learning analytics to improve student engagement and monitor academic performance.

IT Support Representative:

- Manage and maintain Moodle and other learning management systems (LMS).
- Ensure seamless integration of e-learning tools like MS Teams, Zoom, and Turnitin.
- Provide ongoing technical support to faculty and students.
- Implement security protocols for e-learning data and student privacy.
- Monitor system performance and prevent cybersecurity threats.
- Conduct training sessions on using digital tools effectively.
- Troubleshoot technical issues related to online learning platforms.

5. DEFINITION OF TERMS

a. **Conventional/Traditional Learning:** The mode of education where students attend classes physically at the institution, including all the essential elements of the educational process, with direct interaction between the instructor and students.

b. **Distance Learning:** A mode of education where the instructor does not meet students in person, using various electronic technologies to facilitate communication and interaction.

   - **Synchronous Distance Learning:** A mode where the instructor delivers interactive lessons in real-time with students, including discussions and other educational activities.

   - **Asynchronous Distance Learning:** A mode where the instructor provides educational materials and learning resources to students at any time, without real-time interaction.

c. **Blended Learning:** A mode that combines both conventional/traditional learning and distance learning in a single course.

d. **Distance Learning Unit /E-Learning Unit**: The supporting entity that includes specialists responsible for the development and supervision of distance learning in the institution.
e. **Educational Materials**: Any content created for instructional purposes, including but not limited to lecture notes, presentations, videos, quizzes, and other learning resources.
f. **Learning Management System (LMS)**: The digital platform used for delivering, tracking, and managing educational courses and training programs.
g. **Virtual Learning Environment (VLE)**: is a digital platform that facilitates blended and distance learning by providing tools for course management, content delivery, communication, and assessment. It enhances accessibility, engagement, and personalized learning in traditional, blended, and distance learning.

6. PROCEDURES

6.1 Establishment of the e-Learning Unit (ELU)

The e-Learning Unit (ELU) is a dedicated unit responsible for the development and supervision of blended and distance learning programmes. The unit is responsible for:

- Managing the development of blended and distance learning programmes, supervising their implementation, and monitoring the technical infrastructure requirements in coordination with relevant departments at the university.
- Employing modern, high-quality information and communication technologies to implement the distance learning programmes adopted by the university and finding alternative solutions and plans to address challenges in their use, including catering to students with special needs, if applicable.
- Developing the skills of students and faculty members to utilize information and communication technologies in blended and distance learning and providing them with technical support.
- Developing and monitoring the implementation of related policies and procedures.
- Proposing and supporting the development of electronic courses, scientific content, and educational programmes.
- Submitting periodic reports on the progress of the distance learning system and its implementation results, along with recommendations.

6.2 Programme and Course Design

1. Programmes offered through blended learning or distance learning must adhere to the university's policy and procedures on programme development and the published guidelines of the HEC.
2. All programmes to be offered in blended or distance learning must be approved by the Academic Council and the University Council.
3. The application of distance or blended learning should be limited to courses where it is appropriate, considering the nature of the course.
4. The course development for blended or distance learning delivery must ensure that the learning resources, materials, and delivery mechanisms are appropriate and fit for purpose.
5. For existing traditional programmes that will be offered through blended or distance learning, the college offering the programme must ensure that:

a. Distance, blended, and traditional versions of a programme have the same Programme Intended Learning Outcomes (PILOs).
b. Distance, blended, and traditional learning versions (sections) of a course have the same Course Intended Learning Outcomes (CLOs).
c. Traditional, blended, and distance learning formats may have differing assessment types and designs, but the rigor and quality of assessment development and measurement of student achievement of learning outcomes must follow the policy on Teaching, Learning, and Assessment (TLA).

6. Blended and distance learning programmes will follow the University review cycle.

6.3 Programme and Course Delivery and Assessment

1. All programmes at the University of Technology Bahrain (UTB) that offer courses through distance learning or blended learning shall utilize the University's approved Learning Management System (Moodle) and approved virtual communication platform (Microsoft Teams) for the delivery of teaching, learning, assessment, student engagement, and academic support.
2. All courses delivered through distance learning or blended learning shall comply with the regulations and requirements issued by the Bahrain Higher Education Council (HEC).
3. The mode of delivery for individual courses shall be classified according to the proportion of distance learning credit hours relative to the total credit hours of the course, as follows:

Course Delivery Mode	**Percentage of Distance Learning Credit Hours**
Virtual Learning	More than 33% of the total course credit hours
Blended Learning	Less than 33% of the total course credit hours

- The application of virtual or blended learning shall be limited to courses where the nature of the subject matter, intended learning outcomes, and teaching and assessment methods are appropriate for such delivery.
- For all courses delivered through distance learning, not less than 75% of the distance learning credit hours shall be conducted synchronously through live, instructor-led sessions using University-approved platforms.

4. On Blended Learning Programmes, UTB may offer undergraduate programmes and approved postgraduate programmes using the blended learning mode only after obtaining the required approval from HEC. The overall delivery of approved blended learning programmes shall comply with the following distribution of instructional modes:

Programme Delivery Mode	**Percentage of Programme Credit Hours**
Distance Learning	Not more than 25%
Blended Learning	Not more than 25%
Traditional Face-to-Face Learning	Not less than 50%

5. On Distance Learning Programmes, UTB may offer academic programmes through distance learning only for postgraduate studies and only after obtaining approval from HEC. A programme shall be classified as a Distance Learning Programme when courses delivered through distance learning constitute more than 25% and up to a maximum of 75% of the total approved study plan. Prior to offering a distance learning programme, the University shall ensure that:
    a. The discipline or specialization is appropriate for distance learning based on the nature of the field of study;
    b. At least one cohort has previously graduated from the equivalent programme delivered through the traditional mode;
    c. The programme has been mapped to the Bahrain National Qualifications Framework (NQF);
    d. Students are informed during admission that the programme is delivered through distance learning and that this mode of study will be indicated on the graduation certificate, academic transcript, and other official academic documents; and
    e. The prescribed student-to-faculty ratio applicable to traditional programmes is maintained.
6. Programmes and courses are designed to facilitate interaction among students and between students and faculty, whether in asynchronous or synchronous modes as appropriate. An effective and reliable distance learning or blended learning environment must be maintained to support this interaction. This includes:
    a. Course designs that require interaction between faculty and students, either asynchronously or synchronously.
    b. Synchronous class sessions that are structured to encourage student participation rather than simply delivering content passively.
    c. Evaluations of course delivery that address the level of student participation; and
    d. Students have access to the contact information of instructors, department heads, and all available support services in multiple locations.
7. For most courses, work will be uploaded onto Moodle and assessed electronically, with feedback provided via digital means through online marking.
8. All examinations and tests are conducted in person on the university campus.
9. Practical simulations/laboratory experiments must be conducted in a laboratory and must be performed on campus.
10. For postgraduate thesis defences, a virtual session is permitted if the external examiner is located outside the Kingdom of Bahrain.

6.4 Distance and Blended Learning Resources

1. To support distance learning and blended learning delivery, the university must develop and maintain a Virtual Learning Environment (VLE), consisting of a learning or course management platform, related communications tools (e.g., e-mail, videoconferences), and support resources and services (e.g., library resources), which is adequate to meet both the demands of its distance learning and blended learning programs and courses,

and of its faculty members and students involved in distance learning or blended learning, ensuring that:

a. The VLE includes a robust, secure, and stable LMS.
b. The university is confident that internet access to the LMS is available for all students.
c. Courses do not use insecure apps outside the LMS as a main source of communication between professor-student or student-student (e.g., WhatsApp).
d. When apps or software outside the VLE are used, the Head of ICT must be informed to ensure data safety and security.
e. All discussions, videos, tutorials, etc. are accessed via LMS.
f. Maintains a secure "single point of access" for all course materials, information, and assessments for students involved in distance learning or blended programs, preferably via a secure LMS.

2. Faculty members teaching distance learning or blended courses must have timely and convenient access to the necessary equipment, software, communication tools, and internet connectivity with sufficient bandwidth. This will enable faculty members to develop and deliver their courses effectively and to communicate with students, ensuring that:
    a. Access to necessary equipment, software, support staff (e.g., course design and multimedia support), and relevant LMS course pages are provided to faculty in a timely manner to facilitate course development and the easy upload of course information prior to the course launch.
    b. Internet access and the necessary devices are provided to faculty.
    c. Sufficient cloud or onsite storage is available to operate the LMS at full capacity.
    d. Backups of course, materials and resources are maintained.
    e. Efforts are made to automate data entry, including grading, attendance, and the migration of data (grades, attendance, and enrolment) between the LMS and the Student Information System (SIS).
3. The university must provide adequate technical support to both students and faculty to ensure the effective delivery of distance learning and blended programmes and courses, including:
    a. Sufficient multimedia designers with the technical skills necessary to support course and content design.
    b. ICT support available 24/7 for fully online programmes and courses.
    c. An adequate number of course designers for the programmes.
    d. Sufficient recording facilities, primarily for distance learning and blended learning.
    e. Remote access for students to the digital library and 24/7 access to course materials via the LMS.
    f. Adequate bandwidth on campus to support distance learning.
    g. Access to student support services, such as writing center, academic advising, counseling, registration, and grade appeals.
    h. Access for faculty to recording and multimedia software and devices as needed.

6.5 Student Attendance

1. Students must use their single sign-on MS365 login details (username and password) to access the LMS (Moodle), SIS (eMada), e-library, and other ICT resources at the university. This is essential for verifying student identity and protecting user accounts.
2. For synchronous sessions, students are expected to arrive punctually for all classes. Attendance will be measured not only by presence in these sessions but also by active engagement in online discussions. Students who are not in attendance for the full session will also be marked as absent/arrived late or left early.
3. For asynchronous sessions, attendance will be assessed through the completion of coursework, participation in forums, and engagement with course content. Faculty members will monitor student engagement by tracking participation in discussions and submission of coursework.
4. Attendance at all synchronous and asynchronous sessions will be recorded and monitored through the Student Information System (SIS). Attendance records will be maintained and made accessible to students ensuring transparency in tracking their participation.
5. Students must meet a minimum attendance requirement of 80% participation in synchronous sessions, as well as an engagement threshold of completing at least 75% of assignments and participating in discussions, to pass the course.
6. Students should inform assigned faculty members if they are unable to attend synchronous sessions and/or complete assignments or engage in course activities due to unforeseen circumstances. Students with valid reasons for absence must substantiate by evidence and file a request through eMADA. Once approved, it will be marked Excused in eMada.

6.6 Student Records

1. UTB must implement appropriate security measures in accordance with the data protection policy to safeguard the integrity and confidentiality of student data, course information, analytics, and any student information stored within the university's blended and distance learning platform.
2. For the distance learning programme, the academic record including the admission form approved by the student and the graduation documents must clearly indicate that the student completed their studies via distance learning.
3. Videos of students during class sessions are subject to strict access and distribution controls, particularly to protect the privacy and safety of female students.
4. Course communications and assignments, along with feedback, must be conducted through the secure LMS and other university-approved systems, sites, and platforms to ensure the privacy of faculty and students is protected.

6.7 Transition Between Learning Modes

1. Students may transfer between different learning modes (conventional, blended, or distance learning) based on the nature of the programme and in accordance with the university's guidelines.

2. A student enrolled in a programme offered in distance learning mode may transfer to the traditional learning mode, provided that the ratios mandated by HEC regulations are adhered to.

6.8 Continuous Enhancement

At the end of the trimester, the ELU will assess the effectiveness of the blended and distance learning delivery mode to monitor the university's compliance and enhance teaching and learning. This assessment will be based on a student course evaluation survey, faculty feedback, the submission of course files that include an analysis of student achievement and completion rates, as well as any other applicable methods. Committed to continuous improvement, the ELU updates digital learning strategies integrates new technologies, and provides faculty training.

6.10 Faculty and Student Monitoring

The E-Learning Unit at UTB implements a structured faculty and student monitoring policy to ensure the quality and effectiveness of blended and distance learning. Faculty members are monitored through regular performance evaluations, course engagement analytics, and peer reviews to maintain instructional standards and ensure active student interaction. Student progress is tracked using learning management system (LMS) data, including attendance, participation, assignment submissions, and assessment results. The unit also conducts periodic feedback surveys to identify challenges and improve teaching methodologies. This monitoring framework helps uphold academic integrity, enhance learning outcomes, and ensure compliance with accreditation and institutional policies.

6.11 Special Needs Accommodations

The E-Learning Unit at UTB is committed to ensuring inclusivity and accessibility by providing special accommodation for students with disabilities. This includes adaptive technologies such as screen readers, text-to-speech software, closed captioning for video content, and alternative text for images to support visually impaired learners. Additionally, course materials are designed with accessibility in mind, offering multiple formats and flexible assessments to cater to diverse learning needs. The unit also provides extended time for exams, personalized support, and faculty training on inclusive teaching strategies. By implementing these accommodations, UTB fosters an equitable learning environment where all students can fully engage and succeed in their academic pursuits.

7. QUALITY RECORDS

Periodic Report on ELU on Blended and Distance Learning

Course Files

Training Records

8. DISTRIBUTION LIST

VP for Academic Affairs

Dean and Programme Head of the College

ICT Department

Registration Department

Admission Department

QAAD

Enrollment and Registration of Courses

1. POLICY

It is the policy of the university to provide prospective and continuing students with quality and efficient enrolment service both in the undergraduate and graduate programmes.

2. PURPOSE

The policy is intended to provide clear guidelines to university stakeholders (students, faculty advisers, support offices) concerning registration of new students, current students, and returning students.

3. SCOPE

The policy and procedure stated herein cover students' registration in a programme/course offered during the term either as new freshmen/transferees, continuing students, or returning students.

4. RESPONSIBILITIES

Academic Adviser – approves the student online plotting form based on curriculum plan and pre- requisite requirements.

Vice President of Academic Affairs – approves request for late registration.

Finance Department – confirms student registration upon payment of required fees.
Admissions Office – process registration of new students and assign student numbers.

College Dean - approves waivers of pre-requisites/late registration and issues student notice to student at risk.

Registration Office – ensures enrolled courses whether it is according to plan and pre-requisites, Provide student's online evaluation for graduating students.

5. DEFINITION OF TERMS

Academic Year – refers to an academic year that consists of three trimesters starting in September and ending in August.

Student Timetable (STT) – is an Online Timetable showing the list of courses and corresponding class schedules of the student for the trimester.

Student Information System (SIS) – is a computerized system used in advising students and enlisting the courses during the enrolment period. It holds the database of all academic records of all students.

Dismissed Student – a student who is not meeting either the academic requirements for consecutive trimesters measured in terms of CGPA (less than 2.00 out of 4.00).

Enlistment – is the encoding of courses in the system during registration.

Inactive Student – a student who has not registered for a consecutive two years (6 trimesters) for undergraduate study and one (1) year for graduate study.

6. PROCEDURES

6.1 Registration Procedure for New Students

a) The student accomplishes an online course registration from the Admissions Office and fills it out indicating courses to be enrolled and the schedule.
b) For Transfer students, the Head of Admissions initiates and sends online (SIS) requests to the Dean of the accepting College for evaluation of transcript and possible crediting of courses completed and advises him/her as to what courses he/she may enrol in for the term.
c) The Dean sends the online evaluation of credits to the Registrar for approval.
d) If approved, the Admissions Office proceeds for enlistment of the courses for the student as advised by the College Dean. The Registration office processes crediting approval to HEC. Approval of credited subjects is final once HEC approves.
e) The student checks his/her assessment of fees in the SIS, proceeds to pay fees either online or to the finance department.

6.2 Registration Procedure for Continuing Students

a) The student pays the initial down payment and accomplishes the online course registration in the SIS.

b) The student chooses courses for the next term (as indicated in his/her Programme Plan) and chooses the schedule for the courses to enroll for the next term.

c) Students can enlist courses between 12 credit hours (minimum) and 19 credit hours (maximum) except if the student is graduating for the term where he/she must take the remaining courses (if less than 12) and a maximum of 21 units.

d) The college dean evaluates the student who is under probation who can only enroll in 12 credit units/hours.

e) The student checks his/her assessment of fees in the SIS, proceeds to the payment of fees either online or to the Finance department,

f) The student should ensure that his/her name is included in the class list of the course assigned to a faculty member.

6.3 Registration Procedure for Course Re-take

A student can register for course re-take to improve his/her CGPA and qualify for graduation:

a) The adviser evaluates the list of courses that the student can re-take and the subject that is less than "C" can be enrolled based on the TCG history. In addition, the adviser must guide the student on how many courses are needed to achieve the desired CGPA requirement for graduation.

b) The student proceeds for enrolment and payment of fees which can be done online or through the Finance Office.

c) The previous grade shall be marked number of times repeated, and whichever is the higher grade is included in the calculation of the cumulative CGPA.

6.4 Registration procedure for students after Leave of Absence (LOA)

a) Student who wants to register for a course after returning from a leave of absence (LOA) must complete the online clearance for re-admission.

b) The College Dean evaluates the online application for enrollment and verifies whether the student can finish the bachelor programme of study within the 8 years prescribed period (for undergraduate) and the master programme of study within the 6 years prescribed period (for postgraduate).

c) If the student has no chance of completing the bachelor's degree within the remaining years, he will be advised to be readmitted as a new student and subjects with a grade of “C” and above will be credited.

6.5 Registration Procedure for Courses that Need Pre-requisites Approvals

A student is not permitted to take advanced courses until he/she has satisfactorily passed the prerequisite course(s). Request for waiving of prerequisite, however, may be approved based on the following:

a. A student who has enrolled and fully attended but failed (did not earn credit) in a course that is pre-requisite to another. If approved to waive the prerequisite, the student is required to take up the pre-requisite course simultaneously with the course to which the former is a pre-requisite or immediately on the following trimester, if the pre-requisite course is not offered.

b. A student is graduating on that term.

Student fills out the online registration waiver of pre-requisite form and seeks approval from the Dean of the College through SIS. The Dean of the College approves/disapproves the request depending on the academic performance of the student. Advanced courses taken with a pre-requisite course during the same term will receive a failed mark if the pre-requisite course fails.

6.6 Registration Procedure for Residency

All students with temporary marks such as incomplete (IC) or In-Progress (IP) and with no other course to register in the succeeding trimester are required to register for residency to be considered official students of the university and be given access to university resources such as library, research centre, and computing facilities among others. **To register for residency, student;**

1. *Apply for the online course registration and enlist residency in the course section.*
2. *Apply for residency through the SIS and is eligible for continuing the trimester.*

Students who did not register for residency will not be allowed to take completion examinations, special examinations, and present their capstone (project/research/thesis, etc.).

6.7 Adding and/or dropping of courses

a) A student is allowed to change schedule until the last day of add/drop period (refer to the Academic Calendar);
b) Student initiates online adding/dropping and chooses course/s that he/she wishes to add and/or drop.
c) A student must complete the adding/dropping of courses until the last day of the add/drop period without penalties. Changing of course schedule is classified either by adding courses; dropping courses; or dropping courses and replacing them with another course.
d) After the last day of add/drop period, NO student is allowed to change the class schedule.

6.8 Late Registration

Students are required to complete course registration no later than the final day of the official add/drop period as published in the academic calendar. Late registration shall only be permitted under exceptional circumstances, subject to the submission of a formal appeal through the SIS and subsequent approval. A non-refundable Late Registration Fee shall be imposed in accordance with the University's approved fee schedule.

Students are obliged to comply fully with all requirements set by the assigned faculty member to address any missed lessons, assignments, or assessments resulting from late registration.

6.9 Registration Procedure for Overload Course

a. Any student on his/her graduation term can apply for changing load band seek additional courses to be added on his/her online registration form but not exceeding a total of twenty-one (21) registered credit units.
b. Student initiates an online request through SIS for an overload course of twenty-one (21) units for approval.
c. The Dean and Registrar approve the request for an overload course.

7. QUALITY RECORDS

Online Late Registration Approval

8. DISTRIBUTION LIST

All University Units

Enrollment on Non-Curriculum (Extra) Courses

1. POLICY

The University recognizes the value of flexible and enriched learning pathways and permits students to enroll in courses beyond their prescribed curriculum plan. Such enrollment shall be governed by clear academic guidelines to ensure that academic standards, student workload, and program integrity are maintained.

2. PURPOSE

This policy aims to:

- Provide students with opportunities to broaden their academic knowledge and skills.
- Encourage interdisciplinary learning and personal academic development.
- Regulate the enrollment, assessment, and recording of extra (non-curriculum) courses.

3. SCOPE

This policy applies to:

- All undergraduate and postgraduate students.
- All academic programs offered by the University.
- All credit-bearing courses offered within or across colleges.

4. RESPONSIBILTIES

Students

- Ensure they meet eligibility requirements.
- Seek academic advising prior to enrollment.
- Manage their academic workload responsibly.

Academic Advisors

- Guide students on appropriate course selection.
- Evaluate readiness for additional academic load.

Deans/Program Coordinators
- Review and approve requests.
- Ensure program integrity is maintained.

Registrar
- Implement registration processes.
- Maintain accurate academic records.

5. DEFINITION OF TERMS

Non-curriculum Course- A credit-bearing course not included in a student's approved curriculum plan.

Credit Overload- Enrollment exceeding the maximum credit load permitted in a semester.

Elective Course- A course that is part of the curriculum but selected by the student from a list of options.

6. PROCEDURE

6.1 Eligibility

Students may enroll in extra courses provided that they are in good academic standing.

6.2 Credit Load Limits

Enrollment in extra courses shall be considered part of the student's total trimester credit load.

Students must not exceed the maximum allowable credit load unless approved as a credit overload.

6.3 Enrollment

Students may take non-curriculum course. Students must meet minimum grade and attendance requirement to earn a grade. This course will appear in the

transcript but will not be included in CGPA calculation and total passed units.

6.4 Approval Process

Students must submit a formal application through the registration system.

Approval is required from:

1. Academic Adviser
2. Course Instructor (if capacity is limited)
3. Programme Head (if cross-programme)
4. College Dean

Priority for course enrollment is given to students for whom the course is part of their curriculum. Extra course enrollment is subject to seat availability.

7. DISTRIBUTION LIST

University Council

Academic and AdministrativeS Councils

Adding and Dropping

1. POLICY

It is the policy of the University of Technology Bahrain (UTB) to provide quality and efficient services to its primary stakeholders. The Registration Office ensures that systems and procedures are in place so that students are properly guided when transacting business with their office.

A student is allowed to change his/her schedule (with no penalties) until the last day of the add/drop period provided that justifiable reasons are presented. After the last day of add/drop period, no student will be allowed to change his/her class schedule.

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines for the adjustment of the student's load (adding/dropping of courses) for the current term.

3. SCOPE

The policy and procedures cover all students who are officially enrolled in the current trimester.

4. RESPONSIBILITIES

Student – initiates request for adding/dropping of subjects and can add/drop or change class schedule during the add/drop period using their account in the SIS.

College Dean - approves the add/drop transactions of the students.

Head of Registration- ensures that added/dropped courses are reflected in the student's SIS account.

5. DEFINITION OF TERMS

Adding/Dropping - refers to a transaction where a student adds/drops a course because of a conflict in schedule, a dissolved course, or a valid reason. The student made a change in the class schedule or simply dropped or added a subject without prejudice to the policy on maximum and minimum units.

Confirmation - refers to the last step of adding/dropping a course when the students add/drop transaction is approved.

Dissolved subjects/courses - refers to subjects/courses cancelled by the Dean because the required minimum number of enrolees for the course was not met.

6. PROCEDURES

1. The official adding/dropping of courses begins on the third day after the start of classes and runs for two (2) weeks. The schedule is extended for dissolved courses until one month from the start of classes.
2. The student initiates the request for adding/dropping subjects and can add/drop or change the class schedule during the add/drop period using their account in the SIS.
3. After the add/drop period, the College Dean/Registration approves the student's adding/dropping request. If the reason for dropping is a conflict in the work schedule, the student is required to present a certification from his/her employer as a supporting document to his/her request.
4. The approved add/drop transaction is confirmed, and the student's fees are automatically computed in the student's accounting ledger in the SIS.

7. QUALITY RECORDS

Add/Drop Online Form

Certificate of Enrolment

8. DISTRIBUTION LIST

College Deans

Head, Registration Office

Head, Accounting Office

Study Duration

1. POLICY

It is the policy of the University to define a minimum and maximum study duration period for undergraduate and postgraduate studies.

2. PURPOSE

This policy and procedures define the study duration for different programme levels and student categories in undergraduate and graduate studies as well as in a coherent way with the local rules and regulations of the Higher Education Council (HEC).

3. SCOPE

This policy covers the study duration for the undergraduate and graduate programmes, which are aligned with the Higher Education Council (HEC) rules and regulations.

4. RESPONSIBILITIES

Dean- ensures strict implementation of the study duration policies and procedures.

Academic Adviser- verifies and approves the loads students are enrolling based on the student's curriculum plan and current academic status.

Programme/Department Head- monitors the length and duration of the student's stay in the university.

Registration- monitors a student's progress and informs the student of the study duration allowed for him/her to finish the programme.

5. DEFINITION OF TERMS

Leave of absence (LOA)- a period in student's study where he/she was not taking any course in the university.

Maximum Length of Study- Equivalent to eight (8) years maximum of study duration (for undergraduate) and six (6) years maximum of study duration (for postgraduate).

Postgraduate Student– a graduate student who is currently registered between 6-12 units.

Regular Length of the Study- Length of the program the student is taking, equivalent to the years defined as a consideration.

Undergraduate Student – A bachelor's degree student who currently registered between 12 to 19 credits

6. PROCEDURES

Full-time students in the undergraduate programmes have a normal duration between 3.33 to 4 years without leave of absence. The maximum duration can be extended to (8) eight years, with a leave of absence in between. In case the student files a leave of absence, the leave of absence is counted within eight (8) years.

Postgraduate students in the postgraduate programme have a normal duration of 1 year and 2 terms. The maximum duration can be extended to six years, with a waiver of leave of absence, in between.

Maximum Residency Rule

- Undergraduate including leave of absence is 8 years.
- Postgraduates including all approved leave of absence is 6 years.

Minimum Residency Rule

- Undergraduate: 3.33 to 4 years
- The transfer student is required to complete at least 50% of the required credit units/hours of a programme in residence at UTB.
- Postgraduate: 1 year and 2 terms
- Failing to comply with the Maximum residency rules will lead to no graduation.

7. QUALITY RECORDS

Leave of Absence Form

Evaluation Form

8. DISTRIBUTION LIST

VP Academic Affairs

Head, Registration Office

Head, IT Office

Head, Admissions Office

Director, Quality Assurance & Accreditation Department

Transfer of Credits

1. POLICY

It is the policy of the University of Technology Bahrain (UTB) to accept transfer students and credit courses based on the Transfer Credit Matrix of the University. The transfer student is required to complete at least 50% of the required credit units/hours of a curriculum program in residence at UTB.

The maximum credit units/hours that are eligible for transfer credits should not exceed two-thirds (66%) for undergraduate programs and not exceed half (50%) for postgraduate programs of the required credit units/hours from the original degree of another university. The Thesis/ Capstone courses are not eligible for credit transfer. The transfer student must take these courses during his/her residency at UTB.

2. PURPOSE

The purpose of the policy and procedure is to guide the deans and the students in the requirements and procedures of crediting courses taken from other universities.

3. SCOPE

This policy and procedure cover the acceptance of transferring students to be granted credits towards the program in UTB, the criteria and requirements applied for credit transfer, the required number of credit units/hours and equivalence, and the grade required.

4. RESPONSIBILITIES

Admission Office - initiates request and lists down courses that may be eligible for credit transfer and submits the online form including all pertinent documents to the College Dean for crediting.

College Dean - evaluates the request and determines transferable credits appropriately based on established policies for crediting courses. After evaluation, the College Dean encodes the courses to be credited in the SIS and endorses it to the Head of Registration.

Registration Office – checks and verifies the credit transfer approved and forwarded by the College Dean and processes the summary of credit forms for the Higher Education Council's (HEC) final approval.

5. DEFINITION

Transcript of Record - an official/True copy of a student's academic record detailing the courses the student has taken, and each grade received.

Transfer of Credit - the acceptance of prior learning or procedure of granting credit to a student for studies, educational experiences, or courses completed at another institution represented in course units or credits applied and articulated on a student's academic transcript.

Course Description - a description stating the rationale for the course and giving an overview of key content covered, skills and knowledge to be learned, and how it will benefit the student.

Credit Unit - a value that indicates the amount of college credit given to a course

6. PROCEDURES

6.1 Credit Transfer from other University

1. Admissions Office initiates in the SIS the application for credit transfer and submits to the College Dean the request for credit transfer including all pertinent documents such as the course description along with the grading system of the former university.
2. The College Dean evaluates and approves the request, determines transferable credits appropriately based on established policies for crediting courses, and encodes the credited courses in the SIS.
3. The course description is at least 90% equivalent. The course content and course learning outcomes are at least 90% similar. The course credit unit/hour must be equal to or more than the required course credit unit/hour of the UTB course.
5. Students who stopped within 5 years from the last registration to the current term are eligible for credit transfer.

6. Only equivalent courses with a grade of at least “C” and higher will be considered for credit transfer for the undergraduate program, and at least “B” and higher for the postgraduate program.

7.In case more than 66% of the credit units for the undergraduate program or more than 50% of the credit units for the postgraduate program from the previous university qualify for credit transfer then the lower-level courses will be credited first.

8. The Dean approves the credit transfer.

9. The approved credit transfer is verified and approved by the Registration Office for processing of the summary of credit form for HEC approval.

10 Courses credited from the previous university will be reflected temporarily on the transcript of records of the students until HEC’s final approval is granted.

11. Transfer credits are counted towards the completion of the degree requirements but are not included in the computation of the CGPA at UTB.

6.2 Internal Credit Transfer

1. For active students who shift from one program to another, the Dean of the new programme evaluates courses taken and passed by the student from the previous programme that have equivalent or common courses to the new program and are eligible for credit transfer.
2. The Dean approves the application for credit transfer and encodes the credit transfer in the SIS.
3. Transfer credits of the equivalent courses to the new program are counted towards the completion of the degree requirements and are included in the computation of the CGPA.

6.3 Appeal for Credit Transfer

1. In the event of an appeal, a student may submit an appeal with additional documents to support the appeal to the college dean for consideration and evaluation.
2. The decision on appeal will be discussed with the student. If the appeal is approved by the college dean, credited courses will be encoded in the SIS, checked and verified by the Registration Office.

7. QUALITY RECORDS

Evaluation of Credit Online Form

Transcript of Record

Course Description

Grading System

8. DISTRIBUTION LIST

Registration Office

Admissions Office

Students

Shifting of Academic Programme

1. POLICY

It is the policy of the university to ensure that students proceed to the appropriate programme and progress accordingly. Hence, the university allows the students to change their academic programme within the college or to another college.

2. PURPOSE

This policy and procedure intend to provide guidelines to students who wish to change their academic programme either within the college or to another college. Students who wish to transfer from one academic major to another may do so in accordance with this policy.

3. SCOPE

This policy and procedures apply to all UTB students, both undergraduate and postgraduate programmes.

4. RESPONSIBILITIES

Dean – approves/disapproves student's request to shift his/her academic program and ensures strict implementation of the policies and procedures on shifting of programme.

Registration – implements the request to shift the programme in the SIS, informs the students, and monitors the frequency allowed to shift program.

5. DEFINITION

Shifting - is transferring from one programme to another at the same level.

Academic program- is any degree-granting (undergraduate or postgraduate) programme that has been assigned/enrolled by the student.

6. PROCEDURES

6.1 Shifting of Academic programme within the college

- A student who wishes to change his/her academic programme initiates request for shifting of programme within the College through SIS.
- The Dean of the programme approves/disapproves the request of the student to shift his/her academic programme.
- The Dean endorses the shifting request to the Registration Office for monitoring and verification and to ensure that appropriate change is reflected in the SIS.
- The College Dean evaluates courses taken by the student for credit transfer and encodes the credited courses in the SIS.
- The new program commences immediately after the approval.
- The maximum duration that a student can finish the bachelor programme of study is 8 years (for undergraduate) and 6 years (for postgraduate) from the trimester he/she is accepted to UTB.

6.2 Shifting of Academic programme to another College

- A student who wishes to change his/her academic programme must initiate a request for shifting of the programme to another College.
- The Dean of the originating programme of study approves/disapproves the request of the student to shift academic programme.
- In case of approval by the Dean of the original program of study, the request will also be forwarded to the Dean of the new programme of study for approval/disapproval.
- The Dean of the originating program endorses the approved application for shifting to the Registration Office for processing.
- The College Dean of the new program approves the application for credit transfer and encodes the credit transfer in the SIS.
- The new programme commences immediately in the trimester after the approval.
- In case of disapproval by the dean of the new programme; the student may appeal the decision by submitting a formal request to the dean who disapproved the request for shifting.
- Dean of the new programme reviews the appeal of the student and decides with finality based on compelling reason/justification if it merits a reversal of the disapproval.
- The maximum duration that a student can finish the bachelor programme of study is 8 years (for undergraduate) and 6 years (for postgraduate) from the trimester he/she is accepted to UTB.

7. QUALITY RECORDS

Course Description

Evaluation of Credit Online Form

Shifting of Academic Program Online Form

Online Transcript of Records from Previous Program

8. DISTRIBUTION LIST

VP for Academic Affairs

Deans

Head, Registration

Leave of Absence from the University

1. POLICY

This policy is to clarify the procedures that leave of absence is a temporary period during which the student is not in attendance but is not considered withdrawn from the university. UTB students may interrupt continuous enrolment by electing to take a leave of absence from the University for medical or personal reasons or to engage in other off-campus educational experiences without dismissal from the University.

A student is allowed to file a leave of absence (LOA) from the University until the last day of late enrolment. The leave of absence will be reflected in the official transcript of records. If the student did not register and failed to submit the approved leave of absence form, the student will be included in the absence without leave (AWOL) list. A student on leave of absence (LOA) may not participate in the co-curricular or extra-curricular activities during the duration of the LOA.

2. PURPOSE

These policies and procedures set guidelines for availing of the leave of absence privilege of students.

3. SCOPE

These policies and procedures detail the application for leave of absence, the process, and the student's limitations while he/she is on leave of absence.

4. RESPONSIBILITIES

Guidance office- Provide guidance to students on maximum residency and leave of absence period.

College Dean- Approves leaves of Absence considering the maximum residency rule.

Registration Office- Ensures that the leave of absence does not lead to a violation of the maximum residency rule. Update student records accordingly.

5. DEFINITION OF TERMS

Leave of Absence (LOA) – refers to the student's temporary withdrawal from the University due to valid reasons.

The maximum Residency Rule (MRR Rule) - is equivalent to a maximum period of study prescribed for the program. A student who exceeds the MRR Rule shall no longer be re-admitted to the old program he/she started in the University.

6. PROCEDURES

6.1 Filing of Leave of Absence (LOA):

a) The student initiates request for a leave of absence (LOA) through SIS and attaches pertinent document/s to support his/her application for leave of absence.
b) The Guidance Counsellor records interview proceedings and takes note of all attached documents before approving the LOA online form.
c) The College Dean approves the LOA based on the preliminary approval of the guidance counsellor.
d) The Registration Office does the final approval of the LOA.
e) The Registration Office updates the student's records and files the LOA form in his/her student folder.
f) The student must ensure that filing the LOA will not result in being an inactive student; he/she shall be advised to see the Registrar for verification of status. The student becomes inactive when has not registered for consecutive two (2) years (for undergraduate) and one (1) year (for postgraduate), the student shall be advised to secure the transfer credentials.
g) The maximum duration that a student can finish the bachelor program of study is 8 years (for undergraduate) and 6 years (for postgraduate).

7. QUALITY RECORDS

Leave of Absence Online Form

8. DISTRIBUTION LIST

College Deans

Guidance Office

Registration

Withdrawal of Enrollment

1. POLICY

It is the policy of UTB to provide standard procedure in the withdrawal of the student's enrolment from the University within the allowable period before the end of the week of classes.

2. PURPOSE

This policy seeks to guide all departments, and the students involved in the withdrawal from the enrolment/registration process.

3. SCOPE

This policy involves the withdrawal or cancellation of enrolment/registration during the official withdrawal period, that is, before the start of classes, within the first week of classes, within the second week of classes, and after the second week of classes. Only withdrawals during the official period are entitled to a refund; otherwise, corresponding penalties are charged. After the 8th week, withdrawal from the course is allowed but refund is not applicable.

4. RESPONSIBILITIES

- **Dean** – ensures strict implementation of the policies and procedures on student's withdrawal of enrolment
- **Registrar** – verifies and processes student's request for withdrawal of enrolment.
- **Finance Office-** processes refund for student's withdrawal of enrolment with refund if required.

5. DEFINITION OF TERMS

Withdrawal of Enrolment – refers to the cancellation of enrolment, deletion, or withdrawal of registered subjects from the SIS within the allowable period for withdrawal.

Withdrawal Form – refers to the online form wherein withdrawn subjects or courses are listed.

Student Ledger – refers to the digital record that summarizes the financial transactions about each student's attendance at the university including a list of all costs charged to the student and all fees received from the student or any other funding source on behalf of the student. It is a component used to track the overall status of a student's financial records.

Debit/Credit Memo – refers to the entries made in the student's account ledger to record changes in value resulting from the student's enrolment, add/drop, and withdrawal transactions.

6. PROCEDURES

1. The student initiates a request and fills out an online enrolment withdrawal form in the SIS.
2. The College Dean approves the accomplished online withdrawal form together with the pertinent document(s) to substantiate his/her reason for the withdrawal of enrolment (i.e. medical certificate, training certificate, etc.).
3. The College Dean interviews the student before recommending the request for approval.
4. The VP for Administration and Finance approves the online request for withdrawal.
5. The Registrar approves and implements the withdrawal request in the SIS.
6. Registrar Staff withdraws the student's name from the online Student Information System.
7. The Finance Office validates the approved withdrawal request, assesses and process charges/refund (whichever applies).

7. QUALITY RECORDS

Online Withdrawal Form Student Ledger

8. DISTRIBUTION LIST

College Dean

Head, Registration

Head, Accounting & Finance

Computation of Grade Point Average (GPA) and Cumulative Grade Point Average (CGPA)

1. POLICY

It is the policy of the university to assess and evaluate the academic performance of the students by means of objective measures that reflect their academic achievement on a trimester basis (GPA) and continuous basis (CGPA).

2. PURPOSE

This policy and procedures are intended to define the approach to calculating the grade point average (GPA) and cumulative point average (CGPA) of students.

3. SCOPE

These policies and procedures apply to all students at the University, both accepted as new students or transferred students.

4. RESPONSIBILITIES

Dean - ensures strict implementation of the policies and procedures on the GPA and CGPA computation.

Registration – ensures that policy on calculation of students GPA/CGPA is properly implemented.

5. DEFINITION

GPA – grade point average, a single cumulative number that represents the student's entire academic performance during a trimester.

CGPA – cumulative grade point average, the mean of all the GPA scores earned in all the trimesters which is used to measure the overall academic performance of a student.

6. PROCEDURES

Only grades in academic courses are included in the computation of either the trimester GPA or the cumulative GPA (CGPA). Any grades earned by students from

previous universities (transferred) are not included in the GPA and CGPA computations.

Computation of GPA

a) Multiply the credit of each course by the corresponding grade points merited in each course to get the honour points;
b) Add all the honour points to get the total;
c) Divide the total points by the total number of credit units during the trimester; and
d) Compute the indices to four decimal places rounded off to two.

Computation of CGPA

a) CGPA is computed in the same manner as the GPA except that it includes all courses taken from the first term the student enrolled in his/her first courses at the university up to the current trimester;
b) If the course is repeated, only the highest grade is included in the computation of the CGPA;
c) The previous grade of a repeated course is tagged as repeat.
d) For students who have shifted/changed their academic program, the computation will only include courses that contribute to the completion of the new qualification/degree based on the new program curriculum plan.

7. QUALITY RECORDS

True Copy of Grades

Transcript of Records

8. DISTRIBUTION LIST

VPAA

College Deans

ICT Department

Registration

Securing Students' Records

1. POLICY

It is the policy of the University of Technology - Bahrain to ensure the security and integrity of students' records filed and kept in the Registration Office. The records should be managed systematically and logically according to plans developed by the Registration Office that maintain these records.

2. PURPOSE

The Registration Office is committed to effective students' records management including record retention and privacy protection, optimizing the use of space, minimizing the cost of record retention, and properly destroying outdated records. This provides guidelines for the systematic filing, storing, and safekeeping of student records to maintain the integrity and confidentiality of the said records. This policy applies to all records, regardless of whether they are maintained in hard copies, electronically, or in some other fashion.

3. SCOPE

The policy and procedures cover the submission of records and grades to the Registration Office, filing, storing, and safekeeping system of the student records, locking of the class records, and release of transcripts and certificates.

4. RESPONSIBILITY

Admission Office- ensures completeness of student's documents/ unified file in the SIS during the admission period.

Head, Registration- monitors the implementation of the procedures in securing students' records. He/she is responsible for orienting the office staff on the confidentiality of records

Registration Staff- ensures and performs a specific task in securing students 'record.

5. DEFINITION OF TERMS

Confidential records- these are records that contain confidential student data that should have limited access and be protected from inadvertent disclosure.

Record- information that has been recorded on a storage medium and can be retrieved. A record may be a paper, electronic document, photograph, or blueprint.

Student- any person who is or has been enrolled at the University of Technology-Bahrain.

Student Data- refers to electronic student records stored in a university-owned computer facility or printed, copied, or otherwise reproduced from the university-owned computer.

Student record- refers to any record containing information that is directly related to a student and maintained by UTB or its employees, in any way including, but not limited to, handwriting, print, electronic, etc.

Student Folder - refers to a document envelope where files of student records are placed such as accomplished application form, secondary certificate, scholastic records, transcript of records, BS certificate, copy of CPR and passport, results of entrance exams, pictures, and other documents required by the university.

Print copies - refers to a document generated in the -SIS such as grade sheets, grade slips, transcripts, true copies of grades, credited subjects, student schedules, and the master list of students enrolled.

Directory Information- includes the student's name address, telephone/mobile number, e-mail address, photograph, date and place of birth, CPR number, passport number, major field of study, dates of attendance, year level, and enrolment status.

6. PROCEDURES

6.1 Student Records Received from the Admission Office

6.1.1 Registration staff receives records of new students in the form of a unified file from the Admission Office after the student information and scanned admissions requirements such as secondary certificate, transcript, copy of CPR, and passport have been completed and transmitted to HEC for the issuance of HEC number which is within one trimester after the last day

of registration.

6.1.2 Registration staff receives and checks the completeness of the unified files in conformance with the HEC requirement.

6.1.3 Registration staff approves in the SIS the credited subjects from previous universities including orientation courses passed by the student.

6.1.4 Registration staff transfers the records into the student folder per student.

6.1.5 Registration staff labels each student folder.

6.2 Records Received from the Dean's Office and Faculty Member

6.2.1 Registration staff checks and maintains class grade sheets electronically through the SISat the end of the term.

6.2.2 Deans keep class records and an electronic copy of the grade sheets in their office.

6.3 Student Submission of Documents

6.3.1. Registration staff issues an official receipt for any original /official documents received from the students.

6.3.2. The official receipt is signed and stamped by the Registration staff receiving the documents.

6.3.3. The registration office maintains a log file recording of all the issued receipts in secured duplicate copies.

6.4 Releasing of Requested Document

6.4.1 Documents without the Registration's signature stamp and seal of the Registration Office are not deemed official and authentic.

6.4.2 Documents are released upon student submission of approved clearance.

6.4.3 All document releases are recorded in a logbook where the student or his/her authorized representative signs upon claiming of the documents.

6.4.4 Only authorized registration office personnel may release any document.

Note:

- If the request is for transfer, the student's transcript of records and withdrawal certificate stamped by the -HEC is issued to the requesting student /institution sealed in an envelope.
- If a proxy is sent by the student, a letter of authorization and the student's ID

card or CPR is required together with the ID card or CPR of the proxy. A proxy may be any one of the immediate family members.

- Borrowing of student records for authentication may be allowed. The student fills out the Borrowing Document Form and a duplicate copy of the borrowed document is kept inside the student's folder

6.5 Release of Directory Information

6.5.1. The office releases directory information concerning any student who does not prevent such access when it appears that the release of the requested information will be of benefit to the student concerned.

6.5.2. The Registration Office responds to requests for directory information in compliance with the HEC requirement, embassies, and other governmental institutions and organizations in the Kingdom of Bahrain.

6.5.3. ***Disclosure of student information to third parties other than those mentioned above needs consent from the student in writing except for the following:***

- *Officials of the University who require access to student records in connection with legitimate educational purposes*
- *Officials of other educational institutions where the students intend to study*
- *Compliance with court order to produce education records*
- *Parents*

6.5.4. The request for the disclosure of directory information shall be directed to the Head of Registration.

6.6 Student Inspection of Records

6.6.1. Students may inspect and review all records relating to them by submitting a written signed request to the Head of Registration except:

- Those records that include information on more than one identifiable student. In such cases, only that information related to student requesting access shall be disclosed.
- Information provided by parents relating to student's application for financial aid scholarships; and
- Confidential letters or statements.

6.6.2 A copy of the record will be provided to a student upon written request approved by the Head of Registration.

6.7 Submission of Grades/ Grade Sheets by the Teachers

6.7.1 Faculty member submits the grade sheets at the end of the term using the password in the Faculty Members SIS account.

6.7.2 The system is locked in any alteration after submission of grades online. Unauthorized access can be traced using an audit trail.

6.7.3 Any correction in the grade entries can only be done following the erratum procedure which must be approved by the Dean, Registration, and VP for Academic Affairs.

6.8 IT Office Backing –up of Grades, Data, and Records

The data and grades of students are backed up using the following multiple backup mechanisms:

- Off-site data back-up using a third-party cloud storage.
- Regular backups using a server and external drive are kept in the university's vault.
- Use of microfiche for storing and archiving of documents

6.9 Safekeeping of Records

- Student records and other vital records are kept in locked cabinets/cupboards and safe room;
- Registration staff files the records inside the filing cabinets/cupboards arranged by student number;
- Student Folders of inactive students or dead files are filed inside the archive room.
- Only authorized registration office personnel may enter the records section. Authorized staff are required to log in upon entering the room.
- Only authorized registration office personnel can access electronic student records information;
- Locking spaces where records and student information are used and stored;
- Limiting access to workspaces to authorized personnel. Each personnel has a designated work area to perform required job functions;
- Requiring students, and others as needed, to present a valid ID card with photo/CPR for identification purposes before releasing information;
- Utilizing password-protected workstations to prevent unauthorized personnel from viewing and accessing student information.

The following are the authorized personnel with access to student records:

- Head of Registration – has full access to all electronic student records and information in hardcopies and all document files in the office.
- Registration Staff (Evaluators) – has access to student records and student information for the assigned programs, access to the int transcript, enlistment/add drop, and updating of grades in the system.
- Registration Staff (HEC authentication) – has access to student records and information of the graduates and students seeking to authenticate documents, access to and print transcripts registration Staff (Microfiche Operator) – access to student records and student jackets for scanning.
- Other University offices and departments implement procedures as recommended or used by the Office of the Registrar to ensure the security of student records university- wide including:
    - **a.** Using password databases;
    - **b.** Limiting access to passwords;
    - **c.** Locking file cabinets and drawers with student records;
    - **d.** Locking offices where records are used and stored;
    - **e.** Shredding appropriate documents as needed or required;
    - **f.** Regular backup of student data and grades.
    - **g.** Provision of CCTV cameras inside the Registration Office.

7. QUALITY RECORDS

Student folders and their contents
SIS records
Certificates and transcripts

8. DISTRIBUTION LIST

VP for Administration and Finance
VP for Academic Affairs
Dean of OSA
Registration Office
IT Department

Incomplete (IC) and In Progress (IP) Completion

1. POLICY

It is the policy of UTB to provide efficient and quality services to all its students; thus, standard procedures must be in place. Any student who fails to complete his/her course or failed to take the final examination, is given one (1) trimester to file for appropriate action leading to completion.

2. PURPOSE

This policy aims to guide the faculty members and the students on the process of completion of IC and IP marks in his/her records.

3. SCOPE

This policy covers the requirements involved in applying for the completion of IC and IP marks.

4. RESPONSIBILITIES

Faculty Member Concerned - processes and encodes IC AND IP COMPLETION requests and provides complete and accurate documents within the specified period.

Office of the Dean - approves and endorses the IC AND IP COMPLETION request to the Head of Registration

Registration Office - checks the completeness of the documents submitted and make sure it is within the allowed period. Approves and encodes the grade in the SIS.

Finance Office- ensures that required fees are debited in the student's account.

5. DEFINITION OF TERMS

Incomplete (IC) – refers to the grade given at the end of the term to an undergraduate student who fails to take the final examination due to any valid reason, and can be awarded for Practicum course, Capstone B and Thesis B with an extension of trimester completion.

In Progress (IP) – refers to the conditional grade given to a postgraduate student who failed to submit course requirement/s such as hardbound thesis or other terminal reports required by the course.

IC One term Completion Period – refers to the one (1) term period given to complete the requirements and file for completion of the IC mark. The one-term period shall commence from the time the IC mark was given. A student who fails to comply with the requirements within one term period is given a grade of "F" (FAILED) and is required to re-enrol in the course.

IP One year Completion Period – refers to the one (1) year period given to complete the requirements and file for completion of IP mark. The one-year period shall commence from the time the IP mark was given. A student who fails to comply with the requirements within one year is given a grade of "F" (FAILED) and is required to re-enrol in the course.

Special Final Examination – refers to the examination given for the completion of the IC mark. The examination is scheduled by the faculty member in coordination with the Office of the Dean. This exam should be given with acceptable reasons approved by the college within the period from the time the IC grade was incurred.

6. PROCEDURES

A. For Completing an IC mark

- The student files a special examination request to the Dean's Office.
- The faculty member assigned to the course verifies if the request is still within the one-term period; if so, the faculty member sets the schedule for the special exam for the student.
- The Programme Head / College Dean approves the request for special examination.

- Once approved, the student takes note of the special final examination schedule, presents the completion fee receipt and takes the special examination on the scheduled date.
- After the examination, the faculty member in charge processes the IC completion grade through the SIS and attaches the completion fee receipt, test booklet, class grade sheet, and the approved special final exam request.
- For the Practicum requirements, the OJT completion certificate is submitted with the IC completion request.
- For the Capstone B and Thesis B courses, the certificate of submission from the library and the completion fee receipt are attached to the IC completion request.

B. For Completing an IP mark

- For Thesis Writing course, a copy of the approval sheet, certificate of submission from the library and final oral defence result are attached in the IP Completion request.
- The student shall register for residency if no other course/s remains in his plan during the completion of the IP mark.

C. For both scenarios, after completing the above-mentioned procedures, the following steps must be followed:

- The faculty member in charge submits through the SIS the completion request and attachments to the Dean of the College for verification and approval.
- The College Dean endorses the approved IC/IP request and attachments to the Registration's Office for processing of change of grade.
- The Registration verifies the accuracy and completeness of the submitted documents by the faculty and approves the completion request.
- If approved, the faculty member in charge updates the grade of the student accordingly in the computerized student information system (SIS).
- It is the student's responsibility to check with the faculty member in charge or the College Dean (in the absence of the faculty) as to the results of the exam and the Registration office for the change of grade. If the final grade is failed, then the student is required to re-enrol the course.
- For postgraduate student Thesis Writing, an IP mark is converted to No Grade (NG) if the one-year completion expires. The Registration encodes the IP completion grade in the SIS if the student must register for residency and no other course/s remains in his plan during the completion of the IP mark.

7. QUALITY RECORDS

Special Final Examination

Request Form

IC Completion Online Form

IP Completion Online Form

8. DISTRIBUTION LIST

Head, Registration Office

College Dean

All Faculty

Grade Erratum

1. POLICY

The policy of the University is to ensure that all students are assessed and rated appropriately and fairly. However, it acknowledges that as much as the systems and procedures are in place, errors that can be attributed to lapses in recording or documenting may occur.

2. PURPOSE

The purpose of this policy is to establish effective procedures for processing grade erratum.

3. SCOPE

The policy and procedure cover the processing of grade erratum requests initiated by the students, faculty members.

4. RESPONSIBILITIES

Faculty Members – requests and processes grade erratum requests for approval

Dean – ensures strict implementation of the policies and procedures on grade erratum.

VP for Academic Affairs – approves grade erratum requests from the college.

Registrar – approves and reflects changes to the SIS.

5. DEFINITION

Grade Erratum – a mistake or an error on the encoded grade of the student that has to be corrected.

Grade Erratum Request - a request for a correction of a significant error in a student's grade with attached supporting document.

6. PROCEDURES

1- Based on the result of the grade appeal filed to the Dean of student affairs, the faculty initiates request for grade erratum.

2- Faculty Members:

- ✓ Requests approval from the Dean to process grade erratum.
- ✓ Fills out and processes online grade erratum request.
- ✓ Submits online grade erratum form with all the necessary attachments (grade sheet, class record, etc.)

3- Dean approves the online grade erratum form submitted by the faculty member/s.

4- The VPAA verifies the authenticity and credibility of the records and approves the online grade erratum request.

5- Registrar checks the approved/disapproved online grade erratum request for appropriate action and reflects changes to the SIS.

7. QUALITY RECORDS

Grade Erratum Online Form

8. DISTRIBUTION LIST

Academic Council Members

Eligibility for Graduation

1. POLICY

It is the policy of the University that only those students who satisfactorily completed the requirements of their respective degrees shall be considered graduates of UTB.

2. PURPOSE

These policies and procedures are intended to define the minimum requirement for the completion of a program of study, both undergraduate and postgraduate programs.

3. SCOPE

These policies and procedures apply to all students at the University, either new students (undergraduate and postgraduate) or transfer students.

4. RESPONSIBILITIES

Dean – ensures strict implementation of the eligibility for graduation policies and procedures.

Registration – monitors student's progress and informs the students of the required units and cumulative grade point average (CGPA) for students to be eligible for graduation.

Academic Council - conducts the deliberation for graduation and observes that the courses were successfully passed with a minimum CGPA to confirm graduation.

5. DEFINITION

Graduates – students who have completed the program with the required units and CGPA and are confirmed to be eligible for graduation.

Undergraduate Student – a bachelor's degree student who is currently registered between 12-19credits.

Postgraduate student- a student who has already received one degree and is studying at a university for a more advanced degree and who is currently registered between 6-12 units.

Minimum Program Completion – the time spent by an undergraduate student is at least ten (10) trimesters or (3.33) years as a regular student to be eligible for a bachelor's degree, and at least 1 year and 2 terms for a postgraduate student to be eligible for the master's degree.

Maximum Program Completion – The maximum time limit for an undergraduate student is eight (8) years including approved leave of absence and six (6) years including approved leave of absence for a postgraduate student to be eligible for graduation.

Leave of Absence – a period in a student's study where he/she was not taking any course in the university.

Minimum CGPA Requirement for Graduation – equivalent to 2.50 out 1.00 (C+) for an older batch (2015 backward) of undergraduate students using the old grading system and 2.00 out of 4.00 (C) for the batch 2016 onwards using the new grading system. Equivalent to 2.00 out of 1.0 (B) for an older batch of postgraduate students using the old grading system (2015 backward) and 3.00 out of 4.00 (B) for the batch 2016 onwards using the new grading system to be eligible for graduation.

6. PROCEDURES

1.Procedure for Confirmation of Graduation Eligibility

a) The Registration Office prepares the initial list of candidates for graduation based on required units completed and CGPA achieved by the students.

b) The Registration Office posts the list of candidates for graduation categorized according to; students without deficiency and students with deficiency. If the student is found to have any deficiency, he/she will be advised to take the course in the immediate term for re-evaluation for eligibility for graduation in the next term;

c) The Academic Council conducts the deliberation for graduation. It sees to it that the courses are successfully passed with a minimum CGPA for undergraduates and for postgraduates to confirm graduation.

d) The Registration Office prepares the final list of the graduating students as soon as the Academic Council completes its task.

e) Student who are confirmed to be eligible for graduation initiates a request,

accomplish an online clearance form, and complete the online clearance procedure for the release of his/her certificate, diploma, and transcript of records.

f) Approving officer/s as indicated in the online clearance form approves the online graduation clearance form for confirmation, and for the release of the certificates, and transcript of records of the confirmed graduates.

2.Minimum CGPA Requirement for Graduation

Pursuant to the Higher Education Council (HEC) regulation, the minimum CGPA requirement for completing the award and qualifying for graduation is as follows:

a. For undergraduate students, a minimum CGPA of 2.50 (C+) for the older batch of the student (2015 backward) using the old UTB Grading System, and a minimum CGPA of 2.0 (C) for Batch 2016 onwards using the new Grading System.

b. For postgraduate students, a minimum CGPA of 2.0 (B) for the older batch of students (2015 backward) and a minimum CGPA of 3.0 (B) for Batch 2016 onwards, using the new Grading System.

Any student may retake any course where he/she previously earned credits to improve his/her CGPA and qualify for graduation. In this case, the highest grade is considered in the calculation of the CGPA and not the lower grade where it is changed to "R".

3.Minimum Programme Completion

Undergraduate student:

a. An undergraduate student must spend at least nine (9) trimesters (3 years) as a regular student at UTB to be eligible for the bachelor's degree.

b. The time spent at another institution combined with the time spent at UTB must at least be equal to three to four years as a regular student

c. In all cases, undergraduate students must spend at least 50% of his/her time at UTB to be eligible for a bachelor's degree.

Postgraduate student:

a. *A postgraduate student must spend at least 5 trimesters be eligible for the master's degree.*

4.Maximum Programme Completion :

Undergraduate student:

a. For undergraduate students, eight (8) years including all approved Leave of Absence (LOA).

b. A student who has not completed the degree requirements within the maximum time limit is not allowed to continue in the bachelor's degree programme started at UTB.

Postgraduate student:

a. For postgraduate students, six (6) years including all approved Leave of Absence (LOA)

b. A student who has not completed the degree requirements within the maximum time limit is not allowed to continue in the master's degree program started at UTB. The student should be advised to secure his/her transfer credentials.

Also, Master's thesis defence is processed according to the following procedures:

1. Upon the recommendation by the expert adviser, the student, after completing all chapters and meeting the required plagiarism threshold (20%), shall apply for Final Defence;
2. The professor reconvenes the panel of two (2) doctors and adds one (1) external evaluator to include some externalities to the process;
3. The Program Head submits an HEC Info Sheet Final defence with the Higher Education Council at least 30 days before the date of the defence.
4. The defence shall be conducted in a big hall, open to the public, and at least for two (2) hours.

7. QUALITY RECORDS

Evaluation Form for Graduating Student

Clearance Form

True Copy of Grades

Transcript of Records

Unified Files

8. DISTRIBUTION LIST

VP for Academic Affairs, VPAA

VP Administration and Finance, VPAF

College Deans

Head, Registration

Release of Credentials

1. POLICY

The Release of Credentials policy in the University of Technology Bahrain (UTB) is to ensure that only authorized offices/departments shall release any official student record and that all students 'data treated with utmost integrity and confidentiality.

2. PURPOSE

This policy sets the guidelines for the systematic and prompt release of transcripts of records, certificates, and other credentials and guarantees the integrity and confidentiality of the records.

3. SCOPE

This policy covers the preparation, verification, auditing, and release of the records such as the transcript of record, certificates, true copy of grades and/or any certification before realizing it to the student/graduate.

4. RESPONSIBILITIES

Evaluator – process the request of student based on available official records in the Registration Office.

Head, Registration Office – certifies that all information contained in the documents is true, accurate, and verified.

Dean of Student Affairs – approves the release of document/s.

5. DEFINITION OF TERMS

Transcript of Records (TOR) - refers to the official document indicating the student's grades, grade point average (GPA) per term, cumulative grade point average (CGPA), credits earned per term and total credits earned by the student in all courses taken and passed.

True Copy of Grades (TCG) - refers to a document indicating only the student's

grades and credits earned by the student in all courses already taken and passed, including sections of courses.

Certificate - refers to a document awarded to the student who has successfully fulfilled all the academic requirements for any undergraduate and/or graduate program.

Diploma - refers to a document awarded to the student who has successfully fulfilled all the requirements for a diploma and/or associate diploma programme.

Certification - refers to a document certifying any of the following: that the student is/was registered in a programme offered in the University for the previous or current term; that the student is graduating (remain subjects are indicated); that the student obtained certain GPA; etc. The certification is made upon the request of the student for the purpose it may serve him/her best.

6. PROCEDURES

1. Issuance of True Copy of Grades (TCG), Transcript of Records (TOR), Diploma, Undergraduate Programme and/or Postgraduate Programme Certificate:

a. The student initiates an online clearance request from all the required approving offices prior to graduation and submits this to the Registration office through the SIS.
b. The Registration's Office verifies if the student has been cleared for graduation from the duly audited master list of graduates for the term. Any outstanding balance must be settled prior to graduation.
c. The Registration's office keeps a photocopy of all documents and files them in individual student's record/folder.
d. The graduating student surrenders his/her UTB ID card before official documents are released. All released documents are recorded in a logbook where the student or his/her authorized representative signs upon claiming of the documents.
e. Only authorized registration office personnel may release any document.

Notes:

- *Undergraduate and/or Postgraduate Degree Certificates and Diplomas are released one week after receiving the authenticated copy from the MOE-HEC.*
- *True Copy of Grades (TCG) is released within one (1) week after graduation.*

2. For Issuance of other Credentials.

a. The student initiates requests for issuance of credentials/records at the Registration Office and secures clearance through the SIS.

b. The student secures clearance from all the offices indicated in the SIS online clearance form and submits accomplished clearance to the Registration office.

c. The Registration office verifies the request, indicates in the online clearance the date of release, and informs the student on the date of release of the requested credentials.

d. The Registration office releases softcopy and or hardcopy of the requested credential to the student on the specified date. All credentials must be verified and duly signed by the Head of the Registration and approved by the Dean of Student Affairs. Documents which do not bear the registration Head's signature stamp and seal of the Registration Office are not deemed official and authentic.

e. All released documents are recorded in a logbook where the student or his/her authorized representative signs upon claiming of the documents.

f. Only authorized registration office personnel may release a document.

Notes:

If the request is for transfer credentials, the student's transcript of records is issued to the requesting institution sealed in an envelope.

In the event that a proxy is sent by the student, a letter of authorization and the student's ID or CPR is required together with the CPR of the proxy. Proxy may be any one of the immediate family members.

The university reserves the right to withhold release of pertinent transfer documents and clearances upon determination of any infraction of a student of a grave kind meriting the withholding of the aforementioned documents.

7. QUALITY RECORDS

Copies of authenticated certificates and transcripts

Copies of secondary certificates and transcripts from previous University

Online Clearance Form

8. DISTRIBUTION LIST

VP Administration & Finance Academic

Council Members

Head, Accounting Office

Head, ICT Office

Admission

1. POLICY

This policy and procedure documents provide the necessary information for admissions to University of Technology-Bahrain. The University is committed to ensuring that it is accessible to the widest body of students who can benefit from higher education. UTB Admissions policy aims to:

a. Ensure that applicants receive a responsive and customer-focused service.

b. Admit applicants who have potential to succeed and benefit from the programmes of study, thereby supporting students' progression and success.

c. Support outcome-based and work-based learning.

d. Promote equality of opportunity and diversity.

e. Ensure the courses are accessible and capable of receiving and articulating students at a variety of entry levels.

2. PURPOSE

The goal of University of Technology – Bahrain (UTB) is to maintain excellent standards of achievement in teaching, learning and research that can enrich the University community and to be of service to the Kingdom of Bahrain, the GCC and the international community. In pursuing its aim for excellence, UTB admits qualified applicants without discrimination as to special needs, age, gender, race, color, religion and nationality or ethnic origin, who have demonstrated adequate knowledge and competencies needed for entry into specific discipline aligned to local, regional and international standards.

The University will achieve these objectives by ensuring that:

a. *Admissions policies and procedures are clearly documented and easily accessible.*

b. *Decisions are made in line with clearly stated selection procedures and are applied consistently and fairly.*

c. *Selection assessment methods are reliable, valid and support the admissions of students with the potential to succeed.*

d. *Information relating to entry requirement is clear and transparent and is subject to annual review through the formal academic reporting structure.*

e. *Degree programme information provides applicants with relevant, accurate and up-to-date details, which enable them to make an informed choice on the suitability of the programme for their needs.*

f. *Applications will be processed quickly and efficiently as possible.*

g. *All communication with applicants is carried out in a format appropriate to their needs.*

h. *Provide feedback to unsuccessful applicants.*

i. *All staff involved in the admissions process received appropriate training and guidance to enable them to make decisions in a consistent and transparent manner.*
j. *Continuous monitoring and annual review of admissions procedures to ensure that the admissions service is responsive and customer focused.*

3. SCOPE

The admissions policy and procedures cover all students and all types of applicants who are applying for undergraduate and postgraduate programmes of the University.

4. RESPONSIBILITIES

Head, Admissions Office - responsible for creating or leading recruitment initiatives and making independent judgment and analysis to evaluate student applicants.

Head, Registration Office - supervises the processes for the articulation of transfer credits, enrolment and degree verification of the applicants.

President – oversees the functions of the Admissions and Registration Offices.

Office of International Affairs – coordinates between Admissions and Registration in terms of admission/registration requirements for international students

College Deans - spearhead the implementation of the programme.

5. DEFINITION OF TERMS

English Placement Test – means the placement exam in English that makes use of Oxford Online Placement Test (OOPT).

International Student – Any non-Bahraini student who may or may not require student visa or whose permanent residence is outside of the Kingdom of Bahrain.

Undergraduate New Student - any student who is a graduate of secondary school and was not previously admitted to a university.

Postgraduate New Student – any student who is a graduate of a university and wants to pursue his postgraduate studies at the university.

Transferee Student – any student who was previously enrolled in other university and is admitted and eligible for transfer of credits.

Special Need Applicant- any applicant with physical disabilities and who seeks to pursue higher education.

The Password Knowledge Test (the "Password Test") - is an internet-based test which is specifically intended as an entry test for pre-sessional programmes, with elements designed using academic English, assesses a student's grammar, vocabulary and reading ability within CEFR2 levels A2 to C1 and discriminates between the IELTS equivalent bands 3.5 to 5.5, and will act as proof of English for any student who would like to register on an NCUK programme.

The NCUK International Foundation Year (IFY) programme - is a pre-university programme designed for international students to prepare them for study in English-language universities and to develop students' subject knowledge, study skills and English language competency to a level suitable for smooth progression to undergraduate study.

6. PROCEDURES

6.1.1 NCUK International Foundation Year (IFY) Criteria

Normally, students entering the standard IFY (two-semester, full-time study programme) are expected to have successfully completed:

1. The twelve (12) years of School Education to a defined level from government and some private schools
2. The private school graduates either completed the iGCSE or International Baccalaureate (IB) programme with a defined level
3. Acquire an English language level of at least IELTS 5.0 or Password Test score of 5 NCUK International Foundation Year Admission Requirements:
    - Filled out Admission application form (Online SIS or in person)
    - Copy of Valid Passport
    - Copy of valid national ID card
    - 1 Photograph
    - Original copy of High School Certificates
    - IELTS certificate with an overall score of 5.0 or Password Test with score of 5.0

6.1.2 Admissions Criteria for Undergraduate Students

A. For First Year Undergraduate Applicants:

General Admission Requirements

- A minimum score of 60% in the Secondary School Certificate (Thanawya) or its equivalent is required.
- Applicants must submit a fully completed admission application form along with all required documents as per the university's guidelines and Bahrain Higher Education Council requirements.

Programme Specific Admission Requirements

The applicants who meet the following programme specific admission requirements will be admitted to UTB:

English Proficiency Skills Requirements

Applicants who fulfil one of the following English proficiency skills will be exempted from English foundation courses:

Criteria	Score
Average Score in **English Language** Courses studied in the Secondary School Certificate (Thanawya) or its Equivalent	• At least 80% or B *(for Bahraini, KSA, Kuwait, Qatar, Yemen, Switzerland, USA, and Ecuador Qualification)* • At least 71% or B1 *(for Other Qualification (Indian, Pakistan, and West African)*
Private Schools - *where English Language is used as a mean of instruction*	Exemption from the foundation program.
TOFEL	at least 450 (paper based) or 131 (Computer - based)
IELTS	≥ 5.0 or its equivalent
Pass English Placement Test	Score ≥ 51 %

Mathematics Proficiency Skills Requirements

Applicants who meet the required average score in Mathematics courses from the Secondary School Certificate (Thanawya) or its equivalent will be exempted from the Foundation Math course:

Subtest Component for Bahraini, KSA, Kuwait, Qatar,	***Programme***		
	BSME, BSEnE, BSIT, BSBI, BSAF	*BSCS, BSIE*	*BSIB*

Yemen, Switzerland, USA, and Ecuador Qualification				
Mathematics	Science/ Technical/General Track	At least 70% or C	At least 70% or C	At least 60% or D
	Commercial Track	At least 80% or B	At least 80% Or B	At least 60% or D
	Literature, Islamic and non-technical Tracks	At least 80% or B	All must undergo remedial mathematics	At least 60% or D

*This is applicable to Bahraini and similarly equivalent qualification

Subtest Component for Other Qualification (Indian, Pakistan, and West African)		***Programme***		
		BSME, BSEnE, BSIT,BSBI, BSAF	*BSCS, BSIE*	*BSIB*
Mathematics	Science/ Technical/General Track	At least 51 or C1	At least 51 or C1	At least 41 or C2
	Commercial Track	At least 71 or B1	At least 71 or B1	At least 41 or C2
	Literature, Islamic and non-technical Tracks	At least 71 or B1	All must undergo remedial mathematics	At least 41 or C2

Science Proficiency Skills Requirements

Applicants (except BSIB) who demonstrate proficiency in science will be exempt from attending tutorial classes in general science before enrolling in any university-level science course.:

Criteria	Score
Average Score in Science Courses studied in the Secondary School Certificate (Thanawya) or its Equivalent	≥60%

For the undergraduate applicant who did not meet the minimum required secondary school grades in Mathematics and English or its equivalent, his/her admissions depend on the following criteria:

Programme	Secondary School Grade	Placement Test in English (OOPT)	Remarks
All Programmes	60-79 % grade in English	Score ≥ 51 %	No need for Foundation Course in English

Programme	Secondary School Grade	Placement Test in English (OOPT)	Remarks
		Score < 51 %	Foundation Course in English
BSIE, BSCS	For Scientific, General, and technical Track: Score 50-69% in Math	N/A	Foundation Course in Math
	Literature, Islamic and non-technical Tracks	N/A	Foundation Course in Math
	Commercial Track: Score 50-79%	N/A	Foundation Course in Math
BSME, BSEnE, BSIT, BSBI, BSAF	For Literature, Islamic and non-technical Tracks: Score 50-79% in Math For Scientific, General, and technical Track: Score 50-69% in Math	N/A	Foundation Course in Math
	For Science score <60%	N/A	Tutorial class in general sciences
BSIB	Score <60% in Math	N/A	Foundation Course in Math
All Programmes	CGPA <60% for Bahraini and KSA CGPA <41% for Indian and Pakistan	N/A	Will be subjected to 5% admission rule of UTB (As explained under note)

*This is applicable to Bahraini and similarly equivalent qualification

a. Secondary Grade in English

A qualified applicant for all programmes whose secondary school grade in English is within 60-79%, needs to take the placement test in English (OOPT). If the OOPT test result is 51 or above, applicant will not take remediation course in English. However, if the result is lower than 51, applicant will take remediation course in English.

b. IELTS/TOEFL

Applicants who submit official IELTS or TOEFL certificates issued by accredited examination centers, with a minimum score of 450 on the TOEFL (paper-based), 131 on the TOEFL (computer-based), or 5.0 on the IELTS, are exempted from taking the required English Placement Test.

In addition, applicants who obtain an IELTS score of 5.5 or higher or a TOEFL score that meets the equivalent standard may qualify for English course exemptions based on their results. This policy recognizes academic achievement by allowing eligible students to be

exempted from enrolling in introductory English courses upon admission.

IELTS/TOEFL Scores	Exemption
Qualified applicants with 5.5 IELTS scores or TOEFL: 496 (paper-based) or 169 (computer based)	Satisfying this requirement means to be exempted from taking ENGL401/ENGL611 (English Communication Skills 1)
Qualified applicants with 6.0 IELTS scores or TOEFL: 546 (paper-based) or 211 (computer based)	Satisfying this requirement means to be exempted from taking ENGL401/ENGL611 and ENGL402/ENGL621 (English Communication Skills 1 and 2)

c. Secondary Grade in Math

A qualified applicant for BSME, BSEnE, BSIT, BSBI, and BSAF programmes who has a secondary grade score in Math of 50-79% for commercial track and 50-69% for scientific and technical tracks and lower than 60% for the BSIB programme must take the remediation course in Math. All qualified applicants for BSCS and BSIE programmes coming from the literature, Islamic and non-technical tracks must take the remediation course in Math.

d. Secondary Grade in Science

A qualified applicant for BSME, BSIE, BSEnE, BSCS, BSIT, BSBI, and BSAF programmes who has a secondary grade score in science of lower than 60% must take tutorial class in general science before taking any university-level science course.

Note: UTB can accept new students equivalent to 5% of the total enrollment where student applicant has a CGPA below 60% but not lower than 50% from Bahraini Schools; below 41% but not lower than 33% from Indian and Pakistan Schools; and for other non-Bahrain based Schools, it will be based on the passing mark of the school. 5% is subject to strict evaluation by the dean and the applicant's score in the OOPT and the secondary school grades.

B. For Undergraduate Transfer Student Applicants

Application Requirements:

1. Completely filled out an admission application form
2. Official Transcript of Records (TOR) from the university previously attended. Rules and regulations of the HEC-Bahrain regarding the authentication of foreign certificates and private school certificates are to be applied when necessary.
3. Course description of all completed courses for which transfer credit is sought (authenticated by the originating university)
4. Certificate of Transfer from the university previously attended stamped by MOE, if any.
5. Withdrawal Certificate stamped by MOE
6. Submission of all required documents stated in the admissions policy.

Admissions Requirements:

1. For Bahrain and KSA qualifications, the applicant should have at least a secondary school average of 60%. For non-Bahrain secondary qualifications (Indian and Pakistan) the applicant should have at least 41% secondary school average; and for other non-Bahraini qualifications please refer to the table of cut-off.
2. If the applicant has taken and passed courses in English and Mathematics in the previous university, the applicant will be exempted in taking the remedial courses in both English and Mathematics. The applicant may proceed to mainstream university courses and is eligible to apply for credit transfer.
3. If the applicant has not taken any course in English and Mathematics, the basis for evaluation whether remedial course in English and mathematics is required or not is the subject scores in his/her last year in the secondary school certificate using the table presented earlier.

The transfer of course credits is accepted at UTB provided that courses applied for crediting are equivalent to the courses where credit will be transferred. Practicum (Internship) course is eligible for credit transfer with the same practicum (internship) course from another university or re-admitted student from UTB.

The University requires the undergraduate student to complete at least 50% of the required credit units/hours of a programme in residence at UTB. The maximum credit units/hours that are eligible for transfer credits should not exceed two-thirds (66%) of the required credit unit/hours based on his/her original degree from another university.

C. Admissions Criteria for Postgraduate Students

C1. Acceptance to the postgraduate programmes as a new student depends on the following criteria:

a. The applicant must hold a bachelor's degree with a minimum Cumulative Grade Point Average (CGPA) of 2.00 out of 4.00, or its equivalent in other grading systems.
b. All applicants shall be interviewed by a panel. The panel will evaluate the applicant's overall suitability for admission, including an assessment of language proficiency. Applicants may be required to take the Oxford Online Placement Test (OOPT) or present an equivalent English proficiency qualification, such as a minimum score of 496 (paper-based) or 169 (computer-based) in TOEFL, or 5.5 in IELTS. The decision on admission shall rest with the panel, particularly in cases where the applicant's academic record does not clearly demonstrate competency in the relevant subject area. Only applicants who successfully pass the interview shall be considered for admission.

c. For Master of Business Administration (MBA):

- An applicant who is a graduate of a bachelor's degree in any business-related field with a minimum CGPA of 2.00 out of 4.00, or its equivalent, shall be exempted from taking the bridging courses.
- An applicant who is a graduate of a non-business bachelor's degree with a minimum CGPA of 2.00 out of 4.00, or its equivalent, may also be exempted from taking the bridging courses, provided that he or she has a minimum of two (2) years of work experience in a management-related field.
- An applicant who is advised to take the OOPT must obtain a minimum passing score of 65 to proceed to the core courses. Applicants who do not achieve the passing score shall be required to complete the bridging courses before progressing to the core courses.

d. For Master of Science in Digital Management (MSDM), Master of Science in Logistics and Supply Chain Management (MSLSCM), and Master of Science in Real Estate Management and Investment (MSRI):

- An applicant who holds a bachelor's degree in any field other than business with a minimum CGPA of 2.00 out of 4.00, or its equivalent, must have at least one (1) year of post-bachelor's work experience.
- An applicant who is advised to take the OOPT must obtain a minimum passing score of 65 to proceed to the core courses.

C2. Acceptance to the postgraduate programme as a transfer student depends on the following criteria:

a. UTB requires as a matter of policy that a transfer postgraduate student is required to complete at least 50% of the required credit units/hours of a programme of residence at UTB.
b. The maximum credit units/hours that are eligible for transfer credits should not exceed fifty percent (50%) of the required credits from the original degree from another university.
c. Capstone (Thesis) course is not eligible for credit transfer; the transfer student must take this course during his/her residency at UTB.

Application requirements

A new applicant is required to submit the following documents:

a. First Year Undergraduate Applicants

1. Fill out the admission application form (Online SIS Emada or in person).
2. Original Secondary School Certificate and transcript or its equivalent and/or an 'A' Level Certification from the Ministry. Rules and regulations of HEC-Bahrain regarding the authentication of foreign certificates and/or private school certificates are to be applied when necessary

3. One (1) recent passport-size photographs
4. A photocopy of the applicant's passport and national ID card (or equivalent)
5. Official receipt of the non-refundable application fee
6. Certificate of Good Moral Character
7. Student Medical Examination issued by a medical health center endorsed by HEC.

b. First Year postgraduate Applicants

1. fill out the admission application form (Online SIS or in person).
2. Original Secondary School Certificate and transcript or its equivalent and/or an 'A' Level Certification from the Ministry. Rules and regulations of HEC-Bahrain regarding the authentication of foreign certificates and/or private school certificates are to be applied when necessary
3. Official Transcript of Records for bachelor's degree or its equivalent. Rules and regulations of HEC-Bahrain regarding the authentication of foreign certificates and/or private school certificates are to be applied when necessary.
4. One (1) recent passport-size photographs.
5. A photocopy of the applicant's passport and/or national ID card or at least 2 valid ID cards.
6. Official Receipt of the non-refundable application fee.
7. Student Medical Examination issued by a medical health centre endorsed by MOE.

c. Undergraduate and Post Graduate Transfer Applicants

1. fill out the admission application form(Online SIS or in person).
2. Official Transcript of Records (TOR) from University previously attended. Rules and regulations of HEC-Bahrain regarding the authentication of foreign certificates and/or private school certificates are to be applied when necessary. Detailed criteria can be found in the Policies and Procedures for Credit Transfer.
3. Course description for all completed courses for which transfer credit is sought (authenticated by the originating University)
4. Certificate of Transfer from the University previously attended, if any
5. Certificate of Good Moral Character
6. Four (1) recent passport-size photographs
7. A photocopy of the applicant's passport where name, photo, birth date and birthplace appear
8. A photocopy of the applicant's national ID card (or equivalent)
9. Official Receipt of the non-refundable application fee.
10. Student Medical Examination issued by a medical health centre endorsed by MOE.

d. Foreign First Year Undergraduate Applicants

1. Fill out the admission application form (Online SIS or in person).
2. Secondary Certificate and transcript or its equivalent (A level certificate if applicable)

3. Four (1) recent passport-size photographs.
4. Photocopy of the applicant's passport where name, photo, birth date and birthplace appear.
5. Photocopy of the applicant's national ID card or equivalent
6. Authenticated copy of transcript and certificate from the originating country's Ministry of Education or Embassy and the Ministry of Foreign Affairs in Bahrain.
7. The University provides student visa assistance wherein requirements are found in the UTB Student Handbook.
8. Student Medical Examination issued by a medical health centre endorsed by MOE.

e. Foreign Postgraduate Student Applicants

1. Fill out the admission application form (Online SIS or in person).
2. Bachelor's Certificate and transcript or its equivalent
3. Four (1) recent passport-size photographs.
4. Photocopy of the applicant's passport where name, photo, birth date and birthplace appear.
5. Photocopy of the applicant's national ID card or equivalent
6. Authenticated copy of transcript from the originating country or Embassy and the Ministry of Foreign Affairs in Bahrain.
7. The University provides student visa assistance which requires international students to pay a non-refundable tuition fee equivalent to one year of registration, if the visa is approved.
8. Student Medical Examination issued by a medical health centre endorsed by MOE.

D. Special Need Applicants

An applicant seeking admissions under this category needs to fulfill the same requirements for admissions as for the general candidates except for a consideration of 5% marks in the cut-off percentage. The Guidance Counselor provides information and assesses the needs of the student applicant and the adjustments that he/she might require for him/her to access his/her chosen programme at the University.

The special needs student applicant has to disclose the nature of disability during the application process, and the University reserves the right to accept/deny his/her admissions as it sees fit based on the nature of the disability and the University's existing support mechanisms.

Admissions Procedure

Applicants have to:

1. Proceed to the Admissions Office for inquiries and fill in the Application Form (Online SIS or Application form).
2. Pay the non-refundable application fee.

3. Completely fill out the application form.
4. Submit all the required documents to the Admissions Office.
5. Take the Placement Tests (OOPT) on your scheduled date of exam.
6. Accepted students are officially notified by the Admissions Office.
7. Upon notification of acceptance, proceed for enlistment.
8. An applicant should submit written request to the Admissions Office for the appeal of an admissions decision or a complaint regarding the way in which their application has been handled.

For transfer undergraduate and post-graduate students.

1. The Admissions office Initiate the Request for Transfer of Credits.
2. The College Dean evaluates the request and determines transferable credits appropriately based on established policies for crediting courses.
3. The Admissions office Notify the students on the credited courses.
4. The Registrations office will review the Evaluation of Credits and process it for approval to the Higher Education Council (HEC).

Appeals System for Access and Transfer

1. Applicant may appeal the result of his/her admissions to the university by submitting a letter to the Admissions Office.
2. The Admissions Officer discusses the appeal with the College Dean and considers the merits of the appeal based on the following:
    - Results of Placement Test (OOPT)
    - Secondary School Report
3. The college Dean requests additional interview, if necessary, and decides on the appeal with due regard to the recommendation of the College Dean.
4. The Admissions Officer advises the applicant about the result of the decision of his/her appeal and may advise the applicant to consider alternative programme of study other than the original choice.

Re-admissions Procedure

Students who fall under the categories cited below may apply for re-admissions:

a. Students who withdrew their enrolment from the university.

b. Students who were given dismissed notices for academic deficiencies.

c. Students who were suspended for more than one trimester for violation of student conduct.

d. Students who are absent without leave (AWOL) and fail to register for two (2) consecutive years for undergraduate programmes, or one (1) year for postgraduate programmes.

e. Students who have exceed maximum registration rule: Undergraduate including leave of absence is 8 years. Postgraduates including all approved leave of absence is 6 years.

For cases (a), (b),(d) and (e)

Students seeking readmission are advised to follow the steps outlined below to ensure a smooth re-enrollment process:

1. Students must first secure clearance for readmission from the Registration and Finance Offices and obtain the required approvals from the concerned units.
2. Once clearance is granted, the Admissions Office will initiate the readmission process by creating a new application in the SIS and uploading the required documents, while the student also has the option to upload the documents directly.
3. The Admissions Office will then initiate a request in the SIS to the concerned Dean of the College, who will evaluate the student's academic records and determine the applicable credits under the current curriculum plan in line with the university's credit transfer policy.
4. Upon approval, the Admissions Office will notify the students of the credited courses, issue a new student ID number, and enlist the approved subjects for enrollment.

For case (c)

1. The student must submit an appeal letter to the Dean requesting approval for re-admissions to the University and filling out clearance for re-admissions.
2. The Dean evaluates the merits of the requests and recommends approval or disapproval.
3. In case of approval, the College Dean recommends approval of the appeal to the Vice President for Academic Affairs.
4. The Vice President for Academic Affairs may present the appeal to the Academic Council (if necessary), who shall deliberate on the approval or disapproval of the requests for re-admissions. A recommendation to re-admit students are submitted to the University President for approval.
5. The Dean issued the decision letter to all students who requested re-admissions regardless of the outcome of the request.
6. A copy of the decision is kept in the registration office to re-activate and update the students' records.

7. REVIEW AND IMPROVEMENT

The admission policy and procedures are regularly reviewed to ensure improvement and effectiveness of the implementation. The following are being undertaken:

7.1 The Review Process:

a. Regular Review

The regular review of admission policy and procedures is undertaken during the periodic review of programme, which happens every 3-5 years where inputs may come from either one of the following:

- Benchmarking,
- PIAP consultation,
- Labor market scoping
- External examiners

b. Interim Review

Interim reviews of admission policy and procedures are undertaken following a:

- BQA Programme Review/Institutional Review
- International Accreditation
- HEC Institutional Accreditation
- Strategic Planning Development

c. The review of the admission policy and procedures is spearheaded by the Heads of Admission and Registration, with ALL the programme heads and the Deans of Colleges.

7.2 The Revision Process for Improvement:

a. To ensure a holistic approach in policy revision, various stakeholders are being involved in the review and approval of this policy and procedures.

b. The following stakeholders are consulted in different phases of the review as indicated in the following sections:

7.2.a During Periodic Review of Programme:

- University Council
- Academic Council
- Deans
- Programme/Department Heads and Associate Deans
- Faculty Members from each College
- Students/Student Council
- PIAP
- Head of Admission Office
- Head of Registration Office

7.2.b During Interim review:

- University Council
- Academic Council
- Deans
- Programme/Department Heads and Associate Deans
- Faculty Members from each College
- Students/Student Council
- Head of Admission Office
- Head of Registration Office

8. APPROVAL

The proposed revisions to take effect should undergo approval. The process of approval includes the following:

a. The consolidated policy revision proposal is presented by the Head of Admissions to the Academic Council for comments and feedback. If there are no comments, the proposal is approved by the Academic Council.

b. The VPAA presents the revised admission policy to the University Council for final approval.

c. The Board of Trustees (BoT) approves the revised admission policy.

9. MONITORING

For consistency and sustainability of admission policy implementation, monitoring is required. The following are to be supervised:

a. The Office the President guarantees that admission and registration offices work effectively and efficiently considering their respective tasks and functions.

b. The Deans monitors the effectiveness of implementation of the admission policy through periodic reports submitted by the admission office.

c. The VPAA ensures that all offices responsible for implementing this policy operate smoothly taking into consideration their respective duties and responsibilities.

10. QUALITY RECORDS

To make certain that quality records are available. Students should correctly fill-out the following:

a. University Application Form- for students who wanted to be admitted in the university

b. Online Clearance Form

c. Online Credit Transfer Form

d. Student Unified File- complete records of admitted students

11. DISTRIBUTION LIST

President

VP for Academic Affairs

VP for Administration and Finance

College Deans

Head, Admission

Foundation Courses

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide English language and Mathematics preparatory program which help students develop their proficient communicationsand mathematical competencies, which is one of the requisites of their admission into a degree programme at the university.

2. PURPOSE

The purpose of this policy is to delineate procedures in admitting students for University's English Foundation Course (ENGL500) and Remedial Mathematics (MATH500).

3. SCOPE

ENGL500 and MATH500 are required foundation courses for entering students whose English language and Mathematics skills need further improvement and enhancement to be able to cope with the University's academic courses. The English Foundation Course utilizes an integrated approach in developing the students' macro skills: listening, speaking, reading, and writing while Remedial Mathematics utilizes problem- based approach to enhance learning.

4. DEFINITION OF TERMS

Foundation Courses – Foundation courses provide an entry route to students who failed to pass admission requirements into any of the baccalaureate programmes at UTB.

English Foundation Course - is a required foundation course for entering students whose English language skills need further improvement and enhancement to be able to cope with the university's academic courses.

Remedial Mathematics - is a foundation in mathematics which focuses on building

of the knowledge and skills and understanding to solve problems in college algebra and trigonometry.

Oxford Online Placement Test – is a computer-adaptive test of the English language reporting at Pre- A1, A1, A2, B1, B2, C1, and C2 levels of the Common European Framework of Reference (CEFR). The test provides UTB a quick, reliable way to place English language students into the correct level English class.

Mainstream Courses – are subjects required by the students to pass in order to earn a degree.

5. RESPONSIBILITY

Dean – approves the needed improvement and enhancement of the foundation courses to be aligned to the requirements of the University's academic courses.

Programme Head/Department – leads the provision team in designing the appropriate improvement and enhancement of the foundation courses.

Specialization Coordinator – conducts evaluation on the assessments that need to be modified, supplemented, and enhanced to make the foundation courses operational.

Course Coordinator – responsible for the effective delivery implementing the designed TLA tasks of the foundation courses.

6. PROCEDURES

6.1 English Foundation Course

Students who wish to be admitted to any of the baccalaureate programmes offered by UTB have to undergo an Oxford Online Placement Test (OOPT) if their secondary school scores are below 80% or if they have not scored as per the requirements in IELTS or TOEFL or in any standardized tests to prove their proficiency in English Language conducted by the Admissions Office.

Only students with a minimum score of 51 in the aforesaid examination can qualify for admission into a degree programme. Students whose scores fall below 51 cannot register or take mainstream courses; they must satisfy first the English language

proficiency requirement by passing ENGL500 course. ENGL500 is offered every trimester with a total of 12 credit hours.

English Foundation Course is aligned with the development of the English language courses across the curriculum. To bridge the gap between foundation and mainstream courses, the development of students' English language skills is from level 4 IELTS (A2 Basic User) to Level 5 IELTS (B1 Independent User) and/or from OOPT CEFR Elementary level (A2) to OOPT CEFR Pre – intermediate LEVEL (B1).

6.2 Foundation Mathematics

Qualified applicant for Engineering, Computer Studies and CAFS (Business Informatics and Accounting and Finance) having a secondary grade score in Math of 60-79% or its equivalent and 60-69% for International Business, must take remediation in Math course in UTB.

The Foundation Mathematics course must be completed in one trimester. Once failed, the student must repeat the course in the succeeding trimester.

Students are required to successfully complete the remedial mathematics course before advancing to a college level mathematics course.

7. QUALITY RECORDS

The following are the forms to be used for the annual enhancement and improvement of thefoundation courses:

a. Course Specifications
b. Benchmarking Report
c. Course Review Report
d. Course Review Enhancement Form

8. DISTRIBUTION LIST

College Deans
Dean of the Student Affairs
Head, Admission
Head, Registration
VP for Administration and Finance
VP for Academic Affairs

New Student Induction

1. POLICY

Preceding the commencement of any course of study, the university provides an Induction Program intended to welcome students to university life and to make them familiar to the various aspects of the university operations, other students and the academic and administrative staff.

2. PURPOSE

The purpose of the policy is to describe a program for the induction of new students and transferee that bring to light student responsibilities and best practice expectations.

3. SCOPE

This process is applicable to all new students and transferees of the university irrespective of their place of residence and academic programme.

4. RESPONSIBILITIES

Admissions office - ensure new students attend induction programme University President - Attends and welcome remarks for the new students.

College Deans – provide concise overview of college's attributes including programme offering, curriculum details, accreditation, and facilities among others.

Dean of Student Affairs (DSA)- leads in the organization, planning and implementation of the induction programme of the university.

Heads of Offices – participates in the conduct of induction programme as resource persons.

5. DEFINITION OF TERMS

Induction program – a set of activities that is intended to inform new and transfer students at theuniversity programmes, policies, procedures, facilities and student support services.

New student – any student who is a graduate of secondary school and was not previously admittedfrom a university.

Student Handbook – a compilation of university policies that encapsulate student's duties andresponsibilities; rights and privileges; and code of disciplines.

Transfer student – any student who is previously enrolled in other university and was admittedand eligible for transfer of credits.

6. PROCEDURES

Preparation for Induction

a. *The schedule of the Induction Program is first day of the trimester;*

b. *The Admissions Office notifies all new students about the schedule (day and time) of the Induction Program through emails, SMS, calling, and website posting.*

c. *The office of DSA sends invitations to deans and offices with details of program.*

During Induction Program

The induction is conducted through series of short seminars presented by the Deanship of Student Affairs in coordination with the other key staff of the university. These seminars cover course related matters, student services and procedures.

Induction is compulsory and students who do not attend will be required to attend the second batch of induction day, and the date is to be determined by the dean of student affairs.

a. ***The Dean of Student Affairs presents general information about the university as a whole including university structure and locations of key offices.***

b. ***The Deans of each college presents information about academic programmes and key college activities.***

c. ***The heads of support offices present information specific to the policies and service that they provide to the students.***

- Registration: Explaining the University policy and regulation on grading system, criteria for academic honours, maximum residency, programme transfer, transfer of credits
- Add/Drop period.
- Guidance and Counselling

- Academic advising on enrolment on courses, on career, and on consultation hours.
- Academic calendar
- Assessment or Billing Form
- Social Media accounts and communication channels
- Student bodies including the student council.

d. ***The head of Library discusses the following library systems and services:***

- Location, timing, and access of main library and digital library
- Borrowing and returning of books
- Print and digital collections
- Searchable databases for courses and research
- E- Library: How Access the UTB Online Database Resources

A series of webinars for group of students are arranged with faculty members for an in- depth walk-through on library facilities and services.

e. ***The head of IT services discusses the IT-related services such as:***

- MS365 Account details
- Access to Wi-fi within the campus
- Access to Moodle LMS and use of Turnitin
- Software installation request for students' use
- Use of virtual meeting platforms (Zoom or Teams)
- Computer laboratory facilities and software
- Use of eMADA SIS

f. ***The Deanship of Student Affairs discusses Covid-19 prevention.***

- Conduct of classes within the campus
- Health protocols
- Health monitoring and reporting

g. ***The induction program ends with the tour of facilities led by student council***

officers and members with assigned group of freshmen students (by programme) that includes:

- Offices of administrative officers, faculty members, and laboratories
- Student lounges and study halls
- Library
- Sports facilities
- Cafeteria
- Auditorium

7. QUALITY RECORDS

New Student Induction

Registration Form

New student Induction

attendance sheet

8. DISTRIBUTION LIST

College Deans

Dean of Student Affairs

Head, Student Life

Guidance and Counseling

1. POLICY

University of Technology Bahrain (UTB) recognizes that guidance and counselling is an integral part of the university's existence. It is not limited to the Counselling Office but implies that everyone involved in the university experience of the student has a part in helping him/her develop; hence, the University implements a comprehensive guidance and counselling program assists students enhance their psychological growth, emotional well- being and learning potentials.

2. PURPOSE

This policy and procedures intend to define the approach used to deal with students' issues that prevent them from achieving their personal and academic goals/ambitions. This approach aims to help students have a more positive outlook on life; thereby making their stay in the University more meaningful.

3. SCOPE

This policy and procedures apply to all students at the University. It starts from the recognition of the student's problem and ends with the follow-up and monitoring of the student's progress even after the counselling sessions.

4. PROCEDURES

a.Counselling Routine

- The student completes an inventory form by providing basic demographic information (age, address, parents name and contact numbers, etc.). This facilitates better understanding of student's problems and/or needs.
- Depending on the student's concern, he/she is referred to a counsellor in the guidance office. All counselling sessions are conducted in guidance office or any specified office by the university.
- The Counsellor begins with an initial interview which is devoted to establishing the link between them and encouraging the student to express his or her concerns freely.
- The session is to make an initial assessment of the student's concern, the contributing factors and coping strategies. From these, the Counsellor assesses whether counselling sessions are required.

- Every counselling session is recorded in the student counselling form which the student signs after. The need for succeeding sessions is noted in the form. Follow up sessions to monitor student's progress are also conducted.
- If the student's concern is beyond the expertise of the assigned Counsellor, he/she may refer the case to another practitioner.

b.Counselling For Referrals

- Referrals for counselling may be forwarded to the Counselling Office by other departments. A pre-conference between the referring party and the Counsellor is held to discuss the issue and how it may possibly be dealt with and if other support services may be required.
- Using the SIS, the Counsellor checks on the student's schedule and contact the student by calling or sending an email to the student for a counselling session to address the issue referred.
- Every counselling session is recorded in the student counselling form which the student signs after. The need for succeeding sessions is noted in the form. Follow up sessions to monitor student's progress are also conducted.
- If the student's concern is beyond the expertise of the assigned Counsellor, he/she may refer the case to another practitioner.

5. QUALITY RECORDS

Counselling Form

6. DISTRIBUTION LIST

VP for Academic Affairs

Deans

Deanship of Student Affairs

Admissions Department

Students with Special Needs

1. POLICY

It is the policy of the University to ensure that all students with special needs are given appropriate attention and that their admission to the University will be deliberated properly and fairly. It is also a policy of the University not to admit students with serious sickness other than physical special needs. Admission to the University shall be based on the availability of the requested special facilities and equipment. The confidentiality of information related to special needs of students' accommodation and assessments will be ensured, their privacy and dignity throughout will be respected.

2. PURPOSE

This policy and procedures will ensure that students with special needs are evaluated properly by designated University staff before admission to the University.

3. SCOPE

This policy shall cover the duties and responsibilities of the staff assigned to evaluate student applicants with special needs.

4. DEFINITION OF TERMS

Special Needs – refer to the needs of a student requiring special attention and accommodation as evidenced from his/her medical history.

Physically Challenged – refers to an attribute given to a student with a sound mind, nonetheless; physical condition limits him/her from performing normal functions (e.g. left-handed student, student in a wheelchair and the like). Physical Special needs, which can be accepted in the university, refers to a limitation on a student's physical functioning, mobility, dexterity, or stamina resulted in using a wheelchair and the like, and other conditions which include epilepsy, amputation in the foot, limping or asymmetric abnormality, dyslexia, minor speech problem, minor poor vision, and weakness in muscles and others.

Staff – refers to UTB faculty, students' counselling unit, student affairs department, academic adviser, admission department and guidance counsellor who are responsible in providing support and guidance to special needs students.

5. RESPONSIBILITIES

Admission Office - The admission office is responsible for identifying the special needs students.

Office of Student Services and Guidance - The office of student services and guidance is responsible for issuing identification cards to special needs students to facilitate their services in the University.

Dean of Student Affairs - Oversees the services and facilities delivered to special needs students through the office of student services and guidance.

College Dean - Demonstrate leadership commitment to inclusiveness and equal opportunities for all students. The college dean is responsible for monitoring the performance and academic services provided to the students with special needs.

6. PROCEDURES

During admission

The needs and expectations of students, including those with special needs and accommodation needed as a consequence of these requirements will be taken into account during admission. The student requesting special accommodation is required to submit his/her medical records.

1) In return, the admissions officer verifies the completeness of the medical records.
2) Admission to the University shall be based on the availability of special equipment/facilities required by the special need of student. If these are not available and cannot be made available due to certain circumstances, the student is immediately informed prior to admission.
3) Students with special needs must confirm his/her special needs in the admission application. If the student fails to mention his/her special needs, the University reserves the right to accept/deny his/her admission as the institution sees him/her fit based on the nature of special needs and the existing support mechanisms.
4) If the request is made due to a physical special need, the Admissions Officer should file report to be used as reference anytime by any concerned offices. A copy of the report should be forwarded to the guidance office for appropriate arrangement of the required support needed.
5) Communicate with special needs students, their families, and support staff to discuss required support such as examination accommodation, requirements, and expectations.

After Admission

1) The guidance counsellor conducts orientation concerning the facilities and arrangement provided to the student with special needs according to the special needs assessment including the allotted parking space for him/her. In addition, the phone numbers of the nurse and guidance counsellor are provided for emergency purposes.
2) The Guidance Office provides identification cards to special need student to be easily identified by the university staff. A list of students with special needs will be provided to the Dean of every college.
3) The Dean will inform the faculty and the assigned academic adviser regarding the special needs of the student.
4) The Dean of Student Affairs, if needed, will arrange training for support staff and faculty members to properly inform them with the requirements of special needs students.
5) Academic adviser will then provide personalized guidance and support to help special need students achieve his/her academic and career goals.
6) The guidance counsellor keeps a record of every special needs student and monitors the special need student's academic performance in the enrolled courses.
7) The special needs of the student should be sought in advance in order to facilitate effective support mechanisms and special arrangements, if needed such as other provisions during examinations or assistive technologies.
8) In case the student is facing difficulty in his/her courses, the guidance counsellor together with the concerned faculty members will arrange tutorial classes.
9) Appeals and grievances procedures is available to address grievances promptly and fairly.

Reporting

a. The guidance counsellor compiles reports of all cases relating to special needs students who have provided support including details of arrangements.
b. The report is submitted to the dean of student affairs for evaluation on the effectiveness of the implemented approaches/strategies.
c. The dean of student affairs presents the details of the report including recommendations for improvement, if any, to the academic council.

7. QUALITY RECORDS

Special Needs Assessment Form

8. DISTRIBUTION LIST

VPAA & VPAF

Deans

Head of Facilities

Student Council

1. POLICY

The purpose of this policy is to develop a voice for students in consultation with management, and staff for the purpose of enhancing UTB's operation and improving provided educational services. This policy is intended to support the establishment and operation of an effective student council in the university.

2. PURPOSE

This policy indicates the procedures that should be followed in regard with formation of the annual Student Council. Students Council is a representative committee through which students can participate in the affairs of the university, and work with the UTB management for the purpose of the students' benefit.

3. SCOPE

This policy is intended to provide practical guidance to student council members in the establishment and operation of the student council.

4. RESPONSIBILITY

Dean of Student Affairs- chairs the committee on election and ensures that all procedures related to the student council and its operation are aligned with the policy.

Committee on Election- manage all related procedures in electing student council members.

5. DEFINITION OF TERMS

Student Council – is the highest student body authorized by the university administration to articulate student views and interests and be the voice of students.

6. PROCEDURES

6.1 Application and Election

- The dates of the Election and its Mechanism are determined by the DSA and committees are formed under the supervision of the Dean of Student Affairs.
- The Office of Student Affairs will announce the opening of candidacy one month before the end of the Third Trimester.
- Applications are submitted per instructions by the Committee on Elections.
- The Committee on Elections shall observe the following:
- All Candidacy Applications are reviewed by the Committee to check the sufficiency of the requirements:
    1. A full - time student at the college.
    2. With good conduct, reputed and has no pending violations of University Policies.
    3. A student must complete at least 40 Units from the University.
    4. A student must be in a good Academic Standing, and with a grade of 3.00 and above.
    5. A student does not hold a full-time or part-time job during his/her term.

- The approval or Denial of each application is taken from the Chairman of the Committee, Dean of Student Affairs, the Dean of the respected college, with mentioning the reason if not approved.
- The official list of candidates shall be announced by the DSA two weeks before the election period.
- Each Candidate has the right to start his Campaign and Ads after receiving the approval. Campaign is allowed until one day before the election period. The Candidate must secure approval of all his ad material samples from the Election Committee before publication in any forms.
- The President or the Dean of Student Affairs has the right to eliminate any candidate if he/she violated the regulations and instructions mentioned above.
- The Chair of the Committee has the responsibility to ensure election materials and required procedures are in- placed before, during and after the election.
- The election starts at the date approved by the University President.
- In case of tie between or among the candidates, there will be a draw in the presence of the candidates that will determine the winner.
- The Student Council will be valid for one year from the date of the Announcing the elections results.
- The membership of the Student Council can be extended until the date of the next elections if it exceeds one year from the date of announcing the results.
- In case one of the members of the Student Council post is vacant, in any reason, the Council should join the member with the following most voted from the last College. Student Council Elections that the previous member belongs to.

6.2 Composition, Functions and Conduct

A. Composition

The Student Council is composed of the following posts:

- The President of the Council (1)
- The Vice-President of the Council (1)
- Secretary (1)
- Treasurer (1)
- Public Relations (1)
- Club Organizer (1)
- Loyal Members (4)

**The number of representatives will be determined by the Deanship of Students Affairs depending upon student enrolment per college.*

6.3 Functions

6.3.1 President

The President of the Student Council has the following responsibilities:

- Call for the Council meetings.
- Preside over the meetings of the Council and sign the minutes of meetings with the Secretary and the permission of payments with the Treasurer.
- Representing the Council in front of the University Administration.

6.3.2 Vice President

The Vice-President shall assume the duties of the President in his/ her absence or upon his/her request. The Vice President shall coordinate the efforts of the Agencies, Bureaus, and Leadership Institutes, as well as serve as coordinator for the formulation and completion of some Executive projects.

6.3.3 Secretary

The Secretary of the Student Council has the following responsibilities:

- Prepares of the agenda topics referred by the Council President.

- Prepares of minutes of meetings and signing with the Council President.
- Receives the Council letters and saving the records, documents, and stamps.
- Provides the Office of Student Affairs with the records of the minutes of meetings.
- Carries out any other work assigned by the Council President.

6.3.4 Treasurer

The Treasurer of the Student Council has the following responsibilities:

- Saves financial records.
- Signs the permission of payments with the President of the Council or his Vice- President;
- Prepares the financial report of the council.

6.3.5 Public Relations Officer

The Public Relations of the Student Council has the following responsibilities:

- Coordinates between the Council and Institutions, Organizations or any External Direction.
- Provides all the information required about organizations or characters outside the University.
- Presents and maintains a positive public image of the university using the university's paper, social media or other forms of publicity.
- Carries out any other work assigned by the Council President.

6.3.6 Club Organizer

The Club Organizer of the Student Council have the following responsibilities:

- Collects proposals and member listings for potential clubs within guidelines.
- Ensures that clubs are operating properly and not being abused; (auditing)
- Works and aids club members or club presidents with any issues being

experienced.

- Carries out any other work assigned by the Council President.

6.3.7 Loyal Members

The Loyal Members of the Council have the following responsibilities:

- Keep the records.
- Prints the minutes of meetings, reports, letters and prepares the Council documents.
- Prints and registers the attendance of the officers.
- Maintain a record of the current council's records, achievements, and any further documents for the next council to reference to.

Loyal Members appointed as Reporters of the Student Council have the following responsibilities:

- Students work in Public Relations.
- Tasked with the responsibility to write, edit and submit stories about the university (curricular or extracurricular) to the university paper or social media as well as aid in publicity for events.
- Carry out any other work assigned by the Council President or Public Relations.
- Carry out any other work assigned by the Council President.

6.3.8 Conduct

The elected officers are expected to perform their duties based on the above - mentioned functions and terms of references.

Any member found to commit the following minor offenses shall be punished by a disciplinary action as determined by the council such as failure to submit reports on time; failure to attend a meeting without a valid reason; irregular and infrequent tardiness; and had cause a delay or interruption in any of the council meetings.

The following shall be considered major offenses and shall be a ground for suspension, termination, or Impeachment: Wilful violation of this Council and the

University regulations; Acting beyond the powers conferred in one's position; Corruption and misappropriation of council funds; Neglect / abandonment of duties;

Disrespect whether in words or indeed, towards any member of the council; Forging, falsifying and / or tampering Council papers and records or any school document of any kind; Unauthorized lending of council equipment and use of supplies; Three consecutive absences in the regular meetings of the council without notice; Unauthorized representation of the council in any event or proceedings; Wilful destruction of properties of the council; and Disbursing funds for a legal transaction without a receipt, regardless of amount any form of misconduct that destroys the image and dignity of any council member or the council as a whole.

Any officer violating any provision of the offenses mentioned shall be subjected to investigation and observance of due process. The head of the council shall create a special committee that will investigate the alleged violation of the respondent. The respondent shall have no right to vote in any of the disciplinary proceedings. However, he shall be given the right to defend himself during a hearing set by the council. If the respondent was proven guilty, an affirmative vote of two-thirds of the Council shall be required to terminate the former.

7. QUALITY RECORDS

Student Council Resolutions and Minutes of Meetings

8. DISTRIBUTION LIST

All units in the University

Social Program

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to support the students by having a social program for students' activities on or off the campus.

2. PURPOSE

The purpose of this policy and procedure is to provide a program and procedures for the conduct of student activities.

3. SCOPE

This policy and procedures cover culture, sports and other activities conduct on or off the campus.

4. RESPONSIBILITIES

Office of Student Affairs - Organize the activities for students to achieve the social program and follow up the other activities organized by college, student council, and others on or off the campus.

Student Council - Work with students to organize activities on or off the campus, the activities must be approved by the deanship of student affairs.

Dean of Student Affairs - Work with the office of student services, student council and college to develop the social program. The social program includes different students' activities. The DSA approves the scheduled activities.

Dean of College - Develop the students' activities to support students in their studies and approves the activities.

VP Academic Affairs - Approves the social program and approves the budget of the students' activities.

VP Administration and Finance - Approves the social program and approves the

budget of the students' activities.

5. PROCEDURES

1) The deanship of student affairs prepares an annual plan which details the different activities of the university to form the social program. The annual plan is approved by the Dean of Student Affairs, and VP academic Affairs. Also, the off-campus activities will be prepared.
2) The activities of social program include three main trends:
    1. *Clubs and Society (Sports club, musical club, Alumni club, Students magazine for local and international students (per trimester), communication with societies, e.g. Cancer Society, IEEE, BTSD etc).*
    2. *Cultural Exchange (Intercultural friendship program open to all students, faculties and staff. Hosting program in coordination with AIESEC in Bahrain).*
    3. *Student Assistance program (Training for students about soft skills, presentations, interviews. Help with students, such as advising, guiding, complaining etc).*
3) The activities in the annual plan are carried out as scheduled. In case there is an activity that needs to be carried out that is not included in the plan, the organizer seeks approval from the management through the Deanship of Student Affairs.
4) The request for the holding of the activities comes along with the program of activities, the people/committees involved and the budget. Once the activity is approved, the student organization can start the dissemination of the conduct of the activity.
5) Any student organization activity is evaluated. The activity evaluation form is accomplished by those involved in the activity. The results of the evaluation are tallied and analysed by the deanship of student affairs and the findings are considered for the next planning.

6. DISTRIBUTION LIST

All University Units

Grade Appeal

1. POLICY

It is the policy of the University of Technology -Bahrain to respond promptly to the complaints about the grades of students and resolve them according to due process.

2. PURPOSE

The purpose of the grade appeal policy is to provide a mechanism for addressing students' grade appeals according to established procedures in order to ensure that all grades/marks awarded to them are appropriate, fair, and transparent.

3. SCOPE

This policy covers grades/marks awarded in both the undergraduate and post-graduate courses of the university.

4. RESPONSIBILITIES

Dean of Student Affairs – Compiles the grade appeals and communicates with the college deans.

Programme Head – forms the committee with members who will address the appeal. Also, approves the result of appeal together with the Dean.

College Dean – Approves the result of the appeal together with the programme Head. Also, endorsed the results of appeal to the DSA.

Committee Member – a member of the committee who is teaching the course but not the concerned faculty, who examines, verifies, and review the appeal.

Concerned Faculty – a teacher handling the section and does the grade erratum.

5. DEFINITION OF TERMS

Appeal – the process whereby a student can seek support to verify doubts about his/her grades in any summative assessment/special examination.
Grade - means the grade during the trimester and needs to be verified based on investigation.

Student - the individual who is registered at the university. He/she received the grade and who has initiated an appeal.

6. PROCEDURES

6.1 Appropriate Basis for Appeal

Grades can be appealed only when the student confirms that his/her grade is not appropriate or not correct. The bases for appeal include conditions where the grade was assigned:

- The grade was awarded in an unfair, arbitrary, or erroneous manner.
- The student believes that the grade was assigned inappropriately due to subjectivity or any kind of inconsistency.

6.2 Time Limits for Appeal and Resolution

a. A student may appeal the result of any summative assessment.

b. For appeal of final grades, there will be a fee of BD30 to be paid at the accounting office and attached with the grade appeal form. The student must file the grade appeal to the Dean of Student Affairs (DSA) within one week after the release of grades.

c. DSA compiles/reviews the grade appeal forms and then forwards them to the Dean of the concerned college for appropriate action.

d. The grade appeal should be resolved within a maximum of weeks after the trimester in which the grade was officially processed.

6.3 Processing of appeal/conducting of investigation

1. Dean discusses the appeal to the respective program Head and instructs to form committee.
2. Committee with members shall be formed by the programme Head.
3. Committee submits decision to the Dean.
4. Results shall be submitted to the DSA and DSA communicates the results of appeal

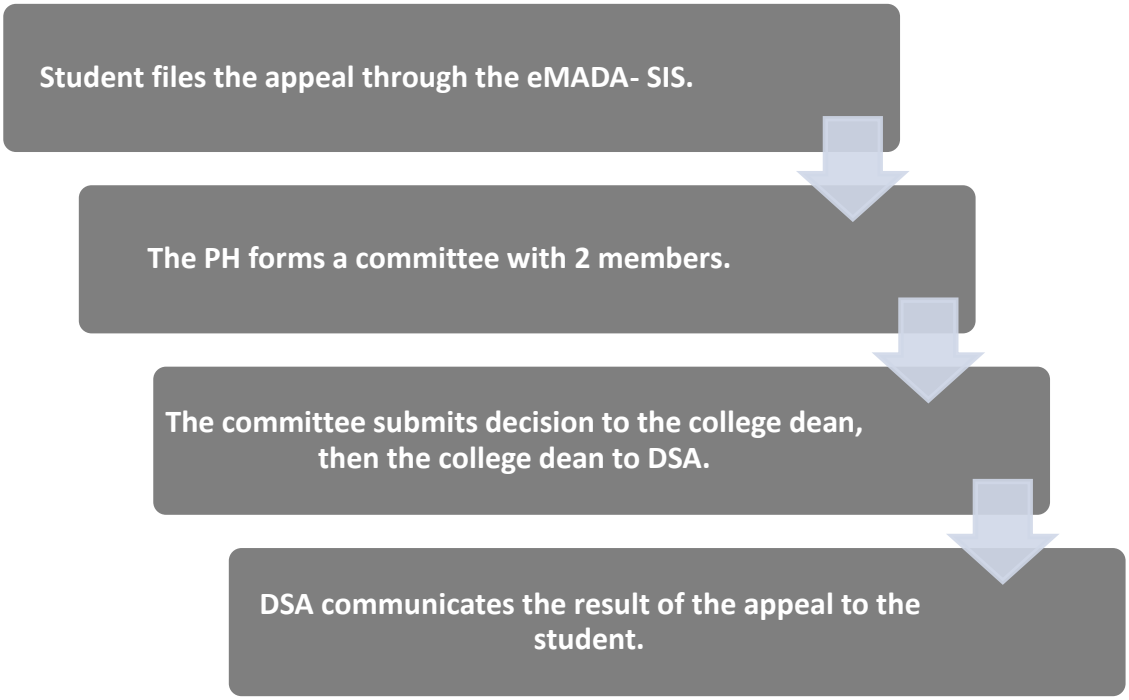
to the student.

5. In case of any changes of grade, grade erratum shall be filed by the concerned faculty andBD30 shall be refunded to the student.

7. REPORTING

The DSA compiles a report of all grade appeals received by the office. The office analyses the results of the appeal and reports the same to the Academic Council for possible improvement in processes and practice.

7.1 Flow of Appeal



8. QUALITY RECORDS

Grade Appeal Request

9. DISTRIBUTION LIST

VPAA

Deans

Head, Registration Office

Student Grievance, and Academic and Behavioral Misconduct

1. POLICY

It is the policy of University of Technology -Bahrain to respond promptly to the grievance, academic and behavioural misconduct of its students and resolve them according to due process.

2. PURPOSE

The purpose of this policy is to provide a mechanism for addressing academic and behavioural misconduct of UTB students and their grievances according to due process.

3. SCOPE

This policy includes academic and behavioural misconduct of students, and grievances between students and students, students and faculty, students and non-academic staff, as well as students and administrators.

4. RESPONSIBILITIES

Head of Student Life - receives and monitors the status of the complaints. Also, issue the approved written resolution and/or sanction to concerned parties.

Student Disciplinary Tribunal (SDT) - meets to investigate and make the decision for the complaints and the cases.

Head of Facilities, Maintenance and Security - communicates with OSL to apply the decisions which are related to property and maintenance.

Deanship of Student Affairs (DSA) - approves the resolution and minutes of meeting after receiving from SDT.

VP for Academic Affairs - approves the resolution and minutes of meeting after receiving from DSA.

5. DEFINITION OF TERMS

- Academic misconduct is any action which gains, attempts to gain, or aids others in gaining or attempting to gain unfair academic advantage. It includes plagiarism, collusion, contract cheating, fabrication of data as well as the possession of unauthorized materials during an examination, and any other academic misconduct.
- Behavioural misconduct is any unacceptable behaviour or wrongdoing of students towards other students or faculty or non-academic staff. It includes abuse of student, acts of dishonesty, computer abuses, creating a public nuisance in neighbouring communities, disruption or obstruction, drug violations, failure to comply, harassment or bullying, hazing, having or Use of firearms, explosives, dangerous chemicals, or other dangerous weapons, retaliation, theft, unauthorized keys, entry, or use unauthorized recording, and any other behavioural misconduct.
- Grievance is an official statement of a complaint over something believed to be wrong or unfair.
- Sanction is a penalty given for disobeying a rule within the university.
- Warning is a statement that warns the student of possible action in the future.
- Suspension is when the student is temporarily barred from entering the university because of an action which is not acceptable to the norms of the university.
- Dismissal is when the student is no longer allowed or discharged from the university.

6. PROCEDURES

(1) An aggrieved student files a written complaint to the Office of Student Life (OSL).

(2) The aggrieved parties are between students and students, students and faculty, students and non-academic staff, as well as students and administrators.

(3) The head of OSL must categorize the case whether it is a grievance, a behavioural misconduct or an academic misconduct.

(4) The case is discussed at the lowest level possible settlement and the decision is finalized with the Dean of Student Affairs.

(5) If the case is unresolved, the Dean of Student Affairs calls the Student Disciplinary Tribunal (SDT) for a meeting to form an investigation or refer the matter to HRD if the respondent is a member of the administration, faculty or non- teaching staff. The head of OSL monitors the status of the complaint.

(6) Upon conclusion of a case, a written resolution and/or sanction is endorsed by DSA to VPAA for approval. OSL issued the approved written resolution and/or sanction if the case involves students, or by the HRD if the case involves a member of the administration, faculty or non- teaching staff.

(7) The procedure on the resolution of complaints or behavioural and academic misconduct filed against a student or a group of students is presented in the Student Handbook of the University.

(8) Records of the complaints and resolutions are kept in the offices of OSL and HRD.

7. QUALITY RECORDS

Letter of Complaints

Evidence of academic and behavioural misconduct

SDT resolution

Minutes of Investigation

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

Academic Council Members

Dean of Student Affairs

Head, Department of HR

Head, Student Services Office

President of Student Council

Career Guidance

1. POLICY

It is the policy of University of Technology Bahrain (UTB) that career guidance is an integral part of the University's existence. It implies that prospective and current students involved in the guidance process; hence, the University implements a comprehensive career guidance programme assists students shape their future career and increase their knowledge related to job market and its requirements.

2. PURPOSE

The purpose of the policy and procedure is to provide the necessary career guidance to prospective and current students of the UTB to help them shape their future, to raise their career awareness and enhance their knowledge related to job market and its requirements, through a systematic guidance, and a range of activities and information to enhance their employability skills.

3. SCOPE

This policy and procedure cover the prospective and current student to be granted proper career guidance towards the future job, employability skills and career awareness.

4. RESPONSIBILITIES

Head, Student Service and Guidance Office- is responsible for preparing guidance plan, inviting qualified speakers to deliver selected topics, and preparing the activity proposal and the budget request.

Dean of Student Affairs - is responsible for overseeing the preparation for the activities and following up the guidance services for students and ensures achieving its goals.

College Deans -is responsible for reaching students who need guidance to attend the activities and achieving the goals

5. DEFNITION OF TERMS

Career Guidance- refers to services intended to assist prospective and existing students to make educational, training, and occupational choices and to manage their careers.

Career Talk- sharing what they have learnt in their personal career journey that has helped them progress, alongside some broader insights into their sector, emerging recruitment trends etc.

6. PROCEDURE

Career Guidance Services can be delivered for individuals or groups. The career services are delivered every academic year.

6.1 Individual Guidance Service

- The Deanship of Student Affairs (DSA) through the Office of (Guidance Counsellor) announces the career events, such as future career, international cooperation for studying abroad, social activities, etc to students through different ways, such as university website, SMS, and e-mail.
- Service assessment of the student will be provided to measure their satisfaction and use the feedback and suggestions in improving the service.
- Documenting all students' data of the service provided.

6.2 Group Guidance Service

- DSA through the Guidance Counsellor announces the career guidance sessions to students and through different ways, such as university website, SMS, and e-mail.
- External career guidance is arranged to be delivered by experts in different areas related to fields of study.
- Employability Service and marketing all the academic programs to employers are important to be enhanced.
- Session's assessment of the student must be provided to measure their satisfaction and use the feedback and suggestions in improving the future sessions about career guidance.
- Documenting all sessions provided.

6.3 Career Talk Activities:

- All activities will be scheduled in the DSA annual activities plan.
- Cooperating with all colleges and offices inside the university and various organizations and companies outside the university to organize these activities.
- Alumni of UTB can be invited to provide career talk to senior students in coordination with ACDC.
- Advanced announcement about the activities to students and graduates through different ways.
- All activities must be assessed by participants, to use the feedback and suggestions in improving the future activities.
- All activities must be documented.
- Reviewing and approving documents must be precise, up to date, and accessible.

7. QUALITY RECORDS

Activity Report

8. DISTRBUTION

President

VPAF

Academic Council

ACDC

Graduation Honors

1. POLICY

It is the policy of the University that students who in recognition of the superior academic achievements are awarded academic honours and academic excellence according to the established criteria for such awards.

2. PURPOSE

To recognize students who demonstrates exemplary academic performance and do not commit any violation during period of study in the University.

3. SCOPE

The policy covers both undergraduate and postgraduate studies.

4. RESPONSIBILITIES

Registration Office - The registration office is responsible for identifying the academic honours and academic excellence awardees

Dean of Student Affairs - Oversee and review the list of academic honours and academic excellence awardees before the deliberation by the academic council.

Academic Council - The academic council is responsible for deliberation of academic honours and academic excellence awardees.

President - Approves the list of academic honours and academic excellence awardees.

5. DEFINITION OF TERMS

Academic honours- are bestowed as recognition of outstanding academic achievement and to further encourage sound scholarship. They are awarded to an undergraduate or postgraduate student attaining the required proficiency.

Academic Excellence – are bestowed to undergraduate student who has an outstanding academic performance but does not meet the required enrolled units in every trimester and grade requirement for each course to become academic honours.

6. PROCEDURES

Graduation with Honor

The University awards academic honours at graduation. To qualify for the awards, a student must have achieved the required cumulative GPA and these are:

Distinction with First Class	Cumulative GPA of 3.90 –4.00
Distinction with Second Class	Cumulative GPA of 3.70 – 3.89
Distinction	Cumulative GPA of 3.50 – 3.69

Conditions:

1. The award is noted on the transcript of the student awardee.
2. The award is given to both undergraduate and graduate students regardless of credit hours registered every trimester.
3. No record of any disciplinary actions or violations of the Student Code of Conduct.
4. The award is granted to a student who has achieved the required credit units prescribed by the University and or the Higher Education Council.

Academic Excellence

To qualify for academic excellence, the student must have:

1. CGPA of at least 3.33 (new system)/1.75 (old system).
2. Enrolled at least 12 units per trimester.
3. No grades lower than 1.33 (new system)/2.75 (old system).
4. No academic violation.
5. No involvement in any form of conduct violation; and
6. No grade lower than B from previous university attended (if applicable);
7. No grade of DR or W in any course.

5. DISTRIBUTION LIST

Head, Registration

Academic Council Members

VP, Administration and Finance

President

Library Guidelines and Discipline

1. POLICY

It is the policy of the university to ensure that all guidelines and proper discipline are always followed for all users of the library.

2. PURPOSE

The purpose of this policy and procedure is to ensure that proper behaviour and attitude within the library is maintained; thus, preventing any untoward incidents.

3. SCOPE

This policy covers all students, faculty and staff when inside the library premises.

4. RESPONSIBILITIES

Librarian Students
Faculty members

5. DEFINITION OF TERMS

Discipline - an act of proper behavior/ attitude inside the library.

Vandalism - refers to any act of damaging any of the library facilities and its resources.

6. PROCEDURES

6.1 Library Rules and Regulations:

- Library users should register in the library monitoring system in going in and out of the library.
- Silence must be observed at all times.
- Group discussions are not allowed, conversations should be carried out in acceptable manner.
- Borrowed books should be properly taken care of.
- Computers in the library are for academic and research purposes only.

- Games/ other social networking sites are strictly prohibited.
- Wearing of the University ID must be observed.
- Books and other library resources should not be taken out without authorized issuance from the library staff.
- Cleanliness must be observed. Littering should be avoided; wastebaskets are provided for this purpose. Push back the chair against the table before leaving the library.
- Books and other reading materials must be returned to their proper places.
- Vandalism in any form shall be dealt with accordingly.
- One week before the final examination, books and other library materials may no longer be borrowed for home use.

6.2 Suspension of Library Privileges:

The following are grounds for suspension of library privileges:

- Lending of library card to another person.
- Taking out library materials and other resources without permission from the library staff or librarian.
- Tearing, writing on the pages of books, defacing them or any form of vandalism.
- Forging signatures of library staff; and/or,
- Discourtesy, misconduct or any misdemeanour towards the library staff:
  - **i.** First Offense – One week suspension
  - **ii.** Second Offense – one month suspension
  - **iii.** Third Offense – one trimester suspension
  - **iv.** Length of suspension will be on a case-to-case basis and depending upon the degree of the act.

Lost or Damaged Library Materials:

- Any lost or damaged material must be reported immediately to the Librarian or any library staff and replaced with the latest edition of same title of the book not later than two (two) weeks after report of incident.
- Books returned with missing or damaged pages will be the responsibility of the last borrower and must be replaced. It is the responsibility of the borrower to check the completeness of the book(s) before checking them out.

7. QUALITY RECORDS

UTB Library System Generated Report

8. DISTRIBUTION LIST

All University Units

Onsite and Online Library Services

1. POLICY

It is the policy of the university to ensure that the library system is made available to students and faculty members 24/7 inside and outside the campus.

2. PURPOSE

This policy and procedures intend to provide assistance to all library users to ensure full utilization of library services.

3. SCOPE

This policy covers all users of the library which includes faculty, students and staff.

4. RESPONSIBILITIES

Librarian – ensures availability of onsite and on-line resources to faculty, staff and students.
Students /Faculty members – ensures integrity of access to library materials, whether onsite or on-line through their personal access codes.
IT Department – facilitates issuance of appropriate access codes to on-line library services faculty, staff and students.

5. DEFINITION OF TERMS

UTB Library System – refers to the integrated system for circulation and processing of the books. The system can generate various reports such as borrowing history, bibliographic information of the books and other features.

Login – refers to the username /student /employee numbers used to access the library system. Password- refers to the code to be used in accessing the UTB Library System.

6. PROCEDURES

1. Any person who intends to use the library resources should have his own valid library card.
2. With the use of their USN or unified student number, they will be registered in the Librarian's portal for them to access the OPAC.
3. After registering in the portal, the students, faculty and staff can borrow the allowable number of books from the Reserve and Circulation Area for a specified loanable period.
4. At the same time, faculty, student and staff can access the library resources available, libresources@utb.edu.bh, with the use of their registered USN number for student and employee number for faculty and staff.
5. The above can be accessed4/7 on and off the campus.

6. QUALITY RECORDS

UTB Library System Generated Reports

7. DISTRIBUTION LIST

All University Units

Library Information Literacy Services

1. POLICY

It is the policy of the university to provide efficient assistance on the resources, facilities and services of the library.

2. PURPOSE

This policy intends to ensure that the UTB community is aware and familiar with all the services being offered by the library.

3. SCOPE

This covers all faculty, students and staff of the university.

4. RESPONSIBILITIES

- Librarian
- Deans
- IT Department
- Deanship of Students Affairs

5. DEFINITION OF TERMS

Library services are the different assistance that is being provided for both faculty and staff in terms of using efficiently all the library resources.

6. PROCEDURES

1. **For Students:**

    - Coordinate with the Guidance Office as to the schedule of the orientation for new students.
    - Attend the orientation as scheduled.

2. **For Faculty Members:**

- A request letter for the conduct of Library Orientation for the College's faculty members signed by the College Dean and approved by the VP for Academic Affairs should be submitted to the Librarian.
- The faculty members attend the orientation as scheduled.

3. **For the Librarian and Library Staff:**

- Coordinate with the Guidance Office and requesting Colleges the schedule of the library orientation for the new students and faculty members, respectively.
- Prepare the slide presentations on the library resources and services.
- Ensure that the attendance for each orientation conducted is properly documented.
- Prepare the documentation of the orientation and submit a copy of the report to the Quality Assurance and Accreditation Office.

7. QUALITY RECORDS

Documentation Report of the orientation/trainings Attendance sheet per session

8. DISTRIBUTION LIST

VP Administration & Finance VP Academic Affairs

College Deans Head, Library

Head, Facilities Management Office

Head, Guidance & Counselling

Head, IT Office

Director, Quality Assurance & Accreditation Department

Library Card Registration

1. POLICY

It is the policy of the university to ensure that library users are equipped with library identification during every transaction done with the university library.

2. PURPOSE

This policy and procedure provide guidelines in availing the UTB Library resources, services and other electronic resources.

3. SCOPE

It covers all Bonafide students, faculty members and staff of the university.

4. RESPONSIBILITIES

Library Staff

Librarian Students

Faculty members

5. DEFINITION OF TERMS

Library Card – is a small paper or plastic card issued by a library in the name of a registered borrower, to be presented in the circulation desk when checking out materials from its collection.

6. PROCEDURES

1. To avail of the library card, the borrower should:

- Student - Present his/her Certificate of the Registration (for the current year) and Identification card or the Certificate of Permanent Residency (CPR)
- Faculty/Staff - Present his/her identification card
- Submit one x1 picture.
- Fill out the Library Card Log sheet.

2. The Librarian signs and approves the library card.

3. The library staff/Librarian registers the student/faculty/staff to the UTB Library System by encoding the student / employee numbers and other pertinent details.

4. The student/faculty staff can immediately borrow books and other resources entitled to them.

5. Library card validation is done every trimester. All students, faculty members and staff are required to renew their library card every term.

6. The library card should be duly validated and by the library staff/librarian.

7. QUALITY RECORDS

Library Card

Log Sheet

8. DISTRIBUTION LIST

All University Unit

Borrowing and Returning of Books/ Other Materials

1. POLICY

It is the policy of the university to ensure the specific directions, proper documentation and efficiency of the borrowing and returning of books, textbooks, references, journals/magazines, audio visual materials, and other library resources in support for teaching and learning processes. Students and faculty members will access the UTB Library system remotely.

2. PURPOSE

These policies and procedures intend to provide specific directions and proper documentation on how books and other library materials are circulated and controlled and for efficient and quality service to students, faculty, non-teaching personnel and other member of the learning community.

3. SCOPE

This policy covers all borrowers of books to include faculty, students and staff.

4. RESPONSIBILITIES

Library Staff

Librarian Students /Faculty members

5. DEFINITION OF TERMS

Library Card - a small paper or plastic card issued by a library in the name of a registered borrower, to be presented at the circulation desk when out materials from its collections.

Documentation - The process of systematically collecting, organizing, storing, retrieving, and disseminating specialized documents, especially of a scientific, technical, or legal nature, usually to facilitate research or preserve **institutional**

memory - Also refers to a collection of documents pertaining to a specific subject, especially when used to substantiate a point of fact.

UTB Library System –a platform for the UTB Library Collection remotely accessible outside the campus. The borrowing and returning of library materials are one the feature of the system.

6. PROCEDURES

Borrowing of Books

- Present a valid library card for the current trimester together with the book/s that will be borrowed to the Librarian/Library staff for processing.
- Librarian/Library Staff checks the library card's validity date together with the book/s to be borrowed, with the accession number reflected on front/back cover of the book and with the corresponding book card.
- Student/employee number will be entered in the UTB library system to verify if the number entered is registered or not. If not registered, said number will be added and saved in the system together with the profile of the student/employee.
- The system displays the borrowing/returning, overdue/s history of the student/employee together with the current loaning/borrowing/returning period. Book return period can be adjusted is there is/are holiday/s, cancellation, suspension of classes and the like.
- Librarian/Library staff should properly document/reflect the accession number and due date on the date due columns of the library card, book card and date due slip (pasted on the last page of the book) respectively.
- Librarian/Library staff should take out the book card from the book pocket attached at the back cover of the book.
- Librarian/Library staff asks the student/faculty to write his/her ID/Employee number on the book card and release/give the book to the borrower.
- Students can borrow a maximum of three (3) books per transaction for three (3) days excluding Friday, Saturday and holidays, renewable for another three days.
- Full-time faculty members are allowed to borrow maximum of six (6) books per transaction for five (5) days excluding Friday, Saturday and holidays, renewable for another five days depending on the number of copy available or if there's no demand for such book/s.
- Book/s borrowed by students and faculty and staff should be returned one-week before the end of every trimester and it will be part of the signing of

clearance.

- Part-time faculty members are allowed to borrow maximum of three (3) books per transaction for three (3) days excluding Friday, Saturday and holidays, renewable for another three days depending on the number of copy available or if there's no demand for such book/s.
- Books under Reserve Section and audio-visual materials can be borrowed by the full/part time faculty for one overnight use only.
- Books under General Reference Section such as dictionaries, encyclopaedias, handbooks, atlases, almanacs, bibliographies, directories, & indexes are for room use only.
- These, print journals/magazines and newspapers are room use only.
- Borrowing books, print journals/ magazines and newspapers to be borrowed/taken out from the library for photocopying purposes (limited pages only, not the whole book) is allowed for one hour allowance/duration. Student/employee should submit to the Librarian/Library staff library card and ID and fill out the corresponding photocopying form. Librarian/Library Staff should take out the book card from the book pocket of the book to be borrowed and put together (library card, ID & the revised photocopying form) for safekeeping. Student/employee should immediately return the book/s borrowed for availability in the library. Respective ID will be returned to the borrower, book card will be returned to the book pocket of the borrowed book for shelving, photocopying form for filing in the file folder.
- In the event of lost/missing books and other library materials, inform immediately the Librarian/ Library staff for any lost or missing book/s to avoid overdue fines. Lost book must be replaced with the same title or the latest edition of the same title. In case the book is not available, the borrower must be pay to the cashier the currently existing amount of the book to the cashier.
- Librarian/Library staff keeps together library card, student/employee ID and book card/for safekeeping. It will be returned respectively as soon as the book/s or item/s borrowed is/are returned.

Returning of books

- Present the book borrowed and inform the Librarian/Library staff if the book will be returned or renewed.
- Librarian/Library staff checks the condition of the book borrowed (good condition, no missing pages, etc.), accession number, library card, book card, and due date.
- Date returned of borrowed book/s will be reflected on the date returned column of the library card and book card. Date due written on the Date Due form/slip (pasted on the last page of the book) should be slashed out and

initialled/countersigned by the Librarian/Library staff.

- Librarian/Library staff enters/encodes returned books in the UTB Library system under the account of the borrower and return the library card to the student; faculty/employee card will be kept in the library.
- Books for renewal will be extended in the system; details will be reflected on the respective cards accordingly. For overdue books, the Librarian /Library staff will prepare the overdue slip form to be paid at the cashier's window. Student/Employee should present the official receipts of the overdue fines paid to be reflected in the library card and overdue logbook. ORs are filed in the file folder.

7. QUALITY RECORDS

Borrowing History in the UTB Library

System Library Cards

Library Overdue Fines

8. DISTRIBUTION LIST

Head, Accounting Office

College Deans

VP Administration & Finance

VP Academic Affairs

Head, Library

Acquisition of Library Resources

1. POLICY

It is the policy of the university to ensure that library resources are updated and aligned to the infrastructures resources of the respective course syllabus per programme through periodic acquisition of library resources.

2. PURPOSE

This policy ensures that library resources such books, references, scholarly journals, electronic databases and other teaching/learning/research materials are acquired to support the curricular programs.

3. SCOPE

This covers all print and non-print materials, books, periodicals and journals as well as electronic resources.

4. RESPONSIBILITIES

Course Coordinator – responsible for determining the most suitable textbook for the course.

College IMLC - consolidates the list of textbooks recommended by the course coordinators.

Programme Head – reviews and approves the appropriateness of the textbook based on thecourse specifications.

Dean – approves the list of recommended textbooks endorsed by the programme head.

Librarian – coordinates the purchasing of the books between the college and the

purchasingdepartment.

VPAA – approves the list of textbooks recommended by the colleges.

5. DEFINITION OF TERMS

Acquisition - refers to the process of selecting, ordering and receiving the resources for the library which may include budgeting and negotiating with outside agencies such as publishers and book vendors.

6. PROCEDURES

1.The College, through its Instructional and Library Materials Committee (IMLC) makes requests and recommendations on textbook, references, multimedia, electronic databases, scholarly journals and other teaching resources required for a specific programme. The copyright year,subscription agreements and licenses for both print and online resources adhere to the copyright law provided by publishers, vendors and other service entities.

2.The IMLC of the college ensures that the needs of specific courses following the annual coursereview are supported especially in the area of instruction and student learning. Hence, following the course review, the committee must consolidate the following:

- *recommended books and other library resources needed by the courses.*
- *list of equipment and other tools that will support and enhance student learning experience.*

3.The IMLC of the college ensures that the needs of courses following an annual programme review and periodic programme review (every 3-5 years) are supported. Hence, following anannual programme review or periodic programme review (every 3-5 years), the committee must consolidate the following:

- *Recommended books and other library resources needed by the new courses.*
- *list of equipment and other tools that will support and enhance student learningexperience in the new courses.*

4.The IMLC of the college ensures that the needs of courses for newly developed programme
/s is supported. Hence, once a new programme is approved for offering, the PH must

submit to IMLC all the required books and other library materials needed by the new programme .

5. Faculty members can also submit any books required in the conduct of their research to theirrespective IMLC committee but must seek prior approval from the research center.

6. The programme /department head discusses with the Library and Instructional Committee the complete list and evaluates the appropriateness of the request. The PH and IMLC must ensure the alignment of requested library and instructional materials to the needs of coursesand programme s following the course review or programme review.

7. The request for library resources is submitted by the programme /department head and mustbe approved by the college council and signed by the Dean, approved by the Vice President for Academic Affairs and submitted for final approval of the President.

8. For library resources that will be used across colleges/ programme s, the Institutional Libraryand Instructional Committee shall be the one to make the request on behalf of the colleges. The request shall be approved by the Academic Council, signed by the VP for Academic Affairs,and submitted for final approval of the President.

9. Once approved, the Library and Instructional Committee submits the request to the Property / Purchasing Department together with all the supporting documents to facilitate purchase.

10. The Property Office informs the Library Department as soon as the books are delivered andfacilitates the transmittal of the books to the library.

11. The Librarian keeps copies of the delivery receipts, purchase orders and invoices.

12. The Librarian/library staff informs the college on the delivery and provides updates in thebook collection through email and posting in the library bulletin board.

7. MONITORING AND REPORTING

The IMLC monitors the acquisition and delivery of library and learning materials and submits a trimester report to the college and to the VP for Academic Affairs. Any request that is pending shall be reported for follow-up and resolution.

8. QUALITY RECORDS

Accession Record

List of recommended titles from Academic Department

Matrix of Textbook and References per programme

9. DISTRIBUTION LIST

Administrative Council

Academic Council

QAAD

Library Catalogue

1. POLICY

It is the policy of the university to ensure that all library holdings are properly and accurately registered.

2. PURPOSE

This policy and procedure ensure that each library holding is accounted for.

3. SCOPE

It covers the entire library holdings from print to non-print, books, periodical, journals, e-resources, and others.

4. RESPONSIBILITIES

Librarian

Library Staff

5. DEFINITION OF TERMS

Cataloguing - refers to the preparation of the bibliographic information and assigning of the callnumber to each of the library material.

Bibliographic entries – refers to the author, title, copyright year and etc., specific to each material.

Call Number – is a combination the alphabet and numbers that represented by the initial letter ofthe author, LC Number for the subject of the book and its copyright year.

Library of Congress Classification System – refers to the system which divides all knowledge into twenty-one basic classes, each identified by a single letter of the alphabet. Most of thesealphabetical classes are further divided into more specific subclasses, identified by two-letter, or occasionally three-letter, combinations.

Accession number – is a unique number assigned to each book in order which is added to a libraryholding.

Cataloguing in Publication Data (CIP data) - is a bibliographic record prepared by the Library of Congress for a book that has not yet been published. When the book is published, the publisher includes the CIP data on the copyright page thereby facilitating book processing for libraries and book dealers.

6. PROCEDURES

1. Assign an accession number for each book.
2. Fill out the bibliographic information for each book:
    - Date received
    - Call Number
    - Author
    - Title
    - Edition
    - Volume
    - Pages
    - Source of fund
    - Unit Value
    - Publisher
    - Copyright year
    - Remarks
3. Prepare the bibliographic entries and refer to the Library of Congress Online System for the call number and subject of the book.
4. To find the author number, refer to the Cutter ‘s Table.
5. Encode the bibliographic entries in the Librarian’s portal.
6. Prepare the call number of each book.

7. Paste the book card, book pockets and date due slip at the back of the book.
8. Bibliographic details of the resource must be provided in the book card and book pockets.
9. Shelve the book/s accordingly.

7. QUALITY RECORDS

UTB Library System

File Library Accession Record

8. DISTRIBUTION LIST

Library Staff

Director, Quality Assurance & Accreditation Department

Reference and Circulation of Books

1. POLICY

It is the policy of the university to provide efficient means of assisting and lending library materials to all its users.

2. PURPOSE

This policy and procedure ensure that all library users are able to get the necessary resources required from the library.

3. SCOPE

This policy and procedure cover all users of the library and all the library holdings that are available for use by the faculty, staff and students.

4. RESPONSIBILITIES

Librarian

Students /Faculty members

5. DEFINITION OF TERMS

Reference Service - refers to the assistance given to the library users on how to use the library collection as well as the online database resources and instructing the clientele how to locate information.

Circulation – refers to the process of checking of books and other library resources in and out of the library; also refers to the number of items checked out by the library clientele over a designated period.

6. PROCEDURES

1. Users must apply personally to the Library Department for a library card to be able to accessthe UTB library system database.
2. A unique username and password will be assigned to each user after registration.
3. The user logs on **opacintlgateway.utb.edu.bh** using his/her username and password.

For the User:

1. To search for a book, type the title/author/subject of the book in the search text box.
2. Search results will be displayed. Select the specific book title and copy the call number tolocate the exact location of the book in the shelves.
3. The UTB Library System is accessible inside and outside the campus.
4. The Library Staff are available to assist the users for any needed/requested library service/s.

7. QUALITY RECORDS

Borrowing History in the UTB Library System
Library Cards

8. DISTRIBUTION LIST

All University Units

Thesis Collection

1. POLICY

It is the policy of the university to collect and keep copies of the thesis of all students who have graduated from the university.

2. PURPOSE

This policy and procedure intend to organize the collection and establish continuous enhancement of the research outputs by the undergraduate and graduate students for research purposes.

3. SCOPE

This policy covers all the thesis submitted both by the undergraduate and graduate students.

4. RESPONSIBILITIES

Librarian Registration Academic Department

5. DEFINITION OF TERMS

Undergraduate Thesis - refers to the research output submitted by the graduating students as requirement in their respective curricular programme .

Postgraduate Thesis – Masteral thesis submitted by a postgraduate student.

6. PROCEDURES

For the Undergraduate Thesis:

- Secure the acknowledgement form from the thesis adviser / librarian.
- Checking of the complete signatories of the thesis, dates and with the

accompanying CD. *Incomplete requirements will not be accepted.*

- Stamp the AR for the thesis.
- File the AR's accordingly.
- Encoding of the thesis per programme .
- Prepare the accession number and label the thesis.
- Thesis collection is for library use only. *Photocopying is strictly prohibited.*

For the Postgraduate Thesis:

- Two (2) copies of masteral thesis are submitted to the library with accompanying two (2) CD's
- Submit one copy of the thesis in the Public Library Directorate and get the certification of the submission.
- Submit the original copy of the certificate of submission to the Registrar Office. Retain the one copy for the library file.

Thesis Collection:

- Thesis and research outputs are for library use only.
- Log sheet for the use of the thesis collection is provided for monitoring purposes.
- Updated list of theses per curricular programme is available for the library users.
- The accession number of the thesis is provided for easy retrieval of the reference.

7. QUALITY RECORDS

Thesis Collection Record

Certificate of the Submission of Thesis

8. DISTRIBUTION LIST

All Heads of the Academic Cluster

Director, Quality Assurance & Accreditation

Department Head, Research Centre

Library Inventory of Books

1. POLICY

It is the policy of the university to maintain an updated inventory of all the books as part of library holdings.

2. PURPOSE

The purpose of this policy and procedure is to establish an efficient library inventory tominimize/eliminate losses in the library collection.

3. SCOPE

This policy covers only all the books as part of the library holdings.

4. RESPONSIBILITIES

Librarian

Library Staff

Property Audit

5. DEFINITION OF TERMS

Inventory - is the process of checking the accession number of each book in the shelves against the library records. Its purpose is to identify the books for repair and binding, dilapidated (beyond repair), for replacement and weeding out.

Library Accession Record – refers to the document which contains information of all library resources such as the time of acquisition and bibliographic information. Each resource is assigned with an accession number.

6. PROCEDURES

- Prepare the inventory counts sheets for books.
- Check the accession number against the accession number in the spine of the books.
- Remarks are noted as to the status of the books.
- Reconciliation of the missing books.
- Submit the final list of the missing book/s and for replacement.
- Submit the final report to the Heads of the following offices: Administration and Finance, Property, and Audit.

7. QUALITY RECORDS

Accession Records Library Cards

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

Head, Property

Office Head, Accounting

Office Head, Internal Audit

Director, Quality Assurance & Accreditation Department

Online Resources Database

1. POLICY

It is the policy of the university to ensure that online databases resources are remotely available to the UTB campus.

2. PURPOSE

This policy and procedure promote the use of the electronic resources available in support to students and faculty members for their learning processes, teaching and research.

3. SCOPE

This policy covers the online database resources such as electronic magazines/ journals, e-books, proceedings, abstracts, citations and other references.

4. RESPONSIBILITIES

Librarian
Faculty
College Deans
Accounting Unit
IT Unit
Purchasing Unit

5. DEFINITION OF TERMS

Online Databases– refers to library resources which are in electronic format and accessible through the local area network, internet and via Wi-Fi connection. These are composed electronic magazines/ journals, e-books, proceedings, abstracts, citations and other references. Further, these are resources are accessible on/off

campus, 24/7.

Access – refers to the ability or right to enter to a library and its collection. Also to search, view and retrieve information from the websites, online databases other sources with the use of username and password that have been registered in the system.

Registered Users – are students/ faculty members and staff of UTB who have registered in the library and have library card and access to the library resources and its services.

6. PROCEDURES

6.1 To access the online databases resources, users are required to request the corresponding username and password for the student/faculty/staff from the I. T. Department.

6.2 Registered users can access the libresources.utb.edu.bh with the corresponding username and password. List of available databases will be displayed for individual access to: EBSCO online database, IEEE online standards database, IEEE CSDL computer Society Digital Library), ACM Association for Computing Machinery) digital library. The UTB library open access catalogued (OPAC) can also be accessed from here. These databases are accessible on and off campus 24/7.

6.3 The librarian aids on how to use the online databases resources by conducting orientations and library instructions. Collaborative library activities with the faculty are scheduled to enhance and facilitate the searching skills of the students to the online databases.

6.4 Updates and announcements relating to the online databases resources are sent to the department concerned through email.

7. QUALITY RECORDS

Statistical Report from databases providers Comparative Utilization reports

8. DISTRIBUTION LIST

All University Units

Periodical Subscription

1. POLICY

It is the policy of the university to provide resources that are up-to-date and relevant to the curricular programme s which can promote advancement of the teaching and learning processes.

2. PURPOSE

The purpose of this policy is to ensure that up-to-date and current news, articles and other scholarly literature through the periodicals are available in the library as additional resources for research and study.

3. SCOPE

This covers all the subscription to periodicals on a regular basis for the use of faculty, students and staff.

4. RESPONSIBILITIES

Librarian

Academic Department

Library Resources Committee

Property Audit

5. DEFINITION OF TERMS

Periodicals - refers to publications such as magazines, journals, newspapers, government publications, and trade materials.

6. PROCEDURES

- All Colleges are required to submit to the Librarian before the end of each trimester, the list of titles of periodicals (e.g. scholarly journals, newspapers, magazines, etc.) required for their respective programmes.
- The Library Resources Committee reviews the requests and recommends for approval by the Head of Academic Affairs and Head of Administration any subscriptions deemed necessary.
- The Librarian, in coordination with the Accounting, Property and Audit offices, facilitate the purchase and delivery of these requests.
- The Librarian informs the Colleges of the availability of the subscriptions and posts the information and titles of the periodicals in the Library's bulletin boards for proper information dissemination.
- Periodicals are for library use only but may be requested for classroom presentation ifneeded.
- Government / academic publications are also made available in the library.
- Delivery Receipts for the subscriptions are recorded for monitoring purposes.

7. QUALITY RECORDS

Periodical Subscription Records

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

Library Resources Committee

College Deans

Head, Accounting Office

Head, Internal Audit

Head, Property Office

Director Quality Assurance & Accreditation Department

Library Resource Committee

1. POLICY

It is the policy of the University to ensure that there is a committee who will discuss matters related to development and enhancement of the library and its services.

2. PURPOSE

The purpose of this policy and procedures is to define the roles of the Library Resources Committee such that the members are properly guided.

3. SCOPE

This policy covers the identified members of the Library Resources Committee.

4. RESPONSIBILITIES

Librarian

Library Committee Members

VP for Academic Affairs

Head, Administration

5. DEFINITION OF TERMS

Library Resources Committee - a group of faculty members appointed by their respective Deans to represent each of the Colleges; the Chief Librarian serves as the Chair of the committee.

Resources - refers to any print, non-print materials, electronic media and other multimedia materials used in the library for academic purposes.

6. PROCEDURES

1) The Library Resources Committee shall be composed of the Chief Librarian and

an appointed representative from each of the Colleges. The Dean of the College shall appoint the representative. The Chief Librarian shall serve as Chairman of the Committee.

2) The Library Resources Committee is responsible for the identification of new library materials (print and non-print) of the University.
3) The Library Resources Committee is also responsible for the checking, validation and approval of course materials developed by faculty members prior to adoption by specific course.
4) All decisions of the Library Resources Committee are in a form of a resolution with recommending approval to the President from the Head of Academic Affairs.
5) All decisions of the Library Resources Committee will be forwarded to the President for finalapproval.

6) The Committee shall be responsible for:
    - Reviewing textbooks, references and other multimedia resources for teaching andlearning processes.
    - Preparing the textbook/reference matrix per programme to be submitted to thelibrarian.
    - Evaluating the recommended resources for each programme for possible purchasing
    - Attending library committee meetings and preparing committee reports for submissionto the Academic and Operations Committees.
    - Reviewing and preparing the guidelines on the acquisition of the library resources.

7. QUALITY RECORDS

List of the recommended resources
Approved request memo
Library Meeting Report

8. DISTRIBUTION LIST

VP Administration & Finance
Academic Council Members
Library Committee Members
Head, Accounting Office
Head, Internal Audit
Head, Property Office
Head, IT Office

Library Overdue Fines

1. POLICY

It is the policy of the university to ensure that all books and other library resources are returned on time and to impose fines for overdue books and other materials.

2. PURPOSE

This policy is issued for proper monitoring of books in the circulation and reserve sections of the library and ensure that these are returned on time.

3. SCOPE

This policy covers all students/faculty/staff who borrow books/s from the University library.

4. RESPONSIBILITIES

Library Staff
Librarian
Cashier

5. DEFINITION OF TERMS

Overdue Book – refers to borrowed book which is not returned on specified due date.

Overdue Fine – refers to the penalty in the form of cash payments for the unreturned booksbeyond due date.

6. PROCEDURES

1.1 Overdue fines are as follows:

1.1.1 Borrower/s of the general circulation book/s not returned on due date/s will be fined 500 fills per day, per book.

1.1.2 Borrower/s of reserve book/s not returned on due date/s is/are fined 500 fills per day and with an addition of 100 fills for every hour of delay. The Library staff should inform the student/faculty/staff upon returned of books. Follow up reminder on fine/s incurred should also be done thru phone or email.

1.2 The librarian/library staff fills out the overdue slip payment form or the payment receipt form from the library system and gives it to the student/faculty/staff for payment in the university cashier.

1.3 Student/Faculty/Staff should present the official payment receipt from the accounting department to the librarian/library staff to be encoded in the library system.

1.4 The library staff stamps the borrower's library card indicating that the overdue fines have been paid and returned it to the student. Employee/staff library card are being kept in the library card tray in the circulation area.

7. QUALITY RECORDS

Library Overdue Slips

Overdue Payment Slip

Official Receipt of Payment

8. DISTRIBUTION LIST

All University Units

Shelving of Library Resources

1. POLICY

It is the policy of the University that a comprehensive Library collection has to be maintained, organized and classified according to the Library of Congress Classification System.

2. PURPOSE

This policy and procedure aim to maintain and organize systematically the library resources according to the Library Congress Classification System.

3. SCOPE

This policy covers all books that form part of the library holdings.

4. RESPONSIBILITIES

Librarian

Library Staff

5. DEFINITION OF TERMS

Shelving of Books - the process of systematically arranging the books and other library resources following the LC Classification System.

Call Numbers - Represent the subject of the book. The letter-and-decimal section of the call number often represents the author's last name, and last section of a call number is often the date of publication.

6. PROCEDURES

1. Books are arranged in the shelves following the LC System (Library of Congress ClassificationSystem) method which uses alphabet letter and numerals.
2. Returned books are collected at the circulation desk. Collected books are classifiedaccording to call numbers and are prepared for shelving.
3. The Library Staff ensures that the book has the correct book card which is found at the backpocket of each book.
4. Proper shelving of books / magazines and other resources must be monitored regularly.

7. QUALITY RECORDS

Generated Reports from UTB Library System

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

Director, Quality Assurance & Accreditation Department

Weeding Out of Library Resources

1. POLICY

It is the policy of the library that an up-to-date and reliable library collection is made available for its clientele

2. PURPOSE

The purpose of this policy and procedure is to maintain a current, useful, dynamic collection while adapting to the changing needs and interest of the students, faculty members and alignment of the collection resources to the curricular programme s of each department.

3. SCOPE

This policy covers all library collections that meet the weeding criteria.

4. RESPONSIBILITIES

Librarian

Academic Department

Property Audit

5. DEFINITION OF TERMS

Weeding -the process of examining items in a library collection title by title to identify for permanent withdrawal those that meet weeding criteria.

Outdated - copyright date is obsolete and replaced by new publication date.

6. PROCEDURES

1) Select the books with outdated copyright year, the unused books, books with

repetitious series, books with superseded editions, books which have been worn-, books which are poorly bound and titles which are no longer used due curriculum updating.

2) Prepare the list of the weeded-out books.

3) Get approval from the Vice President for Academic Affairs and VP for Administration and Finance for the books to be weeded out.

4) Upon approval, delete the weeded-out collection from the UTB Library System. Transfer the weeded-out collection to Property Custodian for appropriate action which can be either for circulation or donation.

5) Maintain the record/files for the weeded-out titles.

7. QUALITY RECORDS

Listings of the weeded-out titles

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

Head, Internal Audit Head

Property Office

Library Committee

Head, IT Office

Director, Quality Assurance & Accreditation Department

Signing of Clearance

1. POLICY

It is the policy of the University that any library accountability/ies must be cleared before signing the clearance of student/faculty/staff and the officer/s of the UTB.

2. PURPOSE

This policy aims to streamline the guidelines in the signing of library clearance.

3. SCOPE

This policy covers the students, faculty and staff of the university.

4. RESPONSIBILITIES

Librarian Library Staff

5. DEFINITION OF TERMS

Clearance - form to be filled out by the student/faculty/staff, signed by the library staff/librarian which signifies that one has no outstanding book borrowed of unpaid fine from the library.

6. PROCEDURES

6.1 Students

Secure the clearance form from the Registration Office. Before signing the clearance, library card of the students must be checked for any accountability.

6.1.1 BSBI students should have submitted one copy of the bounded Seminar Business Planning / Software Engineering Project together with the CD format to the library. Incomplete submission will not be cleared.

6.1.2 Undergraduate students must submit their bounded thesis together with CD format before the signing of clearance.

6.1.3 Two copies of graduate bounded thesis together with the CD format must be submitted to the library. One copy of the thesis will be submitted to the Public Library Directorate.

6.1.4 Student/s with thesis/research project/s not submitted to the library will ask to see their respective College Dean.

6.1.5 Thesis/ Research outputs are encoded by curricular programme in the thesis accession logbook also in the library system.

6.2 Faculty Members / Staff

6.2.1 Secure the clearance form to the HR Office.

6.2.2 Faculty/Staff library cards will be checked for any accountability. Likewise, it will be double checked from the library system for confirmation.

6.2.3 If there is any exiting accountability, it must be settled first before the clearance will be signed by the library staff/librarian.

7. QUALITY RECORDS

Acknowledgement Receipts Document Submission Record

8. DISTRIBUTION LIST

Faculty Members College Deans

Deanship of Student Affairs VP Academic Affairs

Scientific Research

1. POLICY

The University's research policy provides support for the development and implementation of the university's research strategy, setting out measures to encourage appropriate behaviours to achieve university's strategic aims and would serve as backbone of pedagogical practices and student learning in all aspects of research undertakings.

2. PURPOSE

This policy sets forth guidelines and principles for establishing research council and research centres that guide the conduct and management of research activities within the institution, as well as collaborative research initiatives with industry and other academic entities.

3. SCOPE

The policy applies to all staff, students and affiliates conducting or managing research for UTB. The policy is supported by research handbook and terms of references to guide management and help researchers to initiate, plan, conduct and complete their research.

4. RESPONSIBILITIES

VPAA

The Vice President for Academic Affairs (VPPA) plays a key role in developing research plans and strategies in alignment with the UTB vision and mission. The VPPA works towards creating an environment that encourages research and scholarly activities across different research areas within UTB. The VPAA reviews and endorses the submitted research budget, facilitates collaborations, and promotes knowledge exchange with industries and external partners. Additionally, VPAA oversees and

endorses all research activities and projects within the university. This includes monitoring and endorsing all types of funding requests, conferences, and research

publications, as well as ensuring that all research is conducted in accordance with institutional research policies and ethical standards.

Research Council

The main responsibilities of UTB Research Council are to support, encourage, and enhance research projects; and promote research culture among UTB faculty members, staff, and students.

The UTB research council in coordination with research centres are responsible for all research matters of the university, such as facilitating, implementing, and monitoring research projects, research collaborations, research publication, and attendance to conferences, workshops, and seminars. Faculty members of all colleges including the Centre for General Education may work collaboratively with each other in different research areas.

The UTB Research Council full responsibilities are stated in term of reference (TOR) of the research council.

Research Center

There are three research centres across the colleges: the name of research centre of the College of Administrative and Financial Sciences is Digital Business Research Centre (DBRC), the name of Research Centre of the College of Computer Studies is Artificial Intelligence and Metaverse (AIMRC), and the name of the College of Engineering is Automation and Sustainability Research Centre (ASRC). The faculty members of the Centre for General Education (CGE) will be affiliated within the Digital Business Research Centre
The research centres actively promote and foster scholarly endeavours across research areas and establish collaborations with related industries. They actively engage in developing and monitoring research plans and strategies, endorsing research projects and funding requests, monitoring college research performance, ensuring compliance with research policies and ethical standards, and performing other duties assigned by the research council.

The Research Centres full responsibilities are stated in term of reference (TOR) of the research council.

Main researcher: is a member of academic or scientific body or similar to that who

joins one researcher or more during the research procedures to achieve and study certain subject and who supervises and manages the research team.

***Associate researcher**:* is a member of academic or scientific body or similar to that in the area of specialty and who participates with a main researcher or more to achieve and study certain subject. The responsibility shall be collective with the main researcher in addition to the responsibility of the task given in the area of research specialty and expertise.

Referee/investigator(s): is a member of academic or scientific body or similar to that in the area of specialty and who is tasked to examine and study a research proposal or scientific production with the objective of scientific evaluation or making a judgment in relation to specialty and methodology in addition to deciding the size of benefits resulting there from.

5. DEFINITION OF TERMS

Artificial Intelligence and Metaverse and Research Centre is a research centre hosted by the College of Computer Studies under the University Research Council. The centre aims to become a leading research center that drives innovation in the fields of Metaverse and AI, providing new insights and solutions to the challenges facing industry and society.

Automation and Sustainability Research Centre is a research centre hosted by the College of engineering under the University Research Council. The centre aims to foster innovation in automation and sustainability, offering fresh perspectives and actionable solutions to address various industries and social challenges.

Digital Business Research Centre is a research centre hosted by the College of Administrative and Financial Science under the University Research Council. The centre aims to become a leading research center that drives innovation in the fields of Digital Business, providing new insights and solutions to the challenges facing industry and society.

Entrepreneurship is a comprehensive assistance programme designed to help UTB students with start-up projects and secure resources to improve their chance to build their own companies; and for existing companies to collaborate with academics in improving the design, operations, systems, processes of the company.

Research grants refer to grant or funding awarded to any UTB academic staff in order to perform and complete high quality scientific research.

Research output refers to the annual scientific research output of the UTB academic staff; it can be in the form of conference presentations or publications.

Scientific Research is research that is conducted by UTB academic staff with the goal

of advancing knowledge by the systematic collecting, analysis, and evaluation of data in a planned manner in accordance with the university's research areas.
Scientific Research Misconduct is defined as any academic staff member at UTB who engages in research misconduct that endangers the university's reputation and that of the Kingdom of Bahrain.

6. PROCEDURES

6. 1 Research Planning

The primary objective of developing research plans is to ensure that the plan aligns with the strategic goals, the vision and mission of the university, and the national scientific research priorities. Each research center shall develop a research plan in terms of materials, facilities, equipment, and funding to successfully conduct and complete approved research projects and related activities.

The research center(s) set a deadline during the third trimester of each academic year for submission of application for research proposals. Each research center reviews and consolidates the proposals and formulates the research plan for the next academic year and seeks approval from the college dean and college academics council, then submits them to the research council.

The research plans of the research centers undergo a review and approval process by the research council. The research council formulates the university research plan by incorporating the research plans of the research centers. It also includes any suggested collaborative research with industry and other institutions. The university research plan is then presented to the Vice President of Academic Affairs, seeking the approval of the Academic Council and University Council.

6.2 Conduct of Research

All faculty members are required to conduct scientific research, allocate time, and identify resources to ensure timely completion of their scientific research activities. Each faculty member must publish a minimum of two articles per academic year. These articles can be as the sole author, the principal author, or the first co-author in line with the University of Technology of Bahrain affiliation in publications from external institutions. (In cases where there are multiple co-authors affiliated with the University of Technology of Bahrain, only the first author in line will be counted.) These publications must be in journals or conference proceedings indexed by Scopus or Web of Science.

For every master thesis, at least 1 paper should be published in journals or conference proceedings indexed by Scopus or Web of Science

6.2 Approval of Research Proposal

6.2.1 Internal research proposal / Project

The research proponent seeking research funding must be a full-time employee of the University and have signed employment contracts. The research shall be deemed as joint ownership of the author and the university, and thus, may be presented in any research forum or published in indexed journals with the permission of the university Council.

The following procedure to be followed:

a. The research centre(s) set a deadline during the third trimester of each academic year for submission of application for research proposal, funding, facilities, equipment's, conference participation, paper publications, or any other planned activities for the upcoming academic year.

b. Research proposals to be conducted individually and/or collaboratively with another faculty member/s (or group of faculties) will undergo a review and require approval by the research council.

c. The research proposals must be within the research areas (thrust) of the college and the research centre.

d. The research proposal/project should include:

- Research / project description
- Methodology
- Aims and Importance of the project to UTB.
- Project Design
- Expected outcomes of the research/ project
- Project timeline/ Gantt chart
- Research/ Project budget

e. The research centre(s) collects the applications of all faculty proposals, funding requests, requests for attending conference, publishing papers, or any other activity that faculty members propose.

f. Research centres formulate a research plan for internal research proposals/projects in preparation for the next academic year's research.

g. The research centre(s) review the research plan in coordination with the university dean and college academic council. Upon approval of college

research council, the research centre(s) submit the developed plan to the research council which in turn review and develop university research plan.

h. The university council submits the develop university research plan to the VPAA to present to the academic council and to endorse it to the university council for final approval.

6.2.2 Collaborative research Projects

a. A collaborative research project(s) with industry, academic institutions, or government entities could be proposed by any faculty or research center(s) member. It should be based on MOU or MOA.

b. The research center is responsible for developing the MOU or MOA with the partners, which contains details for project execution, responsibilities, terms of funding, timeline, required facilities, materials, and equipment.

c. The research center should propose suitable incentives for faculty members working on project executions.

d. The University research council reviewed and endorsed the MOU and MOA to the VPAA to present to the academic council and to endorse it to the university council for final approval.

6.2.3 Ethical and Safe Conduct of Research

Ethics is of great importance to research and provides guidelines for the responsible conduct of well-defined research. In addition, research ethics educates and monitors faculty members, staff and students in conducting research to ensure a high ethical standard. To help researchers address the issue of ethics, UTB has produced a policy and set of procedures that apply to all research activities being undertaken by faculty members, staff and students at the university.

In the context of research ethics, the research center assesses the ethical acceptability of a research project through consideration of the foreseeable risks and the ethical implications of the project including but not limited to safety, privacy, confidentiality, and intellectual property rights.
The Ethics Form 1 – Ethics Assessment Form will be used by faculty members, staff and students seeking ethical approval for an individual or group research project.

A completed version of the form should be submitted to the research center in the College. Applications must be completed on the prescribed form; attachments will not be accepted other than those requested on the form. The conduct of scientific research must not start until approval has been received from the appropriate Research Center.

6.2.4 Plagiarism

UTB uses Turnitin plagiarism detection system to scan work for evidence of plagiarism. This system has access to many sources worldwide (journals, books, articles, magazines, websites etc.). The software helps scan documents of any type for plagiarism using cutting-edge technology to identify and highlight similarities with other documents in the database, giving our faculty members, staff, and students an opportunity to check their documents for plagiarism before submission. This policy is applicable to all researchers including faculty members, staff and students at the University.

All faculty members and students have access to the Turnitin plagiarism detection system. it needs research output/s to be submitted electronically as a soft copy. In order to strengthen intellectual ethics and the best anti-plagiarism practices at UTB, the following are implemented for faculty members, staff and students.

Faculty Members

1. Each faculty member is responsible for the uploading of his/her own research output to the Turnitin plagiarism detection system.
2. Faculty members must attach the result of check of plagiarism during the submission of his/her research to college research center. The threshold for similar index should not exceed 20%.
3. Any violation of research ethics and conduct subjects a researcher to the university penalties.

Students

1. The IT office provides all students with access to Turnitin plagiarism detection system software through Moodle.
2. All students have access to submit all their research outputs, assays, projects, capstone projects, homework's, and assignment directly to the Turnitin plagiarism detection system software through Moodle.
3. The students could see the results of the similarity in the Moodle directly after submission.
4. They can specify the similarity areas and therefore have the opportunity to revise their submitted reports several times before the final submission.
5. The number of revisions to be carried out by student(s) can be determined and set by the advisor through the Moodle.
6. The final submission should not exceed the threshold for similarity index of 20%.
7. Even with threshold for similarity index of 20%, the advisor should have a look on areas of similarity that is not touch key and vital point of the research.

8. Despite setting a similarity index threshold of 20%, it is important for the advisor to review areas of similarity that do not directly pertain to the crucial and essential aspects of the research.
9. Any violation of research ethics and conduct will subject a researcher to the university penalties.

6.3 University Research Funding

Approval of Research Fund

1. The college research centre ensures that all requests for funding are in accordance with the HEC Scientific Research Regulations on spending mechanisms and funding of scientific research mentioned above. The college research center is responsible for allocating and monitoring their corresponding research budget.

2. The college research center deliberates all the requests for funding and ensures that these are within the college's 3% share from the UTB research budget. The research center head submits to the College Council the approved list of application for funding for approval. The Dean endorses the approved list to the Research Council.

3. The Research council Director consolidates all the recommended research projects for funding and presents the list to the Research Council for deliberation and approval. The Research council verifies the availability of funding and allocates/reallocates appropriately and proportionately based on the 3% of the University's total annual revenues. The Research Director endorses the approved list to the VPAA.

4. The VPAA reviews the submitted research budget, verifies that the proposals are in accordance with the HEC guidelines and with the University Research Agenda. The VPAA approves the list and endorses it to the President. The President approves the list for research funding.

Expending Mechanism

The University of Technology Bahrain allocates 3% of its annual net revenues for Scientific Research and implements a transparent and clear mechanism of funding and spending from scientific research budgets on specified areas in accordance with the Article (10) of Scientific Research Regulations of the Higher Education Council, which are:

1. Purchasing research equipment and tools including computers and specialized software needed for the research project.

2. Purchasing biological, chemical and physics materials including glassware and tools and others needed for the research project.
3. Purchasing specialized books and scientific periodicals to support certain project however, such books and periodicals shall be given to the institution library after the end of the project.
4. Purchasing databases required for execution of the research project or payment of subscription fee, therefore.
5. Purchasing specialized scientific tests and metrics or leasing equipment required to execute all or part of the research project.
6. Execute contracts with suppliers to repair and maintain equipment and machines purchased for research projects.
7. Scientific publication expenses resulting from publication of research made by a teaching faculty member in the reputable scientific periodicals or conferences volumes and folders as given in the publication guidelines.
8. Expenses of organizing scientific conferences and scientific symposiums and related academic activities.
9. Travel expenses of a teaching faculty member if he is required to visit a body outside the kingdom to perform certain research project such as compiling data or using specialized equipment which is only available with that body.
10. Scientific consultation and external services expense if required for the research project.
11. Expenses of the practical consultancy and external services, if required by the research project.
12. Any other expenditures required to complete the research project and of a similar nature to the items mentioned above.

6.4 Scientific Research Supports

a. Publication in Journal

Eligibility criteria for availing publication fee:

The published article must be indexed in Scopus or Web of Science journals.

2. Full processing fees can be claimed for a published article if

   a. The author(s) is from the University of Technology Bahrain

   b. The principal author is from the University of Technology Bahrain with co-authors from other universities or institutes.

3. A faculty member from the University of Technology Bahrain can claim their 50% of the publication fees if they are a co-author on a published article when the principal author is affiliated with a different university or institution.

Procedure for Applying Publication Fee:

1- The faculty member submits the Publication Fee Claim Form with the supporting documents to the Research Center Head of the respective college. The supporting documents include:
   - A copy of published article in a journal or Acceptance Letter
   - Source details of the journal (Scopus/Web of Science Journals with covering period)
   - A receipt showing the amount paid as publication fees for the article.
   - Ethical Assessment Form

2- The Research Centre head verifies and submits the claim form with supporting documents to the Programme Head who forwards it to the college dean for endorsement.

3- The endorsed claim form is forwarded to the research council director for review and approval.

4- Approved claim form is forwarded to the Vice President for Academic Affairs.

5- The Vice President for Academic Affairs forwards it to the Vice President for Administration and Finance to make the appropriate decision of the payment of the publication fees.

Participating in a Conference

Guidelines for participating in the conference:

1- The University shall, fully or partially, fund the expenses of the faculty member participation in Scopus/Web of Science indexed in conferences. This funding includes any of the followingitems:
   - Conference fees
   - Travelling expenses
   - Accommodation fees
   - Daily Allowances

2- If the faculty member participates in a conference within the Kingdom of Bahrain, theUniversity shall contribute only to the registration fees.

3- The faculty member shall submit a research article to the conference that is relevant to thefaculty member specialization and college research thrust.

4- The faculty member should submit the acceptance letter, and the affiliation of the acceptedarticle must include University Technology Bahrain

Procedure for Applying Conference Participation Fund:

1- The faculty member submits the Conference Application Letter for Participating in a Conference along with the supporting documents to

Research Centre head to which he/shebelongs. The supporting documents are:

- Acceptance Letter of the conference
- Conference details
- A copy of the accepted article
- A receipt showing the amount paid as subscription fees if paid already.
- Ethical Assessment Form

2- The Research Centre head verifies and submits the Conference Application and all attachments to the Program Head to which the applicant belongs.
3- The Program Head forwards the claim form and all documents to the Dean of the college.
4- The Dean writes his remarks in the space provided in the claim form and forwards to theResearch Council Director with all supporting documents.
5- The Research Council Director writes his remarks in the space provided in the claim formand forwards to the Vice President for Academic Affairs.
6- The Vice President for Academic Affairs writes his opinion in the space provided in the claim form and forwards to the Vice President for Administration and Finance to make theappropriate decision of the payment of the publication fees.

Research Grants

Internally- funded Research Projects

The University supports the continuous professional education in the field of research to further strengthen the research mandate of the institution. Hence, it is the policy of the University to uphold the development of the research career of the faculty members, staff and students by providing research grants, allowing sabbatical to leave to conduct research, encouraging research collaboration with international and local institutions and sending researchers to conferences, trainings and seminars to further develop their research knowledge and skills.

The research proponent seeking research funding must be a full-time employee of the University and have signed employment contracts. The research shall be deemed as joint ownership of the author and the university, and thus, may be presented in any research forum with the permission of the university. All projects must be conducted under the affiliation of University Technology Bahrain and have been approved by line management as following:

1. Internal funding can be granted to faculty members who are conducting research as part of their weekly workload; however, additional research

proposals to be conducted collaboratively with another faculty member/s can be funded subject to the review and approval of the research council.

2. The research centre head, after a meeting and consultation with the college centre members, set a deadline for submission of application for research funding of the approved research projects with necessary supporting documentation.
3. The research centre deliberates all the requests for funding and decides according to the priority areas/thrusts of the college/centre.
4. The research centre head submits to the College Council the approved list of applications for funding for approval.
5. The Dean endorses the approved list to the Research Council Director.
6. The Research Council Director consolidates all the recommended research projects for funding and presents the list to the University Research Council (URC) for deliberation and approval. The URC verifies the availability of funding based on the submitted plan of the colleges/centre.
7. The URC through the Research Council Director endorses the final list to the VP for Academic Affairs (VPAA).
8. The VPAA approves the list and endorses it to the President.
9. The President approves the list for research funding.
10. Upon completion of the project the faculty members must submit a report describing the project and its outcomes. Moreover, the liquidation of the requested amounts should be submitted to the accounting office.

Externally- funded Research Projects

A faculty member may conduct research project in collaboration/partnership with external partner/researcher.

1. All research projects with external funding shall be covered by a duly signed memorandum of agreement (MOA) with the external organization/institution.
2. The MOA shall stipulate the following conditions as part of the agreement:
   - the roles, responsibilities, and contact person of contracting parties.
   - the duration, amount of funding from each party, and other resources.
   - the extent of ownership, which should be commensurate with the amount of funding and other resources.
   - other limitations and exclusions.
3. The faculty member shall submit the topic research proposal together with the draft MOA to the college research centre for evaluation.
4. The research centre head approves/disapproves the research topic proposal including the MOA. If approved, the research centre head endorses the proposal to the college dean.
5. The college dean reviewed it together with the research centre head and submitted it to the director of the university research council.

6. The Research council reviews the research proposal and approves/disapproves based on its alignment to the research agenda and the availability of funding. If approved, the proposal is endorsed to the VP for Academic Affairs (VPAA) for review and approval of the MOA.
7. The VPAA endorses the MOA to the legal department for review.
8. The VPAA endorses the reviewed MOA to the President for approval.
9. The University will be responsible for official processing applications for patents and will pay the costs of registration.
10. The faculty member may apply for a research project with an international research partner. The intellectual property will be owned by both parties.
11. The faculty member may present their research in regional and international conferences, symposium and workshops; or publish the output in Scopus/Web of Science indexed journals.
12. All research and projects must be affiliated with University Technology Bahrain and approved by line management.

6.5 Evaluation and Monitoring of Performance

1. The research centres are responsible for the evaluation and monitoring of research performance on college level at UTB, which involves periodic and annual reporting to research council.
2. Each college should incorporate the research activities in the college trimestral and annual operational performance plan.
3. The research council is responsible for follow up, monitor, and evaluate the research activities in research centres.
4. The research council consolidates the performance plans of all centres into the research council's performance plan and submits them to the academic council and Planning and Development Department for assessment, monitoring, and endorsements.
5. Impact must be considered in all research projects. UTB uses a number of internal and external measures to determine the impact of its research.
6. Researchers undergo annual appraisal that includes research performance criteria.
7. Researchers are supported at UTB through a number of research-focused professional development opportunities.

6.7 Research Incentives The University supports continuous professional education in the field of research to further strengthen the research mandate of the institution. Hence, it is the policy of the University to uphold the development of the research outputs of the faculty members and staff including students by motivation through research incentives. The purpose of the incentives is to boost publication rates in

peer reviewed international, indexed, and high impact factor journals. Also, the research should be applicable and reach the level of commercialization. This policy is applicable to all faculty members, staff, and students at the University. It includes but is not limited to:UTB will cover the publication costs for books, chapters, and research papers.

1. UTB allows faculty to present their research in local, regional, and international conferences, symposia, workshops, etc.
2. UTB shoulders the registration fee, hotel accommodation, visa fee, and airfare of the faculty member, staff, or student.
3. UTB also provides daily allowance (per diem) and transportation allowance to faculty members, staff, or students.
4. Faculty members who publish more than two papers will be eligible to receive financial incentives for each additional publication beyond the first two. The criteria for these publications are detailed in Article 6.2 of the policy.

6.7 Intellectual Property Rights

It is the policy of the University to protect the intellectual property rights of faculty members, students and staff on research outputs and scholarly activities. The Research Centre together with the University Academic Council shall be responsible in the formulation of standards, guidelines, rules and regulations relating to copyrightable and patentable research to be endorsed by the University Vice Presidents for Academic Affairs and approval of the President.

This document covers the policy on researchers' consent, copyright, patent, production, distribution and marketing of research outputs, royalty and administrative mechanism, which are coherently, aligned with the national laws and regulations of Intellectual Property and copy rights in the Kingdom of Bahrain such as:

- Law No. 22 of 2006 on the Protection of Copyright and Neighboring Rights.
- Law No. 1 of 2004 on Patents and Utility Models, as amended by Law 14 of 2006.
- Law No. 7 of 2003 on Trade secrets, as amended by Law No. 12 of 2006.
- Law No. 44 of 2005 on approving the accession of the Kingdom of Bahrain to the Patent Cooperation Treaty and its Regulations (2006).
- Law No. 19 of 2005 on Approving the Accession of the Kingdom of Bahrain to the Patent Law Treaty and Regulations (2005).

Coverage and Procedures

a. **Copyright**

Ownership and University-Financed Research

1. If the research work is done during the official duty of the researcher, the copyright will be in joint ownership of the University and the researcher.
2. If the research work is not done during the official time of the researcher but with the financial assistance from the University, the University is entitled to a percentage of the royalty from the research work. A formal agreement will be formulated for such conditions.

b. **Collaborative Research**

1. For University-commissioned research, the copyright shall be in joint ownership of the University and the researcher.
2. For research that is commissioned by external entities, the ownership will depend on the agreement made by the University, the researcher, and the external entity.
3. Ownership of collaborative research, that is, research conducted through joint efforts of the University, external entity and the researchers shall belong in joint ownership of the parties involved.

c. **Royalty**

The royalty derived from the research work shall be awarded according to the manner of ownership previously mentioned. The details of which will however be stipulated in the agreement that will be formulated and signed by the concerned parties.

d. **Patent**

Patenting of research work will generally follow the form of ownerships earlier mentioned. Details of the patent will be based on the form of ownership.

6.9 Scientific Research Misconduct

UTB demands that all faculty members, staff and students engaged in scholarship/ research adhere to the highest ethical standards. Misconduct in scholarship/ research by any member of the University community threatens the image of the University and the person. Hence, all scholarly activities must be free from any form of scholarly misconduct.

a. Forms of Scholarly Misconduct

Fabrication, falsification, plagiarism, violation of intellectual property rights, submission of falsified/tampered research papers, misuse research funds and no submission of research output in accordance to the specified research guidelines.

b. Penalties for Misconduct in Scientific Research

Faculty members who, after due process, are found to have committed scholarly misconduct may be levied one or more of the following sanctions depending on the gravity of the offense:

OFFENSE	OCCURRENCE & PENALTY			
	1st	2nd	3rd	4th
Fabrication, falsification, plagiarism	4			
Violation of intellectual property rights	4			
Submission of falsified/tampered research papers	4			
Misuse of research funds	4			
The faculty member has not met the minimum publication requirement for articles per academic year.	2	3		

Legend:

1- Verbal reprimand **2- Written warning**

3- Three-day suspension **4- Termination for a cause**

Students who after due process are found to have committed scholarly misconduct may be levied one or more of the following sanctions depending on the gravity of the offense:

OFFENSE	OCCURRENCE & PENALTY		
	1st	2nd	3rd
Fabrication, falsification, plagiarism	1	2	3
Violation of intellectual property rights	1	2	3
Submission of falsified/tampered research papers	1	2	3

Legend:

1- Failing mark in the course **2- Suspension**

3- Dismissal/non-readmission with invalidation of grade in the course

The University reserves the right to report proven allegations of research misconduct against its faculty members, former faculty members, staff and current and former registered students to potential, new and subsequent employers. Where employees or students of another institution are involved in a collaborative research project with the University and are implicated in a university finding of serious research misconduct, the

University reserves the right to notify the home institution of those involved.

7. QUALITY RECORDS

HEC Scientific Research Regulations
University Manual
University Strategic plan
UTB Research Handbook

8. DISTTRIBUTION

President (P)

Vice President for Administrative and Finance (VPAF)

Vice President for Academic Affairs (VPAA)

University Research Council (URC)

Quality Assurance and Accreditation Department (QAAD)

Planning and Development Department PDD

College of Engineering (COE)

College of Administrative and Financial Science (CAFS)

College of Computer Studies (CCS)

Center of General Education (CGE)

Research Centers (RC)

UTB Intellectual Property Rights Policy

1. POLICY

The Intellectual Property Rights (IPR) Policy of the University of Technology Bahrain (UTB) is designed to foster innovation and creativity. It ensures the protection of intellectual property rights for all faculty, staff, and students, covering research outputs and scholarly works, while facilitating the ethical and beneficial publications and commercialization of these creations

2. PURPOSE

This policy aims to protect and manage the intellectual property rights (IPR) arising from research, innovation, scholarly, and creative activities conducted by UTB faculty members, staff, students, and external collaborators.

3. SCOPE

The policy covers all research and academic outputs regardless of funding source, internal, external, or unfunded and it includes all output and publications of faculty and graduate and undergraduate students, as well as teaching materials, software, designs, patents, copyrighted works, trade secrets, and other forms of intellectual property developed within UTB. It is consistent with the Kingdom of Bahrain's intellectual property laws and international patent agreements to which Bahrain is a signatory.

4. DEFINITIONS

Intellectual Property (IP)	Any invention, discovery, know-how, work of authorship, or other creative work that is protectable under patent, copyright, trademark, trade secret, or other intellectual property laws.
Creator	Any University Personnel who conceive, discover, author, or reduce to practice any Intellectual Property.
Author	A natural person who has produced the work.
University Resources	Any funding, facilities, equipment, personnel, or proprietary information provided by or through the University. This includes, but is not limited to, salary, research grants, specialized laboratories, and dedicated time.
Scholarly	Traditional academic works such as books, articles,

Work	lecture notes, syllabi, theses, Capstone project, and non-sponsored educational materials.
Joint Work:	A work prepared by more than one author whether it is possible to separate the contribution of each or not and which is not classified as a collective work.

5. LEGAL FRAMEWORK

The University of Technology Bahrain (UTB) is committed to operating in full compliance with the national and international intellectual property laws and treaties applicable in the Kingdom of Bahrain. Specifically, UTB adheres to the following key legislative instruments:

- *Law No. 22 of 2006 on the Protection of Copyright and Neighboring Rights.*
- *Law No. 1 of 2004 on Patents and Utility Models, as amended by Law 14 of 2006.*
- *Law No. 7 of 2003 on Trade secrets, as amended by Law No. 12 of 2006.*
- *Law No. 44 of 2005 on approving the accession of the Kingdom of Bahrain to the Patent Cooperation Treaty and its Regulations (2006).*
- *Law No. 19 of 2005 on Approving the Accession of the Kingdom of Bahrain to the Patent Law Treaty and Regulations (2005).*

6. CONFIDENTIALITY

University of Technology Bahrain (UTB) ensures the protection of innovations, research outputs, and scholarly works from unauthorized disclosure. UTB mandates that faculty, staff, students, and associates maintain strict confidentiality over information, restricting sharing to authorized parties only until formal protections, such as publications or patents, are secured.

7. RESPONSIBILITIES AND ROLES IN INTELLECTUAL PROPERTY (IP) AND RESEARCH OVERSIGHT

Faculty, Capstone/Thesis Supervisors, and Students

- Disclose inventions, research outputs, and scholarly work in a timely manner.
- Ensure full compliance with UTB's IP policies and research ethics.
- Support accurate documentation and reporting of research activities.

Programme and Department Heads / Research Center Heads

- Monitor compliance with IP and research policies within their respective units.
- Promote awareness of IP regulations and disclosure procedures.
- Facilitate and endorse the proper submission of research disclosures.

Deans

- Provide strategic oversight for IP generation, research productivity, and protection of intellectual assets within their colleges.

- Ensure alignment of college research activities with institutional policies and priorities.

Vice President for Academic Affairs (VPAA)

- Develop research plans and strategies aligned with the UTB vision and mission.
- Foster an environment that encourages innovation, scholarship, and interdisciplinary research.
- Review and endorse research budgets and funding requests.
- Oversee collaborations, partnerships, and knowledge exchange with industry and external entities.
- Monitor and endorse all research activities, including publications, conferences, and funded projects.
- Ensure all research complies with institutional research policies and ethical standards.

Research Council Director

- Guide the overall research strategy of the University.
- Oversee IP-related publications, dissemination, and commercialization processes.
- Support the development and implementation of research priorities.

Academic Council

- Approve and maintain the academic components of IP and research-related policies.
- Ensure policies align with institutional academic standards.

University Council

- Provide governance and strategic direction for all foundational IP and research policies.
- Approve policies governing the creation, ownership, protection, and exploitation of intellectual assets at UTB.

8. OWNERSHIP

8.1 University-Owned Intellectual Property

The University shall own all rights, title, and interest in IP created by University Personnel under the following circumstances:

a. **Sponsored Research**: IP created in the performance of a sponsored research agreement, grant, or contract where the terms explicitly grant ownership to the University or require the University to assume ownership.

b. **Commissioned Work:** IP specifically commissioned by the University, where the Creator was hired or directed to create the specific IP.

c. **Use of University Resources:** IP created with the use of University Resources. **"Use"** is defined as the use of facilities, dedicated research funds, or the time of other University Personnel beyond the normal provision of office space, library

access, and standard computing resources

d. **Administrative and Educational IP**: IP created as part of the Creator's administrative or educational duties, such as course materials, curricula, and administrative software.

8.2 Creator-Owned Intellectual Property

The Creator shall own all rights, title, and interest in if the IP created entirely on the Creator's own time, without the use of university funds or the use of University Resources.

8.3. University Rights to Creator-Owned IP

For all Creator-Owned IP that is also a Scholarly Work, the Creator grants the University a non-exclusive, royalty-free, perpetual, worldwide license to use the work for internal educational, research, publications, and administrative purposes.

8.4 Copyright

a. Ownership and University-Financed Research
   1. If the research work is done during the official duty of the researcher, the copyright will be in joint ownership of the University and the researcher.
   2. If the research work is not done during the official time of the researcher but with the financial assistance from the University, the University is entitled to a percentage of the royalty from the research work. A formal agreement will be formulated for such conditions.

b. Collaborative Research
   1. For Collaborative Research, the copyright shall be in joint ownership of the University and the researcher.
   2. For Collaborative Research Project that is commissioned by external entities, the ownership will depend on the agreement made by the University, the researcher, and the external entity.
   3. For students' work, the students retain author rights per Law 22/2006, but UTB may archive/reproduce for academic or research publication purposes.

c. Royalty

   The royalty derived from the research work shall be awarded according to the manner of ownership previously mentioned. The details of which will however be stipulated in the agreement that will be formulated and signed by the parties concerned.

d. Patent

   Patenting of research work will generally follow the form of ownerships earlier mentioned.

e. Joint Research/Projects

   The joint owners share rights to publish, present, and use the work, subject to any

commercialization and confidentiality requirements.

8.5 Consent for Publication of Research from master's Thesis/ Undergraduate Capstone Projects (Wavier and Declaration)

Students have the option to grant a waiver, allowing their supervisors or the University Research Council to publish their work or continue its development. This continuation may involve completing and enhancing the initiated work for the purposes of publication, commercialization, or any other objective deemed beneficial to both the University and the students. The formal consent for this process is documented using the form provided in **Appendix (A)**. **w**hile the authorization form in **Appendix (B)** can accommodate general work or research projects.

8.6 Intellectual Property Rights to Educational Materials Developed via the Learning Management System (LMS)

a. Ownership of LMS-Based Educational Materials

Intellectual property rights to educational and professional materials including, but not limited to, lecture notes, presentations, recorded lectures, videos, quizzes, assessments, discussion content, and other learning resources created by faculty and staff within the University's Learning Management System (LMS) shall generally reside with the University of Technology Bahrain (UTB), particularly where such materials are developed as part of official duties or with the use of University Resources, in accordance with Section 8.1 of this Policy.

UTB does not intend to distribute, share, or commercially exploit such ownership rights without proper authorization. Courses delivered via UTB's LMS may be made available for instructional continuity and academic delivery by other authorized faculty members in the future, subject to institutional approval and academic governance procedures.

b. Copyright Clearance and Library Support

The University Library shall provide copyright clearance services for all online materials used in courses delivered through the LMS. Faculty members are required to coordinate with the Library to ensure that all copyrighted materials used in online or blended delivery comply with applicable laws, licensing agreements, and institutional policies.

c. Student-Created Works Submitted through LMS

Students shall retain ownership of original works they create as part of their coursework, in accordance with Law No. 22 of 2006 on the Protection of Copyright and Neighboring Rights and Section 8.4 of this Policy.

However, by submitting academic work through the LMS, students grant UTB a non-

exclusive, royalty-free, perpetual license to use, reproduce, archive, and distribute such materials strictly for educational, academic, quality assurance, accreditation, and internal research purposes.

d. Use of Third-Party Materials

Any incorporation of third-party materials within LMS-based educational content must comply with applicable copyright laws, licensing agreements, and fair use provisions under the laws of the Kingdom of Bahrain. Faculty members and students are responsible for obtaining necessary permissions where required and ensuring proper citation and acknowledgment.

e. Commercialization of LMS-Developed Materials

Where educational materials developed within the LMS are identified as having commercial potential beyond standard academic use, a separate written agreement shall be executed between UTB and the Creator(s). Such agreement should clearly define ownership rights, revenue-sharing arrangements, licensing terms, and responsibilities relating to commercialization.

9. DISCLOSURE OF IP

Disclosure of Intellectual Property (IP) at the University of Technology Bahrain (UTB) requires all researchers, faculty, and students to promptly inform the university's Research Council of any inventions, creative works, faculty and student publications, or research outputs that have potential commercial value or patentability. This disclosure must be made before any public presentation, publication, or sharing of the work to protect potential IP rights and allow UTB to assess and initiate appropriate legal protections such as patents or copyrights. Timely disclosure ensures compliance with university policy and maximizes opportunities for commercialization and benefit sharing. Researchers must also maintain confidentiality until official protection is secured to preserve the novelty and commercial viability of their inventions. This process safeguards both the interests of UTB and the creators while promoting innovation and collaboration within the academic community.

10. PROTECTION AND MANAGEMENT OF IP

The University of Technology Bahrain (UTB) ensures the Protection and Management of Intellectual Property (IP) through a structured framework led by the Research Centre, which evaluates disclosures for patentability, copyrights, trademarks, and trade secrets in alignment with Bahraini laws such as Law No. 22/2006 on Copyright and Law No. 1/2004 on Patents. Upon disclosure, UTB assesses commercial potential, coordinates legal filings to secure protections, and manages IP assets including faculty and student publications, licensing, and commercialization agreements, recovering costs from future

revenues where applicable. This process safeguards creators' rights while enabling joint ownership and equitable revenue sharing for university-supported innovations, fostering a secure environment for research and technology transfer.

11. DISPUTE RESOLUTION

UTB recognizes that disagreements may arise concerning the ownership, rights, obligations, revenue sharing, or interpretation of this policy between the University and its faculty, staff, students, or external collaborating entities. To ensure that such disputes are resolved fairly, transparently, and in a timely manner, the following mechanism shall apply:

1. Informal resolution: In the first instance, the parties shall seek to resolve the matter through direct discussion, facilitated where appropriate by the relevant Dean/ Programme/Department Head or Research Centre Head.
2. Formal review by the Research Council: If the matter remains unresolved within fifteen (15) working days, either party may submit a written complaint to the Research Council Director. The Research Council shall review the submissions, may seek additional information or expert opinion, and shall issue a written decision within thirty (30) working days of receipt.
3. Escalation to an IP Dispute Committee: Should either party contest the Research Council's decision, the matter shall be referred to an ad hoc Intellectual Property Dispute Committee appointed by the Vice President for Academic Affairs, comprising members not previously involved in the dispute, including a legal representative and a senior academic. The Committee shall issue a final institutional decision within thirty (30) working days.
4. External collaborators and legal recourse: Disputes involving external collaborating entities shall be resolved in accordance with the dispute-resolution and governing-law provisions of the relevant agreement and the applicable laws of the Kingdom of Bahrain.
5. Records and confidentiality: All dispute proceedings shall be documented and treated as confidential in accordance with the Confidentiality section of this policy.

12. NON-COMPLIANCE AND BREACH OF POLICY

Adherence to the roles, responsibilities, and obligations set out in this policy is mandatory for all university personnel and collaborators. Failure to comply, including but not limited to failure to disclose IP in a timely manner, unauthorized disclosure of confidential information, misrepresentation of authorship or inventorship, or misuse of University Resources, shall constitute a breach of this Policy.

1. Reporting: Any suspected violation shall be reported in writing to the relevant Programme/Department Head or Research Centre Head, who shall notify the

Research Council.

2. Investigation: The Research Council, in coordination with the relevant Dean and, where necessary, the Quality Assurance and Accreditation Department, shall conduct a fair and documented investigation, affording the individual concerned an opportunity to respond.
3. Measures: Where a breach is established, the University may apply one or more of the following measures, proportionate to its severity: a formal written warning; mandatory corrective action or training; suspension or withdrawal of IP-related rights, benefits, or revenue-sharing entitlements under this Policy; referral to the applicable staff or student disciplinary process; or legal action under the laws of the Kingdom of Bahrain where statutory IP rights are infringed.
4. Appeals: An individual subject to any measure under this section may appeal through the Dispute Resolution mechanism set out above.
5. External collaborators: Breaches involving external entities shall be addressed in accordance with the relevant collaboration or research agreement and applicable Bahraini law.

13. QUALITY RECORDS

Consent Forms

14. DISTRIBUTION

President
Vice President for Administrative and Finance p
Vice President for Academic Affairs
Research Council
Quality Assurance and Accreditation Department
College of Engineering
College of Administrative and Financial Science
College of Computer Studies
Center of General Education
Research Centers

Course Portfolio

1. POLICY

University of Technology-Bahrain (UTB) ensures that teaching and learning practices and resources are well prepared and the assessment are well designed and applied consistently across the University and its programme s. The course portfolio is a set of records which shows evidence of the teaching, learning and assessment practices conducted in the university across all its programme s. It also acts as a guide for providing improvements or enhancements to the course offered in the curriculum of a programme .

2. PURPOSE

The purpose of this policy is to show the contents of a course portfolio.

3. SCOPE

The policy covers the contents of course portfolio that needs to be prepared once for a course during the academic year. The course portfolio for a particular course will be prepared during the trimester as it is offered as per the curriculum plan of the programme . The colleges are free to add additional requirements based on their needs.

4. DEFINITION OF TERMS

Course Specification: Course Specification is a document which is prepared for setting out the plans for each course, stating clear guidelines to the course instructors and the students about the type and content of the course. Further it contains details about course identification, course description, course objectives, learning outcomes, teaching and assessment methods, grade distribution or assessment plan, learning resources and facilities, weekly plan, alignment of course learning outcomes with teaching strategies and assessment methods, assessment tasks for students and the Mapping of CILOs to NQF level and PILOs.

Course Instructional Materials: The teaching and learning materials used in the delivery of the course by an instructor.

Pre - Moderation of Assessment: It is a process carried out by the course to ensure the moderation of summative assessments i.e., exams and in course projects before administering the assessment.

Post Moderation: It is a process carried out by the course to ensure the moderation of the exam booklet after its correction.

Course Report: This is a document which contains the analysis of students results, CILO & PILO analysis, evaluation by the course coordinator and recommendations. The evaluations should have strengths, areas of improvement and suggestions for improvement. The recommendations can suggest teaching methods or strategies that can be used or improved.

CILO Analysis: The main objective of any course is to see that the student has achieved the CILOs. The students are examined based on the CILOs. It is important that the CILOs are measured in order to ascertain the percentage of attainment of an CILOs by the students in a course. This will be the basis of improvements needed in a course.

5. RESPONSIBILITIES

- Dean-responsible to appoint coordinator to every course offered.
- programme Head- responsible for checking submitted course portfolios in their respectiveprogramme.
- Course Coordinator- assigned to submit course portfolio for on-term courses.
- CQI Committee- responsible for conducting internal audit on the submitted course portfolio.

6. CONTENTS OF PORTFOLIO

- Course Specification (Approved 3rd Trimester of every Academic Year)
- Course Instructional Materials (Research, Case Studies, PPTs, and other relevant materials)
- Pre – Moderation of Assessments (All Summative Assessments)
- Student Assessed Work (3 Samples for Formative with manuscript and 3 samples for Summative (Low, Medium, and High)
- Post Moderation Report (Midterm and Final Exam - Lecture)
- Course Report (Contains only three parts)
    1. ***Grade Statistics***
    2. ***CILO - PILO Analysis***

3. Evaluations and Summary of Recommendations

1	Course Specification
2	Course Instructional Materials
3	Pre – Moderation of Assessment
4	Student Assessed Works
5	Post Moderation
6	Course Report

7. QUALITY RECORDS

Course Specification

Learning Materials

Student Assessed Works

Pre – Moderation Report

Post Moderation Report

Course Report

8. DISTRIBUTION LIST

VP for Academic Affairs

College Deans

Director, Quality Assurance & Accreditation

Course Coding

1. POLICY

UTB is committed to ensuring a consistent and transparent framework for the identification and classification of academic courses. Course codes serve as standardized identifiers that facilitate curriculum management, student registration, transcript documentation, and interdepartmental coordination. This policy establishes the principles and structure by which course codes are created, maintained, and assigned, in order to support academic integrity, operational efficiency, and clear communication across all university college/departments and academic programmes.

2. PURPOSE

The purpose of this policy is to establish a standardized format for assigning course codes to academic courses across all college/departments, ensuring consistency, clarity, and ease of administrative processing.

3. SCOPE

This policy applies to all undergraduate and graduate academic programmes and courses offered by UTB.

4. RESPONSIBILTIES

Academic Affairs Office / Dean's Office

- Provide institutional oversight and policy interpretation.
- Facilitate policy reviews and updates as needed.
- Ensure integration of the course code policy into the broader academic governance framework.

Academic Programme/Departments

- Propose course codes in line with the structural and numbering guidelines.
- Ensure proposed codes are not duplicative or misleading.
- Coordinate with the Registrar's Office to validate and finalize course codes before course approval.
- Review and recommend updates to course codes when course content, level, or delivery format changes.

Curriculum Review Committee

- Review all new and revised course proposals for compliance with academic standards and this policy.
- Approve course codes based on academic level, sequencing, and curricular alignment.

- Provide oversight to ensure equitable and logical use of course numbers across programmes.

Registration Office

- Maintain the official database of approved course codes.
- Ensure code uniqueness and compliance with the policy.
- Coordinate with colleges/departments during course creation and revision processes.
- Provide training and guidance on code development when necessary.

5. DEFINITION OF TERMS

Course Code- A unique alphanumeric identifier assigned to each course.

College/Department/Area of Specialization Prefix- A 2- to 4-letter abbreviation representing the academic college, department, or area of specialization offering the course.

Course Number- A three-digit number that indicates the academic level (e.g., Year 1, Year 2, etc.) and provides a descriptor related to the college or department.

6. PROCEDURES

6.1 Course Code Structure

Each course code shall consist of two components:

[College/Department/Area of Specialization Prefix] + [Three- or Four-Digit Course Number]

a. College/Department Prefix

- Must be a 2–4 letter abbreviation (e.g., ENGG, MATH, CSCI).
- Must be unique across the university.
- Assigned by the Academic Programme/Departments.

b. Course Numbering

The first digit of the course number indicates the academic level:

Number Range	*Level*	*Description*
000–099	Pre-university/Foundation	Remedial or preparatory
100–199	Level 1 (Year 1 Undergraduate)	Introductory courses
200–299	Level 2 (Year 2 Undergraduate)	Intermediate undergraduate
300–399	Level 3 (Year 3 Undergraduate)	Advanced undergraduate
400–499	Level 4 (Year 4 Undergraduate)	Senior or Capstone
500–onwards	Graduate Level (Master's)	Graduate coursework

The second and third digits are determined at the discretion of the college or department to reflect internal classification or course sequencing.

c. Suffixes (Optional)

When necessary, additional letters may be appended to the course code to denote special attributes:

- A/B – Multi-part course sequence (e.g., ENGG301A, ENG301B)

6.2 Course Code Assignment Guidelines

a.Each course must have a unique code.

b. Common courses must be assigned with the same codes and share the same title, credits, and description.

6.3 Policy Review

This policy will be reviewed every five (5) years or as needed by the Academic Council.

6.4 Exceptions

Any exception to the above guidelines must be submitted in writing and approved by the Academic Council.

7. QUALITY RECORDS

Study Plan

8. DISTRIBUTION LIST

Academic Council

Registration Department

Quality Assurance and Accreditation Department

Administrative Policies and Procedures

Organization, Leadership and Governance

1. POLICY

The policy on Organization, Leadership and Governance ensures that University of Technology Bahrain (UTB) exhibits sound governance and management practices and financial integrity in its operations.

2. SCOPE

This policy covers the roles and responsibilities of the leadership and governance in the operations of the UTB.

3. PROCEDURES

Governance

1. **Board of Directors (BoD)**

   Board members are the fiduciaries who steer the organization towards a sustainable future ensuring that the university is adequately funded upon the endorsement of BoT. The Board also approves the appointment of the University President and Vice Presidents upon the approval and recommendation of the BoT.

2. **Board of Trustees (BoT)**

   The BoT is responsible for guiding the long-term vision of the University in its pursuit of its goals of academic excellence through the three core functions of the University which are instruction, research and community engagement. The BoT set the strategic vision, direction and goals of the University, and approve the University's strategic plan which includes its vision, mission and goals, and initiatives.

   The BoT is part of the UTB's governance and will seek to ensure that the University maintains and enhances its status as a provider of quality higher education. The Board approves all policies contained in the Operations Manual and any amendments upon the recommendation of the University Council. It also recommends the approval of the budget of the university to Board of Directors (BoD) upon the recommendation of the University Council.

   The BoT recommends to the BoD the appointment of the President and Vice

Presidents. While the Board approves the composition of the UTB University Council and the appointment of the Deans of Colleges on recommendations of the University Council. It also approves the establishment of new colleges, centres, and academic and training.

While the following on is approved by the BoT upon the recommendations of the University Council:

a. *New academic programmes.*
b. *Hosting academic programmes from other universities.*
c. *Affiliations with other universities, institutes and centres.*
d. *Tuition fees and other related fees.*
e. *Amendments to the University Organizational Chart.*
f. *Grants and Scholarships*

In addition, the BoT oversees the achievement and maintenance of the Academic Standards through periodical reports on student enrolment statistics, graduate attributes, and performance as well as employers' satisfaction with graduates, for decision making purposes to improve the performance of the university.

The BoT may delegate any of its powers, totally or partially to other members of the Board or the President. The board may form sub-committees chaired by a member of the Board and membership of other Board members and University staff to assist the BoT in carrying out its responsibilities effectively.

3. President of the University

As chief executive officer of the University, the University President provides the overall administrative and educational leadership for UTB. He/she oversees the implementation of the University's approved policies, procedures, plans, and programs that will ensure the attainment of the University's vision and mission.

The University President is vested with the authority to appoint the members of the University Council (UC), Academic Council, and Administrative Council as well as heads of the academic and administrative offices in accordance with the approved organizational chart except for the Vice Presidents appointed by Board

of Directors.

The President is the presiding and approving officer of the University Council.

The University President presents the budget to the Board of Trustees (BoT) and Board of Directors (BoD) for approval and shall submit an annual report to the Boards on the performance and condition of the University.

4. <u>University Council</u>

The UC oversees the University's administrative, academic, educational, and research functions and activities and ensures that all possible measures are taken to enable the University to realize its vision and mission. In order to achieve its goals, UC shall recommend for BoT consideration and/or approval as appropriate the following:

- The University's Strategic Plan.
- Academic, administrative, financial, and technical policies.
- Establishment of new or merging of existing colleges, departments, centres and units.
- New academic programme s.
- Hosting academic programme s from other universities.
- Affiliations with other universities, institutes and centres.
- Tuition fees and other related fees.
- The University's annual budget.
- Amendments to the University Organisational Chart.

The UC also monitors the implementation and review of all policies and procedures as approved by the BoT and ensures that they are in line with local regulatory and quality requirements and standards, as well as international best practice. It maintains and manages academic standards and always seeks to ensure that the University maintains and enhances its status and rank as a provider of quality higher education locally, regionally and internationally. Overseas and monitors the academic activities of the University. UC recommends to the BoT the University annual research plan, budget and funding. Approves Quality, and Accreditation Review Reports before submission to local and international Quality, Accreditation and Regulatory bodies; University academic, administrative and students, committees, and councils' terms of reference; Community engagement and special occasions' activities, student activities, seminars, and scientific conferences; University's Quality Manual, and other

manuals related to research, community engagement, surveys, and students, faculty and administrative handbook; Faculty academic promotions

The UC oversees the search for and approve the appointment of faculty and staff. Guided by the approved annual budget, UC oversees, monitor and approves, where appropriate, financial plans, budget utilization, financial reporting. In addition, the UC monitors internal and external risk factors and approves risk management mitigation actions and plans. It monitors the performance of the University's Committees and Councils that report directly to the UC and takes appropriate corrective actions to ensure continuous performance improvement of their performance.

Research Council

University Officers

1. Vice President for Academic Affairs

The VPAA is UTB's chief academic officer and is responsible for setting the University's academic programmes, strategies, and priorities ensuring academic excellence and quality. He also provides leadership and coordination in the design, development, implementation, and evaluation of all matters relating to curriculum, instruction, research and academic services through the different colleges, offices, and centres. The VPAA establishes academic linkages or partnerships with other educational institutions, groups, or academic associations. Further, the VPAA prepares and submits the proposed academic budget for the University Council endorsement.

The VPAA is also responsible for all academic personnel (Deans, Associate Deans, programme Heads, Department Heads, etc.) and academic support units (Deanship of Student Affairs, Research Centre, Centre of Innovation and Entrepreneurship, Teaching and Learning Centre, General Education Centre and Faculty Development Office).

2. Vice President for Administration and Finance

The Vice President for Administration and Finance (VPAF) oversees the financial and business operations of the University. The VPAF oversees financial operations of the University which include financial planning, financial analyses and provision of appropriate controls and reports for funds management, accounting, and payroll (OPEX). The VPAF also oversees the administrative operations of the University including departments of finance, HR, ICT, and facilities management.

3. College Deans

The academic deans are nominated by the Vice President for Academic Affairs and appointed by the President. He reports directly to the VPAA. The deans of each college provide academic leadership for the development, implementation and evaluation of a specific programme in order to ensure effectiveness and quality of instruction. Academic Deans are full-time faculty members who are PhD holders and are in-charge of college budget and of all the activities of the department in their respective colleges.

4. Dean of Student Affairs

The Deanship of Student Affairs (DSA) provides system-wide leadership and support in furthering University efforts and initiatives to promote intellectual, cultural, social, recreational, emotional and personal development of all students through the Office of the Students' Services. Alumni and Career Development Center and the Library is also managed by DSA.

5. Director of Marketing and Communications

The Director of Marketing and Communications through its different offices manages the communications and public relations, marketing, and community engagement activities of the University. He/she handles all government relations, University's public relations, and communications and marketing activities.

6. Director of Quality Assurance and Accreditation

The Director of the Quality Assurance and Accreditation Office is responsible for the development, implementation, monitoring and enhancement of the University's quality assurance procedures to ensure quality and excellence in the entire operation of the Institution.

7. Director of Planning and Development Department

The Director of the Planning & Development Office has the main responsibility to prepare/coordinate the preparation of all the plans of the university, conduct and analyse all surveys and prepare their results for the concerned departments and to prepare the improvement plans.

8. Director of Research Centre (RC)

The Director of the RC manages all areas related to research and development, research grants and contracts, research compliance, intellectual property, technology transfer and liaison with government and industries for university

research collaboration and sources of research centre funding. The RD provides leadership, assistance and guidance in the review, revision or drafting of new plans and programs for the University utilizing the available data and information resources of the Research Centres.

Councils and Committees

1. Academic Council

The Academic Council is an advisory body of UTB pertaining to academic matters.

- The VP for Academic Affairs chairs the council during the regular meetings.
- All academic related matters are discussed and deliberated by the members of the academic council.
- All decisions of the academic council will be in the form of a committee resolution for final approval by the University Council.

2. Administrative Council

The Administrative Council is the recommendatory body of UTB pertaining to administration and operations matters.

- The VP for Administration and Finance chairs the Committee during its regular meetings.
- All operation-related matters are reported to the Committee and concurred by the VP for Administration and Finance.
- All matters discussed in the administrative council meeting are recorded
- through the minutes of the meetings. Issues discussed in the meetings will be acted upon by the department concerned and the result to be reported in the next admin council meeting.

3. University Continuous Quality Improvement Committee (CQI)

The UCQI committee is established to propose and develop the university's quality assurance and enhancement framework, strategies in accordance with the university's mission and strategic planning.

The University Continuous Quality Improvement (UCQI) committee shall be composed of the University President, VP for Academic Affairs, VP for Administration and Finance, Director of Quality Assurance and Accreditation Department (QAAD), the Faculty Members from each of the college/centre (chairs of college CQI committee), the University Internal Auditor and the Supervisor of Document Control Centre (DCC).

4. University Instructional and Library Committee

- The Instructional and Library Committee is responsible for the identification of new library materials (print and non-print) of the University.
- The Instructional and Library Committee is also responsible for the checking, validation and approval of course materials developed by faculty members prior to adoption by specific course;
- The Library Committee is responsible for the identification of new library materials (print and non-print) for purchasing by the University.
- The Library Committee is also responsible for the checking, validation and approval of course materials selected by faculty members prior to adoption for a specific course;
- All recommendations of the Library Committee are forwarded to the VP for Academic Affairs.
- All decisions of the Instructional and Library Committee are in a form of a resolution with recommending approval by the VPAA.
- All decisions by the Instructional and Library Committee will be forwarded to the President of the University for final approval.

Risk Management Committee

The primary purpose of the RMC is to support and advise the Risk Committee and through its Court, on the implementation and monitoring of the risk management policy. RMC provides independent assurance and advice to the University of Technology Bahrain (UTB) University Council on matters relating to audit, risk, compliance and governance.

University Research Center

The Research Committee is the recommendatory body of UTB to the University Council on matters involving formulation and review of research policies that guide and give general direction to the research activities and concerns of the University.

- Evaluates and endorses research proposals for funding and other support by the University for its conduct.
- Reviews status of on-going researches and recommends appropriate actions such as technical recommendations and releases of funding support according to the result of review and on the work and financial plan of the research.
- Assesses completed research based on the presentation of the researcher and the submitted research manuscript and recommends appropriate actions such as declaration that the research is completed on time, with delay, for further improvement or termination of support, among others.
- Recommends to the management for approval and supports faculty who

are invited to engage in research peer review undertakings.

University Professional Development Committee

Professional Development manages the planning, administrative and budgetary functions of the professional development of the university. It plans the continuing professional development programme within the context of the UTB Mission by providing leadership in professional development by designing, implementing and assessing a comprehensive programme of professional development to assist faculty members and administrative staff at all career stages.

University Community Engagement Committee

The Community Engagement Committee is responsible for the coordination of the community engagement initiatives of the University.

- Each member of the committee is also responsible for identifying, coordinating, and implementing the community engagement activities of the college.
- Each member of the committee is also responsible in identifying and communicating with the target communities' industries and other organizations.
- The committee identifies specific programme s and projects which are beneficial to partner communities, and which are anchored on the core competencies of theUniversity.
- The committee ensures sustainability and mutual responsibility as its ultimate objective.

Colleges and Departments

UTB has three (3) Colleges and one (1) Centre. Each College is headed by a dean and supported by Associate Deans and Department Heads. Curricular programs are delivered through the academic departments. The four colleges, one centre and eight programs as follows:

- College of Financial and Administrative Sciences (CAFS) offers Master of Business Administration; Bachelor of Science in Business Informatics; Bachelor of Science in International Studies.
- College of Computer Studies (CCS) offers Bachelor of Science in Computer Science.
- College of Engineering (COE) offers Bachelor of Informatics Engineering, and Bachelor of Science of Mechatronics Engineering.
- Centre for General Education (CGE) is non-degree granting and offers all the general education requirements of the three colleges.

Review and Approval of Policies

1. POLICY

University policies must be developed, revised, or discontinued through a formal process of review and approval. A periodic review of established university policies is essential to ensure its validity and appropriateness to the purpose it was intended.

2. PURPOSE

The purpose of these policies and procedures is to establish and communicate standard policy for the review and approval of new, addition(s) to, revisions and discontinuation of university policies.

3. SCOPE

This policy is applicable to all existing policies, procedures and guidelines of the University.

4. RESPONSIBILITIES

The President with the assistance of the Vice President for Academic Affairs and Vice President for Administration has the responsibility of ensuring the effective and consistent implementation of this policy and procedure.

5. DEFINITION OF TERMS

University Council is a recommendatory body to the BoT chaired by the President

6. PROCEDURES

6.1 Introducing New Policies

1. A faculty member, an academic committee, or an officer of the University may recommend a new policy that will improve the process

or resolve an existing academic or administrative related issue.

2. The policy must be drafted by the corresponding college/unit using the approved template and must be presented to the administering committee (college/administrative) for evaluation and deliberation.
3. If the policy is approved in the college/unit level, the policy will be presented to the administering University Council for consideration. The University Council may adopt the proposed policy, suggest minor revisions, or return it to the sponsoring college/unit.
4. Once the University Council approves the proposed policy, the President will forward the recommended policy to the BoT for approval.
5. The BoT may approve the recommended policy, or suggest revisions and return to theUniversity Council for further deliberations.

6.2 Revising Existing Policies

1. A faculty member, an academic committee, or an officer of the University may recommend a revision / update to an existing policy.
2. To facilitate the approval process, the proposed revision must clearly identify the summary of changes (added or deleted) and its impact vis-à-vis to the existing policy.
3. The proposed revision will be evaluated and deliberated by the corresponding academic committee/unit. If approved, the policy will be submitted to the appropriate university committee for final deliberation/approval before submission to the university president for final approval. The University Council should consult the relevant party(ies) for additional input and/or feedback if necessary.
4. Once the University Council approves the proposed policy, the President forward the recommended policy to the BoT for approval
5. The BoT may approve the recommended policy or suggest revisions and return to the University Council for further deliberations.
6. After a full implementation of the cited policy, Academic Offices and Administrative Offices shall follow a periodic cycle of review and update of the policy after five years to ensure that policies reflect current operational imperatives and compliance with applicable law and external policies and regulations. The President may, at any time, direct the revision or review of any University Policy.

6.3 Superseding Existing Policies

1. The Academic or the Administrative Council may recommend the supersede

of an existing policy after full consultation with relevant party(ies). The rationale or justification for the recommendation to discontinue the policy should be clearly stated.

2. The Vice President for Academic Affairs or VP for Administration and Finance present the deliberated recommendations to University Council and approved recommendation for approval of the BoT.
3. The BoT may approve the recommendation to cancel the existing policy or return it for further deliberations.

7. QUALITY RECORDS

Approved Revised Policy

Minutes of Meeting

Manpower Planning

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to prepare a comprehensive manpower plan and strategy for the recruitment, development, retention and separation of the Institution's human resources.

2. PURPOSE

The purpose of this policy and procedure is to maintain and improve the University's ability to achieve its goal by developing strategies that will contribute to the recruitment, development, retention and separation of the institution's human resources.

3. SCOPE

The Manpower Planning policies and procedures shall cover the following:

1. Forecasting future manpower requirements versus the Target Student Population per Trimester and per Academic Year based on the year Recruitment Plan which is part of the Strategic Plan.
2. Updating Manpower Inventory of existing human resources.
3. Planning recruitment selection, training and development, transfer, promotion motivation and compensation to ensure that future manpower requirements are properly met.
4. Recruitment and replacement of resigned, terminated or retired employees.

4. RESPONSIBILITIES

Head of HRD, Deans, Heads of Department, VP for Academic Affairs and Head of Administration.

5. DEFINITION OF TERMS

Manpower Planning – refers to the strategy for the acquisition, utilization, development, and retention of human resources.

Manpower Requisition Form (MRF) - refers to an official form used to request for new or replacement manpower.

Manpower Inventory -refers to the list of existing manpower per department which includes the following data: Name, Date hired, Nationality, Designation/Rank, Salary and allowances.

6. PROCEDURES

1. **Forecasting for Future Manpower Requirements**

   a) Based on a one year Academic Plan, respective Deans and heads of Department shall prepare the Manpower Requisition Form considering HEC requirements, on qualifications based on specialization, faculty ratio (80 - 20 ratio on PhD to Masters) and (75 - 25 ratio on Full-time to Part-time faculty).

   b) Duly accomplished Manpower Requisition Form will now be submitted to the Human Resource Department for processing and approval.

   c) Approved Manpower Requisition Form will now be the basis for hiring human resource.

2. **Updating Manpower Inventory of existing human resources.**

   a) Update Manpower Inventory based on the Approved MRF.

   b) Updated Manpower Inventory shall be used to determine if there is a need fortransferor promotion.

   c) Summary List is prepared.

3. **Planning recruitment selection, training and development, transfer, promotion motivation and compensation.**

   a) Planning Recruitment selection is done through the use of external and internal resources. i.e.Employee Referrals, and Networks, advertisements, Online Recruitment and Job Fair.

   b) Recruitment and replacement of resigned, terminated and employees due for retirement.

   c) Update list of employees to record for replacement due to resignation, termination and retirement.

   d) Recruit new employees as replacement.

e) Based on the faculty and staff development plan, employees are sent to local and international trainings to further enhance and develop their skills.

f) Performance evaluation is conducted on a periodic basis for non-academic employees and on a trimestral basis for academic employees to assess each employee. Result of the evaluation is one of the bases for renewal/non-renewal of contract, transfer or promotion for both academic and non-academic employees.

7. DISTRIBUTION LIST

All University Units

Academic Staff Recruitment

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to recruit highly qualified and competent faculty members and academic officers to meet the needs of the University.

2. PURPOSE

This policy and procedures ensure that manpower requirement is properly filled up according to the needs of the University.

3. SCOPE

The Academic Staff Recruitment shall cover the following:

1. Searching for qualified applicants.
2. Conducting Initial Screening and Short listing of applicants
3. Conducting teaching demonstration and interview
4. Conducting of Panel Interview by the Selection Committee
5. Approval of the University Council
6. Informing the applicant of the result.

4. RESPONSIBILITIES

Head of the Human Resources Department (HRD) - Facilitates the entire recruitment process and members of the selection committee that will conduct the panel interview.

Deans - Screens, shortlist's qualified applicants, conduct interview and teaching demo and member of the selection committee that will conduct the panel interview.

Vice President for Academic Affairs - Vice Chairman of the selection committee that will conduct the panel interview.

Vice President for Administration and Finance - Chairman of the selection committee that will conduct the panel interview, endorses successful applicant for approval of the University Council.

University Council - Final Approval for the recruitment of the successful applicants

5. DEFINITION OF TERMS

Teaching Demo is the process used to assess and evaluate applicants applying for teaching position using the following criteria: Mastery of the Subject Matter, Communication Skills, Organization of Lessons, and Competence in Handling Q&A, Teaching Aids and Personality.

Interview Evaluation is the process used to assess and evaluate the communication skills and physical appearance of the applicants applying for teaching position using the following criteria: Physical Appearance, Dress and Grooming, Voice Quality, Diction, Language Usage, Interview Behaviour and Aggressiveness.

Academic Officers are the appointed officers of the College or the University like the Vice President for Academic Affairs, Deans and Directors.

6. PROCEDURES

Search for qualified teaching applicants

1. Head of HRD shall advertise the Job vacancies using the following media:
    - **a.** *Official UTB website*
    - **b.** *Local and international online recruitment website*
2. Ask for referrals from different Ministries and Government Agencies or employees of the University.
3. HRD conducts initial interview, verification and administrative checks of requirements based on recruitment criteria.
4. HRD submits the list of applicants to the college for initial screening.

Conduct of Initial Screening and Short listing of applicant by the college.

1. Upon receipt of the list from HRD, the Deans form a selection committee in the college to do the necessary evaluation of the CVs of applicants visa - college requirements. A suitable form will be used for this purpose taking into consideration the academic qualification, past teaching experiences and research publications.
2. The applicants shall be ranked based on the cumulative scores and priority shall be given to the top-ranked applicants.

3. Shortlisted applicants shall be contacted and scheduled by the HRD for teaching demonstration.

Conduct of teaching demonstration

1. HRD schedules applicants who pass the initial screening for teaching demonstrations.
2. Applicants present a topic in line with their field of expertise/specialization for 15 to 20 mins before a panel of at least 3 evaluators composed of college officers and faculty specialization members. The evaluators use a suitable form to rate the teaching competence of the applicants.
3. A rating of at least 80% is needed for the applicant to qualify for panel interview.
4. HRD schedules all qualified applicants for the panel interview.

Conduct of Panel Interview by the Selection Committee

1. The panel interview by the selection committee is composed of the following:

For Teaching Applicants:

- Chairman: Vice President for Administration & Finance
- Vice Chairman: Vice President for Academic Affairs
- Members:
  - Dean of the respective College
  - Subject Expert
  - HRD representative
  - QA representative

2. The selection committee conducts panel interview and rates the applicant with theuse of the Interview Evaluation form.
3. Head of HR computes the result of the Evaluation forms and endorses theresult to the Chairman of the selection committee.
4. Successful applicants will be endorsed for approval of the University Council.

Search for Qualified Academic Officers

1. Head of HRD shall advertise the Job vacancies thru the use of the following media:
   a. ***Official UTB website***
   b. ***Local and international online recruitment website***
2. Ask for referrals from different Ministries and Government Agencies or employees of the University.

3. HRD conducts initial interview, verification and administrative checks of requirements based on recruitment criteria.
4. HRD submits the list of applicants to the Panel of the Selection Committee.
5. The panel interview by the selection committee is composed of the following:
    - Chairman: Vice President for Administration & Finance
    - Vice Chairman: Vice President for Academic Affairs
    - Members:
        - Immediate Superior applied for
        - HR representative
        - QA representative
6. Final interview by the President is required for Academic Officer applicants. Approval of President and VP's will be with the Board of Directors through the recommendation of the Board of Trustees.

Approval of University Council

Chairman of the selection committee endorses qualified. applicants for approval of the University Council. University council approves qualified applicants for hiring and deployment process.

Inform the applicant of the result.

1. HRD informs the applicants of the result of the recruitment process.
2. Successful applicants will be asked to comply with the pre-employment requirements and will be processed for hiring and deployment.

7. RELEVANT FORMS

Manpower Request Form

Manpower Inventory

Teaching Demo Form

Interview Evaluation Form

Summary list

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

College Deans

Director, Quality Assurance & Accreditation

Department Head of Human Resource Department

Recruitment of Non-Academic Employees

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to recruit highly qualified and competent employees to meet the needs of the University.

2. PURPOSE

The purpose of this policy and procedures is to ensure that manpower requirement is properly filled up according to the needs of the University.

3. SCOPE

The Recruitment policies and procedures shall cover the following:

1. Searching for qualified applicants.
2. Conducting Initial Screening and Interview
3. Conducting Final Interview
4. Informing the applicant of the result
5. Processing of employment documents
6. Deployment (If hired outside of Bahrain)

4. RESPONSIBILITIES

Head of HRD

Heads of Department

Deans

VP for Academic Affairs

Head of Administration

5. DEFINITION OF TERMS

Interview Evaluation is the process used to assess and evaluate the applicants for the following criteria: personality and general appearance; physical condition and alertness; communication skills; work knowledge and expertise; interview behaviour; judgment and critical thinking; aggressiveness; business and customer orientation.

6. PROCEDURES

6.1 Search for qualified applicants.

- Head of HRD shall advertise the Job vacancies thru the use of the following media:
    - Official UTB social media websites
    - Local and international online recruitment website
    - Local and international newspapers
- Entertain walk-in applicants.
- Ask for referrals from different Ministries and Government Agencies or employees of the University.
- Source applicants thru affiliation with various Professional Associations, Organizations Universities within the Kingdom of Bahrain, the GCC and other countries.

6.2 Conduct Initial Screening and Interview

- Collate all CV's and send it to the respective Department Head/College Dean for their evaluation.
- Shortlisted applicants who are in Bahrain shall be contacted and scheduled for initial interview and screening by the Head of HR.
- Shortlisted applicants who are outside of Bahrain shall be contacted and scheduled for initial interview and screening via skype by the Head of HR.
- Head of HRD shall endorse successful applicants for interview of respective Department Heads/College Deans.
- Department and College Dean shall be scheduled for interview with the VP of Academic Affairs if the position is under the Academic Affairs

6.3 Conduct Final Interview

- Schedule applicants for final interview with the VP for Academic Affairs.
- VP for Academic Affairs conducts interview and rates the applicant with the use of the Interview Evaluation form.
- VP for Academic Affairs endorses qualified applicants for final interview with VP for Administration and Finance.
- Schedule applicants for final interview with VP for Administration and Finance.
- VP for Administration and Finance conducts final interview and endorses for President's approval.

6.4 Inform the applicant of the result

- Head of HRD computes the result of the Evaluation forms.
- Contact applicants and inform them of the result of their application.
- Successful applicants will be asked to comply with the pre-employment requirements and will be endorsed for hiring and deployment.

6.5 Process employment documents

i. Upon submission of pre-employment requirements, HRD shall process the Recommendation for Employment.
ii. HR should also process the application for recruitment from the Ministry of Education.

6.6 Deployment (If hired outside Bahrain)

i. Upon approval of recruitment from the Ministry of Education HRD shall process the working visa through LMRA.
ii. Upon approval of the working visa, HRD shall send the approved working visa together with the deployment ticket to the applicant.
iii. If the applicant is deployed from the Philippines, additional procedure is done. HRD shall process the Job Order thru the Philippine Embassy.
iv. Upon approval of the Job Order, HRD shall send thru pouch the approved Job Order to Infotech Philippines for the processing of the deployment.

7. QUALITY RECORDS

Manpower Request Form

Manpower Inventory

Interview Evaluation Form

Recommendation for Employment

Approval for recruitment from Ministry of Education

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

College Deans

Head, Department of HR

Director, Quality Assurance & Accreditation Department

Employee Orientation

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide the new employee the basic background information about the University and his functions and responsibilities.

2. PURPOSE

The purpose of the policy and procedures is to ensure that new employees develop a successful and positive working relationship by building a foundation of knowledge about the university mission, vision, objectives, policies, organizational structure, and functions.

3. SCOPE

This policy and procedures cover Orientation on:

1. Background/history of the University
2. The Management
3. Organizational Structure
4. Work Information
5. Job description
6. Benefits and compensation package.
7. Company policies and list of policy violations.
8. Separation and retirement.

4. RESPONSIBILITIES

Head of Human Resources Department.

5. DEFINITION OF TERMS

Employee orientation – Employee orientation is the process used for welcoming anew employee into the organization. New employee orientation, often spearheaded by a meeting with the Human Resources department, generally contains information about safety, the work environment, the new job description, benefits and eligibility, company culture, company history, the organization chart and anything else relevant to working in the new company.

6. PROCEDURES

1- HRD will conduct employee Orientation to all newly hired employees specifically in thefollowing areas:

a) Background/history of the University

b) The Management

c) Organizational Structure

d) Mission and Vision

e) Work information i.e. position, department, area and place of work and the personnel that department.

f) Job description

g) Benefits and compensation package.

h) Company policies and list of policy violations.

i) Separation and retirement.

2- Newly hired employees will be routed and introduced to all departments.

3- Familiarize each new employee with the type of appointment they hold and their benefits.

4- Human Resources will oversee that all requisite for employment such as ID application forms and other required HR forms are completed.

5- HRD will prepare the employee's personnel file for easy access and reference for the employee's information.

6- An orientation checklist will be utilized to ensure that all areas are covered in the employee orientation.

7- The new employee in informed that he/she can access the employee Manual. Faculty Manual for newly hired faculty and Administrative Manual for Newly Hired Non-Academic Employee.

8- The HRD will see that the new employee reads and understands the manuals.

7. QUALITY RECORDS

Employee Orientation Checklist

Faculty Manual

ID Application

8. DISTRIBUTION LIST

Head, Department of HR

Compensation and Benefits

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to make the university competitive and attractive to job candidates. It is also the foundation for rewarding employees to achieve the goal of the university. The compensation and benefits policy will define processes for implementing proper compensation and benefit allocations to ensure employee satisfaction and department efficiency.

2. PURPOSE

This policy and procedures will serve as leverage for the university in attracting and retaining highly competent and trained employees and to motivate these employees to achieve outstanding performance.

3. SCOPE

This policy and procedures cover:

1. Determining job/position/rank
2. Setting of salary package and benefits for newly hired employees
3. Implementation of benefits to qualified employees
4. Performance appraisal for academic and non-academic employees
5. Implementation of Salary changes to qualified employees

4. DEFINITION OF TERMS

Employee Benefits – are non-financial form of compensation offered in addition to salary.

Employee Compensation – refers to all forms of pay (but not in monetary terms) going to employees and arising from their employment.

Performance Appraisal System for Non Academic Employees (PASNA) - is the performance evaluation instrument for Non Academic employees.

Performance Appraisal System for Teachers (PAST) – is the performance evaluation instrument for Full-time and Part-time faculty.

Leaving Indemnity - full-time expat employees shall enjoy leaving indemnity in accordance with the provision of Chapter 14: Termination of a Contract of Employment and Article 116 of Law No. 36 of 2012 of the Labour Law for the Private

Sector.

5. RESPONSIBILITY

Head of HRD – Determines and sets the salary package to be given to newly hired employees based on job/position/rank, implements benefits administration, facilitates the conduct of annual performance appraisal for non-academic employees, process and implement Salary changes.

Deans - Conduct performance appraisal for their respective faculty members on a trimestral basis.

Heads of Department's - Conduct performance appraisal for their respective employees on an annual basis

Vice President for Academic Affairs - Recommends beyond the salary and benefits package for academic and non-academic support employees

Vice President for Administration and Finance - Reviews and recommends the salary and benefits package for academic and non-academic employees

President – Approves the salary and benefits package for academic and non-academic employees.

6. PROCEDURE

6.1 Determine the salary and pay package of each employee.

- Classify the type of employment.
- The Human Resources Head prepares a pay package according to the criteria and qualifications of the employees.
- Update information pertaining to the salary range/scale.
- Coordinate with the Accounting Department regarding updating of SIO data for employees with salary changes which should be done every first month of the following year.

6.2 Determine the leaves and other benefits of each employee.

6.2.1 Annual Vacation Leave credits = 30 (Thirty) working days

1. For faculty members vacation leave is equivalent to 10 working days per trimester. However, vacation leaves of faculty members may be scheduled with flexibility wherein they may offset the excess vacation leave for a particular term versus accrued leaves to the next term break.
2. For Administrative employees their vacation leave credits are equivalent to 30 days per year.
3. HRD informs the employee through e-mail that his/her leave credits have been updated in the HRMS.
4. Deans of the Colleges and Heads of Department prepares the annual

vacation leave plan in coordination with their respective faculty and staff and submits it for the recommendation of the VP for Academic Affairs, VP for Administration and Finance and approval of the President.

5. Approved vacation leave plan should be forwarded to HRD for payroll reference and annual free airfare availment.
6. Employees entitled to avail annual free airfare shall file their Travel Order request and submit it to the HRD for processing.
7. Employees should file their vacation leave thru the use of the HRMS at least 2 days before the schedule of their vacation leave.
8. HRD submits the approved Travel Order to the Purchasing Office for processing purchase order and ticket issuance.
9. Tickets for airfare availment shall be issued to the employee upon clearance from the Immediate Superior for admin employees and upon submission of end of term clearance for faculty members.

6.2.1 Annual sick Leave credits: 15 (Fifteen) days on Full pay, 20 (Twenty)days on half payand 20 (Twenty) days without pay

1. HRD updates the sick leave credits after 3 months from hiring date for newly hired employees and annually after the hiring anniversary for existing employees.
2. Employees who file 2 days and more sick leave are required to attach a medical certificate from a duly recognized government or private healthcare center or hospital.
3. Employees who will not report for work due to sickness are required to notify their immediate superior at least 4 hours prior to their absence.
4. Employees who will file ½ day sick leave will not be required to attach a medical certificate for the first and second availment in a month, however, they will be required to attach a medical certificate for the third and succeeding ½ sick leave filed on the same month.
5. The entitlement of sick leave on full or half day may be accumulated for a period not exceeding 240 days (Labor Law, Art 65).

6.2.2 Maternity Leave = 60 (Sixty) days

1. Upon confirmation of her pregnancy, the female employee informs and presents a medical certificate to her Immediate Superior and HRD.
2. The Immediate Superior may request to hire a substitute employee for the duration of the maternity leave subject to the recommendation of the Vice President for Academic Affairs, Vice President for Administration and Finance and approval of the President.

3. HRD updates the Maternity leave credits upon submission of medical certificate
4. HRD informs the employee thru e-mail that the maternity leave credits have been updated in the HRMS.

6.2.3 Marriage Leave = 3 days

1 Upon submission of the marriage certificate of the employee, HRD shall add the 3 days marriage leave to the leave credits of the employee in the HRMS.
2 HRD informs the employee through e-mail that the marriage leave credits have been updated in the HRMS.
3 Employees can avail of this leave only once.

3.2.1 Bereavement Leave = 3 days

1 Employee informs his Immediate Superior and the HRD about the death case.
2 Upon submission of the death certificate, HRD shall add 3 days bereavement leave to the leave credits of the employee in the HRMS.
3 HRD informs the employee through e-mail that the bereavement leave credits has been updated in the HRMS.

3.2.1Paternity Leave = 1 day

1 Male employee submits a birth certificate for his newborn child to HRD
2 HRD adds 1 day paternity leave to the leave credits of the employee in the HRMS.
3 HRD informs the employee thru e-mail that the paternity leave credits have been updated in the HRMS.

3.2.1 Sabbatical Leave (One (1) year)

1 The applicant should prepare a complete proposal that states clearly the objectives, research plan, and budget of his/her research.
2 The proposal should be submitted to his/her department at least one (1) year before the intended leave date.
3 The proposal is forwarded to the Vice President of Academic Affairs for review and endorsement to the University President for approval.
4 Within thirty (30) days following return from sabbatical leave, the employee is required to submit a report of sabbatical leave activities to the department head and the dean (if faculty).

4.2.1 Medical Insurance

All employees are entitled to avail medical services in the accredited Government Health Centres and Hospitals.

4.2.2 Education Benefit (EDUCA for 2 beneficiaries only))

5 Full-time employees with at least 1 year of service, their spouse and children as well as the employees themselves may avail 50% discount on tuition fees for only one (1) chosen programme of study according to the maximum residency provided by HEC. Registration and other fees will be paid during enrollment.

6 Employees submit the required forms and attachments to HRD for processing.

7 HRD checks and process the EDUCA for the recommendation of the Head of HRD, Head of Audit, VP for Administration and Finance and approval of the President

8 Upon approval, HRD provides an electronic copy to the employee and the Accounting Department for implementation of the approved discount.

8.2.1 Housing Allowance

1. Housing allowance will be given to all full-time expatriate employees except expat housewives (under the sponsorship of their husband) or housewives of Bahrainis. The amount varies with the position and rank of the employee.
2. HRD determines the housing allowance of a qualified employee based on their position and rank and incorporates the same in their salary package

8.2.2 Transportation Allowance

1. Transportation allowance will be given to all full-time employees
2. HRD determines the transportation allowance based on the position and rank of the employee and incorporates the same in their salary package

8.2.3 Annual Air Passage for Expatriates

1 After completing one year of continuous service, full-time expatriate employees under UTB visa sponsorship are entitled to avail annual free airline economy tickets to their country of origin or permanent residence.
2 Availment of annual free airline economy tickets shall be processed by the HRD based on the approved Travel Order filed by the employee.
3 Availment of free airfare is not convertible to cash

6.2.13 Performance appraisals

1. Prepare a list of employees who should be evaluated.
2. Immediate Superiors conduct PASNA to Non-Academic Employees on an annual basis
3. Deans conduct PAST to their respective full-time and part-time faculty members per trimester
4. Immediate Superior and Deans should discuss the appraisal Results with the employee so that they will have the opportunity to comment on their evaluation.

6.2.14 Indemnity

1. Full-time expatriate employees shall enjoy leaving indemnity in accordance with the provision of Chapter 14: Termination of a Contract of Employment and Article 116 of Law No. 36 of 2012 of the Labour Law for the Private Sector.
2. Calculation of leaving indemnity shall be in accordance with the Bahrain Labour Law.
3. Leaving indemnity shall be paid once the full-time expatriate employee separates from the University and will be included in the calculation of his/her last pay.

7. RELEVANT FORMS

Application for Leave Form
Application for EDUCA Form
RSA Form
Travel Order Form
PASNA
PAST
Request for payment of last pay

8. DISTRIBUTION LIST

All Employees of the University

Health and Wellness

1. POLICY

It is the policy of UTB to provide a healthy environment which will support the employees' physical, emotional, social and mental wellness.

2. PURPOSE

The purpose of the Health and wellness policy is to provide physical, emotional, social and mental support through the provision of physical activities, socialization activities, counselling services, clinic, University nurse and medical/first aid treatment to ensure the health and well-being of its employees.

3. SCOPE

These policies and procedures cover:

- Physical activities
- Socialization activities
- Activities for Mental Health and Wellbeing.
- Provision of Clinic and University Nurse
- Medical treatment/first aid for employees.

4. RESPONSIBILITIES

HR Director – Plans and spearheads the conduct of employee's health and wellness activities and provides counselling services to employees when needed.
University Nurse – Provides medical/first aid treatment for employees

5. DEFINITION OF TERMS

Physical fitness activities - any bodily movement that results in energy expenditure.
Socialization Activities - activities that involve communication and interaction with each other.

Emergency medical treatment – pre-hospital, in-hospital, and inter-hospital medical treatment rendered by emergency medical services personnel given to individuals who have suffered illness or injury in order to prevent loss of life, the aggravation of the illness or injury, or to alleviate suffering.

First Aid - help given to a sick or injured person until full medical treatment is available.

6. PROCEDURES

6.1 Physical Fitness Activities

1. Group Walking/Walkathon
2. Group Fitness Exercises
3. Sports Day activities
    - Clearly define the purpose of the physical fitness activity.
    - Ensure the purpose of the activity and ensure all the health and safety precautions.
    - Prepare the agenda.
    - Form committees.
    - Set the schedule and date of the committee meeting and inform the parties concerned.
    - Request for the budget.
    - Set the schedule and date of the physical fitness activity and inform the employees.
    - After the activity, make an evaluation of the activity.

6.2 Socialization activities

1. Ghabga
2. Team Building
3. Bahraini Women's Day
4. National Day

6.3 Mental Health and wellbeing Seminars

- Clearly define the purpose of socialization activity.
- Ensure the purpose of the activity and ensure all the health and safety precautions.
- Prepare the agenda.
- Form committees.
- Set the schedule and date of the committee meeting and inform the parties concerned.
- Request for the budget.
- Set the schedule and date of the socialization activity and inform the employees.
- After the activity, make an evaluation of the activity.

6.4 Medical treatment and First aid.

a. Emergency medical treatment

1. The employee should seek the assistance of the University nurse as soon as an injury/illness requires emergency medical treatment.
2. Employees with injury/illness that requires emergency medical treatment should be transported to the hospital by an ambulance.
3. The school nurse must coordinate with the HRD to contact the employee's emergency contact person in order to inform them of the employees situation.
4. Upon hospitalization, the HRD should conduct a hospital visit and report to the Management regarding the medical condition of the employee.
5. Upon reporting for work the employee should submit a medical certificate that he or she is fit to work.

b. Non-emergency medical treatment

- If the injury/illness does not require emergency medical treatment, the employee should seek the assistance of the University nurse.
- The University Nurse shall provide First aid treatment to the employee.

7. QUALITY RECORDS

Operations Manual

8. DISTRIBUTION LIST

All University units

Disciplinary Regulations

1. POLICY

It is the policy of UTB to ensure that all employees will adhere to the disciplinary regulations applicable on facilities subject to the provisions of the labor law No. 36 of 2013. Violations as described by the regulation will result in corresponding sanctions and disciplinary actions.

2. PURPOSE

Disciplinary regulations are intended to promote the orderly and efficient operation of the University as well as protecting the rights of all employees.

3. SCOPE

This regulation covers all employees.

4. RESPONSIBILITIES

Head of HRD

Deans

Heads of Department

VP for Academic Affairs

Head of Administration.

5. DEFINITION OF TERMS

Disciplinary Regulations - An authoritative rule dealing with details or procedure subject to the provisions of the labour law No.36 of 2013.

Verbal Warning - Letting someone know that if their work, behaviour or actions do not improve there may be further action.

Written Warning - The second step in a formal employee disciplinary process, which follows an oral warning. If an employee engages in behaviour that is contrary to the employer's work policies and has already been warned verbally, the next step is to provide an employee with a written warning that notifies the employee of his or her inappropriate behaviour, often referencing a particular employment policy and usually warns the employee of the consequences if the employee continues to engage in the behaviour.

6. PROCEDURES

1. Immediate supervisors shall ensure that their staff are aware and will follow the Disciplinary regulations in order to promote the orderly and efficient operation of the University as well as protect the rights of all employees.
2. Violations are generally categorized as First: violations related to working hours, second: violations related to work Organization and thirdly: violations related to worker's behaviour as provided in the table shown below.

3. The investigation committee may recommend reducing or increasing the penalty depending on the mitigating or aggravating circumstances of the offenses as it affects:
   a) *the smooth operation of the University*
   b) *the harmonious interpersonal relationships of the management, its employees and students, and*
   c) *the contract of employment entered by the University and the employee concerned.*
4. No employee shall be met with disciplinary action without just cause and without being afforded due process. The following should be conducted in the observance of due process:
   4.1 *Notice of investigation must clearly indicate all pertinent details. Everybody is required to comply with the standard forms of investigation.*
   4.2 *Proof of receipt of notices should be secured and attached to the decision on the case.*
   4.3 *Compliance to the two-notice rule regardless of the basis of termination should be strictly observed.*
   4.4 *Whether the cause of termination is due to law or contract, compliance with the procedural requisites of due process is still required.*
   4.5 *Furnish a copy of all termination cases to the Legal Department as an exercise of prudence and for them to render proper advice to the Department Head.*
5. Offenses that are not specifically described herein shall be dealt with on a case-to-case basis.
6. Any provision/s here of may be modified, revised and amended as future conditions may warrant improving its implementation.

The disciplinary regulations applicable on facilities subject to the provisions of the labour law No.36 of 2013

Type of violation	Penalty and rate of deduction from the daily wage				
First: violations related to working hours	**First time**	**Second time**	**Third time**	**Fourth time**	**Remarks**
1-late arrival to Work up to 15 minutes without permission or Acceptable reason if other workers were not late consequently	Verbal warning	Written warning	5%	10%	
2-late arrival to work up to 15 minutes without permission or acceptable reason if other workers were late consequently	Verbal warning	Written warning	25%	50%	
3- late arrival to work more than 15 minutes and up to 30 minutes without permission or acceptable reasons if other workers were not late consequently	Written warning	15%	25%	50%	
4- late arrival to work more than 15 minutes and up to 30 minutes without permission or Acceptable reasons if other workers were late consequently	Written warning	50%	75%	Full day	
5 - late arrival to work more than 15 minutes and up to 60 minutes without permission or acceptable reasons if other workers were late consequently	25%	50%	75%	Full day	
6- late arrival to work more than 15 minutes and up to 30 minutes without permission or acceptable reasons if other workers were not late consequently	30%	50%	75%	Two days	
7- late arrival to work more than one hour without permission or acceptable reasons if other workers were no late consequently	Written warning	Full day	Two days	3 days	In addition to late hours deduction

Type of violation	Penalty and rate of deduction from the daily wage				
8- leaving work or leaving beforetime without permission or acceptable reason for period not exceeding 15 minutes	Written warning	10%	Quarter day	One day	
9 leaving work or leaving before time without permission or acceptable reason for period exceeding 15 minutes	Written warning	10%	25%	Full day	In addition to deduction of late period
10- staying at work or returning to it without justifiable reason	Written warning	10%	25%	Full day	
Secondly: violations related to work Organization	**First time**	**Second time**	**Third time**	**Fourth time**	**Remarks**
1- Leaving the work premises through place not specified for exit	Verbal warning	Written warning	15%	25%	
2- Receiving non staff Visitors without permission from the management	Verbal warning	Written warning	15%	25%	
3- Eating at a time and place not specified for that purpose	Verbal warning	Written warning	15%	25%	
4- Sleeping during work	Verbal warning	Written warning	25%	50%	
5- Using the phone for Personal purposes without permission	Verbal warning	Written warning	25%	50%	
6- Loitering during working hours	10%	25%	50%	One day	
7- Tampering with attendance record	25%	50%	One day	Two days	
8- Disobeying normal order related to work	25%	50%	One day	Two days	
9- Not implementing instructions related to work provided that these instructions are displayed in a prominent place	25%	50%	One day	Two days	
10- Sleeping at work	Half day	One day	Two days	3 days	
11- Inciting disobedience to work and special instructions	2 days	3 days	5 days	Termination on service	

Type of violation	Penalty and rate of deduction from the daily wage				
12- Negligence or complacency in work which may cause damage on workers' health or their safety.	2 days	3 days	5 days	Termination on service	
13- Smoking in non smoking areas or drinking alcoholic drinks in the work place	2 days	3 days	5 days	Termination on service	Termination is allowed if gross damage caused as a result
Thirdly : violations related to worker's behaviour	First time	Second time	Third time	Forth time	Remarks
1- Collecting donations without permission	Verbal warning	10%	25%	50%	
2- Writing ads on walls or fixing ads	Warning	Written warning	25%	50%	
3- Excessive consumption of raw materials Without acceptable reason	Written warning	50%	One day	Two days	
4- False accusations on superiors or colleagues which causes stoppage of work	25%	50%	One day	Two days	
5- Refusal to being subject to checks and inspections upon leaving the work premises.	25%	50%	One day	Two days	
6- Violating health instructions in the work place	50%	One day	2 days	5 das	
7- Using tools, machines or raw materials and other school property for private purpose	One day	2 days	3 days	5 days	
8- Quarreling with colleagues and causing disturbance in the work place	1 day	2 days	3	Days	5 days
9- Fraud in representing sickness to avail of leave benefits or be otherwise absent from work.	1 day	2 days	3	Days	5 days
10- Refusing to submit to medical checkup when requested to do so from the work unit doctor	1 day	2 days	3	Days	5 days
11- Not handing over cash collected for the facility in the	2 days	3 days	5 Days	Termination of services	

Type of violation	Penalty and rate of deduction from the daily wage				
specified times without reasonable justifications					
12- Violating local instructions related to work	2 days	3 days	5 Days	Termination of services	
13- Not wearing official uniform	Verbal warning	Written warning	10%	25%	
14- Failure to complete training and development program	Written warning	10%	25%	50%	
15- Refusing to attend extra working hours	Verbal warning	Written warning	25%	50%	
16- Making bargains, selling or purchasing or promoting goods in the work place	Written warning	10%	25%	50%	
17- Leaving important and/or confidential information at the desk	Verbal warning	Written warning	25%	50%	
18- Leaving important /confidential information on printer, photo copy machine or fax	Verbal warning	Written warning	25%	50%	
19- Destroying backup copies of information without permission	Written warning	10%	25%	50%	
20- Not reporting theft of computers, its accessories or any other machines	Written warning	10%	25%	50%	
21- Not signing out of the network and not closing the computer during absence unless otherwise required.	Verbal warning	Written warning	25%	50%	
22- Misusing emails	Verbal warning	Written warning	25%	50%	
23- Encroachment of official documents and smearing them by any means.	Written warning	10%	25%	50%	
24- Destroying a letter handed over to the mail section or opening it or helped others to do so including wire and wireless letters.	Written warning	10%	25%	50%	
25- Forgetting to keep a backup copy in another safe place.	Verbal warning	Written warning	25%	50%	
26- Not closing personal computers at the end of the working hours	Verbal warning	Written warning	25%	50%	

Employees should be made aware of all possible deductions based on the frequency of the commission of offenses as a written authorization to deduct from their salary as part of company policies and within the legitimate exercise of management prerogative to discipline its employees.

7. QUALITY RECORDS

Complaint Letter Notice to Explain Case Summary

Notice of Decision

8. DISTRIBUTION LIST

VP Academic Affairs

VP Administration & Finance College Deans

Director, Quality Assurance and Accreditation Department

Employee Relations and Discipline

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to ensure that all employees shall support the Management by strictly adhering to the University ‘s policies and regulations.

2. PURPOSE

The purpose of these policy and procedures is to ensure the smooth operation of the University thru harmonious interpersonal relationships between the management and its employees.

3. SCOPE

Employee Relations and Discipline shall cover the following:

1. Orientation of Policies and Regulations.
2. Information dissemination of latest approved policies and Regulations.
3. Handling of Complaints and Imposition of sanctions.

4. RESPONSIBILITIES

Head of HRD

Deans

Heads of Department

VP for Academic Affairs

Head of Administration.

5. DEFINITION OF TERMS

Complaint Form - Form used to document complaints against alleged policy violators.

Notice to Explain - Form issued to accused employee to give him/her the opportunity to explain his side and submit a written explanation.

Case Summary - Contains details about the case: Data Gathered, Evidence presented, statement of the accused and the complainant and evaluation and recommendation of the Investigation Committee.

Notice of Decision - Document issued to the accused employee that contains the decision of the alleged violation and its corresponding sanction.

6. PROCEDURES

Orientation of Policies and Regulations

1. Conduct Orientation of Policies and Regulations to all newly hired employees before endorsing to their respective department.
2. Conduct Re-orientation and policy update to all existing employees before the start of every trimester and as needed.

Information dissemination of latest approved policies and Regulations.

1. Post memorandum of policies and regulations in the HRD Bulletin Board.
2. Disseminate the latest approved policies to all departments.
3. Continuously update employees and about latest approved policies thru issuance of memo or thru dissemination thru their respective Heads.
4. Disseminate and inform employees of the latest approved policies thru regular meetings and consultation when deemed necessary.
5. Conduct Re-orientation and policy updates before the start of every trimester.

Handling of Complaints and Imposition of Sanction.

1. Receive complaints from students or employees.
2. Determine the appropriate person or department to address the complaint.
3. Form Investigation Committee.
4. The Investigation Committee reviews the gravity of the accusation and decides if a preventive suspension is necessary. Then sends a recommendation together with the background of the case to HRD.

5. HRD prepares the Notice to Explain and UTB HRD serves the notice to the accused employee. If the accusation falls under the category of Light and Medium Offense, Notice to Explain will be served. If the accusation falls under Serious or Grave Offense, Notice to Explain with Preventive Suspension will be served.
6. The Investigation Committee conducts Investigation to the accused employee and the complainant.
7. Based on Data Gathered/Presented, pieces of Evidence and Statements the Investigation Committee will prepare a Case Summary for endorsement to HRD Head.
8. HRD Head shall prepare the Notice of Decision and after its approval by the President, HRD will issue the NOD to the employee.
9. HRD will implement the decision and impose appropriate sanction.
10. File record of the case.

7. QUALITY RECORDS

Complaint Letter Notice to Explain Case Summary Notice of Decision

8. DISTRIBUTION LIST

All University Units

Staff Attendance

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to ensure the smooth and efficient operation of its activities by clearly defining and managing employees' working hours, attendance requirements, and related procedures.

2. PURPOSE

This policy and procedures will support the effective functioning of the University by providing a structured framework for managing employees' working hours and attendance, ensuring clarity, consistency, and operational efficiency.

3. SCOPE

This policy and procedures cover:

1. Work Schedule of Academic and Non-Academic Staff
2. Flexible Working Hours arrangement
3. Break periods
4. Use of the biometric attendance system
5. Overtime eligibility, authorization, and compensation

4. DEFINITION OF TERMS

Work Schedule - Planned arrangement of an employee's working hours

Flexible Working Hours - Allows employees to adjust their working schedules as long as they complete the required working hours and meet job responsibilities.

Break Periods – are set times during the workday when employees are encouraged to take a pause from work to rest, eat, or take care of personal needs.

Biometric Attendance System - An automated system that uses unique physical characteristics such as face recognition or fingerprint instead of manual sign-in or ID card to record attendance and working hours.

Overtime - The time an employee works beyond their regular or scheduled working hours.

5. RESPONSIBILITY

HRD – Ensures staff attendance is documented, maintained and managed and applied in line with company requirements and regulations.

ICT Department - Ensures that staff attendance systems are reliable, secure, and operate efficiently to support the smooth recording and processing of attendance data.

Finance Department - Ensures that staff attendance is accurately reflected in timely and exact salary payments.

Deans and Heads of Departments - Oversees staff presence and helps ensure smooth day to day operations within the College and Departments.

Vice President for Academic Affairs - Ensures that academic staff attendance policies are properly implemented and support the quality and continuity of education across the institution.

Vice President for Administration and Finance - Ensures that staff attendance systems are efficient, reliable, and properly linked to the HRMS and overall institutional operations.

President - Ensures that staff attendance practices are well-managed, consistent, and aligned with the overall goals and performance of the institution.

6. PROCEDURE

6.1 Academic Staff

Work Schedule

Full-time academic staff are required to complete forty (40) hours of work per week, equivalent to eight (8) hours per day. Academic staff must prepare a Plotting Form outlining their teaching load, as well as allocating time for advising or consultation, research, and administrative responsibilities. The finalised schedule should be properly posted outside their faculty room, and consultation and advising hours should be published on Moodle for information and reference purposes.

Reporting times for college and academic officers may vary based on programme and departmental needs. Officers must ensure continuous service delivery throughout operational hours by maintaining adequate staffing to address student concerns promptly and efficiently. A designated officer must be assigned to ensure coverage during operational hours.

Part-time academic staff may be assigned a maximum of twelve (12) units per week. They are required to submit a Plotting Form to the College or Department Head once the load is finalised for reference purposes.

Flexible Working Hours Arrangements

Flexible working arrangements may be applied, provided that academic and administrative duties are not affected.

Break Periods

Academic staff are entitled for a 40-minute break per day that may be scheduled during the workday at their convenience, provided that their academic and administrative duties are not affected.

Use of Biometric Attendance System

Academic staff shall record their arrival and departure times using the biometric attendance system when entering and leaving the University.

Overtime eligibility, authorization, and compensation

Overtime pay may be granted to academic staff for services rendered beyond their official working hours; however, such work requires prior approval from the Management and must be applied for through the HRMS. This may include marketing and outreach activities, quality assurance and accreditation-related work, or other tasks assigned or requested by immediate superiors. Deans, Programme Heads, Department Heads, and academic officers are exempt from this provision.

6.2 Non- Academic Staff

Work Schedule

Full-time non-academic staff are required to complete forty (40) hours of work per week, equivalent to eight (8) hours per day. The standard working schedule is from Sunday to Thursday, from 8:00 AM to 4:00 PM.

Reporting times may vary based on departmental needs. Student service units may implement shift schedules to ensure continuous service delivery.

Flexible Working Hours Arrangements

who ensures that the quality of service delivery and department's function is not affected. A maximum of one (1) hour flexible reporting time may be allowed beyond the standard starting times of 8:00 AM for the morning schedule and 12:00 PM for the afternoon schedule. This arrangement allows employees to adjust their working schedules, provided they complete the required working hours and fulfil

their job responsibilities.

If the required number of working hours per day is not completed, appropriate pay adjustments will be made in accordance with applicable policies and regulations.

Break Periods

Staff are entitled to a total of 40-minute break. Break times must be agreed upon with the superior responsible to ensure work continuity and effective delivery of services are not affected.

Use of Biometric Attendance System

Staff shall record their arrival and departure times using the biometric attendance machine when entering and leaving the University.

Overtime eligibility, authorization, and compensation

Overtime pay may be granted to non-academic staff for services rendered beyond their official working hours, rendering overtime requires prior approval from the Management and will be applied through the HRMS. This may include, but is not limited to, services rendered for student activities, admissions, marketing, outreach, community engagement, Finance and ICT services, quality assurance and accreditation-related work, or other tasks assigned or requested by Immediate Superiors. Manager-level positions and above are exempt from this provision.

6.3 Use of Biometric Attendance System

Both academic and non-academic Staff shall record their arrival and departure times using the biometric attendance machine when entering and leaving the University. The following positions are exempted from using the biometric attendance system:

a. President
b. Vice Presidents
c. Deans
d. Directors
e. Staff with special roles. President approval is required for such roles.

7. RELEVANT FORMS

- Plotting forms
- Payroll Reports

8. DISTRIBUTION LIST

All employees of the University

Faculty Rank and Tenure

1. POLICY

UTB adheres to equal opportunity and affirmative action and does not allow discrimination based on age, sex, race, colour or religion. It strives to observe fairness in all stages and aspects of employment and commits itself on hiring only the most qualified applicants.

2. PURPOSE

The purpose of this policy and procedures is to ensure that appropriate rank will be given to the faculty based on their credentials.

3. SCOPE

The Faculty Rank and Tenure policies and procedures shall cover the criteria, guidelines and procedures in ranking faculty members.

4. RESPONSIBILITIES

Head of HRD, Deans, Heads of Department, VP for Academic Affairs and Head of Administration

5. DEFINITION OF TERMS

Tenure Track Academic Ranks -Full-time faculty members of UTB who are under the tenured–track classification are ranked accordingly as Lecturer, Assistant Professor, Associate Professor or Full Professor, Their full time duties at the university include teaching, academic advising, research, committee duties and service to the university and the community.

Non-Tenured Track Academic Ranks - Non–tenured track faculty members are Not eligible for tenure but hold renewable appointments. Non-tenure track faculty members may function on a full time or part time basis in clinical service or

supervision, research or teaching assistantship. They are ranked accordingly as Full Professor, Associate Professor or Assistant Professor in a discipline Research Professorial Ranks. These are members of the faculty with the ranks of Assistant Professor to Full Professor. They must hold a PhD or equivalent terminal degree. Their fulltime duties at the University are primarily to do research with reduced teaching load and student supervision. Appointment as Research Professors depends on available research funding/grants and approved university research budget.

Adjunct Professorial Ranks - These are members of the Academic Staff with the ranks of Adjunct Assistant Professor, Adjunct Associate Professor, or Adjunct Professor. They are individuals with PhDs or equivalent terminal degrees whose primary employment is in another institution and whose appointment at UTB, usually for one trimester term, is for the purpose of teaching a specificcourse or playing a limited role in a research project. This title may also be used for a faculty member of UTB but whose primary appointment is in another department or college at UTB.

Visiting Professorial Ranks - These are members of the Academic Staff with the ranks of Visiting Assistant Professor, Visiting Associate Professor or Visiting Professor. These are full-time temporary appointments given to individuals who are on leave from their primary places of employment. They can come from academic institution from industry or government. These individuals are expected to return to home institution at the end of their assignment at UTB. The terms of the employment will depend on the memorandum of agreement executed by UTB and the home institution of the Professor concerned or upon the terms of the invitation. Compensation shall be on a case-to-case basis. Requests for budget should be made in advance, at least months before the end of the current school year, by the requesting unit for purposes of budget allocation and to be implemented the following school year.

Upon the recommendation of the College Dean and approval of the University President, visiting professors may be invited to teach courses offered in the University on a temporary basis. The length of contract may vary from1 trimester/term to year. All visiting professors' appointments should be within the approved faculty criteria.

Non-Professorial Ranks:

Lecturer - holds at least a Masters' degree and is being considered for appointments as Assistant Professors in the tenured track. The employment contract is for 5 years

subject to annual performance evaluation and annual renewal of appointment until the PhD or doctorate degree is earned at which time the faculty becomes eligible for promotion to Assistant Professor.

Teaching Assistants and Research Assistants - Graduate students whose teaching, research or service is conducted under the supervision of a senior member of the faculty. The appointments are generally part-time and annual in nature.

6. PROCEDURES

6.1 Faculty Ranking

6.1.1 Faculty must submit to HRD the following documents:

6.1.2 Updated Curriculum Vitae

6.1.3 Wall certificate for degree earned: Bachelor, Masters, Doctoral Degree

6.1.4 Transcript of Records for degree earned: Bachelor, Masters, Doctoral Degree

6.2 Local and International Publications

6.2.1 Certificate of Employment from Previous Employer

6.2.2 HRD to rank the faculty based on the submitted documents vis-a-vis the following conditions and qualifications for appointment: To be given an **initial appointment of Full Professor, a candidate must:**

- **a.** Hold a PhD in the required discipline from reputable and recognized universities
- **b.** Have at least ten years teaching experience since obtaining a PhD or equivalent doctorate degree
- **c.** Have the rank of Full Professor from a reputable and recognized university teaching in the required academic discipline
- **d.** Have demonstrated high level of competency in teaching and research; must have published a significant number of valuable and genuine scientific works in highly reputable and recognized scientific journals, periodicals or books
- **e.** Have participated in academically recognized events including significant participation in research projects and scholarly activities of academic societies, among others

To be appointed Associate Professor the candidate must:

- **a.** Hold a PhD or equivalent doctorate degree in the required field of specialization from a reputable and recognized university
- **b.** Have at least five years teaching experience as Assistant Professor since obtaining a PhD or equivalent doctorate degree
- **c.** Have the rank of Associate Professor from a reputable and recognized university teaching in the required academic discipline
- **d.** Have demonstrated high level of competency in teaching and research; must have published a significant number of valuable and genuine scientific works in highly reputable and recognized scientific journals, periodicals or books
- **e.** Have participated in academically recognized events including significant participation in research projects and scholarly activities of learned societies, among others

To be appointed Assistant Professor the candidate must:

- **a.** Hold a PhD or equivalent doctorate degree in the required field of specialization from a reputable and recognized university
- **b.** Have demonstrated potential of high level of competency in teaching and/or research; a significant number of post doctoral research experiences; must have published at least one (1) international research under sole authorship, or at least three (3) co- authored researches published in local or regional refereed scientific journal
- **c.** Have at least 2 years of teaching experience in a recognized university, teaching in his discipline; or at least 4 years of appropriately aligned industry experience
- **d.** Have participated in academically recognized events including significant participation in research projects and scholarly activities of learned societies, industry trainings and certifications among others

Appointment to the non-tenured track Professorial Ranks requires meeting the following requirements:

To be appointed to a Research Professorial Rank, the candidate must:

- **a.** PhD or equivalent doctorate degree in the required field of specialization from a recognized university
- **b.** Have evidence of outstanding achievements in scholarship and research, particularly scholarly publications and other academically recognized achievements including significant participation in research projects and scholarly activities of learned societies among others
- **c.** Have at least 2 years teaching experience in a recognized university

teaching in his discipline

d. Published minimum of eight (8) research of which five (5) are sole authorship in international refereed scientific journals

Adjunct Professorial Rank, Visiting Professorial Rank

- PhD or equivalent doctorate degree in the required field of specialization from a recognized university
- Satisfy all the requirements indicated in a signed agreement or memorandum between Tub and another recognized university

Appointment to the non-professorial ranks requires meeting the following requirements:

Lecturer:

a. Master's degree in the required field of specialization from a recognized university

b. Demonstrated potential in teaching, student advising and research

c. Presented definite plans to complete a PhD or a Doctorate degree in his line of discipline within the next five (5) years

Teaching Assistants, Research Assistants

a. Bachelor's degree in the required field of specialization from a recognized university

b. Demonstrated potential in teaching or research

6.3 HRD prepares summary list of all faculty line-up with their ranks and their respective remuneration, and forwards it to the President for approval.

7. QUALITY RECORDS

Summary list/Request for Hiring

8. DISTRIBUTION LIST

VP Administration & Finance VP Academic Affairs and College Deans

Employee Grievance

1. POLICY

It is the policy of UTB to ensure the prompt and efficient procedure for handling and resolving grievances in a manner that is fair, without prejudice or fear of retaliation, and where all concerned shall be treated with respect, courtesy and dignity.

2. PURPOSE

The purpose of this policy is ensuring that there is a mechanism for handling and resolving grievances in a fair and just manner.

3. SCOPE

This policy and procedures cover all employees.

4. RESPONSIBILITIES

Head of HRD, Deans, Heads of Department, VP for Academic Affairs and Head of Administration.

5. DEFINITION OF TERMS

Grievance is an official statement of complaint over something or someone.

6. PROCEDURES

Filling of Grievance through Administrative Channels

1. An employee wanting to file a grievance should first discuss the grievance with his/her immediate supervisor within0 days of the occurrence of the incident. The

employee should state the issues in dispute and the corrective action to be taken.

2. The supervisor should attempt to resolve the grievance directly through an extensive discussion with the employee as well as through mediation between the two parties. The discussion should occur as soon as possible, but not later than seven (7) days after the request has been received.
3. If a mutually satisfactory agreement cannot be reached within seven (7) days of receipt of the request, the employee may submit the grievance in writing to the Department Head or to the next highest officer. The employee is given seven (7) days to present the case personally at each level.
4. The next level officer will investigate the matter and attempt to resolve the dispute without bias or prejudice to any of the parties. A summary of recommendation will be sent to the concerned employee within seven days of receipt of the written grievance.
5. If the grievance is not resolved, the employee as the aggrieved party may then make an appeal in writing within seven (7) days to the President who in turn shall give the necessary action. The final decision is given to the aggrieved employee.

Filing of Grievance through Formal Grievance Hearing

1. If the grievance cannot be resolved through the administrative channels, a grievance report must be filed within0 days receipt of an HRD report following the mediation efforts or within0 days of receipt of a dean's or director's report. Upon receipt of the grievance complaint, HR will review if the grievance filed is "grievable" and if so, will forward the grievance to Legal Adviser the external hearing panel designated by the university to oversee the hearing process. **Furnish a copy of all termination cases to the Legal Department as an exercise of prudence and for them to render proper advice to the Department Head.**
2. The external hearing panel will forward a copy of the grievance to the respondent with a request for a written response. A list of five (5) hearing officers will form the panel and shall be jointly selected by the parties. Both the grievant and respondent are entitled to be represented by their own counsel at their own expense.
3. The external hearing panel should provide a written report which contains the following: Positions of the parties;
    - Testimony of the witnesses; and
    - Identification and analysis of documentation.

The panel should submit their findings, conclusions and recommendations to the President within0 days after the hearing ends. The President shall forward his written final decision within0 days from receipt of the panel's report. Any delays in the issuance of the decision and the reason for the delay should be communicated to both parties concerned.

Filing of Appeals

If the formal procedure fails to resolve the grievance, either employee may begin the steps of this appeal procedure no later than fourteen (14) calendar days after receipt of the Formal Grievance Procedure decision to the Chairman of EDT for a review of the decision. A request for appeal may be filed with the Office of the President. Appeals will be acted and resolved no later than4 days upon receipt.

7. QUALITY RECORDS

Complaint Letter Notice to Explain Case Summary Notice of Decision

8. DISTRIBUTION LIST

VP Academic Affairs

VP Administration & Finance

College Deans

Head, Quality Assurance and Accreditation Department

Head, Department of HR

Faculty Conduct

1. POLICY

It is the policy of UTB to ensure that faculty members will adhere to the policies and rules of the university. Inappropriate conduct or violations as described by the regulation will result in corresponding sanctions and disciplinary actions.

2. PURPOSE

Rules of conduct for faculty members are intended to promote the orderly and efficient operation of the University, as well as protect the rights of all faculty members and staff.

3. SCOPE

This policy and procedures cover all faculty members.

4. RESPONSIBILITIES

Head of HRD

Deans

Heads of Department

VP for Academic Affairs

Head of Administration.

5. DEFINITION OF TERMS

Complaint Form - Form used to document complaints against alleged policy violators.

Notice to Explain - Form issued to accused employee to give him/her the opportunity to explain his side and submit a written explanation.

Case Summary - Contains details about the case: Data Gathered, Evidence presented, statement of the accused and the complainant and evaluation and recommendation of the Investigation Committee.

Notice of Decision - Document issued to the accused employee that contains the decision of the alleged violation and its corresponding sanction.

6. PROCEDURES

- Every faculty member shall support the University and the management by strictly adhering to the University's policies and regulations.
- Immediate supervisors should ensure that their staff are aware and will follow the penalties for policy violation.
- Policy violations are generally categorized as minor, intermediate and serious depending on the gravity of the offenses as provided.
- The investigating committee may recommend reducing or increasing the penalty depending on the mitigating or aggravating circumstances of the offenses as it affects:
    - *The smooth operation of the University*
    - *The harmonious interpersonal relationships of the management, its employees and the students, and*
    - *The contract of employment entered by the University and the employee concerned.*
- No faculty member shall be met with disciplinary action without just cause and without being afforded due process. The following should be conducted in the observance of due process:

    a. *Notice of investigation must clearly indicate all pertinent details. Everybody is required to comply with the standard forms of investigation.*

    b. *Proof of receipt of notices should be secured and attached to the decision on the case.*

    c. *Compliance to the two-notice rule regardless of the basis of termination should be strictly observed.*

    d. *Whether the cause of termination is due to law or contract, compliance with the procedural requisites of due process is still required.*
- Furnish a copy of all termination cases to the Legal Department as an exercise of prudence and for them to render proper advice to the Department Head.
- Offenses that are not specifically described herein shall be dealt with on a case-to-case basis.
- Any provisions hereof maybe modified, revised and amended as future conditions may warrant improving its implementation.

7. OFFENSES AND SANCTIONS

1. Any UTB faculty member who is accused of committing any of the non-exclusive offenses (refer to Table of Offenses and Penalties) will be investigated fairly and impartially by a Disciplinary Board to ascertain guilt. If proven culpable, he will be disciplined in accordance with the table set forth.
2. The disciplinary actions as stated in the Table of Offenses and Penalties are to be given in response to the increasing gravity of an offense or offense.
3. A Reprimand will be given upon the first offense. Sanction may be decided upon by the faculty member's immediate Head or College Dean.
4. A Written Warning will be given upon the second offense. Sanction may be decided upon by the faculty member's immediate Head or College Dean.
5. A Suspension will be given upon third warning. Sanction may be decided upon by the faculty member's immediate Head or College Dean.
6. In case an offense warrants more than one suspension for succeeding offenses of the same nature, the following shall be imposed:

1st suspension	1 week
2nd suspension	2 weeks
3rd suspension	3 weeks
4th suspension	4 weeks

After the 4th suspension, termination of the faculty's services shall be imposed.

A faculty member may be terminated for due cause.

Sanction may be decided upon by the faculty member's immediate Head or College Dean or University Administrators.

8. OFFENSES AND PENALTIES

Legend:

1. Verbal Reprimand 2. Written Warning
2. 3-Day Suspension 4. Termination for Cause

OFFENSES	Occurrence and Penalty			
	1st	2nd	3rd	4th
Attendance				
1. Tardiness in:				
a. class	1	2	2	3
b. proctoring examinations	1	2	2	3
c. departmental/ collegiate/ institutional activities	1	2	2	3

OFFENSES	Occurrence and Penalty			
	1st	2nd	3rd	4th
2. Absences in:				
a. class	1	2	2	3
b. proctoring examinations	1	2	2	3
c. departmental/ collegiate/ institutional activities	1	2	2	3
3. Early dismissal	1	2	2	3
4. Non-compliance with residence hours				
a. consultation	1	2	2	3
b. instructional materials preparation/ research time	1	2	2	3
c. service to committee	1	2	2	3
5. Absence in institutional, collegiate or departmental activities, departmental meetings and activities				
a. collegiate meetings and activities	1	2	2	3
b. enrolment	1	2	2	3
c. UTB days of celebration	1	2	2	3
d. Examination week	1	2	2	3
e. Faculty development programs	1	2	2	3
f. Athletic events	1	2	2	3
g. Cultural presentations	1	2	2	3
h. Field trips	1	2	2	3
i. spiritual retreats/ recollections	1	2	2	3
j. Any other activity requiring full participation of faculty members	1	2	2	3
6. Absence without leave				
a. 5 working days or less	3	4		
b. more than 5 working days	4			
7. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
B. Failure to comply with requirements				
1. Failure to submit the following documents on time				
a. Examination papers	2	2	3	4
b. syllabus	2	2	3	4
c. Collegiate Teacher's Program form	2	2	3	4
d. minutes of meetings of academic advisers/ committees	2	2	3	4
e. grades				
f. other documents required by the department/ college/ institutions	2	2	3	4
	2	2	3	4
2. Failure to submit the following requirements for study grant				
a. study permit	2	2	3	4
b. curriculum	2	2	3	4
c. registration forms	2	2	3	4
d. graded class cards	2	2	3	4
e. other documents related to the above	2	2	3	4

OFFENSES	Occurrence and Penalty			
	1st	2nd	3rd	4th
3. Failure to log in and / or out in the attendance sheet	2	2	3	4
4. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
C. Non-observance of school policies				
1. Not wearing of ID upon entering and within the campus	1	1	2	2
2. Non-observance of the proper dress code	2	2	3	3
3. Smoking inside the campus	2	2	3	4
4. Refusal to conduct make-up classes	2	3	3	4
5. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
D. Falsification of school forms and documents				
1. Tampering of documents a. grading sheets/ class record b. log book / attendance records	 4 3	 3	 4	
2. Writing false entries a. log book / attendance sheet b. special report of grade forms c. change of grade forms	 2 4 4	 3	 4	
3. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
E. Misuse of University name				
1. Misuse of university name, property or equipment for personal or commercial purposes	3	4		
2. Unauthorized representation which may cause damage to the university	3	4		
3. Discrediting the university's name in public	2	3	4	
F. Indiscriminate change of student's grades				
1. Influencing other faculty members to change the grade of a student by reason of personal relationship, unduly using authority of one's position	4			
2. Giving a passing grade/ changing a student's grade in consideration of some remuneration or Favor	4			
3. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
G. Fraudulence				
1. For full-time faculty teaching in other schools without permission	4			
2. Fraud or willful breach by the faculty member of the trust given to him by his superior or duly authorized	4			

OFFENSES	Occurrence and Penalty			
	1st	2nd	3rd	4th
representative				
3. Accepting teaching and/or other tasks with or without remuneration during work hours in the university	4			
4. Plagiarism	4			
5. Violation of intellectual property rights	4			
6. Submission of falsified / tampered documents	4			
7. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
H. Misconduct				
1. Giving remarks that embarrass teachers, students or employees.	2	2		
2. Gossiping, rumor-mongering, character assassination, making malicious, obscene, or libelous statements about the person of any member of the academic community	3	3	4	
3. Unauthorized solicitation or selling of advertisement, books, or other items to students	3	4		
4. Allowing students to cheat during major examinations	4			
5. Contracting personal loans or debts from students and/or parents	2	3	4	
6. Giving false statements or testimonies	3	4		
7. Gross insubordination or discourtesy to superiors	3	4		
8. Grave public scandal	4			
9. Cohabiting with a partner without the benefit of marriage. Extramarital relationship	4			
10. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
I. Illegal activities within the campus and its vicinity				
1. Illegal possession of prohibited drugs or deadly weapons on campus	4			
2. Physical assault a. attempting physical injuries b. inflicting physical injury	 3 4	4		
3. Entering school premises under the influence of drugs or intoxicating beverages	4			
4. Promoting or participating in gambling within the campus	4			
5. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
J. Criminal Offenses				

OFFENSES	Occurrence and Penalty			
	1st	2nd	3rd	4th
1. Final conviction by a court of law of a crime involving moral turpitude	4			
2. Commission of a crime against the employer or any immediate member of his family or his duly authorized representative	4			
3. Qualified theft	4			
4. Sexual harassment	4			
K. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
1. Transmission or dissemination of obscene, profane pornographic materials	1	2	3	4
2. Sending of messages that are hateful, harassing, or threatening to fellow users	1	2	3	4
3. Sending of unofficial mass e-mail that cause complains or sending large quantities of unwanted e-mails to any UTB mailing list	1	2	3	4
4. Playing of web-based, PC and network games	1	2	2	3
5. Unofficial use of download tools	2	3	4	
6. Unofficial use of chat tools or instant messengers	1	2	3	4
7. Visiting pornographic sites	1	2	3	4
8. Installing of unauthorized test servers	1	2	3	4
9.Making unauthorized attempts to gain access to any account or computer resource not belonging to the user	2	3	3	4
10. Intentionally posting or transmitting any information or software which contains a virus, worm, or other harmful feature	3	4		
11. Other offenses analogous to the above	Sanction depends on the gravity of the offense			
L. Breach of contract				
1. Failure to comply with any provisions of the contract A. study grant b. sabbatical leave c. research grant d. trainings e. other contracts between the institution and the faculty	 3 3 3 3 3	 4 4 4 4 4		
2. Other offenses analogous to the above	Sanction depends on the gravity of the offense			

9. QUALITY RECORDS

complaint Letter

Notice to Explain

Case Summary

Documentary Evidence presented related to the case

Notice of Decision

10. DISTRIBUTION LIST

VP Academic Affairs

VP Administration & Finance

College Deans

Head, Quality Assurance and Accreditation Department

Staff Development

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to identify, plan and provide training and development opportunities and activities for the staff to further enhance their skills and competencies to efficiently perform their respective roles and responsibilities and to prepare them for future career opportunities in the University.

2. PURPOSE

The purpose of this policy and procedures is to optimize staff productivity by equipping them with the necessary skills and competencies in performing their respective roles and responsibilities and to prepare them for future career opportunities in the University.

3. SCOPE

Determining the staff development activities and programs thru the Training Needs Assessment administered on an annual basis, preparation of training needs analysis, formulation and implementation of staff development plan.

4. RESPONSIBILITIES

Head of Human Resources Department

Heads of Department

Head of Finance

Vice President for Administration and Finance

President

5. DEFINITION OF TERMS

Training Needs Assessment – is the method of determining if a training need exists

and, if it does, what training is required to fill the gap.

Training Needs Analysis -is the process of identifying the training and development needs of employees in an organization. It considers the strategic objectives of the organization as well as the individual's career goals to determine training needs. It helps in the process of identifying gaps between employee training needs and actual training performed.

Staff Development Plan - is a plan that documents the goals, required skills and competency development, and objectives a staff member will need to accomplish in order to support continuous improvement, career goals and the organization's business needs.

6. PROCEDURES

6.1 Determine the training needs of the staff thru the conduct of annual training needs assessment;

1. The Human Resource Department administers the training needs assessment to non-academic staff on an annual basis.
2. Results of the training needs assessment is submitted to the Institutional Research Officer for preparation of Training needs analysis
3. Training need analysis report is submitted to the Planning and Development Officer for review and endorsement to the Vice President for Administration and Finance then for approval of the President.
4. Approved training needs analysis result is forwarded to the Head of Human Resource for the formulation of the annual Staff Development Plan
5. Same process applies to Faculty Development where training needs analysis, individual faculty development plan, findings from faculty appraisal system and college recommendations form part as sources of faculty development plan.

6.2 Formulation of the Staff Development Plan;

1. The Head of Human Resource prepares a Staff Development Plan anchored on the results of the Training Needs Analysis and additional input may be recommended by the respective Heads of department which is incorporated in the annual performance evaluation form.
2. The proposed Staff Development Plan includes the activities, target

objectives, target participants, venue, and time, estimated budget, proposed outcomes and the proposed trainers.

3. The Head of Human Resource submits the proposed staff development plan for review and endorsement of the Vice President for Administration and Finance and then for approval of the President.
4. Approved Staff Development Plan shall be implemented in coordination with In-house speakers, if the training/seminar will be done in the University and external Training providers, if the seminar/training will be done outside of the University.

6.3 Implementation of the Staff Development Plan;

1. The Head of Human Resource coordinates with the Speaker for the In-house seminars/trainings regarding the schedule, venue and needed materials/equipment's.
2. The Head of Human Resource coordinated with the external training provider regarding the schedule and venue of the external training/seminar to be conducted.
3. The Head of Human Resource informs the participants regarding the schedule and venue of the training and advises them to file an official business request in the HRMS if they are attending an external training/seminar. The participants are also advised to prepare an activity report to be submitted to the HR.

6.4 Evaluation of the Training/Seminars conducted;

1. At the end of the in-house training/seminar a training programme evaluation form is distributed to the participants to get their feedback on the activity conducted.
2. The results of the training programme evaluation is summarized and used for possible further improvement of future staff development activities.
3. To further the monitoring of the effectiveness of the training, impact factor evaluation for both staff development and faculty development is conducted and is done annually.

7. QUALITY RECORDS

Training Needs Assessment Form

Training Needs Analysis

Staff Development Form

Training programme Evaluation

8. DISTRIBUTION LIST

Vice President for Administration and Finance

Heads of Non-Academic Departments

Director, Quality Assurance & Accreditation

Head, Faculty Development

Performance Appraisal System for Non-Academic

1. POLICY

It is the policy of UTB to conduct a periodic and systematic performance appraisal system for non- academic employees (PASNA) to measure their job performance and productivity based on their key results area, work attitude and behaviour. The results may be used for the renewal or non- renewal of contract, promotion and salary adjustment and plans for professional development.

2. PURPOSE

a. This policy and procedure provide the steps in evaluating the performance of non-academic employees at University of Technology Bahrain.
b. The purpose of this policy is to set clear standards and responsibility for the entire performance evaluation process of the non-academic employees.
c. The PASNA provides appropriate feedback on the employee's job performance and productivity based on their key results area, work attitude and behaviour, areas that need improvement and training and development needs.
d. The PASNA result may be used for the renewal or non-renewal of contract, promotion and salary adjustment and plans for professional development.

3. SCOPE

This policy applies to all non-academic employees, this policy and procedures defines the process of evaluating a non-academic employee's performance which is measured in two parts, Part 1 (70%) measures performance based on key results area. Part II (30%) measures the work behaviour or attitude of the employee such as initiative, reliability, attendance, personality and human relations, integrity, etc. Computations of scores are as follows:

Part 1	Total Score for JPf and JPr x 0.7 _____ Number of Rating Factors
Part 2	Total Score x .03 _____ Number of Factors
Overall Score	Part 1 + Part 2

4. RESPONSIBILITIES

HR Director – Prepares the evaluation form and implements recommendations based on PASNA results.

Rater – Head of Department/Immediate Superior of non-academic employee being evaluated.

Ratee – Non-Academic employee being evaluated

Administrative Appeal Committee – Evaluates and recommends final decision on the appeal process.

5. DEFINITION OF TERMS

PASNA – Performance Appraisal System for Non-Academic

Job Performance - refers to Accuracy, Neatness, Thoroughness and overall quality

Job Productivity - refers to tasks that are completed promptly and efficiently

6. PROCEDURES

6.1 The performance appraisal shall be conducted on a periodic basis.

6.2 The HR Director shall prepare the PASNA form of the non-academic employee based on their key results area, work attitude and behaviour.

6.3 The rater will evaluate the non-academic employee under his/her department based on the employee's job performance and productivity, work attitude and behaviour, areas that need improvement and training and development needs.

6.4 The rater and ratee shall discuss the result of the PASNA, agree with the result and affix their signature.

6.5 If after discussing the PASNA result the ratee does not agree, he/she can submit a written appeal to the Head of the Department within 7 working days after receiving the PASNA result.

6.6 If the rater is the Head of the Department, the ratee may elevate his/her appeal to a higher level of the senior management.

6.7 The appeal will be submitted in a confidential letter outlining the reasons for the disagreement. The letter should include a copy of the appraisal as well as other relevant documents.

6.8 The appeal will be sent to the Administrative Appeal Committee, which will have 7 working days to respond.

6.9 The Administrative Appeal Committee shall be composed of the Vice President

for Administration and Finance and 2 Senior Non-Academic Officers. The Chairman of the Appeal Committee shall be the Vice President for Administration and Finance. If the person who is appealing or the rater is already on the Appeal Committee, a new member must be chosen.

6.10 The Administrative Appeal Committee may conduct separate discussions with the rater and the ratee and the Head of the Department to reach a final decision.

6.12 The decision that has been reached by the committee is final and irrevocable.

6.13 The HRD will receive a copy of the final decision and shall implement the recommendations of the appeal committee. A copy of the final decision shall be kept in the employees F201.

The computed scores should be matched against the table below:

Score Range	Performance Rating	Equivalent
4	Greatly exceeds standards	Outstanding
3 < 4	Above standards	Very Satisfactory
2 < 3	Meets standards	Satisfactory
< 2	Below standards	Poor or Failed

7. QUALITY RECORDS

Accomplished PASNA Appeal letter
Administrative Committee final decision on appeal
Administrative Manual
Operations Manual

8. DISTRIBUTION LIST

All Heads of Non Academic Units

Bookkeeping

1. POLICY

This policy aims to ensure effective and efficient bookkeeping process of the University operating expenses and recording of all transactions in the book of accounts.

2. PURPOSE

This policy and procedures provide the guidelines to ensure the completeness and correctness, fair presentation of the bookkeeping of all day-to-day transactions.

3. SCOPE

The policy covers the policies and procedures from the preparation to the final recording of all transaction.

4. RESPONSIBILITIES

The Accounting Manager ensures that all transaction is properly recorded in books of accounts.

5. DEFINITION OF TERMS

Bookkeeping- steps in recording, classifying, summarizing and reporting the company's business and financial transactions.

Recording- financial transactions and events evidenced by the appropriate source documents are recorded in the proper books and journals in chronological sequence.

Cash Receipt Book- financial journal that contains all cash receipts and payments, including bank deposits and withdrawals. Entries in the cash book are then posted into the general ledger.

Cash Disbursement Book- also called the cash payments journal, is a journal used record and track all the cash payments or disbursements by a company. In other words, all cash

outflows are recorded in the cash disbursements journal.

6. PROCEDURES

6.1 Bookkeeping: This section discusses the general steps in recording, classifying, summarizing and reporting the company's business and financial transactions. Such procedures were designed in conformity with the generally accepted accounting principles and internal control standards. The following basic steps are generally involved in the bookkeeping functions:

- Documentation of the financial transactions and events of the company.
- Classification of such transactions and events according to their nature.
- Summarization of these transactions into the General Ledger.
- Generation of financial reports, individual and consolidated, for the consumption of management and external users.

The accounting source documents, and their corresponding transactions and usage are shown below:

DOCUMENTS	TRANSACTIONS
Official Receipt	Receipt of cash from all sources including transfer of funds from the branches
Check Voucher	Payment of liability
Journal Voucher • Receiving Report (RR) • Issue Slip (IS) • Delivery Report (DR) • Debit/Credit Memo (DM/CM) • Petty Cash Voucher (PCV)	All other non-cash transactions that cannot be properly accounted for in Check Disbursement Book (CDB) and Check Receipt Voucher (CRV). Includes month-end adjusting entries and posting of special entries to GL.

6.2 Recording: All financial transactions and events evidenced by the appropriate source documents are recorded in the proper books and journals in chronological sequence. This phase of the bookkeeping cycle is called journalization. Regular recording in the Cash Receipt Book, Check Disbursement Book and Tuition Fee Register are made as source documents are received.

6.3 Classifying: The recorded transactions and events of the University will be properly and systematically classified according to:

Grouping of Accounts

a) Assets
b) Liabilities
c) Stockholder's equity
d) Revenues
e) Expenses

Each of the above groupings shall have a further classification, sub-classification and detailed account.

1	Cash On Hand	30	Accum. Depr. - Furniture and Fixtures	59	Interest and Bank Charges - AMAIU
2	Cheques on Hand	31	Transportation Equipment	60	Internet Subscription - AMAIU
3	Petty Cash Fund	32	Accum. Depr. - Transportation Equipment	61	Janitorial Services - AMAIU
4	Cash In Bank AMAIU KHCB0100052194001 BHD	33	Vouchers Payable	62	Light, Power and Water - AMAIU
5	Cash In Bank AMAIU KHCB0100052194002 BHD	34	Accounts Payable	63	Marketing Expense - AMAIU
6	Cash In Bank AMAIU KHCB0100052194003 BHD	35	Dividend Payable	64	Meeting/Meal/Conference - AMAIU
7	Change Fund	36	Other Payable	65	Miscellaneous Expense - AMAIU
8	Accounts Receivable - Tuition Fee-AMAIU	37	Accrued Expense Payable	66	Office and School Supplies - AMAIU
9	Advances to Officers and Employees	38	GOSI Payable	67	Postage and Telegram - AMAIU
10	Advances to Suppliers- AMAIU	39	Salary Payable	68	Printing and Reproduction - AMAIU
11	Books Inventory	40	Advances to / from Head Office	69	Professional Fee - AMAIU
12	School Materials and Resources	41	Advances from AMA Bank Head Office	70	Rental Expense - AMAIU
13	Construction in Progress	42	Advances to / from Ancilliary	71	Repairs and Maintenance - AMAIU
14	Prepaid Rent	43	Advances from Students	72	Representation Expense - AMAIU
15	Prepaid Advertising and Promotion	44	Unearned Tuition Fee-AMAIU	73	Salaries and Wages - AMAIU
16	Prepaid Marketing Expense	45	Employees' End of Service Benefits	74	School Activities - AMAIU
17	Prepaid Insurance	46	Capital Contribution	75	Security Services - AMAIU
18	Prepaid Subscription	47	Retained Earnings	76	Telephone and Fax - AMAIU
19	Leasehold Improvements	48	13th Month Pay - AMAIU	77	Permits and Licenses - AMAIU
20	Amortization - Leasehold Improvements	49	Advertising and Promo - AMAIU	78	Training and Seminar - AMAIU
21	Computer Software	50	Audit Fee	79	Transportation and Travel - AMAIU
22	Amortization - Computer Software	51	Depreciation Expense - AMAIU	80	Tuition Fees - AMAIU
23	School and Office Equipment	52	Donations - AMAIU	81	Tuition Fee Refund - AMAIU
24	Accum. Depr. - School and Office Equipments	53	Dues and Subscriptions - AMAIU	82	Tuition Fee Discount - AMAIU
25	Computer Equipment	54	Employees Benefits - AMAIU	83	Books Sale
26	Accum. Depr. - Computer Equipments	55	Freight and Handling - AMAIU	84	Other Income - AMAIU
27	Library Books	56	Gas and Oil - AMAIU	85	Provision for Indemnity
28	Accum. Depr. - Library Books	57	GOSI Contribution - AMAIU	86	Income from Sale of Books
29	Furniture and Fixtures- AMAIU	58	Insurance Expense - AMAIU		

Cost Centers

Non-Academic Departments

a) President's Office
b) VP for Administration and Finance
c) Planning & Development Department
d) Quality Assurance & Accreditation Department
e) External Engagement Department
f) Department of Finance
g) Department of HR
h) Support Services Department
i) Corporate Communication Office

Academic Departments

a) VP for Academic Affairs
b) College of Administrative and Financial Sciences
c) College of Engineering
d) College of Computer Studies
e) Centre for General Education
f) Deanship of Student Affairs
g) Research Centre
h) Library
i) Faculty Development Office

The individual costs and expenses of the above cost centres will be recorded in the journals and registers.

6.4 Summarizing: All transactions recorded in the journals and registers will be summarized by adding and footing all money columns. The amounts footed are then posted in the General Ledger (GL). The ending balance of each account in the GL is provided by getting the difference of the debits and credits. The balances of the controlling accounts are then agreed to the respective subsidiary ledgers. Review of the end balances of accounts should be performed regularly by the Accounting Head.

7. QUALITY RECORDS

Cash Receipt

Book Disbursement Journal

General Journal

General Ledger

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Internal Audit

Assessment

1. POLICY

It is the policy of the University that all students for enrolment as well as those withdrawals from enrolment and adding and dropping of subjects during enrolment period will have an assessment of fees to determine the amount to be paid.

2. PURPOSE

This policy and procedure provide the guidelines for the assessment of fees of new and old students thereby payment of fees will be done accordingly.

3. SCOPE

This document covers the enrolment policies and procedures done in the accounting department thru assessment and the adding and dropping of subjects and the withdrawal of enrolment and ensures that:

a) all required enrolment documents are complete.

b) All subjects on the plotting form and add/drop form is same as the subjects on the CIS.

c) All withdrawals should be done according to the following guidelines.

- Before the start of classes – Registration and application fee shall be charges to students
- Within the 1st week of classes– 10% of the total tuition fees, Registration and application fees shall be charge to students
- Within the 2nd week of classes – 20% of the total tuition fees, Registration and application fees shall be charge to students.
- After the 2nd week of classes – 100% of the total tuition fees, Registration and application fees shall be charge to students.

4. RESPONSIBILITIES

The Accounting Department ensures that the students will get a correct assessment of their fees.

5. DEFINITION OF TERMS

- **Enrolments-** The process by which students register their courses according to their curriculum plan.
- **Assessment**- the process of charging students based on their number of units/ subjects for enrolment.
- **Plotting Form**- a form showing the chosen subjects for enrolment approved by the adviser.
- **Withdrawal**- the process of dropping from the enrolment list.
- **DMCM**- the form used to adjust the student ledger in the CIS Accounting system, and to confirm the Add/drop and the withdrawals.
- **Adding/Dropping**- the process of changing enrolled subjects.

6. PROCEDURES

A. Assessment on Enrolments

1. Request the plotting form from the student.
2. Check the plotting form if signed by the adviser or dean.
3. Verify the name and if the class schedule from the CIS and the student's plotting form are tally.
4. If not tally, return the plotting form to student and send back to adviser or dean.
5. If the same, print the student assessment form from the CIS accounting software.
6. Request the student to pay the enrolment fees.

B. Withdrawal

1. Request the withdrawal form from the student.
2. Check if the withdrawal form is signed by the Dean, Registrar, and Head for Administration and Finance
3. Encode the student number to CIS Accounting Software 4. Verify the name of student against the Withdrawal form
5. Check if refundable or payable.
6. Confirm the transaction from the CIS accounting software.
7. If refundable- request documents to process the refund like letter of request for the refund and the copy of proof of payment
8. And if payable the student is advised to go to treasury to pay balances.

C. Adding and Dropping

1. Request for the add/drop form from the student.
2. Check if the add/drop form is signed by the Dean and Registrar.

3. Encode the Student number to the CIS accounting system.
4. Verify the name of the student and
5. Check the added or dropped subjects in the system if against to the subjects in the plotting form.
6. Print the student assessment form from the CIS accounting software.
7. If added subjects, advise the student to pay to treasury in order to confirm the added subjects.
8. If changing and dropping of subjects, confirm the transaction from the CIS accounting software thru DMCM.

D. Assessment on Enrolments

1. Request the plotting form from the student.
2. Check the plotting form if signed by the adviser or dean.
3. Verify the name and if the class schedule from the CIS and the student's plotting form are tally.
4. If not tally, return the plotting form to student and send back to adviser or dean.
5. If the same, print the student assessment form from the CIS accounting software.
6. Request the student to pay the enrolment fees.

E. Withdrawal

1. Request the withdrawal form from the student.
2. Check if the withdrawal form is signed by the Dean, Registrar, and Head for Administration and Finance
3. Encode the student number to CIS Accounting Software
4. Verify the name of student against the Withdrawal form
5. Check if refundable or payable.
6. Confirm the transaction from the CIS accounting software.
7. If refundable- request documents to process the refund like letter of request for the refund and the copy of proof of payment and if payable the student is advised to go to treasury to pay balances.

F. Adding and Dropping

1. Request for the add/drop form from the student.
2. Check if the add/drop form is signed by the Dean and Registrar.
3. Encode the Student number to the CIS accounting system.
4. Verify the name of the student and
5. Check the added or dropped subjects in the system if against to the subjects in the plotting form.

6. Print the student assessment form from the CIS accounting software.
7. If added subjects, advise the student to pay to treasury in order to confirm the added subjects.
8. If changing and dropping of subjects, confirm the transaction from the CIS accounting software thru DMCM.

7. QUALITY RECORDS

Assessment Form

Withdrawal Form

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Registration Office

Head, Internal Audit

Billing Statement

1. POLICY

The Accounting ensures that Students, Sponsors and Concessionaires are properly billed based on their dues.

2. PURPOSE

This policy and procedure provide guidelines on how to bill and issue billing statements to students, sponsors and concessionaires.

3. SCOPE

This document covers the policies and procedures from the preparation of invoices for the students and sponsors and invoices for the concessionaire.

4. RESPONSIBILITIES

The student, sponsors and the concessionaire will get the correct amount due to their balances from the Accounting Office.

5. DEFINITION OF TERMS

- **Invoices**- it reflects the amount due of the student for the current term and the past dues if applicable.
- **Concessionaire**- Person or firm that operates a business within the premises belonging to university under a concession, usually a Canteen.
- **The billing statement**- it reflects the amount due of concessionaire for the current term and the unpaid balances.
- **Quotation**- it reflects the amount to be paid by the students for the whole course. Sponsor- a person or company who will support the study of student in terms of financial aspect.

6. PROCEDURES

6.1 Invoices for the Old Students

a. Accounting staff asks the student number and the name of student.

b. Check if currently enrolled in the CIS.

c. Check for the balance in the CIS.

d. Print the Billing Statement and issue to the student

6.2 Quotation for the New Students

a. Accounting staff asks the name of student and the programme chosen.

b. Print the Quotation according to the programme chose.

c. Issue quotation to the student

6.3 Billing Statement for the Concessionaire

a. Accounting should check the previous payments

b. If balanced, balance should be included to the current billing statement.

c. Compute the amount to be paid.

d. Print the Billing Statement and issue to the Concessionaires.

e. Maintain receiving copy and have it on file.

7. QUALITY RECORDS

Invoices
Quotations
Billing Statement
Contract of concessionaire
Sponsor Letter

8. DISTRIBUTION LIST

VP Administration & FinanceHead, Internal Audit Director, Quality Assurance & Accreditation Department, College Deans and Heads of all Support Services

Refund

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide quality and efficient services to its primary stakeholders and to respond to the request of student withdrawal of enrolment in the current trimester or withdrawal from university.

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines for student who will withdraw of enrolment or drop a subject/s or withdraw from university and to guide him/her for refunding the fees.

3. SCOPE

The policy and procedures cover all students who are officially enrolled in the university.

4. PROCEDURES

4.1 Dropping of a Subject

A student is allowed to drop of subject/s on the first week (during add/drop) period without financial penalty. However, subject/s dropped after the first week of class is charged to the student's account.

4.2 Withdrawal from the University (Student-Initiated)

A student can formally withdraw from the university and gets a refund accordingly.

4.3 Refund steps

1. The student requests for Application for withdrawal from Enrolment form from Registration office
2. After filling up the form, the student gets the signature of the teachers of the subjects that he/she is enrolled in, the signature of the dean, Registrar and VP for Administration and Finance.
3. The student presents the signed form to the Registration office for tagging the courses enrolled as "Withdrawn"

4. The student submits the form to Accounting office for checking the balance and final confirmation.

Refunds are governed by the university regulations as stipulated in this student handbook. All refund requests will be processed within 30 days.

In the event that the student withdraws from the university or from an enrolled course/during the trimester, refunds of tuition and fees will be calculated accordingly:

Withdrawal from the University and from enrolled courses;

Date of Filing	**Refund**
Before the start of classes	100% refund of TOTAL FEES (Tuition and Miscellaneous fees excluding registration fees)
Within the first week of classes	90% of the TOTAL FEES (Tuition and Miscellaneous fees excluding registration fees)
Within the second week of classes	80% of the TOTAL FEES (Tuition and Miscellaneous fees excluding registration fees)
After the second week of classes	No Refund

Note: Refund applies only to paid tuition and fees. Registration and application fees are nonrefundable.

Check Voucher

1. POLICY

Accounting ensures that routine and non-routine expenses, including payroll will be processed thru Disbursement Account through check voucher.

2. PURPOSE

This policy and procedure provide the guidelines to ensure the completeness and correctness of processing payments for routine expenses and non-routine expenses taken from Disbursement Account.

3. SCOPE

This document covers the policies and procedures from the preparation of Check Voucher taking into consideration of the following:

- All payments made are of the correct amount.
- No double payments are made; and,
- All transactions are properly recorded and documented

4. RESPONSIBILITIES

It is the responsibility of the accounting manager that vouchers payable are prepared correctly and on a timely basis.

5. DEFINITION OF TERMS

Non- routine Expenses- Expenses that are not regular or customary but built into a Spending Plan/Budget.

Vouchers Payable (VP) - a pre-numbered form used in the accounts payable department to standardize and enhance a company's internal control over payments to its vendors and service providers. A voucher is usually prepared after a vendor's

invoice has been matched with the company's purchase order and receiving report. Disbursement- is the amount paid for goods or services.

Replenishment- means to return the budget to Working fund account to complete the amount established.

Request for Payment- a standard request by the university for approval to pay expenses or to request budgets.

Subsidiary ledger- a summary of transaction per supplier or employee reflecting the amount process.

Liquidation- means to settle the number of advances and submit a list of expense occurred for verification.

6. PROCEDURES

6.1 Check Voucher

A. Accounting Manager shall check the complete package like invoices, Contract/Agreement and Approved Memo.
B. Prepare Check Voucher (CV) and Request for Payment (RFP)
C. Print the subsidiary Ledger of Employee or Supplier
D. Stamp all documents With CV number
E. Submit the CV package to local Audit
F. Check Voucher and request for payment is signed by Accounting, Audit, and VP for Administration and Finance.

6.2 Budget Request

A. Requesting personnel shall submit approved memo request to accounting manager.
B. Accounting Manager shall check the documents attached and the approval.
C. Prepare Check Voucher (CV) and Request for Payment (RFP)
D. Print the subsidiary Ledger of Employee
E. Stamp the CV Package with CV number
F. Submit the CV package to local Audit
G. Checking Voucher and Request for Payment is Signed by Accounting, Audit, and VP for Administration and Finance.
H. The president approves the RFP of the approved budget memo.

6.3 Supplier

A. The Accounting Manager shall check the approved memo and the

agreement or contract.

B. Check the invoices if attached and all the other attachments.
C. Prepare check Voucher (VP) and Request for Payment (RFP)
D. Print the subsidiary Ledger of Supplier.
E. Stamp the CV Package with CV number
F. Submit the CV package to local Audit
G. Check Voucher and Request for Payment is Signed by Accounting, Audit, and VP for Administration and Finance.
H. The President approves the RFP for the supplier's payment.

6.4 Payroll

A. Accounting Manager shall receive payroll documents from HR like attendance, plotting form, adjustments, substitution and certification of manpower.
B. Check the completeness of attendance, manpower inventory, adjustments (substation, salary adjustments, payroll advise for separated employee, etc) and other attachments (approved OB/OBA and leaves)
C. Compute payroll base on the attendance and adjustments.
D. Encode to the payroll system all adjustments like, late, absences and other salary adjustments.
E. Verify if the payroll system computation is tally with the manual computation.
F. If tally prepare Check Voucher (CV) and Request for Payment (RFP) and print the payroll register.
G. Stamp the CV Package with CV number
H. Submit the CV package to local Audit
I. After audit returns the payroll package to accounting, accounting should adjust the payroll register in payroll system based on the audit findings.
J. Check Voucher and Request for Payment is Signed by Accounting, Audit, and VP for Administration and Finance.
K. The President approves the RFP of payroll.

7. QUALITY RECORDS

Request for Payment Vouchers

Payable package

8. DISTRIBUTION LIST

VP Administration & Finance Head, Internal Audit
Director, Quality Assurance & Accreditation
Department College Deans
Heads of all Support Services

Exam Permits

1. POLICY

This policy ensures that exam permits are printed and issued before and during the examination period.

2. PURPOSE

This policy and procedure provide guidelines to ensure that exam permits are printed and issued before and during the examination period to the students who have already paid their exam dues.

3. SCOPE

This document covers the policies and procedures from the printing of exam permits the students. No student is allowed to take any major exam based on the NO PERMIT, NO Exam policy.

4. RESPONSIBILITIES

It is the responsibility of the accounting department to check if the students are already paid for their exam fees.

5. DEFINITION OF TERMS

Exam permit- a piece of paper presented by the student to their professor to allow them to take the exam.

Exam Dues- amount to be paid by the students in order to get their exam permits

6. PROCEDURES

6.1 Accounting shall print the exam permits for all students 2 weeks before the examination period.

6.2 The accounting shall announce the availability of exam permits.

6.3 Students claiming permits should present their ID or the Official receipts, representing that they already pay their exam dues.

6.4 Accounting should verify the balance of students to the CIS accounting System.

6.5 If the students already paid the exam dues, issue the exam permits.

6.6 If the student has no payment for their exam dues, send the student to treasury.

6.7 The list of unclaimed permits will be submitted to the guidance office for follow up after the examination period.

7. QUALITY RECORDS

Receiving Copy of Exam Permit

List of unclaimed permits

Unclaimed permits copy

8. DISTRIBUTION LIST

VP Administration & Finance Head

Internal Audit

Director, Quality Assurance & Accreditation

College Deans

Heads of all Support Services

External Audit

1. POLICY

The University of Technology Bahrain (UTB) fully cooperates with and assists external auditors and/or investigators. To ensure consistency, the President and Controller must be informed of and will determine the appropriate coordinator of the activity.

The UTB fully cooperates with and assists external auditors whose responsibilities involve examination and confirmation of university transactions.

2. PURPOSE

To help ensure that external audit activity is appropriately coordinated, the President and Controller must be informed of and will determine the coordinator of the external audit activity. This coordination assures an understanding of the objectives and scope of the audit and assists the auditors in achieving legitimate objectives with the least impact on university operations.

On a timely basis, the university will provide external auditors with access to all records that are relevant to the audit, except those deemed by the university to be legally privileged or protected. Availability of records is subject to the University, Ministry of Industry and Commerce, or Ministry of Education - HEC record retention policies, which allow destruction of records within prescribed limits.

3. SCOPE

This policy applies to all audits and reviews performed by external auditors for all entities (e.g., Academic Operations, Admin, HR, Registration, Admission, Accounting, Facilities, Property, Purchasing, Concessionaire and Shops, clinic, student organizations, and other related entities).

4. PROCEDURES

Although every audit is unique, the audit process is similar for most engagements and normally consists of the following phases:

4.1 Notification – Managers will receive a letter or some type of communication informing them of an upcoming audit, review, site visit, desk audit, or fraud investigation and requesting documentation (e.g., organization charts, system documentation, flow charts, financial statements). The President should be notified immediately upon receipt of such a request.

4.2 Entrance Conference – The opening meeting includes management and administrative staff involved in the audit and is an opportunity to discuss the scope of the audit, available resources, and other concerns. The President and Controller or a designee may attend the entrance/opening conference to facilitate full communication of audit objectives, schedule, and protocol.

4.3 Field work – The auditor interviews staff, reviews procedure manuals and business processes, tests compliance, and assesses the adequacy of internal controls.

4.4 Draft Report – After all fieldwork is completed, the auditor may prepare a draft report that documents objectives, procedures, conclusions, and recommendations.

4.5 Responses to Audit Reports – The President reviews and approves all responses to draft and final audit reports prior to submission to the audit agency.

4.6 Exit Conference – Management and the auditor review and discuss the draft report, provide feedback on implementing recommendations, discuss any other issues related to the audit, and comment on the audit process.

4.7 Final Audit Report – The President coordinates the distribution of the final audit report.

Audit Recommendation Follow-up – Every effort should be made to implement recommendations within six months of the issue date of the report.

Annual Budget Preparation

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide guidance on institutional mechanisms that facilitate the allocation of resources based on the Strategic Plan.

2. PURPOSE

The purpose of this policy and procedure is to forecast the revenue and expenditures of the University and to know the financial performance of the University both on revenues and expenditures. Annual budgeting is a tool for decision making and able to monitor the performance of the University.

3. SCOPE

UTB has a budgetary system as a way of giving direction in its financial operations. Under this system, all College deans and Department Heads including units prepare their budget. These are reviewed, evaluated and recommended for approval by the Vice president for Administration and Financial (VPAF) to the University Council (UC) before approval and endorsement of Board of Trustees (BoT) and for final approval of the Board of Directors (BoD).

4. PROCEDURES

a) Preparation for the budget begins in May.

b) Accounts Manager provides the Budget Template to be used by the College Deans/Department Heads and their faculty members/staff in their budgeting.

c) Enrolments projections and goals stated in the Operational Plans are important factors in the development of budget projections.

d) The Deans and with their Faculty Members respectively as well as the Heads of the various Academic Support Departments allocate resources and prepare the budget based on the Operational Plans.

They prepare both the CAPEX and the OPEX of their College or Department. Capex is acquisition of assets like machineries, equipment Capex, or capital expenditure, is a business expense incurred to create future where as Opex are expenses for the day-to-day functions of the University like wages, utilities, supplies, activities among others.

e) Prepared budget of the Colleges and the Academic Support department are presented to the VPAA for his approval. The VPAA then presents the budgets submitted to him to the VPAF and Budget Head for approval of the VPAF.

f) Meanwhile, the non-academic support groups also prepare the budget together with their staff based also on Operational Plans. Prepared budgets are presented individually to the VPAF and Budget Head

g) Approved budgets for the different Colleges and Departments are consolidated by the Budget Head.

h) Consolidated budgets will then be presented to the UC for their endorsement to the BoT for their approval and endorsement to BoD for final approval.

i) Approved budget is the basis for budget release for all the departments.

5. DISTRIBUTION LIST

University Council Members

Academic Council Members

Heads of all Departments

Cash Collections

1. POLICY

It is the Policy of the University to ensure that all cash collections coming from enrolment, exam fees, withdrawal, adding/dropping and other sources of cash are managed and documented properly and accurately.

2. PURPOSE

These policy and procedure provide the guidelines the cash collection coming from the enrolment, exam fees, withdrawal, adding and dropping of subjects and other collections.

3. SCOPE

The procedure covers the activities carried out in collecting Daily Cash and check payment.

4. RESPONSIBILITIES

The treasury head is responsible for control and management of cash collection.

5. DEFINITION OF TERMS

Enrolments - The process by which students register their courses according to their curriculum plan.

Assessment- The process of charging students based on their number of units/ subjects for enrolment.

Withdrawal - The process of dropping from the enrolment list.

Adding and dropping- The process of changing enrolled subjects.

Student Number- Is the identification number assigned to a student upon entering or registering in the university.

Concessionaire- The owner or operator of a concession, especially one that operates refreshment stand inside the building.

Tuition fee - It is a fee paid for instruction that students pay to a university for their teaching.

Other Fees - are additional fees that may apply aside from the regular fees.

6. PROCEDURES

6.1 Enrolments:

a. Check for the Assessment done by accounting
b. Ask for preferred mode of payment
c. Encode Student number
d. Receive payment for tuition fees from students
e. Issue Official Receipts.
f. All collections for the day are safe kept and included in the deposits on the following banking day.

6.2 Exam Fees:

a. Ask for student number
b. Verify Student name VS student number given.
c. Received Payment of Examination Fee (Prelims, Mid-term, & Finals)
d. Print and Issued Official Receipt.
e. All fees from exam fee are included in the summary of collection, cash count and to be deposited on the following day.

6.3 Withdrawal:

a. Request for signed clearance from the student.
b. Check from ledger if payable for Tuition fee or Not.
c. If payable, student pays balance, cashier issue Receipts then proceeds to accounting for confirmation.
d. If not payable, send student to Account for confirmation.
e. If with refund, send student to Account for processing of refund.

6.4 Adding/Dropping:

a. Request Add/Drop form (blue form) & Assessment issued by accounting from Student.
b. If adding subjects with payment, student pays.
c. If dropping or adding subjects without payment, students are advised to proceed to accounting.

6.5 Other Fees:

(booklets, lost Id, lost permit, credentials, certification graduation fee, residence fee, completion fee and return of excess budget from liquidation of advances)

a. Ask student for student number
b. Verify names vs. student numbers
c. Ask what to pay
d. Issue Official Receipt
e. Collection on other fees included in cash count at the end of the day and to be deposit on the following day or the next banking day.

6.6 Concessionaire:

a. Ask for billing statement issued by accounting.
b. Issue Official Receipt.
c. Amount collected is included for cash count of the day and deposit the following day.
d. Official receipt accounting copy is submitted to Accounting for recording.

7. QUALITY RECORDS

Official Receipts

Deposit Slip

DCPR

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Accounting Office

Head, Internal Audit

Head, Treasury Office

Disbursements

1. POLICY

It is the Policy of the University specifically for the Treasury Department to ensure that all disbursements are made and recorded/documented correctly.

2. PURPOSE

Policy and procedures provide the guidelines to ensure the completeness and correctness of processing payments of supplies, equipment, and all necessary expenses for the needed support of UTB operations.

3. SCOPE

This document covers the policies and procedures from the preparation, payment of cash through PCF and Check disbursement. All payments made are of the correct amount; No double payments are made; and all transactions are properly recorded and documented.

4. RESPONSIBILITIES

The treasury head is responsible for obtaining the required payment for approval and following up vouchers for payments.

5. DEFINITION OF TERMS

Disbursement - it is the amount paid for goods or services.

Liquidation - to settle the number of advances and submit the list of expenses occurred for verification.

Petty Cash Fund (PCF) - small amount of discretionary funds in the forms of cash used for expenditures where it is not sensible to make any disbursement by check because of the inconvenience and cost of writing, signing and then cashing the check.

Working fund (WF) - is a revolving fund established or available for direct payment to vendors, suppliers and other related expenses.

Replenishment - is an operation that consist in making the funds full again to avoid depletion.

6. PROCEDURES

6.1 Disbursement through Working/Disbursement Fund

a) Receive approved Check Vouchers (CV) from accounting

b) Prepare Check.

c) Release Check to Payee.

d) Payee liquidates Budget received if employees.

e) Payee will issue Official Receipt if Suppliers.

f) The treasury manager summarizes liquidation and Official Receipts received.

g) Submit summary to Accounting for Replenishment.

6.2 Disbursement through Petty Cash Fund.

a) Requisitioned fills out Petty Cash Voucher (PVC).

b) Seek approval from VP for Administration and Finance.

c) Treasury manager releases the approved Petty Cash Budget.

d) Requisitioner submits liquidation within days after receiving the amount.

e) The treasury manager summarizes liquidation for Replenishment.

f) Submits summary to Accounting for check (CP) preparation.

7. QUALITY RECORDS

Check book

Logbook

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Accounting Office

Head, Internal Audit

Head, Treasury Office

Cash Count

1. POLICY

It is the Policy of the University to ensure that the collection for the day will be counted, recorded and made ready for deposit.

2. PURPOSE

This Policy and Procedures document provides the guidelines to ensure the completeness and correctness of collections as well as its safekeeping before depositing the following day.

3. SCOPE

Maintain strong internal controls for payment collections at the payment receipt location level and safeguarding against loss.

4. RESPONSIBILITIES

The treasury head is responsible for ensuring that all collections are accounted for and safe kept.

5. DEFINITION OF TERMS

Cash count sheet is a document which is used to carry out a physical inventory count of cash.

CASH is any form of legal tender that is easily accessible and can be quickly turned into physical cash.

CHECK is a bill of exchange or a document guaranteeing a certain amount of money where the drawee is a bank.

6. PROCEDURES

Daily Cash Count:

1. Each Cashier counts the collection for the day.
2. Cashiers submit their collections to the Treasury Manager.
3. The treasury manager counts collections with the presence of Auditor & Accounting.
4. Treasury manager prepares Daily Cash Collection Report (DCPR).
5. Daily Cash Collection Report (DCPR) is signed by the Treasury Manager, Auditor, Accounting and by VP for Administration and Finance.

7. QUALITY RECORDS

Cash Count Sheet

8. DISTRIBUTION LIST

VP Administration & Finance
Head, Accounting Office
Head, Internal Audit
Head, Treasury Office

Deposits

1. POLICY

It is the policy of the University to ensure that all cash/check collections coming from enrolment, exam fees, withdrawal, adding/dropping and other sources of cash are deposited on the day or on the next banking day.

2. PURPOSE

This document provides the guidelines for the cash/check collections coming from the enrolment, exam fees, withdrawal, adding and dropping of subjects and other collections.

3. SCOPE

This policy applies to all schools, departments, and other units of the Institute.

4. RESPONSIBILITIES

The Treasury Manager is responsible to store the collections in a secure location until it is deposited.

5. DEFINITION OF TERMS

Deposit Slip is a form supplied by a bank for depositor to fill out, designed to document in categories the items included in the deposits.

Daily Cash Position Report (DCPR is used to report on the daily cash balance and to help manage cash on a daily/weekly basis.

6. PROCEDURES

a) Retrieve & check the cash count for deposit.

b) Prepare deposit slip for both Cash and Check Collections taking into account the correct amount for deposits.

c) Treasury managers deliver collections for deposits to designated university

bank account considering the correct amount for deposits.

d) Considering the correct amount for Deposits.

e) Check and verify the validation of deposits vs deposit slip.

f) Attached deposit slip to the Daily Cash Position Report (DCPR).

7. QUALITY RECORDS

Deposit slip

Daily Collection Report (DCPR)

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Accounting Office

Head, Internal Audit

Head, Treasury Office

Audit of Cash Receipt Cycle

1. POLICY

It is the policy of the university to ensure of the timely, correct and complete daily collections deposited on the company account on the same day or the next banking day.

2. PURPOSE

The purpose of this policy is as follows:

1. To prevent or detect omission of actual cash receipts from records.
2. To ensure that there will be no fictitious or duplicate cash receipts.
3. To ensure that the correct amounts are assigned to cash receipts transactions.
4. To ensure that cash receipts are not recorded in the wrong accounting period.
5. To ensure that daily collections tally with the Daily Collection Report per CIS.
6. To ensure that all collections were all deposited intact the next banking day.
7. To ensure pre-numbered ORs are issued for cash, check and credit/debit cards.
8. To ensure adjustment were made for transactions that need to be adjusted.
9. To ensure collections from credit cards are subsequently paid and eventually adjusted against the student's account.

3. SCOPE

The Scope of work is based on the approved monthly work-plan.

4. RESPONSIBILITIES

4.1 Treasury Department

Cashier - responsible for receiving payments from students in the form of either in cash, check or through credit card.

Treasury Head - in charge of the Daily Cash Collection Report and sending of the report to HO.

4.2 Accounting Department

Accounting Staff - conducts a cash count together with the audit as witness.

4.3 Head of Administration

One of the signatories in the Daily Cash Collection Report as approving head.

5. DEFINITION OF TERMS

Cash Receipts - The collection of money (currency, coins, checks or in form of card). This should not be confused with revenues. Cash transactions are ones that are settled immediately in cash. Cash transactions also include transactions made through cheque or in card. Cash transactions may be classified into cash receipts and cash payments.

Accounting Records - Ledgers that are used in recording and maintaining financial data such as receipts, sales, and purchases.

Fictitious - Concocted or fabricated, especially in order to deceive or mislead; makeup :*a* fictitious name ; fictitious transactions.

6. PROCEDURES

6.1 Obtain schedule of Daily Cash Position Reports (DCPR)/ Daily Cash Collection Report (DCCR) with file copies of Official Receipts (OR), deposit slips and Bank Statements and Cash Receipts Book (CRB). Determine the following:

a. Reports are updated.
b. DCPR Reports are reviewed and with signatures of Head of Treasury, Head of Accounting, Head of Audit and Head for Administration and Finance.
c. DCPR/ DCCR format are in accordance with the standard format issued by the Treasury Department

6.2 Determine if ORs are:

a. All Pre-numbered ORs are issued for cash and checks payments.
b. ORs are dated on the day of issuance.
c. All unused forms are properly kept and monitored by the custodian/cashier;
d. All issued ORs are completely and properly filled up;
e. All issued ORs are properly filed in series;

f. All issued ORs were signed by the cashiers;
g. Cancelled ORs are on file and marked conspicuously as "CANCELLED". Compare these to Daily Collection Report. Obtain explanation for the cancellation.
h. Determine if ORs are sequentially used.

6.3 Note and investigate any alterations made in the OR. Whenever applicable, confirm from students, alterations made by cashiers on OR to establish validity.

6.4 Examine and account used and unused ORs. Reconcile used and cancelled OR series since last reconciliation to ensure that there are no missing or unreported collections. Obtain explanation for exceptions like unaccounted OR series, missing ORs and results must be reported immediately.

6.5 Evaluate the filing system of the ORs and deposit slips.

6.6 Check if the Daily Collection Reports tally with the amount per bank validated deposit slips and deposited the next banking day.

6.7 Conduct daily cash count of collections versus the Daily Collection Report per CIS to determine shortage.

6.8 Examine if the validated deposit slips are for the account of the University.

6.9 Trace deposit slips to bank statements if posted.

6.10 Reporting proper:

- Properly index the working papers in soft or hard copy.
- Prepare audit report on the deficiency noted. Document all findings.
- Issue to auditee findings and recommendations for compliance and disposition.

6.11 A follow up is being made as an open/ongoing finding from previous report for compliance to be included in current report.

7. QUALITY RECORDS

Monthly Audit Report with working papers

8. DISTRIBUTION LIST

Audit file Auditees

Head, Accounting Office

Head, Treasury Office VP Administration & Finance

Internal Audit

1. POLICY

This policy ensures that the university abides with the principles of accountability, probity, and openness in everything we do. Our employees from top to bottom should conduct themselves with integrity, trust and fairness and must not gain inappropriate benefit from their connection with UTB. We ensure that we abide with the approved policies and procedures of UTB with the highest standard of conduct, values and behaviour when dealing with our colleagues, customers and anyone else we encounter UTB. Colleagues should avoid situations which could create a conflict of interest between their personal interests and the work they do for UTB.

2. PURPOSE

1. To ensure that employees comply with the company rules, policies and guidelines.
2. To ensure that there will be no situations that will create a conflict of interest between their personal interest and work.
3. To safeguard the reputation of the company.
4. To ensure the company follows the best practices.

3. SCOPE

This policy applies to all colleagues and employees from top to bottom.

4. PROCEDURES

4.1 For Pre-Audit of Transactions

4.1.1 Receiving Of Documents:

- Will receive documents from different departments by signing their logbook or log-sheet.
- Documents received will be stamped with date received together with time received.
- Encode in the log sheet of the documents received and to be received by

auditee upon release of documents.

4.1.2 Checking Of Documents:

- Check documents received by vouching against the attachments.
- Determine if documents are:
    A. Pre-numbered particularly the vouchers;
    B. Dated on the day of issuance (if applicable);
    C. All issued documents are completely and properly filled up;
    D. All issued documents are properly attached with supporting documents.
    E. All issued documents were signed by authorized signatories;
    F. Cancelled documents are on file and marked conspicuously as "CANCELLED";
    G. Determine if documents are sequentially used (if applicable).

- Note and investigate any alterations made in the documents. Whenever applicable, confirm from students, suppliers, company or persons for any alterations made by on documents to establish validity.
- Examine and account used and unused documents. Reconcile used and cancelled documents series since last reconciliation to ensure that there are no missing or unreported documents/transactions.
- Obtain explanation for exceptions and results must be reported immediately.
- Evaluate filing system of the documents.

4.1.3 Reporting Proper:

- Properly index the working papers in soft or hard copy.
- Prepare audit report on the deficiency noted. Document all findings.
- Issue to auditee findings and recommendations for compliance and disposition.
- Send to Head of Audit for final review that will then be send to President for approval and information.
- A follow up is being made as an open/ongoing finding from previous report for compliance to be included in current report.

4.2 For Post-Audit of Transactions

4.2.1 Review of Documents:

- Request documents from concerned departments for the area subject for post-audit base on work plan.
- Check documents received by vouching against the attachments for correctness, completeness and compliance with the existing policy, rules and guidelines.
- Verify the authenticity of documents (original documents must be attached) validate against third party if necessary for any discrepancy.
- Note and investigate any alterations made in the documents. Whenever applicable, confirm any alterations made by on documents to establish validity.
- Examine and account used and unused documents. Reconcile used and cancelled documents series since last reconciliation to ensure that there are no missing or unreported documents/transactions.
- Obtain explanation for exceptions and results must be reported immediately.
- Evaluate the filing system of the documents.

4.2.2 Reporting Proper:

- Properly index the working papers in soft or hard copy.
- Prepare audit report on the deficiency noted. Document all findings.
- Issue to auditee findings and recommendations for compliance and disposition.
- Send to Head of Audit for final review that will then be sending to President for approval and information.

A follow-up is being made as an open/ongoing finding from previous report for compliance to be included in current report.

ICT Support Services

1. POLICY

It is the policy of the University to provide IT support to faculty, staff and students for all University-owned computer equipment and related information technology (IT) services across offices and laboratories, and to safeguard the services and information they process.

2. PURPOSE

This policy establishes the principles, governance requirements, and operational procedures necessary to ensure the availability, confidentiality, integrity, resilience, and security of the University's Information and Communication Technology (ICT) services and information assets. It further establishes the University's cybersecurity governance framework for conducting periodic cybersecurity risk assessments, internal cybersecurity reviews, independent external technical systems audits, and structured corrective action management to ensure continual improvement and compliance with the Higher Education Council (HEC) Board of Trustees Resolution No. (4) – Rm (A) of 2024, applicable laws and regulations of the Kingdom of Bahrain, and internationally recognized cybersecurity and information security best practices.

3. SCOPE

This policy applies to all University-owned, managed, hosted, or outsourced information systems, applications, networks, servers, cloud services, databases, devices, supporting infrastructure, and information assets, as well as all authorized users, including faculty, staff, students, contractors, third-party service providers, and any other individuals accessing University ICT services. The policy governs the provision of day-to-day ICT support and maintenance services, cybersecurity governance, periodic and extraordinary internal cybersecurity reviews, independent external technical systems audits, cybersecurity risk assessments, vulnerability management, and corrective action management. It establishes the requirements for protecting the confidentiality, integrity, availability, and privacy of information; ensuring secure user identity verification and access control; safeguarding personal data in accordance with the applicable laws and regulations of the Kingdom of Bahrain; maintaining the security and resilience of blended learning systems and supporting infrastructure and supporting continual

improvement of the University's cybersecurity posture through structured monitoring, remediation, and compliance activities.

4. RESPONSIBILITIES

Staff of the IT Department - to provide IT support to faculty, staff, and students. This includes all university computer units in the offices / laboratories as well as the related information technology (IT) services.

Third Party - to provide support to the following services such as eMada SIS, Moodle, HRMS, CCTV, Wi-Fi, and telecommunication based on signed service level agreement.

Vice President for Administration and Finance (VPAF) – approves the engagement of the licensed external consulting firm and ensures resources for audit remediation.

Planning and Development Department (PDD) – monitors audit remediation plans and verifies closure of findings in coordination with the IT Department.

Information Technology (IT) Department – provides ICT support services; manages and maintains University information systems, networks, applications, devices, and infrastructure; coordinates internal and external audits and assessments; facilitates access to systems, records, and evidence required for audit and compliance activities; implements corrective actions arising from audit findings, cybersecurity assessments, risk assessments, and security incidents; supports cybersecurity monitoring and incident response activities; and collaborates with the Cybersecurity and Compliance Officer and the CISO in implementing and maintaining ICT security and compliance requirements.

Licensed External Consulting Firm – conducts periodic, independent technical systems audits in accordance with the agreed scope and issues a formal Technical Systems Audit Report with findings and recommendations.

Chief Information Security Officer (CISO) – provides independent oversight of cybersecurity governance, cybersecurity risk management, vulnerability management, audit remediation activities, and information security compliance. The CISO independently verifies the closure of cybersecurity findings, reviews residual risk acceptance requests, monitors the University's cybersecurity posture, and submits periodic cybersecurity and compliance reports to the President.

Cybersecurity and Compliance Officer – Conducts periodic and extraordinary

cybersecurity reviews of blended learning systems and associated infrastructure; prepares cybersecurity review reports; validates remediation evidence submitted by process owners; monitors corrective and preventive actions; maintains cybersecurity compliance records; and coordinates remediation activities with the IT Department and other responsible units.

Data Owners/System Owners – ensure that personal data processed in Moodle, eMada SIS, Microsoft 365 and related systems is accurate, authorized, secured, retained only as required, and disclosed only to approved users or third parties.

System Administrators/Process Owners – implement risk treatment actions, maintain logs and evidence, support audit testing, and provide remediation status updates within approved timelines.

5. DEFINITION OF TERMS

Approved Request Form – refers to the memorandum request recommended by VP for Academic Affairs/ VP for Administration and Finance and approved by the President.

TSG – Acronym for Technical Support Group referring to the IT Personnel

Network Access Requisition Form – refers to the form to be filled out by any University staff when requesting CIS/SIS and email access from the IT Department.

Technical Assistance Request Form – refers to the form to be filled out by any University staff when reporting and requesting technical assistance from the IT Department regarding any computer or IT service.

Defective Computer Spare Parts Disposal Form – refers to the form to be filled out by the IT Department when endorsing defective computer spare parts / peripherals to the Property Department for disposal. A copy of which should be furnished to the Audit Department.

Hardware/Software Requisition Form – refers to the form to be filled out by Heads of units when requesting for additional computer units, upgrade, or replacement of such, which needs the endorsement of the College Programme Head, evaluation of IT Head, approved by College Dean/Department Head and noted by VP for Academic Affairs/ VP for Administration and Finance.

Preventive Maintenance Record – refers to the records filled out by the IT Department regarding its monthly preventive maintenance procedures which include cleaning,

scanning, unit testing and checking of the Operating System.

Input Control Form – refers to the form to be filled out by any University staff when requesting for backdoor adjustment in Campus Information System database which needs the endorsement of the Department Head, Audit Department and VP for Administration and Finance.

Technical Systems Audit Report – the formal report issued by the licensed external firm detailing scope, methodology, findings, risk ratings, and recommended corrective actions.

Blended Learning Systems – University platforms, applications, integrations, and supporting infrastructure used to facilitate the delivery and administration of teaching, learning, assessment, communication, and academic records management, including Moodle, eMada SIS, Microsoft 365, cloud services, networks, servers, and supporting third-party services.

Extraordinary Internal Audit – An unscheduled internal audit initiated as a result of a cybersecurity incident, suspected security breach, significant system change, critical security vulnerability, prolonged service outage, regulatory requirement, or any event that may significantly impact University operations or academic integrity.

Cybersecurity Risk Assessment – A structured process for identifying, analyzing, evaluating, and treating cybersecurity risks affecting University information systems, information assets, services, infrastructure, and academic operations.

Security Vulnerability – A weakness in a system, process, application, device, network, configuration, or control that may be exploited to compromise confidentiality, integrity, availability, or academic integrity.

Corrective Action and Preventive Action (CAPA) Register – the controlled tracking record used to monitor audit findings, cybersecurity risks, vulnerabilities, assigned owners, risk ratings, target dates, remediation actions, verification evidence, and closure approvals.

Closure/Remediation Evidence – Documented and verifiable evidence demonstrating that a corrective action has been fully implemented and validated, including system configurations, screenshots, reports, tickets, vulnerability scan results, testing records, change approvals, and other supporting documentation.

Licensed External Consulting Firm – a consulting entity authorized to perform IT auditing and cybersecurity assessments in the Kingdom of Bahrain.

Independent External Audit – an assessment performed by an entity that has no operational responsibility for the University's systems or services and is free from conflicts of interest.

Technical Systems Audit – a structured, evidence-based examination of information systems, cybersecurity controls, and related processes to evaluate their effectiveness and compliance.

6. PROCEDURES

6.1 Technical Assistance

For UTB ICT systems

6.1.1 Employees will send email to itd@utb.edu.bh or call 17787953/17787988.

6.1.2 The IT staff will check and identify the problem encountered by the user whether it is hardware or software-related problem.

6.1.3 Action will be taken accordingly by the IT staff.

For Moodle/eMada SIS

6.1.4 Employees/Students will send email to itd@utb.edu.bh or call 17787953/17787988.

6.1.5 The IT staff will check and identify the problem encountered by the user.

6.1.6 If the problem cannot resolve by UTB IT staff, UTB IT staff will raise a ticket to Human Logic (Moodle/eMada SIS third party provider) to solve the issue. Aside from IT staff, assigned Department Head can directly raise a ticket to eservice@human-logic.com.

6.1.7 If the issue was resolved, UTB will send confirmation to Human Logic to mark the ticket as resolved.

6.1.8 Inform the user that the problem encountered was resolved.

For HRMS

6.1.9 Employees will send email to itd@utb.edu.bh or call 17787953/17787988.

6.1.10 The IT staff will forward the concerned to HRD staff.

6.1.11 If the problem cannot resolve by UTB HRD staff, HRD staff will raise a ticket to MenaITech (HRMS third party provider) to solve the issue.

6.1.12 If the issue was resolved, UTB HRD staff will send confirmation to MenaITech to mark the ticket as resolved.

6.1.13 HRD staff inform the user that the problem encountered was resolved.

6.2 Student/Employee Induction on ICT services

For Student:

6.2.1 IT Head together with Library Head will communicate with the teachers of the freshman students for schedule of induction.

6.2.2 Once the schedule is settled, IT staff will prepare equipment's/materials needed for the induction.

6.2.3 During the conduct of the induction IT Staff introduce and demonstrates different ICT services like Moodle, eMada SIS and Microsoft 365 to freshman students that will support their educational goals.

6.2.4 Inform freshman students to send email to itd@utb.edu.bh if they have query on different ICT services.

For Employee:

6.2.5 HR Head communicate via email regarding the newly hired employee.

6.2.6 IT Head will send QR-ITD-NAR form via email to be filled out by the newly hired employee and send back to IT Head with approval of their immediate superior.

6.2.7 IT staff prepare needed ICT services like laptop and Microsoft 365 account.

6.2.8 Once newly employee arrived, IT staff will provide the laptop (full-time faculty only) and Microsoft 365 account (send via email) at the same time or scheduled provided by the employee, IT staff demonstrate different ICT services like Moodle (Faculty only), Microsoft 365, and eMada SIS.

6.2.9 IT staff signed the newly hired employee orientation checklist.

6.2.10 Inform newly hired employee to send email to itd@utb.edu.bh if they have query on different ICT services.

6.3 Monitoring of Utilization of ICT Systems

6.3.1 IT Head maintain an accomplishment report on the termly basis wherein part of this report is monitoring the utilization of ICT systems.

6.3.2 Accomplishment report is submitted to Planning and Development Department (PDD) to ensure the effectiveness and progress of the report.

6.3.3 Vice President for Administration and Finance (VPAF) verifies the report.

6.3.4 PDD meets with the IT Head before the start of new term to discuss possible gap or action to be taken and make necessary adjustments in the next implementation of the report.

6.4 Defective Computer Spare Parts and Peripherals Disposal

6.4.1 The IT staff fills up the QR-ITD-DCD form and submits it to the IT Head. The form must be signed by the heads of the following offices: Property and VP for Administration and Finance and President

6.4.2 Approved QR-ITD-DCD will be implemented by the Property Department.

6.5 Hardware/Software Requisition

6.5.1 All requesting academic/non-academic personnel fill out the Hardware/Software Requisition form. The form should have the endorsement of the College Programme Head, evaluation of IT Head, approved by College Dean/Department Head and noted by VP for Academic Affairs/ VP for Administration and Finance and submit it to the IT Head.

6.5.2 IT Head checks availability of the hardware/software requested and if available, IT staff installs such.

6.5.3 If software/hardware is not available because they are additional software/hardware matter is endorsed by the IT Head to the VP for Academic Affairs/ VP for Administration and Finance for further consideration.

6.5.4 Approved additional new software/hardware request will be implemented by the Purchasing Department.

6.6 Preventive Maintenance

6.6.1 The IT staff should download virus definition updates daily.

6.6.2 The IT Head performs an update for the server and conducts antivirus scanning every weekend to avoid interruption of the daily operations and performance.

6.6.3 The IT Head ensures that the core, distribution, and access layer switch are working properly to avoid communication loss and system downtime.

6.6.4 The IT head should ensure that the hardware and software firewalls are up and running daily to ensure the security of the university's infrastructure.

6.6.5 The IT Head should make sure that the server is in good condition by restarting the server after every antivirus scan every weekend and create a backup server and database backup to avoid service downtime.

6.6.6 The IT staff performs preventive maintenance on computer laboratory and offices during term break to avoid interruption of the daily operations and performance, this includes the following:

- Checking of operating system
- Cleaning Hardware peripherals
- Checking network connectivity
- Deleting temp/dummy files
- Checking network connectivity
- Defragmentation
- Update Anti-virus
- Checking installed software/hardware
- Update patches

6.6.7 IT Head maintain ICT Maintenance Plan annually approved by the VPAF to monitor the maintenance task that will perform to university information systems which include the budget needed in performing certain maintenance task and how frequent should be done.

6.7 Student Information System (SIS) Utilization

6.7.1 All requesting academic and non-academic personnel should fill out the Network Access Requisition form endorsed by their immediate superior and submit it to the IT Head. The IT Head/staff provides access to the module of the approved requesting party.

6.7.2 All employees use their Microsoft 365 account login credentials to access eMada SIS.

6.7.3 Academic and Non-academic staff given access to the SIS, use their respective module accordingly.

6.7.4 Problems encountered in the SIS will be reported to UTB IT staff to resolve the issue If the problem cannot resolve by UTB IT staff, UTB IT staff will raise a ticket to Human Logic (eMada SIS third party provider) to solve the issue. Aside from IT staff, assigned Department Head can directly raise a ticket to eservice@human-logic.com.

6.7.5 If the issue was resolved, UTB will send confirmation to Human Logic to mark the ticket as resolved.

6.7.6 Inform the user that the problem encountered was resolved.

6.7.7 Human Logic performs daily, monthly, and yearly backup. Backups are stored in Microsoft Azure UAE North region.

6.8 Computers in Offices, Laboratory and Server Upgrade/Replacement

6.8.1 The IT Head coordinates with the Property department to identify the computer/server units purchased in the last 3 – 5 years from the inventory.

6.8.2 The IT Head requests the replacement of the identified computer/server.

6.8.3 The IT department sets up and configures all newly acquired hardware and deploys it to the respective offices/laboratories.

6.9 External IT Systems Audit

6.9.1 Requirement for Independent External Audit

UTB shall engage an independent external consulting firm that is officially licensed and authorized to perform IT auditing, cybersecurity assessments, and related technical evaluations within the Kingdom of Bahrain. Internal assessments, vendor self-reports, or non-licensed entities shall not be considered substitutes for this requirement.

6.9.2 Frequency of Audit

A comprehensive external technical systems audit shall be conducted at least once every year.

6.9.3 Scope of the External Audit

The audit shall include, but shall not be limited to, an evaluation of cybersecurity procedures, user identity verification mechanisms, privacy protection measures, security of services provided to users, confidentiality and integrity of information, and compliance with national regulations and international best practices.

6.9.4 Reporting and Documentation

The licensed auditing firm shall issue a formal Technical Systems Audit Report, including findings, risk ratings, and recommended corrective actions. The report shall be submitted to UTB and retained as an official compliance document.

6.9.5 Follow-Up and Continuous Improvement

The IT Department shall develop and implement corrective action plans based on audit findings. Progress shall be monitored by PDD to ensure continuous enhancement of cybersecurity and privacy practices.

6.10 Periodic and Extraordinary Internal Cybersecurity Reviews of Blended Learning Systems

6.10.1 Review Planning and Frequency

The Cybersecurity and Compliance Officer, under the governance and oversight of the Chief Information Security Officer (CISO), shall conduct periodic internal cybersecurity reviews of the University's blended learning systems and associated infrastructure at least once every academic year. Extraordinary internal cybersecurity reviews shall be conducted whenever required following significant system changes, cybersecurity incidents, suspected security breaches, discovery of critical vulnerabilities, major service disruptions, regulatory requirements, or any event that may adversely affect service security, information confidentiality, personal data protection, system availability, or academic integrity.

6.10.2 Scope of review

The reviews shall include, as applicable:

- Moodle and other learning management systems.
- eMada SIS.

- Microsoft 365 services supporting teaching and learning.
- Authentication and access management systems.
- Network infrastructure and wireless services.
- Server and cloud infrastructure.
- Academic assessment and grading systems.
- Data backup and recovery controls.
- Cybersecurity controls supporting confidentiality, integrity, availability, and academic integrity.

6.10.3 Extraordinary Review Triggers

Extraordinary cybersecurity reviews may be initiated due to:

- Cybersecurity incidents.
- Suspected or confirmed security breaches.
- Critical vulnerability discoveries.
- Significant system upgrades or migrations.
- Major service outages.
- Regulatory requests.
- Concerns affecting academic integrity.

6.10.4 Review Execution and Evidence

The Cybersecurity and Compliance Officer shall prepare a review checklist and evidence request list, conduct interviews and walkthroughs with system owners, review user access and privilege records, examine logs and ticket histories, verify backup and recovery controls, assess change management records, and perform sample testing of security, availability, integrity, and academic integrity controls. Where applicable, the review may include vulnerability assessments, configuration reviews, access control reviews, and verification of corrective actions. Access to live systems for review purposes shall be controlled, logged, and limited to authorized personnel.

Upon completion of each review, the Cybersecurity and Compliance Officer shall prepare a formal Internal Cybersecurity Review Report documenting the review scope, methodology, observations, findings, risk ratings, recommendations, responsible owners, remediation actions, and target completion dates. High-risk and critical findings shall be immediately reported to the Chief Information Security Officer (CISO), IT Senior Manager, and University Management for corrective action.

6.10.5 Review Reporting

The Cybersecurity and Compliance Officer shall prepare a Cybersecurity Review Report documenting findings, risk ratings, recommendations, responsible owners, target completion dates, and required remediation actions. High-risk and critical findings shall be reported to the Chief Information Security Officer (CISO), IT Senior Manager, and relevant system owners for corrective action and monitoring.

6.11 Personal Data Protection and Information Integrity

The University shall process, store, transmit, and manage personal data in accordance with the Kingdom of Bahrain Personal Data Protection Law (PDPL), applicable regulatory requirements, and the University's Data Protection Policy. Appropriate technical and organizational controls shall be implemented to ensure the confidentiality, integrity, availability, authenticity, and lawful processing of personal information throughout its lifecycle.

6.11.1 Compliance Requirement

All University ICT systems, services, applications, infrastructure, and blended learning systems shall process personal data in accordance with OPM-ICT-005 Data Protection Policy and applicable laws and regulations of the Kingdom of Bahrain.

6.11.2 Information Integrity Controls

The IT Department shall implement and maintain technical and administrative controls to protect the accuracy, completeness, authenticity, and integrity of information processed by university systems, including:

- User authentication and access management controls.
- Audit logging and monitoring mechanisms.
- Backup and restoration procedures.
- Change management controls.
- Database security controls.
- Protection of academic records, grades, assessments, and learning materials from unauthorized modification.
- Validation and approval procedures for system and database changes.

6.12 Cybersecurity Risk Assessment

6.12.1 Responsibility and Frequency

The Cybersecurity and Compliance Officer shall conduct cybersecurity risk assessments, under the oversight of the Chief Information Security Officer (CISO), at least annually and whenever significant changes occur to blended learning systems, supporting infrastructure, business processes, or the University's cybersecurity threat landscape. Additional risk assessments shall be performed following cybersecurity incidents, penetration testing, vulnerability assessments, external audit findings, regulatory requirements, or major technology changes.

6.12.2 Risk Assessment Methodology

Risk assessments shall identify:

- Information assets.
- Threats.
- Vulnerabilities.
- Existing controls.
- Likelihood and impact.
- Residual risks.
- Required risk treatment plans.

6.12.3 Technical and Administrative Testing

Identified risks shall be documented within the University's Risk Register and managed through appropriate risk treatment strategies, including remediation, mitigation, avoidance, transfer, or documented management acceptance. Risks

affecting service security, information confidentiality, personal data protection, or academic integrity shall receive priority treatment and shall be monitored until appropriately resolved or formally accepted by management.

Risk assessment activities may include vulnerability scanning, secure configuration review, access and privilege review, password and MFA control review, endpoint and server protection review, firewall and network segmentation review, backup and recovery testing, log monitoring review, third-party assurance review, incident response readiness review, and review of controls protecting online assessments and grades.

6.12.4 Risk Treatment and Approval

Risks shall be recorded in a controlled risk register and treated through remediation, mitigation, transfer, avoidance, or documented management acceptance. Critical and high risks affecting service security, information confidentiality, or academic integrity shall be escalated to the VPAF and President, where necessary, with specific containment and remediation actions.

6.12.5 Confidentiality of Risk Information

Risk assessment outputs, vulnerability details, system diagrams, credentials, logs, and exploit-related evidence shall be treated as confidential and shared strictly on a need-to-know basis to prevent misuse or exposure of security weaknesses.

6.13 Tracking and Closure of Audit Recommendations and Security Vulnerabilities

6.13.1 CAPA Register

All recommendations arising from periodic internal cybersecurity reviews, extraordinary cybersecurity reviews, independent external technical systems audits, vulnerability assessments, penetration testing, cybersecurity risk assessments, and security incident investigations shall be recorded in the University's Corrective Action and Preventive Action (CAPA) Register. Each finding shall be assigned a responsible owner, risk rating, corrective action, target completion date, and verification requirements.

6.13.2 Ownership and Target Dates

Each finding shall be assigned an owner, risk rating, remediation action, target completion date, and verification requirements. Responsible departments shall implement corrective actions within approved timelines.

6.13.3 Progress Monitoring and Escalation

The Cybersecurity and Compliance Officer shall continuously monitor the implementation of corrective and preventive actions arising from periodic and extraordinary internal cybersecurity reviews, independent external technical systems audits, vulnerability assessments, penetration testing, cybersecurity risk assessments, and security incident investigations. The status of all remediation activities shall be maintained within the University's Corrective Action and Preventive Action (CAPA) Register, including assigned owners, risk ratings, target completion dates, remediation status, verification evidence, and closure approvals.

Overdue, recurring, high-risk, or critical findings that may adversely affect service security, information confidentiality, personal data protection, system availability, or academic integrity shall be promptly escalated to the Chief Information Security Officer (CISO) for management review and appropriate action. Where necessary, significant cybersecurity risks shall be further escalated to the Vice President for Administration and Finance (VPAF) and the President for decision-making, resource allocation, and oversight. Periodic remediation status reports shall be prepared by the Cybersecurity and Compliance Officer and submitted to the CISO to monitor implementation progress, identify recurring weaknesses, and ensure the timely closure of all identified security vulnerabilities.

6.13.4 Verification of Closure

Corrective actions shall not be considered complete and closed until objective remediation evidence has been independently verified by the Chief Information Security Officer (CISO) or an authorized independent reviewer. Verification activities may include configuration reviews, vulnerability rescanning, penetration testing, access reviews, log reviews, validation of implemented controls, and examination of supporting documentation. Findings shall only be formally closed following satisfactory verification and documented approval within the CAPA Register.

The CISO may coordinate with the IT Department and the Cybersecurity and Compliance Officer to obtain evidence and perform verification activities, including retesting, configuration review, vulnerability rescanning, sample transaction review, access review, or validation of updated procedures and records.

6.13.5 Emergency Findings and Residual Risk Acceptance

For emergency findings or actively exploited vulnerabilities, the IT Department shall implement immediate containment actions such as disabling vulnerable services, revoking access, applying temporary compensating controls, blocking malicious traffic, or isolating affected systems.

Any decision to accept residual risk shall be documented, supported by a risk assessment, justified, time-bound, and reviewed by the Chief Information Security Officer (CISO). Residual risk acceptance shall be approved by the Vice President for Administration and Finance (VPAF) or the President, based on the severity and potential impact of the risk.

6.13.6 Retention and Management Reporting

Internal audit reports, cybersecurity risk assessments, CAPA Registers, closure evidence, vulnerability assessment reports, vulnerability scan reports, residual risk acceptance records, and related management approvals shall be retained as official compliance records in accordance with the University's records retention requirements.

The Cybersecurity and Compliance Officer shall maintain the records and monitor corrective and preventive actions in coordination with responsible departments.

The Chief Information Security Officer (CISO) shall prepare and submit periodic

cybersecurity and compliance status reports to the President and relevant management committees. Reports shall identify open, overdue, closed, and recurring findings, remediation progress, risk ratings, residual risks, and escalation requirements.

Particular attention shall be given to findings affecting blended learning continuity, service availability, cybersecurity, information confidentiality and integrity, personal data protection, and academic integrity.

6.13.7 Continuous Improvement

The University shall periodically analyze trends and lessons learned from internal cybersecurity reviews, external technical systems audits, cybersecurity risk assessments, vulnerability assessments, penetration testing activities, audit findings, corrective action records, and cybersecurity incidents to identify recurring weaknesses, evaluate the effectiveness of implemented controls, and strengthen cybersecurity governance. The outcomes of these reviews shall be used to enhance policies, procedures, technical controls, awareness programmes, and risk management practices, supporting the continual improvement of the University's cybersecurity posture, blended learning services, information confidentiality, personal data protection, service resilience, and academic integrity.

7. QUALITY DOCUMENTS

QR-ITD-DCD

QR-ITD-HSR

QR-ITD-ICF

QR-ITD-NAR

QR-ITD-PMR

QR-IAC – Internal Audit Checklist for Blended Learning Systems

QR-CAPA – Corrective Action and Preventive Action Register

QR- RAR – Risk Assessment Register

8. DISTRIBUTION LIST

All University Units

ICT Disaster Recovery

1. POLICY

It is the policy of the University to identify and deal effectively with an IT disaster, thus ensuring that the effect, both short and long-term, of such an incident is minimized.

2. PURPOSE

This policy and procedures have an objective as follows:

1. Identify the most critical applications and infrastructure
2. Reduce loss of data and information
3. Ensure continuous service by making mission critical resources available.
4. Ensure processes in place to help ICT recovery after a disaster
5. Ensure a safe and orderly recovery within predetermined timeframe
6. Identify roles & responsibilities before, during and after a disaster
7. Maintain a sense of security and organizational stability.

3. SCOPE

This policy covers all IT related data and facilities managed by the IT Department assuming that the affected site is still accessible and partially functional in terms of connectivity and electrical power. There are still available IT resources (PCs, Servers, Hubs, Switches etc) to be used for recovery.

4. RESPONSIBILITIES

Staff of IT department carry out the recovery planning by developing disaster recovery plans. Maintaining an updated list of all systems and services hosted and supported in the University. Defining the services to be included in the Disaster Recovery Plan and how that service is managed.

Facilities and Maintenance Team ensures that electricity in the server room and other area where ICT resources are located is up and running.

External Support teams – third party providers such as Batelco, Human Logic, and MenaITech that provide support based on signed service level agreement on services like eMADA SIS, HRMS, Moodle, Internet, Wi-Fi, CCTV and Telecommunication systems.

5. DEFINITION OF TERMS

IT Disaster Recovery - is the ability to restore an organization's critical systems and services to return the entity to an acceptable operating condition following a catastrophic event by activating Disaster Recovery Plan.

ICT System - defined as any and all online display devices, mass storage media, and all computer related activities involving any device capable of receiving email, browsing Web sites, or otherwise capable of receiving, storing, managing, or transmitting data, including but not limited to, servers, network infrastructure, computers, tablets, distributed processing systems, network attached and computer controlled medical and laboratory equipment, telecommunication resources, network environments, telephones, fax machines, and printers. Additionally, it is the procedures, equipment, facilities, software, and data that are designed, built, operated, and maintained to create, collect, record, process, store, retrieve, display, and transmit information.

Service Level Agreement (SLA) - An agreement between UTB and Human Logic/MenaITech/Batelco. A service level agreement describes the IT services, documents service level targets, and specifies the responsibilities of Batelco/Human Logic/MenaITech and UTB.

6. PROCEDURES

6.1 For UTB ICT Systems

6.1.1 Disaster Declaration Protocol

If and when potential causes of an IT Disaster occur, the following protocol will be observed:

The highest-ranking person listed below will assess the event and issue a report to the Head of the IT.

Designation
Head of IT
IT Staff

After assessment of the report and after confirmation of an IT Disaster, the head of IT

must consult with management and declare the IT disaster classified according to:

CODE TYPE	DESCRIPTION
Black	The disaster site is no longer functional, and operations should be moved another site.

• Assuming that the communication lines are still functional, the IT Helpdesk will be activated, and the stakeholders will be informed of the IT disaster

6.1.2 Disaster Recovery Team

The persons listed below shall compose the Disaster Recovery Team. The help desk once activated will inform the team members to convene.

- Initial Team Members: Head of IT, IT Staff
- Facilities and Maintenance Team.
- Primary Recovery Team: Head of IT, IT Staff
- Secondary Recovery Teams: Head of IT, IT Staff
- Wrap Up Team: Head of IT, IT Staff, Facilities and Maintenance Team.

There will be four tiers:

- Initial Recovery Team–infrastructure recovery group that will ensure that all needed hardware is ready and operational
- Primary Recovery Team–connectivity and backbone recovery group to ensure that the internet connectivity, DNS and core network are operational
- Secondary Recovery Team– information systems groups that will ensure that the email, camera systems, VoIP systems, authentication systems as well as the mission critical information systems are up and operational.
- Wrap-up Team–composed of all the above teams, this composite team must now assess the completeness of the recovery procedure that was employed.

The recovery teams will be assisted by External support teams, if and when necessary.

7. DISASTER RECOVERY GUIDELINES DISASTER RECOVERY TASKS

7.1 Recovery Priority

Recovery will be managed to ensure that critical systems are restored as quickly as possible based on the order shown below:

Core TierCore Tier
Core Network
DNS Servers
Proxy Server
Backbone Network
Telecommunication system
Information Systems Tier
Campus Information System (CIS)
HRMS System
Biometric Data Gathering Infra
Digital Archiving

Actions of Initial Recovery Team

The initial recovery team's task is to ensure that the data centre will be up and operational terms of hardware.

1. Declare the site where recovery will be made, depending on Code Black or CodeRed.
2. Determine the extent of the damage/destruction/loss and ascertain which hardware is affected.
3. Decide on how to best proceed with the recovery given the available equipment

Actions of Primary Recovery Team

The Primary Recovery Team must ensure that the Core of the Network and internet are operational.

1. Make sure that the Core switch, DNS and Gateway are operational
2. Make sure that the entire core is connected to the internet
3. Make sure that other external linkages are up and running
4. Make sure that there are temporary workstations that are working

Actions of Secondary Recovery Team

The Secondary Recovery Teams will ensure that all information systems are operational.

1. Make sure that the email system is up and running.
2. Make sure that all mission critical components of mission critical systems are operational.
3. Make sure that all information systems are up and running based on the schedule itemized in Annex3.
4. Make sure that the network going to end-users are operational
5. Make sure that the workstations of end users are operational
6. Decommission the temporary workstations upon completion of the task

Actions of Wrap-Up Team

The Wrap-Up Team must perform systems checks on all the completed recovery to ensure that all services have been brought back to normal.

1. Make sure that all recovered systems are up and running
2. Make sure that all recovered hardware is up and running
3. Perform an assessment of the recovery process done and recommend

For Human Logic, MenaITech, and Batelco (see signed Service Level Agreement (SLA) for more information)

8. DISTRIBUTION LIST

All University Units

9. QUALITY DOCUMENTS

A. **Site Infrastructure Document**

- Core Diagram
- Inventory and Specs of Power Systems c/o FMS
- Inventory and Specs of Servers
- Inventory of Equipment

- Vendors Support Contact

B. **Information Systems Listing Document**

- List of Information Systems
- Assigned Person
- Support Partners
- Servers where Installed
- Components Needed
- Location of Back-ups

C. **Recovery Team Directory**

- Designation
- Name
- Telephone Number
- Email
- Cell Number
- Alternate Number

Data Backup and Restoration

1. POLICY

It is the policy of university to respond to the needs of its present and prospective stakeholders; hence, it is critical that the University implement effective measures to protect the integrity and validity of information.

2. PURPOSE

This policy and procedures are to ensure that all information to support the operations of the University are stored safely and the integrity and accuracy of data is maintained and is made available when needed.

3. SCOPE

This procedure covers the process of backing up critical information and all other precautions necessary to the efficient safekeeping and storage of data.

4. RESPONSIBILITIES

IT Head - responsible for all routine backup processes that are performed daily, weekly, and monthly for CIS, HRMS databases and CCTV data.

IT staff - assigned to support the IT Head and assume over this task in his/her absence.

Human Logic/MenaITech – third party provider responsible for all routine backup processes that are performed on a daily, weekly, monthly, and yearly for eMada SIS, Moodle and HRMS databases.

5. DEFINITION OF TERMS

Backup - The saving of files onto magnetic tape, disk, or other mass storage media for the purpose of preventing unplanned data loss in the event of equipment failure or destruction.

Data restore - process of copying backup data from secondary storage and restoring it to its original location or a new location. A restoration is performed to return data that has been lost, stolen or damaged to its original condition or to move data to a new location.

Application System Daily Backup and Restoration – refers to the backup and restoration of file records of the IT Department Head for the University's application systems done on a daily/weekly/monthly basis.

6. PROCEDURES

6.1 For old system (CIS/HRMS)

IT Head performs backup from server to Network Attach Storage(NAS) every day after office hours.

a) The IT Head shall take primary responsibility for all routine backup processes that are performed at the end of the day. IT staff shall be assigned to support the IT Head and assume over this task in his/her absence.
b) Regular backup of data files should be run every noon breaks by saving in the NAS storage and after office hours by saving in the External drive. This Data Backup External Drive should be stored/place in a secured fireproof vault. At any one point, there should be existing softcopies of the data:

    - The running copy of the database files in the servers.
    - A soft copy in an External Drive.

c) After the system/database daily backup, the IT Head/staff fill out the online QR-ITD- ASB Form.
d) There should be two copies of backup every end of the week. The first is for the regular daily backup that is stored in the University vault and the other is for the weekly backup that shall be stored to a third-party cloud storage.
e) The on-site backup media must be properly labeled, secured and stored in the fireproof vault.

6.2 The IT Head/staff also conduct an off-site backup by uploading backup file to a third-party cloud storage.

a) The Off-site Data Center for the weekly backup shall be a third-party cloud storage and the transmission of backup media shall be uploaded to a third-party cloud storage weekly on the first working day of the succeeding week.
b) All off-site weekly backup media shall be uploaded with the accomplished QR-ITD-ASBForm.
c) One copy of monthly backup upload to a third-party cloud storage and shall be retained foryear. When time comes, the Data Center Custodian must check the backup data from the off-site Data Center for evaluation. The IT Head shall evaluate the significance of data to the company and will determine if the backup data~~'s~~ are to be retained or deleted.
d) The IT Head/staff shall also be assigned as the Data Center Custodian. He/she shall ensure that the submitted off-site backup media are complete and properly labeled. He/she shall also be responsible for ensuring that the release of backup copies are incompliance to restrictions set of this policy.
e) A request for restoration of files shall be accomplished by the requesting party, duly approved by the VP for Administration and Finance. The request shall include the date when the file was created or last updated and the file name.
f) For any data restoration that may be required, the following precedence should be observed: the copy in the External Drive stored in the University vault and then the off-site end-of-the-week copy or monthly backup, whichever is latest.
g) All backup installation media may be restored and utilized only by the Data Center Custodian, in the presence of the department head of the problem system or any authorized representative.

7. FOR MOODLE/EMADA SIS

(see signed Service Level Agreement (SLA) for more information) Human Logic performs a complete backup of the systems (Moodle and eMada) will be made everyday at2:30 AM GMT+4 as per the following.

- Daily backup includes:
    - Full backup of the database
    - Full backup of App Engine
    - Full backup of data (ex: uploaded files)

- Retention:
    - Azure recovery services are used for long time retention.
    - Daily backups are retained for the last 7 days.
    - Weekly backups are retained for the last 5 weeks.
    - Monthly backups are retained for the last 12 months.
    - Yearly backups are retained for the last 10 years.
- Point in time backup:
    - Point-in-time backup is available for the last 35 days.
- Compliance:
    - eMada application is hosted in Microsoft Azure UAE North region. Refer to the below link for compliance. https://learn.microsoft.com/en-us/azure/compliance

Data Ownership and Data Privacy

a. With Human Logic SaaS, the data ownership remains with the customer (UTB).
b. The application shall be protected over HTTP or HTTPS through a Web Application Firewall(WAF).
c. Data is always encrypted in transit and at rest.
d. *For HRMS (see signed Service Level Agreement (SLA) for more information)*

MenaITech is hosting all server on Microsoft azure, hence all backup service covered by native Microsoft SaaS.

MenaITech guarantees at least 99.9% availability of the backup and restore functionality of the Azure Backup service Below policy applied to MenaITech VMs, to backup whole Virtual Machine.

- Azure Backup stores backed-up data in vaults - Recovery Services vaults and Backup vaults. A vault is an online-storage entity in Azure that is used to hold data, such as backup copies, recovery points, and backup policies. Whole VM backup is done for two days with retention for 30 days
- A full backup contains the selected Files and Folders taken on daily basis with retention of 60 days.

8. QUALITY RECORDS

QR-ITD-ASB

9. DISTRIBUTION LIST

VP for Administration and Finance

Head, Information Technology Department

Use of UTB Computer Laboratory

1. POLICY

It is the policy of the University to provide access to computer laboratory resources. UTB reserves the right to determine what constitutes appropriate use of computer laboratory resources, network access, and/or any laboratory computing services.

2. PURPOSE

This policy and procedure outline the individual responsibilities for the use of computer laboratories. It is therefore necessary to operate and maintain these laboratories in the highest standards possible. This set of guidelines is designed to achieve the following objectives:

1. Ensure the efficient and effective use of computer laboratories in UTB.
2. Provide a clear set of rules to protect all IT resources as operated and maintained inside the laboratories.
3. Ensure that all computer laboratories are protected from theft, vandalism, and all forms of abuse.

3. SCOPE

These policies define the appropriate use of UTB computer laboratory resources. It is not the intent of this policy to limit academic freedom in any way, but to provide an appropriate avenue for the proper exercise of those freedoms. This policy applies to all users who access computer laboratory resources. All users of these resources have a responsibility to know, understand, and comply with these policies. Users assume any responsibility of any civil and/or criminal liability that may arise from the individual use or misuse of computer laboratory resources.

4. RESPONSIBILITIES

The VPAF through the Head of IT or designated UTB IT personnel shall carry out the implementation of these guidelines. The guidelines shall be observed by all UTB

students, faculty, and staff at all times.

5. DEFINITION OF TERMS

Laboratory/Laboratories - Throughout this document, the reference to Laboratory/Laboratories is strictly referring to the UTB Computer Lab facilities.

CMOS - CMOS RAM, CMOS is short for complementary metal-oxide semiconductor. CMOS is an onboard, battery-powered semiconductor chip inside computers that stores information. This information ranges from the system time and date to your computer's hardware settings.

BIOS - Short for Basic Input/Output System, the BIOS (pronounced bye-oss) is a ROM chip found on motherboards that lets you access and set up your computer system at the most basic level.

Peripherals - Alternatively called an auxiliary device, a peripheral is a hardware input device or output device that gives a computer additional functionality. Peripheral devices, however, are not essential for the computer to perform its basic tasks; they are an enhancementto the user's experience.

Computer Network - is a collection of computers, servers, mainframes, network devices, peripherals, or other devices connected to allow data sharing

6. PROCEDURES

6.1 Instructors shall closely monitor the conduct of their students while they are inside the laboratory. The instructor shall not be allowed to leave the class during the instructor's assigned laboratory hours. In the exceptional event that the instructor must leave the class, the instructor must inform IT Personnel.

6.2 The student must check the computer unit, and its peripherals attached before using it. The student must immediately inform the instructor if there's any defect, error or damage observed at the computer (hardware/software) assigned or if there are any missing peripherals (mouse, keyboard, etc.). The instructor should immediately report the incident toIT Department.

6.3 Students are not allowed to bring bags, food and beverages inside the laboratory. Chewing gum, eating, drinking, smoking, littering are prohibited inside the computer laboratory.

6.4 Users are responsible for saving their documents on their own flash drives, any information saved or installed on the system's hard drive will be deleted once the Computer is rebooted (restarted).

6.5 No one is allowed to alter or delete configuration settings of any computer laboratory equipment. Tampering, deleting or modifying CMOS/BIOS settings, IP

Configuration, system parameters, or system files stored in the hard disk are strictly prohibited.

6.6 No student or personnel shall be allowed to attach or detach any peripheral to and from anyIT equipment or devices without explicit permission from the Head of the IT Department. Users are not allowed also to attach personal devices in any computer laboratory's network without permission from IT Department.

6.7 Accessing Pornographic, Gambling, Hate/Discrimination, torrent, and other unsafe sites is strictly prohibited.

6.8 Users are not allowed to install, update, or download any software in any computers inside the laboratories. It is also prohibited the users to boot from any bootable devices to run software in any computers in the laboratory. In cases that there is need to install, update or download software or boot from other device the instructor must seek for the approval of thehead of IT Department.

6.9 Playing games are not allowed inside the computer laboratory, this includes video games, cardgames and other games. However, in cases of the topic is related to games the instructor mustinform the IT personnel on duty.

6.10 Anyone who is causing disturbance, trouble and exhibiting hostile or threatening behavior will be requested to leave the computer laboratory.

6.11 Printing of manuscripts, business letters, banners, personal documents, and researchworks are not allowed in the laboratory. Only the printing of program listings is allowed usingthe laboratory printer.

6.12 Proper computer laboratory etiquette must be observed.

i. Ensure that no trash is left behind.
ii. Turn-off computer units and arrange the computer peripherals (mouse,keyboard and headset) after use.
iii. Wearing hats/caps inside the laboratory is not allowed.
iv. Chairs must be returned properly to its original places
v. Orderly dismissal must be observed by the instructor and the class.

6.13 Theft, vandalism, or abuse in any form is a grave offense and shall be dealt with accordingly. Willful violations of the above provisions shall constitute disciplinary actions. Violators of these guidelines may be subject to any, but not limited to, the following sanctions:

1.admonition
2.temporary or permanent suspension of computer laboratory privileges
3.dismissal from the university/school

6.14 Notwithstanding the above sanctions, the school/university shall impose additional penalties as may be allowed by the provisions of the Student Handbook or the Employee Handbook.

7. QUALITY DOCUMENTS

Guidelines posted in all computer laboratories.

8. DISTRIBUTION LIST

All University Units

Data Protection

1. POLICY

University of Technology Bahrain (UTB) is committed to safeguarding the privacy of its students, alumni, faculty, and staff by ensuring fair, responsible, and transparent use of all personal information that it holds. It is the policy of the University to protect the confidentiality, integrity, and availability of information and systems that are important to the University's mission.

2. PURPOSE

This policy provides a procedure for safeguarding UTB's information assets, i.e., its information technology systems and the data in its possession. UTB defined all required processes for the purpose of determining who is allowed to access and use those assets and what security measures must be taken to safeguard those assets against unauthorized access or breach of confidentiality, integrity, or availability. The University is strongly committed to compliance with the Bahrain Law No. (30) of 2018 issuing Personal Data Protection Law.

3. SCOPE

This Policy applies to all recorded information, which relates to identified or identifiable individuals, irrespective of the format in which that information is held. This includes student and staff photos stored in the University databases as well as data images and videos captured by means of CCTV systems along with any information derived from the analytic part of these systems such as vehicle numbers. The policy also applies to all physical records containing personal information about students and staff including information about family members.

This Policy does not apply to information processed by other entities which is located inside the University premises but is not owned or managed by the University.

4. RESPONSIBILITIES

- Processing personal data in accordance with this policy
- Informing the university of any changes to their own personal data.
- Contacting UTB in the following circumstances:
    - With any questions about the operation of this policy, data protection law, retaining personal data or keeping personal data

secure.

- If they have any concerns that this policy is not being followed
- If they are unsure whether they have a lawful basis to use personal data in a particular way
- If they need to deal with data protection rights invoked by an individual or transfer personaldata outside the Kingdom of Bahrain.
- If there has been a data breach
- Whenever they are planning a new activity that may affect the privacy rights of individuals
- If they enter a new contract or begin sharing personal data with third parties
- Third party provider– In relation to any personal information provided or made available by UTB,the third-party provider shall.

- process such information only in accordance with UTB authorized instructions.
- in any event, the source of the data shall not be disclosed.
- take appropriate technical and organizational measures against unauthorized processingof such information and against accidental loss or destruction of or damage to such information.

5. DEFINITION OF TERMS

Personal data/information - Any recorded information relating to an identifiable living individual, including expressions of opinion or intentions.

Sensitive personal data - Any personal data consisting of ethnic origin, political opinions, religious or other beliefs, membership of a trade union, physical or mental health or condition, offences or alleged offences, and proceedings for any offence or alleged offence, etc.

Processing - Any action that can be done with personal data, including gathering, using, storing, and disclosing it.

Data subject - The identified or identifiable individual whose personal data is held or processed.

Data controller - A person or organization that determines the purposes and the means ofprocessing of personal data.

Third party - is any natural or legal person, public authority, agency, or any other body other than the data subject, the data controller and the persons who, under the direct authority of thecontroller, are authorized to process data.

6. PROCEDURES

Data Protection Principles

The University is responsible for, and must be able to demonstrate, compliance

("accountability") with the following Data Protection Principles:

Personal data shall be:

- Processed lawfully, fairly and in a way that is transparent to the data subject.
- Collected, created or processed only for one or more specified, explicit and lawful purpose.
- Adequate, relevant and limited to what is necessary for those purposes.
- Kept accurate and, where necessary, up to date
- Retained no longer than is necessary.
- Kept safe and secure.
- The organization shall only collect and share learners' data with their explicit consent.
- Protect documented information from deletion or unauthorized modification or deletion.
- Ensure access and ease of retrieval of information when needed; by relevant interested parties.
- When the property of an interested party is lost, damaged or otherwise found to be unsuitablefor use, the organization shall report this to the relevant interested party and take appropriatecorrective actions and retain documented information on what has occurred.

(Note: Property could include intellectual property and personal data, certificates, diplomas and other relevant documents).
Identify threats and vulnerabilities in activities related to data security and protection and setup the necessary controls to prevent and mitigate them.
Establish multi-stage backup systems, continued availability systems and recovery systems fordata.

Data Subject's Consent

Consent or authorization from data subjects of UTB will be secured first prior to any collection,process, storage, access, use, and sharing or transfer of personal data by UTB. Consent will besecured through paper-based or electronic form.

By giving us your consent, you agree that said consent and authorization has been given

freely, voluntarily and with full knowledge of its consequences. It is intended to be the consent and/or permission required under this Privacy Policy, the Bahrain Law No. (30) of 2018 issuingPersonal Data Protection Law and all other relevant laws. It is valid as an agreement signed byyou and shall have continued effect throughout the duration of your relationship with UTB and/or existence of your account(s), and/or until the expiration of the retention limit set by laws and regulations, and/or the period set until the destruction or disposal of records as mandated by relevant laws, unless you withdraw such authorization and consent. Thus, you hereby render UTB, its officers, employees, and representatives free and harmless from all liabilities arising from the above use and disclosure of your information.

Kind of Personal Information Collected

According to UTB's existing processes, the university collects the following personal information:

- Personal contact details such as Name (English/Arabic)
- Birthdate
- Place of birth
- Gender
- CPR
- Passport number
- Nationality
- House address
- Email address
- House phone
- Mobile phone
- Occupation
- Company name
- Marital status and emergency contact information
- date and completion date of your education with us
- Copy of any identification documents required for registration
- Application information (including references, educational documents and other informationrequired as part of the application process)
- CCTV footage and other information obtained through electronic means such as mi-fare cardrecords.
- Information about your use of our ICT systems
- Information regarding your well-being and academic progress in the university
- Information relating to your personal or professional conduct in the university
- Information about your personal and financial circumstances if required

- Photographs of the student/employee.
- Information we obtain in accessing our website at utb.edu.bh like;
    1. Information contained in or relating to any communications that you submitted tous through any means.
    2. Your IP address and cookies from which you accessed our website, and details ofwhich version of web browser and operating system you used.
    3. The date and time of your visit in our website.
    4. Google Analytics data, which is information on how you use our website, usingcookies and page tagging techniques to help us improve our website.
    5. The approximate location from which you viewed our website.

The university may also collect, store, and use the following more sensitive types of personal information such as information about health and medical conditions, any disciplinary information, and other biometric data.

Ways to Collect Personal Information UTB obtains personal information through:

- Electronic and paper documentation: including job applications, emails, invoices, letters to theUniversity, medical forms, manual/online forms (for example: enrolment, extracurricular activities, etc), our university websites or the university controlled social media.
- The university may collect additional personal information throughout your period of study and from third parties, including former employers, academic institutions, credit reference agencies or other background check agencies.
- Software or online tools used by the university.
- Photographs or other audio-visual contents for educational or marketing/commercial purposeswith due information and consent of the data subject.
- University CCTV cameras.

Purpose of Collected Personal Information

- To carry out ordinary duties to staff, students and stakeholders, the university may process a wide range of personal data about individuals (including current, past, and prospective staff, or students) as part of its daily operation. Some of this activity needs to be carried out to fulfiltheir rights, duties, or obligations, including those developed under a contract with the staff, stakeholders, or students themselves if they are emancipated.
- Deciding about his/her application as well as assessing qualifications.
- Conduct data analytics studies to review and better understand student retention and attritionrates and equal opportunities monitoring.

- Maintaining relationships with Alumnae and Employers.
- To appropriately monitor the use of the university ICT systems.
- For legal and regulatory purposes and to comply with the legal obligations and duties of care.
- Education, training, seminar, conference, and other career development requirements.
- Conducting academic reviews, managing performance, and determining performance andmaking decisions about your continued study with us.
- Dealing with legal disputes involving you, or other students/employees.

Data Sharing

Personal data belonging to staff, students and partners is shared routinely but is not limited to the following scenarios:

7. DATA SECURITY

UTB will protect personal data and keep it safe from unauthorized or unlawful access, alteration, processing, or disclosure, and against accidental or unlawful loss, destruction, or damage. In particular:

- Where data is required by third parties in order to provide services to staff and students (e.g., the OOPT exam, eMada SIS, HRMS, Moodle, government agencies),
- Where disclosure is required to satisfy safeguarding obligations,
- Sharing personal data with the emergency services or local authorities would help to respond to an emergency that affects any staff or students.
- Where there is an issue that puts the safety of a student or member of staff at risk.
- Where personal data is shared with third parties, UTB will:
    1. Only appoint suppliers or contractors which can provide sufficient guarantees that they comply with data protection law.
    2. Establish a data sharing agreement with the supplier or contractor, either in the contract or as a standalone agreement, to ensure the fair and lawful processing of any personal data UTB share.
    3. Only share data that the supplier or contractor needs to carry out their service, and information necessary to keep them safe while working with us.

Data Security

UTB will protect personal data and keep it safe from unauthorized or unlawful access,

alteration, processing, or disclosure, and against accidental or unlawful loss, destruction, or damage. In particular:

- Paper-based records must be kept under lock and user log record and record/Information accessed and returned is documented and signed.
- Papers containing confidential personal data must not be left on office and classroom desks, on staffroom tables, pinned to notice/display boards, or left anywhere else where there is general access.
- Servers, computers, laptops, external hard drives, and memory sticks that contain personal data must be protected by passwords and encryption.
- Passwords that satisfy complex requirements will be enforced.
- Staff, students, or partners who store personal information on their personal devices areexpected to follow the same security procedures as for university-owned equipment.

  Third parties will only process your personal information on our instructions and where they haveagreed to treat the information confidentially and to keep it secure.

Data Retention

UTB will only retain your personal information for as long as necessary to fulfil the purposes the university collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.
Retention standards that apply to tangible university records also apply to electronic records, andthe retention periods outlined in the record retention table apply equally to university records inall formats.

8. QUALITY RECORDS

Records Retention Table

9. DISTRIBUTION LIST

All units in the University

Inventory Management

1. POLICY

It is the policy of the University to manage effectively and efficiently all the inventories to ensure optimizing the cost and availability to end users whenever needed.

2. PURPOSE

This Policies and Procedures document provides the guiding principles in maintaining satisfactory levels of service to end users while keeping inventory costs within reasonable bounds.

3. SCOPE

This document covers all items including purchased parts, replacement parts, and tools as well all office supplies and instructional supplies which are all important to carry out the operations.

4. RESPONSIBILITIES

Head Property Department Head of Purchasing
Head of Other Departments

5. DEFINITION OF TERMS

Periodic System - Physical count of items made at periodic intervals.

Perpetual Inventory System - System that keeps track of removals from inventory continuously, thus monitoring current levels of each item.

Inventory Classification - Classifying inventory according to some measure of importance and allocating control efforts accordingly.

Reorder Point - When the quantity on hand of an item drops to this amount, the item is reordered.

6. PROCEDURES

Inventory Classification

- The Head of Property will group the inventories according to their level of importance to the operations of the university.
  - *A – Most frequently requested*
  - *B- moderately requested*
  - *C- least requested*
- The Head of Property will determine the no. of stocks required per item based on the classification of which is frequently, moderately and least requested.

Inventory Recording /Issuance/ Monitoring

- Recording - The head of property ensures that all items are properly recorded.
- Issuing - For issuance of items to requisitioning department, the form to be used should be properly signed by the Department Head.
  A. *If the items are available, the Head of Property issues the items.*
  B. *If items are not available, the Head of property will request the items through the use of petty cash. A letter of request will be prepared and subject to approval of the VP for Administration and Finance, then forwarded to the cashier.*
- Monitoring of Stock Level - The Property Department shall use 2 recording system namely:
  A. *Periodic System where a physical count of inventories will be done monthly.*
  B. *Perpetual Inventory System where the head of property keeps track of the removal of issued items from the inventory to monitor current level of inventories.*

Inventory Reordering

- The head of Property shall determine the reorder level of each item, depending on the lead time and the movement of the items as identified in the inventory classification
- The reorder point for A items will be done when the stock level of the items is down to 2.5 months supply. The 2.5 months cover the processing of the request/PO/approval and delivery by the supplier. While the reorder level for B items will be done when the supply is down to 1.5 months.

7. QUALITY RECORDS

Inventory List

8. DISTRIBUTION LIST

VP Administration & Finance
Head, Accounting Office
Head, Internal Audit
Head, Department of HR
Director, Quality Assurance & Accreditation Department

Fixed Assets Management

1. POLICY

It is the policy of the University to manage all the assets of the university.

2. PURPOSE

These Policies and Procedures document provides the procedure in handling all the fixed assets of the university.

3. SCOPE

This document covers all fixed assets from inventory monitoring, transfer and disposal.

4. RESPONSIBILITIES

It is the responsibility of the Head of the Property that the fixed assets inventory is checked, recorded, stored, transferred or disposed of.

5. DEFINITION OF TERMS

- Fixed Assets are assets that are purchased for all term use.
- Barcoding is an optical machine-readable representation of data relating to the object to which it is attached.
- Disposal is the discarding of not useful assets anymore.

6. PROCEDURES

6.1 Fixed Assets Inventory checking

1. A year-end inventory checking of all the fixed assets of the university is conducted and comes up with a Year-End Inventory Report which is being submitted to Accounts, Audit and VP for Administration and Finance.

2. All fixed assets are bar coded and a barcode sticker is attached in all of them showing the item's control number.
3. All fixed assets are listed in the inventory system of fixed assets.

6.2 Transfer of Fixed Assets

A. Internal Transfer

a. The Property Office prepares an Issuance Slip (QR-PRO-006) based on the approved Request for Transfer of Asset by the requesting unit.
b. Once the asset is issued/transferred, the Issuance Slip is signed by the requesting unit.
c. The Fixed Asset Inventory is updated to reflect the movement of the asset.
d. The Issuance Slip is filed at the Property Office.

B. External Transfer

a. The Property Office prepares Material Transfer Slip/Gate Pass based on the approved Request for Transfer of Asset by the requesting unit.
b. Once the asset is transferred, the Material Transfer Slip/Gate Pass is signed by the requesting unit.
c. The Fixed Asset Inventory is updated to reflect the movement of the asset.
d. The Material Transfer Slip/Gate Pass is filed at the Property Office.

C. Disposal of Fixed Assets

a. A certification is required before an item is considered for disposal.
    - For computers and other IT equipment, to be certified by the IT Manager.
    - For other fixed assets, to be certified by the Facilities, Maintenance Security Head.
b. A letter of request for disposal for the highly valued item is prepared by the Head of Property Office and is approved by the President.
c. A request for bidding is sent to interested buyers.
    - Three (3) sealed bids are required before a decision takes place.

- Highest bidder is always the criteria for choosing to whom the items will be sold.
- The committee that decides includes the Audit, Head of Property and VP for Administration and Finance.

7. QUALITY RECORDS

Year-end Inventory Report Disposal Form Issuance Slip

Material Transfer Slip/Gate pass

8. DISTRIBUTION LIST

VP Administration & Finance

Head, Accounting Office

Head, Internal Audit

Head, Department HR

Director, Quality Assurance & Accreditation Department

Properties and Materials Management

1. POLICY

It is the policy of UTB to ensure the availability and provision of quality supplies and materials needed to support UTB operations through effective processing of requests, proper inspection of goods prior to acceptance of delivery, systematic storage and timely issuance of supplies.

2. PURPOSE

These policies and procedures document provides the guidelines to ensure availability of supplies needed to support UTB operations.

3. SCOPE

This document covers the policies and procedures for the purchasing , inventory control, distribution and warehousing of UTB supplies and materials.

4. RESPONSIBILITIES

The Head of the Property Department ensures that:

a. All supplies are requested as specified for their timely availability,
b. The quality and quantity of the goods received are in conformance with the purchase requirements and specifications.
c. Supplies and materials are kept properly to prevent damage and deterioration;
d. Proper issuance or pull out procedures are followed; and,
e. Inventory of all supplies and materials are maintained

5. DEFINITION OF TERMS

Requisition – refers to a formal request for supplies, goods, services

Canvassing – refers to soliciting quotations from potential suppliers of goods and

services Stock Level – the quantity of goods kept as stocks classified as:

A – Most frequently requested (50% remaining stocks)

B - Moderately requested (25% remaining stocks)

C- Least requested (10%)

Stock Card – represents the stock level of the goods

6. PROCEDURES

6.1 On Requisitioning

6.1.1 The end user prepares a memo request (QR-PRO-001 Requisition Slip Form) duly approved, requesting their needed materials based on the approved budget, then forwards it to the Property Department for proper action.

6.1.2 If the supplies are available, the items are prepared then the details are recorded in the Property and Materials Management Stock Card (QR-PRO-002) prior to issuance. Stock level of supplies as follows should be monitored to ensure availability of stocks at all times:

A – Most frequently requested (50% remaining stocks)

B- Moderately requested (25% remaining stocks)

C- Least requested (10%)

6.1.3 A request for purchase is done if the stock level of the supplies is reached.

6.1.4 If the supplies are unavailable, supply will be bought through petty cash funds if less than BD50. If supply cost more than BD50, the approved purchase memo is forwarded to the Purchasing Office for its purchase.

6.2 On Receipt of Goods Delivered

6.2.1 Prior to formal acceptance of goods from the supplier, the goods delivered are checked for consistency with the specifications and quantity stated in the Purchase Order.

6.2.2 The Acknowledgement Receipt (QR-PRO-004) and Property and Materials Management Receiving Report (QR-PRO-005) are prepared.

6.2.3 The acknowledgement receipt and receiving report together with the Sales Invoice and Delivery Receipt are then forwarded to the Accounting Office for processing of payment.

6.2.4 The Property office stores the items accordingly and the corresponding Stock Card is updated.

6.3 On Issuance of Goods

6.3.1 The Property Office issues an Issuance Slip (QR-PRO-006) based on the Requisition Slip and on the availability of the items requested.

6.3.2 Once the goods are issued, the signed Issuance Slip is filed and the corresponding Stock Card is updated.

6.4 On Pull-out of supplies or materials

6.4.1 A Material Transfer Slip and/or Gate Pass (QR-PRO-007) are required for items which are to be pulled-out and/or brought outside the campus.

6.4.2 The said Material Transfer Slip (MTS) and/or Gate Pass (GP) are processed for approval by the Head of the Administration. Once approved, the MTS/GP is presented to the Audit Department for checking of the items.

6.4.3 The MTS/GP is presented to the guard if items are to be brought outside of the campus.

7. QUALITY RECORDS

Requisition Slip

Property and Materials Management Stock Card Purchase Order

Acknowledgement Receipt

Property & Management Receiving Report Issuance Slip

Material Transfer Slip / Gate Pass

8. DISTRIBUTION LIST

All University Units

Purchasing and Storage

1. POLICY

It is the policy of UTB to provide responsible purchasing of all goods and services necessary for the effective and efficient operations of UTB through optimizing cost savings, quality products and services and timely delivery.

2. PURPOSE

This policy and procedures document provides the guidelines to ensure purchasing and property services, supplier/vendor/service provider monitoring and evaluation, documentation and coordination needed to support UTB purchasing operations.

3. SCOPE

This document covers the policy and procedures for the purchasing of all goods and services of UTB and receiving and storing of delivered items for UTB use, and supplier/vendor/service provider monitoring and evaluation.

4. RESPONSIBILITY

4.1 Head, Purchasing Department- is responsible for the following:

a. Ensures that all suppliers are subjected to vendor evaluation process as per regulatory requirements, educational needs of learners and other beneficiaries, other departmental requirements. Criteria for the evaluation, selection, monitoring of performance, and re-evaluation of external providers will be based on their ability to provide processes or products and services in accordance with requirements, competency requirements of service providers, shall also be taken into account, if and wherever applicable.
b. Records of the vendor evaluation of external providers shall be maintained.
c. Annual monitoring of supplier/service providers performance as per criteria for vendor evaluation (QR-PRC-004 Vendor Performance Evaluation Form).
d. Prepare and issue request for quotation and request for proposal.
e. Upon receiving the approved memo to purchase/purchase requisition.
f. Obtain and analyse received quotations, proposals, and bids.

g. Perform cost or price analysis represented through canvassing.
h. Negotiate specifications, price offer, settlements, change and cancellation and contract termination.
i. Maintain records of item specification, details, information, and supplier vendor evaluation.
j. Prepare and issue purchase orders.
k. Assist in the receiving and disposal of supplies and services requested.

4.2 Auditor is responsible for the following:

a. Check and verify all the items/services requested for purchase.
b. Check and verify all the items delivered as per approved PO.
c. If any discrepancies are found in the delivered/received items, a non-conformity note is made in the Receiving report and follow-up corrective actions are taken and documented in the same till successful close out of the non-conformity. Records of all such non- conformities and corrective actions will be maintained.

4.3 Head, Property Department is responsible for the receiving of the items for delivery, checks its details and quantity as per approved PO.

4.4 Accounting Department- is responsible for the budgeting approval as well as payment preparation for all the items purchased and to be purchased.

4.5 VP for Admin & Finance endorses the approval of all the PO.

5. DEFINITION OF TERMS

Requisition – refers to a formal request for supplies, goods, services.

Canvassing – refers to soliciting quotations from potential suppliers of goods and services.

6. PROCEDURES

1- Supplier Vendor evaluation and performance monitoring of vendors/suppliers will be done annually or required per ISO or other mandatory regulatory requirements.

1.1 The Head of the Purchasing Department requires suppliers to submit portfolio containing the following:

- **Company Profile**
- **Certification**

1.2 The Head of the Purchasing evaluates the supplier portfolio using the approved performance evaluation form.

1.3 All vendor evaluation related documents are subject to audit checking and evaluation annually with approval of VP for Administration and Finance.

1.4 Exceptions to supplier vendor evaluation;

- **emergency purchases**
- **online purchases**
- **non-local purchases**

2- ***Canvassing***

Upon receiving the approved Purchase Requisition (PR) from any department, a request for a quotation will be sent to suppliers with complete details.

2.1 At least 5 suppliers will be invited to quote.

2.2 The best price from the first 3 suppliers will be considered for awarding the transaction.

2.3 Make sure supplier is accredited or has complied with the vendor evaluation process before awarding any transaction.

2.4 A canvass sheet (CS) should be properly prepared; reviewed and audited. Information relating to the pricing will not be disclosed from one supplier to another of the same request.

2.5 In case of repeat orders (purchase within a period of six months), this three-supplier- policy is waived, and the previously approved POs are attached to the canvass sheet.

2.6 For exclusive distributors, only a formal price quotation is obtained. Section 2.2 does not apply.

2.7 If the need is urgent and the items to be purchased are not immediately available from accredited suppliers, purchases from non-accredited suppliers will be allowed.

3- Bidding

3.1 This process is applicable to any budgeted projects that exceed BD15,000 submitted to the Purchasing Office.

3.2 At least 5 suppliers will be invited to quote and need to submit the hard copies in a sealed envelope.

3.3 Opening and checking of quotations or proposals must be in the presence of the University auditor.

3.4 Canvass sheet is then processed for finalization and further negotiation. (See 2.3, 2.4 and 2.5)

4- Purchase Order

4.1 Based on the approved canvass, memo or purchase request, purchase order will be prepared.

4.2 PO will be completely prepared (items, specifications, quantity, terms, and special instructions among others). With complete attachment: approved request to purchase, canvass sheet, contracts, and quotations.

4.3 The supplier is contacted, and the approved Purchase Order is sent for processing.

4.4 Monitors the delivery of goods based on the agreed delivery date.

4.5 Requests amounting to 50.00 BHD and below will not require purchase order.

5- ***Receiving of Delivered Items***

5.1 Prior to formal acceptance of goods from the supplier, the goods delivered are checked for consistency with the specifications and quantity stated in the Purchase Order.

5.2 The Receiving Report (RR) will be prepared.

5.3 In case of any discrepancy, partial delivery or returned items, a note should be indicated on the RR, and this shall be monitored accordingly.

5.4 Receiving report shall be signed by the requesting person/department acknowledging the receipt of the requested goods.

5.5 The receiving report together with the Sales Invoice, Delivery Receipt and Purchase Order are then forwarded to the Accounting Office for processing of payment.

5.6 All accepted goods will be released to the requesting department, signing the receiving report as proof of receiving the items requested.

5.7 All accepted goods will be kept in the designated storage area if necessary.

7. QUALITY RECORDS

Approved Memo to Purchase

Purchase Requisition

Quotations

Canvass Sheet

Purchase Order

Approved Vendor List

Vendor Registration Form

Vendor Performance Evaluation Form

Receiving Report

8. DISTRIBUTION LIST

Head, Property Office

Head, Accounting Office

Head, Internal Audit

Director, Quality Assurance & Accreditation

Vendor evaluation Department

VP Administration & Finance

Integrated Facility Management

1. POLICY

It is the policy of University of Technology Bahrain (UTB) Facility Management Department (FMD) to ensure that all its facilities are well maintained and strategically improved to meet the university goals, support the delivery of academic programs, and to provide a healthy and safe educational environment in compliance with the regulatory requirements of Higher Education Council (HEC) and Education and Training Quality Authority (BQA) as well as other international, regional, and local accreditation bodies through effective and quality integrated facility management (IFM).

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines in achieving facility strategic goals and operational objectives, academic support, and continuous quality improvement of the university IFM towards protection of capital investment, optimization of physical asset life cycle and utilization, inclusive facility planning, optimization of operation costs, safe and healthy, secured, environmentally sustainable university.

3. SCOPE

The integrated facility management of UTB which combines strategic facility planning, space management, facility upgrade and project management, operations & maintenance, asset management, human resource management, facility financial management, materials inventory management, procurement, technology integration, environmental, social and governance, energy management, special needs facility and support services, quality management, risk management, occupational safety and health management (OPM-FMD-002), emergency management (OPM-FMD-003) and security management (OPM-FMD-004).

The facility and equipment of UTB which includes the building, campus grounds for example roads, parking lots, greens and landscapes, outdoor sports facilities, building system such as HVAC, electrical, plumbing & drainage, lift, public announcer speaker, audio, solar panels, infrastructure like classrooms, laboratories, academic and admin offices, library, auditorium, cafeteria, indoor sports facilities, lobbies, hallways,

stairways, fire exits, entrances, bathrooms, pantries, lounges, prayer rooms, storages, electrical rooms, generator room and lift room, furniture, fixture and equipment, physical safety and security such as gates, boundary walls, traffic barriers and CCTV surveillance cameras.

4. RESPONSIBILITY

Head of Facility Management or Facility Manager - Shall be responsible for the overall implementation of the IFMS, monitoring, and evaluation of the system performance, review, and improvement of policies and procedures.

Head of Purchasing or Procurement Manager – Shall be responsible in the preparation and processing of purchase order (PO) related to FMD. Work order (WO) and job order (JO) is processed thru purchase request (PR) and PO.

Head of Finance – Shall be responsible for the budget verification of PR and PO, review the contract financial terms and monitoring of payment status and ensure to keep an updated asset register.

President and Vice-President for Administration and Finance (VPAF) – Shall be responsible for the approval of PR, PO and contract related to FMD.

Head of Information and Technology or IT Manger – shall be responsible in the overall maintenance and upgrade of all IT equipment such as computers, software, program applications and system, digital screens, internet, and others.

Laboratory Technician – shall be responsible in the overall maintenance of laboratory engineering equipment and system such as mechatronics hydraulic and pneumatic system, power tools, engineering projects and others.

Maintenance Service Contractors (AC Technician/Bldg. Maintenance, Electrician/Bldg. Maintenance, Lift Technician, Fire Alarm Technician, Fire Fighting Technician) – Shall be responsible for the maintenance works of specific facility and equipment of the university based on their approved Annual Maintenance Contract (AMC) for example maintenance of Air conditioning, electrical, plumbing and drainage, lift, fire alarm, firefighting system, furniture, fixture, and equipment (FFE).

Housekeeping & Support Staff Service Contractors (Cleaners, Office Boy, Driver, Gardener) – Shall be responsible for maintaining cleanliness and tidiness of the whole university building and campus grounds, physical setup during university events, assist

in office works such as rerouting, photocopying and filing of documents, delivery of documents to other companies such as banks and government agencies, maintenance of vehicles and maintenance of landscapes and greens.

Contractors – Shall be responsible for the repair works, renovation, refurbishment, rectification, rehabilitation, and construction projects based on their approved work order or job order and contract.

Project Consultants – Shall be responsible for the planning and design of renovation and construction projects and other facility upgrade, preparation of drawing plans and presentations, manage the tendering review of technical data and costing, supervision of the projects, documentation, and project turn-over as per their approved job order and contract with UTB.

Suppliers – Shall be responsible for the supply of materials as per approved purchase order.

5. DEFINITION OF TERMS

Accomplishment Report – is a summary of completed tasks, projects, or goals within a specific period which includes information on accomplished maintenance activities, construction & renovation projects, and other significant achievements related to facility management.

Annual Maintenance Contract (AMC) – is a contractual agreement between the university and the service provider or contractor for the provision of maintenance services over a specified period which outlines the scope of work, service level, response time, and other terms and conditions.

Asset Management – is the strategic and systematic approach to effectively manage and oversee the physical assets of the university.

Asset Register – is a comprehensive inventory of all assets owned by the university. In facility management it covers the physical assets of the university such as buildings, equipment, FFE and vehicles with detailed information about the asset for instances location, specification, maintenance history, condition, warranty details and financial value.

Carbon Footprint – refers to the total amount of greenhouse gas emissions produced

directly or indirectly by an individual, organization, event, or product throughout its lifecycle such as energy consumption, transportation, waste generations and others.

Contract Management – involves the administration and oversight of contracts between the university facility management and service contractors which includes negotiation, monitoring performance, compliance with terms and conditions, resolving disputes, and evaluating vendor (contractors, suppliers, service provider, consultants) performance.

Corrective Maintenance – is a reactive maintenance performed in response to equipment failure or malfunction which focuses on restoring the equipment or system to its normal operating condition as quickly as possible.

Energy Management – is the systematic and strategic approach to effectively manage and optimize energy consumption within the university facilities which involves reducing energy waste, improving energy efficiency, and promoting sustainability.

Environmental Stewardship – refers to the responsible management and protection of natural resources and ecosystems.

Environmental Sustainability – refers to the ability to maintain or improve environmental quality over the long term while meeting present needs without compromising the ability of future generations to meet their own needs.

Environmental, Social and Governance (ESG) – refers to the integration of environmental, social and governance factors into the management and operation of university facilities which recognizes the responsibility to not only provide quality education but also to operate in a sustainable and socially responsible manner.

ESG Plan – is a comprehensive strategy that outlines an organization's commitment to sustainable practices and responsible business operations.

Facility and Equipment Register – it is central source of information, a database or record that contains information about all the facilities owned by the university which contains details such as location, size, purpose, occupancy capacity, condition, and other relevant data.

Facility Condition Assessment (FCA) – is a systematic process used by FM to evaluate the condition of university facilities which involves inspecting and documenting the physical condition of the facility to identify any deficiencies or issues.

Facility Development Plan – outlines the process and timeline for upgrading the existing

facilities and developing new facilities which is based on academic requirements, accreditation, institutional review, design considerations, construction schedules, available budget, and other relevant information.

Facility Functional Plan – refers to a comprehensive document that outlines the functional requirements and objectives of the university facilities.

Facility Master Plan – is a comprehensive document that outlines the strategic goals of the university that provides roadmap for future development of their facilities and serves as a guide for decision-making and resource allocation in facility management.

Facility Operational Plan –is a comprehensive document that outlines the strategies, goals, objectives, and initiatives for managing and maintaining the facilities of the university.

Facility Operations & Maintenance Management – refers to the process of managing and maintaining the physical infrastructure of the university including buildings, grounds, and equipment.

Facility Plan – is a detailed document that focuses on the physical aspects of the university facilities which includes information about the layout, design, and functionality of the building or space and grounds. It covers building drawings and site plans that help the HFM or FM to understand the infrastructure of the university facility and plan for maintenance and upgrades.

Facility Strategic Plan – is a document that outlines the university goals and strategies for managing and developing the physical facilities of the university.

Facility Technology Plan – outlines the strategic approach to integrating technology solutions into a facility's operations and management.

Facility Upgrade – is the process of improving and enhancing the physical infrastructure and systems of the university.

Financial Management – facility management refers to the effective and efficient management of financial resources related to operation and maintenance of the facilities.

Financial Management – is the process of managing financial aspects of facility operations within the university which includes managing costs, allocating resources, and optimizing financial performance.

Health & Safety – refer to the measures taken to ensure the well-being and protection of staff, students, visitors, and other stakeholders within the university facility which includes implementing safety protocols, conducting risk assessments, providing training on emergency procedures, maintaining a safe working educational environment, and complying with health and safety regulations.

Human Resource Management – refers to the process of managing the staff working in the various facilities within the university.

Human Resource Plan – is a strategic document that outlines the manpower requirements and strategies for managing human resources within the university facility management department.

Improvement Plan – identifies areas for improvement within the university facilities and outlines strategies to address them such as energy efficiency, sustainability practices, accessibility improvements, safety enhancements, technology upgrades and operational efficiencies.

Inspection Report – is a document that provides a detailed assessment of the condition and performance of a facility or its components.

Integrated Facility Management (IFM) – is a comprehensive approach to managing university facilities that combines physical resources, human resources, financial resources, technology, and all aspects of facility management.

IT Equipment – refers to any hardware and software component used processing, storing, retrieving, and communicating information within the university which includes all types of computers, servers, network devices, software application and other digital tools.

Job Order (JO) or Work Order (WO) – is a document that outlines the scope of work, labor costs, materials required, and timeline for completion, safety requirements of a specific project or task which is issued to contractors thru Purchase Order (PO).

Laboratory Engineering Equipment – encompasses a wide range of instruments and devices that are used in different scientific disciplines such as chemistry, biology, physics, and engineering.

Maintenance Plan – is a structured approach to managing the upkeep and repair of facilities and equipment which includes preventive maintenance, corrective maintenance and urgent repairs, and statutory maintenance.

Maintenance Report – is a record of all maintenance activities performed on a facility or its equipment which includes date and time of maintenance, work description, materials used, and outcome of the maintenance activity.

Material Purchase Request (PR) – is a document that requests the procurement of goods and services from an external vendor.

Materials Inventory Management – refers to a comprehensive record and management system of all materials and supplies used within the university facilities.

Operations & Maintenance (O&M) Manuals – are comprehensive documents that provide detailed information on the operation, maintenance, and troubleshooting of university facility and equipment which serve as a reference for facility staff, contractors, and service providers to ensure proper operation and maintenance practices are followed and typically includes the specifications, operating procedures, maintenance schedules, troubleshooting guides, and safety instructions.

Preventive Maintenance – is a proactive approach to maintenance that aims to prevent equipment failure or deterioration before it occurs which involves schedule inspections, cleaning, lubrication, adjustments, and component replacements.

Procurement – is the process of acquiring goods and services and construction projects for the purpose of maintaining and enhancing the physical infrastructure of the university.

Project Management – involves planning, organizing, and overseeing the construction, renovation, and maintenance of university facilities.

Purchase Order (PO) – is a document that authorizes the procurement of goods and services from an external vendor.

Quality Management – refers to the systematic and strategic approach and set of processes implemented by universities to ensure the quality of their facilities which involves planning, implementation, monitoring, and improvement.

Renewable Energy – refers to energy derived from sources that are naturally replenished or virtually inexhaustible, for instances solar power, wind power, hydroelectricity, geothermal energy, and biomass energy.

Risk Management – involves identifying, assessing, and mitigating potential risks that

may impact the operations, assets, and occupants of the university which includes strategies to prevent risks related to safety hazards, natural disasters, security breaches, equipment failures, and other potential threats.

Space Management – is the practice of managing and optimizing the utilization of physical space of the university.

Space Utilization Plan – focuses on optimizing the use of available space within the university facility which involves analyzing space allocation and developing strategies to maximize space utilization usually integrated in the facility development plan and facility master plan.

Special Needs Facility Management – refers to the management and administration of facilities within the university that are specifically designed and equipped to cater to the needs of students with special needs.

Statutory Maintenance – refers to maintenance activities that are required by law or regulations which includes inspection, testing, and repairs necessary to comply with the building codes, safety standards, environmental regulations, or other legal requirements.

Strategic Facility Planning – is a methodical approach to designing and managing facilities that aligns with the university vision, mission, and strategic goals.

Technology Integration – refers to the process of incorporating various technological systems and solutions into the infrastructure and operations of the university facilities.

Vendor Management – involves the selection, evaluation, and ongoing management of vendors providing goods or services to the university facilities.

Waste Management – involves the collection, transportation, processing, recycling, and disposal of waste materials generated by the university which includes strategies to minimize waste generation, promote recycling and reuse, ensure proper handling and disposal of hazardous materials.

Water Conservation – refers to the efficient use and preservation of water resources which involves implementing measures to reduce water consumption, such as installing water-efficient fixtures, optimizing irrigation practices, and promoting awareness among occupants about responsible water usage.

6. PROCEDURES

6. 1 Strategic Facility Planning

1. Prepare facility strategic plan, operational plan, functional plan, facility master plan, facility plan, facility development plan and maintenance plan and align the facility goals and objectives in the institutional strategic plan. Then consider integrating technology application, environmental sustainability, energy efficiency, health & safety, and special needs in the planning process.
2. Prioritize facility projects based on academic requirements, approved strategic budget and standards and recommendations from different regulatory and accreditation bodies.
3. Monitor effectiveness of the plan by accomplishing Key Performance Indicators (KPIs).
4. Submit accomplishment reports. Review and analyze KPIs and survey results and prepare improvement plans.
5. Ensure continuous quality improvement by conforming with the approved university quality management system and HEC regulations.

6.2 Space Management

1. Inspect the areas and rooms and identify the spatial requirements of the university. Update the space utilization plan and floor plans. For renovation and construction, coordinate the requirements, planning and design to the project consultant.
2. Keep an updated room allocation and occupancy floor plan. Determine the areas and rooms that are occupied, vacant and for bookings such as auditorium, atrium, cafeteria, meeting rooms, board room, sports facilities. Bookings shall be made through online system or paper- based system.
3. Monitor the utilization of space in the university, prepare reports and analyze the data to determine which is underutilized or over occupied and to develop an improvement plan that maximizes efficiency, productivity, and collaboration. Consider also factors that improve workflow, accessibility, and departmental adjacency.
4. Ensure continuous improvement by regularly reviewing and evaluating space plans and space management procedures.

6.3 Facility Upgrade

1. Review academic and management needs as well as regulatory requirements

and standards from local and international accreditation entities.

2. Prepare and process approval of facility master plan and facility development plan (FDP) and integrate this to the university strategic plan. Then Implement the approved FDP.
3. Coordinate with the approved project consultant in preparing project plans, design, tendering documents, contract, inspection reports, material testing certificate, warranty certificate and turn-over certificate. Ensure to utilize project management strategies.
4. Prepare project progress report and project accomplishment report. Review & evaluate the project outcome and project team performance.
5. Review and prepare an improvement plan. Then, if necessary, revise the facility upgrade procedures. Ensure to apply the university quality management procedures.

6.4 Facility Operations & Maintenance Management

1. Prepare and update the University Asset Register (Facility & Equipment by Facility Manager, Information & Technology Equipment by IT Manager, Engineering Equipment by Laboratory Technician & Fixed Assets by Property Manager). Conform with university asset management operations manual. Support the management of assets such building and building infrastructure, furniture & equipment like air conditioning, lift, fire alarm system, firefighting system, and others.
2. Prepare the Facility Condition Assessment (FCA), review the findings and create a Maintenance Plan (MP) and ensure the implementation of the approved plan. Include in the plan the maintenance task, repair and maintenance budget, schedule, and quality monitoring procedures. In preparation of budget, ensure to comply with financial management procedures of UTB.
3. Prepare and implement the Preventive Maintenance Schedule. Use preventive maintenance, corrective maintenance, and statutory maintenance strategies. Keep records of operations & maintenance (O&M) manuals of the building, its system and infrastructure such as HVAC, lift, traffic barrier, CCTV, electrical, plumbing and drainage, building interior and exterior, campus grounds and landscapes & greens.
4. Process and manage contracts for instances annual maintenance contract, repair service contract and concessionaire's contracts. Prepare staffing plan, manage, and supervise human resources such as cleaners, driver, office boy, gardener, technicians, and electrician. Utilize applicable human resource management procedures of the UTB.
5. Process and manage Job Order (JO), Work Order (WO), Material Request (MR), Inspection and Certification of accomplished work. Ensure to comply with the

inventory management of the university and procurement system such as using PR and PO in acquiring materials and services.

6. Review & evaluate operation & maintenance performance. Prepare improvement plan, then implement, monitor, review and evaluate. Also check and revise operations and maintenance procedures based on international standards and best practices of regulatory and different accreditation bodies.

6.5 Special Needs Facility Management

1. Physical accessibility is a significant part of special needs management. This requires designing and modifying facilities to provide safe and easy access for individuals with physical disabilities. Always consider physically challenged people in the planning and design of facility upgrade.
2. Maintain quality maintenance of special needs facilities such as parking spaces, signage, ramp, elevators, wider door openings, hallways, stairways, accessible restrooms, and separate toilets.
3. Provide priority services such as clinic support services, safety and security services, food & beverages services, allocated parking lot, lift and bathrooms.
4. Availability of emergency preparedness plan to address the specific requirements of person with disabilities during emergency situations such as posting of floor evacuation plans, emergency hotlines, accessible emergency exits, regular training of emergency staff.
5. Review and evaluate special needs management process and prepare improvement plan as part of continuous quality improvement and integrate the university quality management system.

6.6 Technology Integration

1. Assess the current and future technology requirements for facility management and building infrastructure. Prepare facility technology plan and coordinate with Information Technology Department (ITD).
2. Request project proposals from approved vendors and review the system and equipment design and specifications.
3. Process the approval of the plan and implement based on the approved financial resources.
4. Facility Management Department (FMD) and ITD should manage the project installation and configuration to ensure proper set-up, testing, and commissioning of the system. Also, train the end-users in how to effectively use the technology system.
5. Ensure maintenance and support of the technology facilities by integrating in the facility maintenance plan and implementing maintenance strategies.

6. Utilize university software in improving facility management, safety and security, space utilization, inventory, and asset management. ITD to manage cyber security and data protection.
7. Apply the university quality management system for performance evaluation and continuous quality improvement.

6.7 Environmental, Social & Governance (ESG)

1. Prepare ESG plan. Recognize ESG standards, regulations, and benefits such as improved financial performance, enhanced reputation, and long-term sustainability. Identify and assess stakeholders ESG expectations and priorities. Engage with them to understand their needs and concerns.
2. Define and develop ESG strategy and goals that aligns with the university vision, mission, core values and within the integrated facility management system (FMS) such as assessing the university carbon footprint and reduction strategies, green building and campus design and operations, cutting energy consumption, proper waste management, water conservation, overall environmental stewardship, employee and community engagement, safe and healthy university, good and quality governance focusing on ethics and transparency, risk management, stakeholder engagement, board of trustees (BOT) and board of director (BOD) diversity and compliance with laws, regulations and standards of regulatory and different accreditation and government entities.
3. Assess the current resources and evaluate the requirements needed to integrate ESG in the processes of facility management such technology infrastructure and capabilities and human resources skills. Prepare gap analysis and improvement plan that supports ESG goals. Research and evaluate potential technology solutions, review personnel need and evaluate the current structure and skills.
4. Implement the approved ESG plan by utilizing technology solutions such as energy-efficient lighting, HVAC systems, solar panel system and other smart building technologies that optimize energy consumption and improve sustainability. Coordinate with HRD in providing training and development opportunities to staff to enhance their knowledge and skills related to ESG, for instances sustainability practices, energy efficiency, and waste reduction. Also collaborate with other universities, companies, and organizations in developing and updating the ESG goals and initiatives.
5. Ensure relevant data for analysis of ESG performance from various sources, for example energy consumption, water usage, waste management and employee and community engagement. And regularly monitor and evaluate your ESG performance using relevant metrics and KPIs. Use data to identify areas for improvement and optimize your ESG initiatives. Adjust your ESG strategy and

tactics as needed based on performance data and stakeholder feedback. Prepare improvement plan and utilize UTB quality management system.

6.8 Purchase Requisition of Materials and Services

1. Identify the scope of work, service level, timeline, estimated budget and other terms and conditions for a specific task or project, for instances supply of materials, annual maintenance services, corrective maintenance services, security services, nursing services, project design and consultancy, renovation, and construction services. This involves site surveying and inspection of university facilities, document review, gathering information, and reviewing requirements from the academics, accreditations, recommendations because of quality reviews and from other stakeholders. This procedure shall be done by the FMD.
2. Send the bidding and tendering requirements and request for quotations and or proposals from the vendor (contractors, suppliers, project consultants, and service providers). For facility and equipment upgrades such as renovation and construction project, HVAC upgrades and Lift upgrades, it requires tendering documents such as detailed project or upgrade proposal, company profile, contract, drawings, specifications, bill of quantities and project schedule. This task is under FMD.
3. Process the selection of vendor and purchase requisition of required building materials, facility maintenance services and facility upgrade services as per university procurement procedures. This covers documents such as purchase request (PR) forms, comparison sheet or canvass sheet and all bidding and tendering documents. This process shall be managed by the HFM while selection and approval of vendor shall be done by the Vice President of Administration and Finance (VPAF) and by the university President. Moreover, budget verification and review of financial terms and conditions shall be done by the Finance Department. The abovementioned persona are the signatories in the PR.
4. Submit the approved or completely signed PR to the procurement and property department for processing of purchase order (PO). Then send the approved PO, quotations and or proposal, and signed contract to the vendor and issue notice to proceed. In facility management, the PO pertains to the acquiring of goods and services which is material order for supply of materials, work order for maintenance services and job order for upgrade services.
5. All accomplished deliverables (materials and services) shall be certified and closed by the FM and noted by the VPAF and shall proceed to payment

processing in the Finance Department (FD). This involves documents such as Certificate of Completion (COC), tax invoice or proforma invoice or progress billing, job or work completion report or service report, maintenance report, progress report, accomplishment report, warranty certificate, turn-over certificate, O&M manual, approved PO, approved PR, bidding, and tendering documents. The monitoring of payment and updating of its status shall be done by the FD and assisted by the FM.

7. QUALITY RECORDS

Accomplishment Report

Annual Maintenance Contract

Certificate of Completion

Facility & Equipment Register

Facility Capital and Operation Budget

Facility Condition Assessment

Facility Development Plan

Facility Master Plan

Facility Plan Housekeeping Report

Inspection Report

Maintenance Plan

Maintenance Report Manpower

Register Material Inventory

Operations & Maintenance Manuals

Progress Report

Purchase Request

8. DISTRIBUTION LIST

All units in the university.

Security Management

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to always ensure the safety and security of its stakeholders, and its assets which is free from any harm, accident, threat, danger, violence, criminal act, and loss by firmly implementing the Security Management System (SMS) of the university that conforms with the standards, laws and regulations of government entities, occupational safety and health associations and accreditation bodies.

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines in achieving the university security management system strategic goals and operational objectives which is to provide the students, staff, and visitors with a safe and secured educational environment to prevent any harm, accident, threat, danger, violence, criminal act, and loss.

3. SCOPE

The security management system of the university which involves physical security such as access control and identification system, surveillance camera system, security structures, patrolling, emergency preparedness and response, risk assessment, special needs support services, information security, cybersecurity, privacy, and societal security – business continuity management.

4. DEFINITION OF TERMS

Access Card/Identification Card or Multipurpose Card – is a physical card with electronic chip inside which contains personal information such as the individual's name, photograph, identification number, contact number, and vehicle number, and issued to the students, staff, and visitors to use in activating the gate barrier of the university and to grant them authorized access within the campus facility.

Access Control – refers to the measures and systems implemented to regulate and manage the entry and exit of individuals or vehicles within the university campus to

prevent unauthorized access which involves the use of various technologies such as access cards and Automatic Number Plate Recognition (ANPR) system to authenticate and authorize individuals' access rights.

Accident – is an unplanned event that results in harm, injury, fatality, damage, or loss which typically the result of a chain of events or a combination of factors that lead to an undesirable outcome caused by human error, equipment failure, environmental factors, or a combination of these factors.

Campus Safety – refers to the measures and practices implemented to ensure the security and well-being of individuals within an educational institution's premises. It encompasses various aspects such as physical security measures, emergency response plans, safety training programs, and policies aimed at preventing crimes, accidents, or other threats on campus.

Criminal Acts – refer to unlawful activities committed by individuals that violate established laws and regulations of the university. Criminal acts can include theft, vandalism, assault, trespassing, or other forms of illegal behavior that pose a threat to the safety and security of a campus occupants and facility. Implementing security measures and collaborating with law enforcement agencies are essential to deter criminal acts and ensure the protection of people and assets.

Cybersecurity - refers to the protection of computer systems, networks, and digital information from unauthorized access, use, disclosure, disruption, or destruction which involves implementing various technologies, processes, and practices to safeguard against cyber threats such as hacking, malware attacks, data breaches, or identity theft under the management of Information and Technology Department (ITD) of the university.

Emergency Preparedness and Response – refers to the process of developing and implementing a comprehensive plan to prepare for, respond to, and recover from an emergency or disaster which includes identifying potential risks and hazards, risk assessment, and establishing protocols and procedures for responding to emergencies.

Gate Barrier System – is a physical security measure used to control vehicular access in the university which typically consists of barriers that can be manually or automatically operated to allow or restrict entry. Gate barrier systems are used in the main gate and parking lots to regulate traffic flow and enhance security by preventing unauthorized vehicles from entering the campus.

Incident – an incident refers to any unplanned event or occurrence that disrupts normal operations or activities within the university, for examples equipment failures, power outages, security breaches, natural disasters, and human errors.

Incident Report – is a formal document that records details about an unexpected event or incident that occurs within the university. It typically includes information such as the date, time, location, description of the incident, individuals involved or affected, actions taken in response, case status, and any follow-up measures required.

Information Security – refers to the protection of sensitive or confidential information from unauthorized access, use, disclosure, alteration, or destruction which involves implementing various measures such as encryption, access controls, firewalls, antivirus software, and employee training to safeguard information assets from internal and external threats which is under the management of university Facility Management Department (FMD) and ITD.

Investigation – refers to the systematic process of gathering and analyzing evidence to uncover facts, determine causes, or establish the truth about a specific incident or allegation which may be conducted to identify the root causes of accidents, security breaches, policy violations, or other incidents. Investigations often involve interviewing witnesses, reviewing documents or surveillance footage, and collaborating with FMD, Human Resource Department (HRD), Office of Student Affairs (OSA), Deanship of Student Affairs (DSA), ITD, and if necessary, with law enforcement agencies to gather relevant information.

Patrolling - involves regular and systematic monitoring of a facility or its surroundings by security personnel to deter criminal activities, detect potential threats, and ensure the safety and security of the campus premises. Patrolling can be conducted on foot, by vehicle, or using surveillance technologies such as CCTV cameras. It plays a vital role in maintaining a visible security presence, responding promptly to incidents or emergencies, and identifying any vulnerabilities or breaches in security protocols.

Physical Security – refers to the measures and strategies implemented to protect physical assets, resources, and individuals within the university from unauthorized access, theft, vandalism, or harm which includes various components such as access control systems, perimeter fencing, gates, video surveillance systems, deployment of security guards, and emergency response plans that deters potential threats and provides a rapid response to any security incidents.

Risk Assessment – is a systematic process used to identify, evaluate, and prioritize

potential risks and hazards that may occur within the university premise and activities which involves the identification of hazards, analysis of associated risks, and determination of appropriate control measure to mitigate or eliminate those risks.

Security Management System – refers to the framework or set of policies, procedures, and practices implemented to manage and coordinate security-related activities within the university which involves physical security, surveillance camera system, emergency preparedness and response, special needs support services, risk assessment, information security, cybersecurity, privacy, and societal security – business continuity management.

Societal security – Business Continuity Management - refers to the ability of University of Technology Bahrain (UTB) to ensure the well-being and safety of its employees, students, other stakeholders, and the wider community in the face of disruptive incidents or crises which encompasses the measures and strategies planned by the Planning and Development Department (PDD) and implemented by the university to protect the operations, assets, and reputation while also contributing to the overall resilience and stability of society.

Surveillance and CCTV Camera System – refers to the systematic monitoring of activities or events within the university facility using various technologies such as closed-circuit television (CCTV) cameras which can capture video footage that can be used for real-time monitoring, investigation purposes, or as evidence in case of incidents and enhance security, deterring criminal activities, monitoring access points or critical areas, and providing situational awareness.

Threat – refers to any potential danger or harmful event that may cause harm or damage to a facility, its occupants, assets, or operations. Threats can come in various forms such as natural disasters, criminal acts, cyber-attacks, accidents, or other unforeseen events. Identifying and assessing threats is crucial for facilities management to implement appropriate security measures, develop emergency response plans, and mitigate potential risks.

Violence – refers to the use of physical force or aggression with the intention to cause harm, injury, or damage. In the context of facilities management, violence can occur in various forms such as workplace violence, domestic violence incidents on premises, or acts of terrorism. Preventing and addressing violence requires implementing security measures, training employees on conflict resolution or de-escalation techniques, and collaborating with law enforcement agencies to ensure the safety and well-being of individuals within a facility.

5. RESPONSIBILITIES

Head of Facility Management or Facility Manager (FM) – shall be responsible in the overall implementation and improvement of university Security Management System (SMS), which includes achieving strategic goals and operational objectives, management of security mechanism, physical and human resources, performance review and evaluation of the policy and procedures of security management, and improvement planning and implementation.

Security Staff – shall be responsible in protecting the whole university community, and its assets from any threats and dangers which involves access control and identity checking, regular patrolling, incident reporting and investigation, emergency response, special needs support services, delivery control, crowd control, work monitoring, hazard identification, and reporting to Facility Manager.

Information and Technology Department (ITD) – shall be responsible in the overall implementation of cybersecurity management system of the university, keep a backup record of access card/ID card information of students, staff & visitors, manage all requests for camera view, responsible for confidentiality of data information, handle the control, encoding and printing of access cards, manage the validity of the access card such blocking and unblocking, ensuring that the gate barrier software is always operational.

Office of Student Affairs (OSA) – shall be responsible in managing the distribution of access card/ID card of the students, ensuring that the required documents are presented before issuing the access card, handle violation cases related to students in coordination with Facility Management Department (FMD), ITD, Human Resource Department (HRD), and Deanship of Student Affairs (DSA), document all investigation reports, keep a record of information of access card/ID card taken from ITD.

Deanship of Student Affairs (DSA) – shall be responsible in managing the OSA, handle disciplinary action of students involved in an accident in coordination with FMD, and ITD, provide screening and approval for providing VIP parking for student with special needs and other support services for student with physical disabilities.

Human Resource Department (HRD) – shall be responsible in managing the distribution of access card/ID card for the university staff, handle violation cases related to employees in coordination with FMD, and ITD, keep a record of information of access card/ID card taken from ITD, and document all investigation reports.

6. PROCEDURES

University Security Management System

1. Strictly implement the university Security Management System (SMS) which includes physical security, campus safety, information security, cybersecurity, privacy, societal security – business continuity management, emergency preparedness and response, risk assessment, and crime prevention and ensure compliance with standards, laws and regulations of Higher Education Council (HEC), Education and Training Quality Authority (BQA), government authorities, and other accreditation bodies thru quality management system of the University of Technology Bahrain.
2. Provide effective physical security by implementing access control system, patrolling, installation of surveillance cameras, fixing of proper and sufficient lighting, provision for emergency communication such as public announcer (PA) system, email and text messaging, installation of perimeter security for instances boundary walls, gate barrier system, gates, security cabin, building system such as biometric machines, counting cameras and AI cameras, and partnership with the law enforcement and ministries.
3. Enforce university code of conduct such as promoting a respectful and inclusive educational environment, reporting of all incidents related to violence, criminal acts and misbehavior, emergency response to medical and fire emergencies, organize skill development on sexual assault prevention, and substance abuse or alcohol and drugs abuse.
4. Educate university community on fire safety such as accessibility for special needs, complying with fire code, familiarize with fire detection, and fire suppression, clear evacuation route, and fire assembly point. Also conduct traffic safety awareness campaign such as responsible driving, avoiding, and responding to accident, obeying traffic rules and university security officers, staff, and government law enforcers.
5. Conduct training programs for staff in Admission Office, Office of Student Affairs, nurse, security personnel, and faculty staff on how to manage mental health development of students and provide support services like student counselling, awareness campaign, training to identify distress, and crisis prevention training for Emergency Management Team.
6. Practice emergency preparedness and response plan as per Emergency Management System (OPM-FMD-003) of the university such as dealing with natural disasters, acts of violence, medical emergencies, and other incidents which involves evacuation, sheltering, communication, and coordination with government offices and hospitals. Also, conduct annual security training such as emergency response, fire safety, first aid, evacuation drill, traffic control, crowd

control, access control, ingress and egress control, patrolling, incident reporting and investigation.

In case of emergency, CALL:

- **Emergency Hotline 999 (24 Hours)**
- **University Security 1778-7982 (24 Hours)**
- **University Nurse 1778-7996 (9AM – 9PM)**
- **Facility Management Office 1778-7986 (8AM – 5PM**)

7. Do risk assessment to identify the potential security hazards and risks. Then prepare and implement the mitigation plan or hazard elimination and risk reduction plan.

8. Record in the logbook and safe keep lost and found item in the security office, communicate to the Head of Facility Management and Office of Student Affairs, and ensure that items are safely stored. Claimants of lost and found item shall show proof of identification and proof of ownership, details of the item, also where and how it was lost, afterwards shall fill up personal information and sign in the lost and found logbook for the received item.

9. Perform regular patrolling within the university building and campus grounds and ensure to cover all locations and record all the significant information in the patrolling logbook. Also, respond, record, report, and investigate all incidents in the university such as accidents, including near-miss, security breaches, criminal acts, violence, sexual harassment, arson and other threats and dangers. All cases related to student shall be coordinated to the Office of Student Affairs, cases related to staff shall be directed to Human Resource Department, and other cases like for visitors, contractors, service providers, suppliers shall be handled by the Facility Manager.

10. Provide priority support services for students with special needs for instances parking assistance in the VIP parking, accompany them going to concerned offices and location such as bathrooms, cafeteria, lobbies, classrooms, laboratories, and clinic.

11. Implement for all units in the university the information security mechanism such as controlling sharing of personal information and contact numbers without permission, showing of building plans, systems, and infrastructure without approval, photocopying of exam papers without the presence of faculty staff, disclosing location of vault, registration archive room, exam records room, material and office supplies storage, revealing confidential document details such as salary, contracts, medical conditions, university and personal mails, and packages. Also, put into practice the university cybersecurity system which involves data policy, and privacy policy managed by the Information and Technology Department (ITD). Moreover, execute societal security – business

continuity management system headed by the Planning and Development Department (PDD) and Risk Management Team (RMT).

12. Apply to all kinds of communication that all intellectual property of the university can be available to the students, staff and to the public but with exclusions based on the confidentiality of information, approval of the university management, and regulations of HEC and BQA for security purposes especially Information and Technology Operations Manual, due to growing dependency to modern technology and high risk of cyber-attacks.

Gate Access Control and Campus Entry

A. <u>Vehicle Entrance & Pedestrian in the Main Gate</u>

1. The university's main gate is open to all officially registered students, faculty, staff, and guests, provided they follow the gate access regulations. The official gate timing is from 5:00AM to 11:00PM and shall be modified during Ramadan period and term breaks. Also, the gate remains open whenever there is an approved university activities and operations such as sports activities, maintenance, renovation and construction works, and accreditation preparation.
2. To pass through the main gate, officially registered students, faculty, and staff need to use your university gate access card/ID card or multipurpose card to open the gate barrier. In an event that faulty access card occurs, the security will get the information of the person and check their identity card such as CPR, Driver's License, Passport, Student ID, Staff ID and will issue with visitor pass or temporary access card and will be directed to the IT Office to correct the faulty card.
3. The official visitors are those persons with official transaction and official visit to the university such as VIP, academic speakers, contractors, suppliers, food deliveries, walk-in applicants, parents, relative, fiancée, transport driver, alumni, and previous staff. Visitors related to the students & staff are allowed provided that their personal information is recorded at the main gate and their information is confirmed by the person to visit. All visitors accompanied by staff and students inside the vehicle or by pedestrian shall surrender their CPR or Driver's License or Passport for record information in the main gate. Official visit hours shall be from 8AM – 5PM only from Sunday to Thursday. Beyond the official visit hours, Friday, and Saturday requires approval from the management.
4. For Visitors without Access Card, are obliged to surrender their Central Population Register (CPR) Card or driver's license or Passport to the security personnel stationed in the main gate security cabin and they are obliged to state their purpose of visit, person to visit and office to visit. The information will be recorded by the security guard, and they will be provided with temporary access cards or visitor pass.
5. For students working on their engineering projects and other capstone projects

beyond official class schedules shall always require management approval and assistance of the laboratory technician to ensure safety of the students such as ingress and egress of items, tools, projects, and utilization of engineering laboratories.

6. Ingress and work activities of all regular and new contractors, suppliers, service providers, deliveries, and concessionaires are screened and monitored by the security staff as specified on their approved work permit or work approval, gate pass in, and as per instructions of the Facility Manager. All incoming materials, tools, equipment, and other items shall be disclosed and registered in the delivery logbook of the security guard to easily monitor stolen items.
7. All pedestrians at the main gate must show at least one (1) valid ID before they can pass. Valid IDs are university ID, staff ID, CPR, Driver's license, and Passport. The security shall record their information first before allowing them to enter the university.

B. <u>Access Card or Identification Card (Multipurpose Card)</u>

1. All students and employees who will use their vehicle in passing through the main gate are required and eligible for an access card. Visitors will be provided with a visitor pass or temporary access card only.
2. For students, claim your access card at the reception area located at the ground floor atrium lobby. Just present your official receipt of payment as proof of your enrollment in the university & one (1) valid ID (CPR Card, Driver's License or Passport).
3. For staff, claim your access card in the HR Office
4. For visitors, claim your temporary access card at the main gate.
5. For service contractor & concessionaire staff, claim your access card in Facility Management Office.
6. In Case of lost access card, the person who lost the card shall be obliged to pay a BD5 replacement fee in the account's office. This applies to all staff, students, visitors, service providers, contractors, concessionaires, and suppliers.

Building Access Control and Entry (Main Entrance, Staff Entrance, and Cafeteria Entrance)

1. Ensure that all visitors, contractors, suppliers, service providers are logged-in on the Visitor's Logbook stating their name and purpose of the visit.
2. Request for a valid identification card and the university temporary access card/ID visitor card.
3. Verify the visit by checking the booking appointment or contact the concerned department for approval.
4. In case there were no booked appointment, and the concerned department did not respond, report the concern to the Head of Facility Management to decide the access of the visitor.
5. All staff and students are obliged to show their access card/ID card to the

security in the building entrances for identity verification. Electronic copy from their mobile phone, tablet, or laptop is allowed but does not apply in the main gate access. Access beyond university operation hours is not allowed unless present an approved request letter from the university or approval from the Facility Manager. Official university hours are from 6AM – 10PM and shall be modified during Ramadan period and term breaks.

Campus Exit at Main Gate, Side Gate, and Rear Gate

1. Use the main gate to exit in the university campus. In case of emergency such as power outage, maintenance, and construction work whereas the main gate is not accessible, traffic rerouting shall be implemented and utilize the side gate and rear gate of the university and security personnel will provide traffic assistance and temporary traffic and safety signs to prevent accidents.
2. Egress of all regular and new contractors, suppliers, service providers, and concessionaires are screened by the security in the building and main gate of the university as specified on their approved gate pass out and instructions of the Facility Manager. All outgoing materials, tools, equipment, and other items shall be declared and recorded in the delivery logbook of the security guard for theft prevention purposes.

Violations

1. Accompanied visitors by the staff or students inside the vehicle or by pedestrian who refuses to surrender their CPR or Driver's License or Passport for identity checking, and information recording and insisting to enter the university is clearly an act of unauthorized access. The staff or the student involved will be held liable and shall undergo investigation and disciplinary actions by the HRD and DSA.
2. Visitors without invitation or permission from the university who refuse to surrender their CPR or Driver's License, or Passport shall be considered as a trespasser and an intruder and shall be dealt with accordingly. This is an act of unauthorized access. In an event that the security cannot handle the situation through diplomacy, then the university shall seek police assistance immediately.
3. In an event that a vehicle bumped and damaged the gate barrier, the violator shall be subject to replace or repair the damaged gate barrier and will be subject to disciplinary and administrative action to be handled by Deanship of Student Affairs (DSA).
4. Drivers who failed to observe traffic rules such as speeding vehicles, not stopping in the gate barrier causing accidents such as damage to properties and injuries will be held liable for their actions. The university has the right to claim damages and file a court case against such violators.

5. Unauthorized use of someone's gate access card to enter the university is not allowed. If proven by the management, students or staff shall undergo disciplinary actions by the OSA or HRD. For visitors, the university has the right to file a court case against them.
6. Any person who enters the university building without permission is not allowed in the university, the security shall take his personal information and record in the logbook and request details of his visit. In case the person refuses to disclose his/her information, the security shall contact the Facility Manager to handle the issue. If the person shows any distress, doubtful actions and started to get violent, the security shall immediately barricade the entrance, control, and isolate the person, and defend the whole university community and immediately contact the emergency hotline and seek police assistance. If necessary, the Facility Manager will activate the Emergency Management Team and prepare the university occupants for evacuation.
7. All kinds of disobedience, misbehavior, criminal acts, violence, and breaking of rules and regulations of the university policy such as security, occupational safety and health, and other policies shall be under the disciplinary action of University of Technology Bahrain (UTB) under the rules and regulations stated in the student and staff manual. In case, nothing mentioned in the manual, the university has the right to develop, revise, publish, decide, and approve to impose new disciplinary actions.

Traffic Violations

1. All vehicles within the premise of the University of Technology Bahrain, Bldg. 829, Road 1213, Blk 712 Salmabad, Kingdom of Bahrain, which violates any Traffic Law of the Kingdom of Bahrain shall be imposed with fines and punishments. The traffic violations are unregistered vehicles, parking in prohibited areas, blocking the access, parking without permit, overstaying time limits, unauthorized use of reserved parking and special needs parking, double parking, parking on sidewalks, parking without a valid license plate, blocking of roads, over speeding, not wearing of seatbelt, using of mobile phones, drunk driving and driving under influence of drugs, not following traffic signs & regulations, overtaking and lane discipline, and malicious activities inside the vehicles, and any other related traffic violations.
2. The fines and punishments imposed by the University of Technology Bahrain to any person who commits traffic violations within the campus vicinity are as follows:

1st Offense	A violation sticker with content "First Warning, on second violation, your university account will be charged BD10." shall be placed on the windshield of the vehicle. To be enforced by the security team.
2nd Offense & Succeeding Offenses	A violation sticker with content "Second Warning, A BD10 fine has been charged to your university account." shall be placed on the windshield of the vehicle. To be enforced by the security team.

	The vehicle owner or driver shall pay the traffic violation fee amounting to Ten Bahraini Dinar (BD10) in the UTB account's office or thru UTB online payment. In case the offender refuses to comply and starts acting violently or assaulting a security officer, the security staff shall contain the offender and immediately call for police assistance. Moreover, if the offender is a UTB student, he/she shall undergo disciplinary actions of the Office of Student Affairs (OSA). If the offender is a UTB staff, he/she shall undergo disciplinary actions of Human Resource Department (HRD). If the offender is a visitor, he/she shall be banned from entering the UTB campus and UTB shall file a court case against the offender.
Settlement	In case payment cannot be made due to some circumstances, the student or staff shall sign the settlement form. The Settlement Form states: "I (Name of the Offender) with student ID No./Employee ID No. (ID No.) has agreed that the BD10 traffic violation fee shall be added to my account (if students) or shall be deducted to my salary (if staff)." No settlement form for visitors, they are obliged to pay the BD10 traffic violation fee. Signed By: (Offender's Name & Signature/Date) Witnessed by: (Security Team) Remarked By: (Accounting Staff) In case, the offender is absent or unavailable to sign in the settlement form, the security team shall mark and sign the settlement form as "no appearance for settlement". Thus, for "no appearance for settlement" the BD10 violation fee shall be reflected in the account of the offender (student or staff). The settlement forms shall be compiled in a box file to be submitted to the accounting office for processing the transaction. The accounting staff shall remark and certify the form as settled after completing the transaction.
Appeal	Any appeal by the offender shall be submitted to the OSA (for students) and HRD (for staff) in the form of writing or "appeal letter" with relevant proof of evidence within seven (7) days after committing the traffic violation. There shall be no appeal for visitors. If appeal is granted, the offender shall be notified as well as the Finance Department to revoke the BD10 traffic violation fee/fees.
Emergency - Blocking of Roads Causing Obstruction of Traffic Flow	The emergency shall be reported to the General Directorate of Traffic Services and follow their instructions. In case the vehicle owner or driver is not available to remove the vehicle from blocking the road, the vehicle shall be towed, and the towing fee shall be paid by the offender.

Emergency - Overstayed Vehicle More Than 48 Hours and Unauthorized Vehicle	The emergency shall be reported to the General Directorate of Traffic Services and follow their instructions. In case the vehicle owner or driver is not available to remove the vehicle from blocking the road, the vehicle shall be towed, and the towing fee shall be paid by the offender.

7. QUALITY RECORDS

Access Card/ID Card Register
Access Card/ID Card
Utilization Data Sheet
Delivery Logbook
Incident and Investigation Report
Incident Logbook
Mitigation Plan
Patrolling Logbook
Risk Assessment
Security Service Contract
University Security Contract
Visitor's Logbook

8. DISTRIBUTION LIST

All units in the university

Emergency Management

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to ensure the preparedness to mitigate and to respond to any kind of emergencies so that all its stakeholders, assets, surrounding communities and environment are protected by implementing the university Emergency Management System (EMS) in compliance with the standards, laws, and regulations in the Kingdom of Bahrain.

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines in achieving the emergency management system goals and objectives which is to prepare the Emergency Management Team (EMT) and all the university stakeholders in mitigating, responding, recovering to any possible emergencies that may occur within the campus vicinity, to ensure educational operations continuity, and to support the UTB mechanisms on Occupational Safety and Health System (OSHS)
- OPM-FMD-002, Security Management System (SMS) - OPM-FMD-004, and Integrated Facility Management System (IFMS) - OPM-FMD-001).

3. SCOPE

The Emergency Management System (OPM-FMD-003) of the university which includes the Emergency Preparedness Plan (EPP), Emergency Response Plan (ERP), Post Emergency Actions and Recovery Plan – Business Continuity, risk assessment, and mitigation plan.

4. DEFINITION OF TERMS

Emergency – refers to a sudden and unexpected event or situation that poses a threat to life, property, or the environment of the university and requires immediate action to prevent or minimize harm.

Emergency Hotline – is a dedicated telephone number that individual in the university can call in case of an emergency to seek immediate assistance or report emergencies to the appropriate authorities.

Emergency Management System (EMS) - is a comprehensive framework that encompasses the organization, coordination, and implementation of university policies, procedures, and resources to effectively respond to and manage emergencies. It involves various components such as preparedness, response, recovery, and mitigation.

Emergency Preparedness Plan (EPP) - is a documented set of procedures and protocols developed by an organization or facility to prepare for and respond to potential emergencies. It outlines the necessary actions, responsibilities, and resources required to mitigate risks and ensure the safety of individuals during emergencies.

Emergency Response Plan (ERP) - is a specific subset of an emergency preparedness plan that focuses on the immediate actions and procedures to be followed during an emergency. It includes protocols for evacuations, communication, medical assistance, and other necessary steps to ensure an effective response.

Facility Failure - refers to the malfunction or breakdown of critical systems or infrastructure within a facility that can disrupt normal operations and pose risks to occupants' safety. This can include failures in electrical systems, plumbing, HVAC systems, structural integrity, or other essential components.

Financial Crisis - refers to a severe disruption in the financial system characterized by a sharp decline in asset values, liquidity shortages, bank failures, and overall economic instability. It often leads to significant economic downturns and can have wide-ranging impacts on businesses, individuals, and governments.

Fire Alarm System - is a network of interconnected devices such as smoke detectors, heat sensors, manual pull stations, and audible/visual alarms designed to detect and alert occupants about the presence of a fire. It plays a crucial role in early detection and warning, allowing for prompt evacuation and fire suppression measures.

Fire Emergency - refers to a situation where there is an uncontrolled fire that poses a threat to life, property, or the environment. It requires immediate action to extinguish the fire, evacuate occupants, and prevent further damage.

Fire Extinguishers - are portable devices filled with fire-suppressing agents that can be used to extinguish small fires. They are designed to be easily accessible and provide initial firefighting capabilities before professional help arrives.
Fire Hose Reel - is a device used to store and dispense a length of fire hose for

firefighting purposes. It is typically mounted on walls or in cabinets and provides a controlled water supply to combat fires.

Fire or Emergency Assembly Point - is a designated location outside a facility where occupants gather after evacuating during a fire or emergency. It serves as a meeting point for accountability and further instructions from emergency responders.

Fire or Emergency Evacuation Drill - is a planned exercise conducted periodically to practice and evaluate the effectiveness of evacuation procedures in case of a fire or emergency. It helps familiarize occupants with evacuation routes, assembly points, and emergency protocols.

Floor Evacuation Plan - is a detailed diagram or map displayed on each floor of a facility that illustrates evacuation routes, emergency exits, assembly points, and other relevant information to guide occupants during an evacuation.

Level 1/Minor/Low-Risk Emergency - refer to minor incidents that pose minimal risk to life, property, or the environment. These emergencies can typically be managed with existing resources and do not require extensive external assistance.

Level 2/Major/Mid-Risk Emergency - represent more significant incidents that pose moderate risks to life, property, or the environment. They may require additional resources and coordination to effectively respond and mitigate the situation.

Level 3/Crisis/Catastrophic/High-Risk Emergency - are the most severe and catastrophic incidents that pose high risks to life, property, or the environment. They often require extensive external assistance, coordination with multiple agencies, and significant resources to manage and recover from.

Medical Emergency - refers to a sudden and unexpected medical condition or injury that requires immediate medical attention to prevent further harm or loss of life. Examples include heart attacks, severe injuries, allergic reactions, infectious disease, or other life-threatening situations.

Mitigation Plan - is a proactive strategy developed to reduce or eliminate the impact of potential hazards or risks. It involves identifying vulnerabilities, implementing preventive measures, and enhancing resilience to minimize the effects of emergencies or disasters.

Natural Disaster - refers to an extreme event caused by natural forces that result in

widespread damage, destruction, and loss of life for examples are extreme hot weather and cold weather and flooding.

Post Emergency Actions and Recovery Plan – Business Continuity - is a comprehensive strategy developed to restore normal operations and ensure business continuity after an emergency. It includes steps such as damage assessment, restoration of critical systems, resumption of essential services, and recovery of affected areas.

Power Outages - refer to the loss of electrical power supply in a facility or a broader area due to various reasons such as equipment failure, grid failures, or deliberate actions. They can disrupt normal operations and pose risks to safety and security.

Public Announcer (PA) System - is a communication system consisting of speakers strategically placed throughout a facility that allows for the broadcast of important announcements or emergency messages to occupants. It facilitates effective communication during emergencies and provides instructions or updates to ensure safety.

Risk Assessment - is a systematic process of identifying, analyzing, and evaluating potential risks or hazards that may impact the university facility and project. It involves assessing the likelihood and severity of risks to inform decision-making and develop appropriate risk management strategies.

Security Threats - refer to potential risks or dangers that can compromise the safety, security, or integrity of a university facility and stakeholders. These threats can include unauthorized access, theft, vandalism, terrorism, cyber-attacks, or other malicious activities.

Technology Failure - refers to the malfunction or breakdown of critical technological systems or infrastructure within the university facility. It can include failures in computer networks, communication systems, data storage devices, software applications, or other technological components necessary for normal operations.

5. RESPONSIBILITIES

Head of Emergency Management Team – is responsible for leading and coordinating the overall response to an emergency at the university. This includes developing and implementing emergency management plans, training, and exercising emergency response teams, and serving as the primary point of contact for external agencies and stakeholders.

Emergency Management Team (EMT) - is responsible for supporting the Head of Emergency Management Team in their duties and assisting with the coordination of the emergency response. This includes providing situational awareness, assessing the impact of the emergency, and implementing emergency management plans and procedures.

Risk Management Team (RMT) - is responsible for identifying, assessing, and mitigating risks to the university community during an emergency. This includes conducting risk assessments, developing risk management plans, and providing recommendations to the Head of Emergency Management Team and other stakeholders.

Emergency Response Team - is responsible for responding to emergencies on campus and providing support to affected individuals. This includes providing first aid, evacuating buildings, and containing incidents.

Emergency Communication Team - is responsible for communicating with the university community during an emergency. This includes sending alerts and updates, providing information on emergency response procedures, and answering inquiries from the media and other stakeholders.
Emergency Medical Team - is responsible for supporting the university nurse in providing first aid, triaging patients, and coordinating with external medical organizations.

Security Team - is responsible for maintaining law and order on campus during an emergency. This includes providing security personnel, securing buildings and assets, and coordinating with external law enforcement agencies.

Maintenance Team - is responsible for maintaining and repairing critical infrastructure on campus during an emergency. This includes providing electrical, plumbing, and HVAC support, as well as coordinating with external contractors.

Legal Consultant - is responsible for providing legal support during an emergency. This includes providing legal advice, reviewing, and drafting emergency management plans and procedures.

University Nurse - is responsible for providing medical support and advice during an emergency. This includes providing first aid, triaging patients, and coordinating with external medical resources.

Fire Marshal - is responsible for ensuring that the university follows all relevant fire safety regulations during an emergency. This includes conducting fire safety inspections, providing fire safety training, and coordinating with external fire safety agencies.

Office of Student Affairs (OSA) - is responsible for providing support to students affected by an emergency. This includes providing counseling services, academic support, and coordinating with external agencies.

Human Resource Department (HRD) - is responsible for providing support to university employees affected by an emergency. This includes providing employee assistance programs, coordinating with external agencies, and ensuring that employees are aware of their rights and responsibilities during an emergency.

Information and Technology Department (ITD) - is responsible for providing technical support during an emergency. This includes providing IT infrastructure support, coordinating with external IT agencies, and ensuring that the university's IT systems are secure and functional.

Planning and Development Department (PDD) - is responsible for providing strategic planning and development support during an emergency. This includes providing long-term planning and development guidance, coordinating with external agencies, and ensuring that the university's emergency management plans and procedures are aligned with best practices.

Finance Department - is responsible for providing financial support during an emergency. This includes providing financial advice, coordinating with external financial agencies, and ensuring that the university's financial resources are allocated effectively during an emergency.

University Council - is responsible for providing overall governance and oversight during an emergency. This includes providing strategic guidance, reviewing, and approving emergency management plans and procedures, and ensuring that the university's emergency management efforts are aligned with its mission and values.

Admin Council - is responsible for providing administrative support during an emergency. This includes providing support to the Head of Emergency Management Team and other stakeholders, coordinating with external agencies, and ensuring that the university's administrative systems are functional and effective during an emergency.

Academic Council - is responsible for providing academic support during an emergency. This includes providing academic advice, coordinating with external academic agencies, and ensuring that the university's academic programs and research activities are not disrupted during an emergency.

Student Council – is responsible for aiding students and communicating their needs and concerns to the Office of Student Affairs and providing support to the Emergency Management Team.

6. PROCEDURES

6.1 University Emergency Management System

Strictly implement the Emergency Management Operations Manual (OPM-FMD-003) of the university which involves the Emergency Management Team (EMT), emergency preparedness and response, risk assessment, mitigation planning, communication and warning system, incident reporting and investigation, resource management, training and drills, recovery planning, and compliance with the regulations, standards, and laws in the Kingdom of Bahrain.

Develop and maintain a comprehensive Emergency Preparedness Plan (EPP) that outline procedures and protocols to be followed during various emergencies which involves the EMT, risk assessment, emergency facility, equipment, and supplies, training, and evacuation drills.

6.1.1 The university shall establish an EMT headed by the Facility Manager (FM), officers are department heads, and deans, while members are staff from Office of Student Affairs (DSA), Student Council (SC), faculty, administrative employee, university nurse, all security personnel, and maintenance team. The group shall meet at least once every academic year to review the effectiveness of the emergency management system, to update and revise the policies and procedures, and team register, to analyse past emergency incident and prepare an improvement plan. The EMT shall automatically be activated and immediately respond to any type of emergency.

6.1.2 Conduct risk assessment to identify the potential risks in the university that might arise during emergencies, evaluate, and analyse the impact of these risks, prepare mitigation plan, and implement strategies that could eliminate hazard and reduce risks.

6.1.3 Provide emergency facility, equipment, system, supplies, grounds, and information essential during emergency situations for example fire alarm system, fire hose reel, fire extinguishers, wide hallway, stairway,

emergency lights, fire exit, illuminated exit signs, fire assembly point, public announcer system, evacuation floor plans and safety signs and instructions, first aid kits, clinic, information about natural disaster in Bahrain, resilient building and infrastructure such as drainage system, air-conditioning system, thermal walls and roofing, proper window system and position, trees and plants, personal protective equipment (PPE), food, and water.

6.1.4 Provide annual training for the EMT, students, and staff such as emergency response, incident reporting, fire safety, first-aid treatment, Cardiopulmonary Resuscitation (CPR), awareness campaign on Bahrain natural disaster such as extreme hot and cold weather, sandstorm, and flooding, and communicating to university emergency hotline and government emergency hotline "999." Also, conduct university evacuation drill once every year which involves all the students, staff, and visitors in coordination with MOI - Civil Defence.

6.2 Develop an effective Emergency Response Plan (ERP), strategies and procedures which covers a wide range of potential hazards such as fire, medical emergency, chemical spill, security threat, public disorder, natural disaster, power outage, and utility shutdown.

6.2.1 Report all forms of emergencies to university authority or if necessary to government bodies which means all individuals within the campus premise are obliged to report quickly to any university staff or offices like security, nurse, Head of Facility Management (HFM) or Facility Manager (FM), OSA, SC, Human Resource Department (HRD), Dean's Office, other university offices, and if needed to government agencies whenever they witness any kind of emergencies thru personal reporting or thru emergency hotlines as stated below:

<u>In case of emergency, CALL:</u>

Emergency Hotline 999 (24 Hours)
University Security 1778-7982 (24 Hours)
University Nurse 1778-7996 (9AM – 9PM)
Facility Management Office 1778-7986 (8AM – 5PM)

6.2.2 Activate the Emergency Management Team (EMT) and they shall assess the severity of the situation. Whenever a low-risk or minor emergency or Level 1 emergency occurs such as small fire or smoke incident, non-serious injuries and illness, minor flooding and leaks, heatwaves, sandstorm, small electrical and plumbing issues, power outages on some portion of the building and campus, and few chemical spills, the EMT shall handle the situation, contain the emergency, and

use all the available resources to mitigate the emergency issues. While during mid-risk or major emergency or Level 2 emergency for instances large fire which requires evacuation, serious injuries and illness, major flooding, heatwaves, sandstorms, large-scale power outages and system failures, gas, and fuel leak, the EMT shall promptly seek external assistance by calling the government emergency hotline "999" which involves the respondents from MOI-Civil Defence, police enforcers, and hospitals. But, in an event of crisis, catastrophic or high-risk or Level 3 emergency for examples large fires that can potentially destroy the whole university building and massive loss of life, enormous life-threatening injuries and illness, pandemic, terrorism, public disorder and unrest, natural disasters like extreme flooding in the whole campus ground and building, extreme heatwaves and sandstorms, complete and long period power outages and system failure that can affect the full operation of the university for several days and months, the EMT shall immediately request for government aid by contacting them thru emergency hotline "999" which involves multiple government agencies, organizations, and hospitals and quickly evacuate the building, dismiss all the students, staff, and visitors and if necessary and possible leave the campus premise based on management and government authorities' instructions.

Fire Emergency Response

All persons in the university who witness any kind of fire outbreak of any level are obliged to raise the fire alarm by breaking the manual call point that is strategically located in the building hallways, and report immediately the location of the fire to government officials and university authorities by calling the emergency hotlines posted in all rooms and hallways in the university. All witnesses of fire emergency that is trained on fire safety are allowed to extinguish a small fire with an approximate area of less than a square meter and a height less than the height of a handheld fire extinguisher. The rule of thumb is, when you are alone never attempting to extinguish a small fire that is more than the size of a single handheld fire extinguisher. Instead, immediately raise the fire alarm manual call point and call for urgent assistance by calling the emergency hotlines. The classes of fire and appropriate fire extinguishers to be used are stated below:

Class A fires such as wood, paper, cloth, and plastics, use water (H^2O), foam, and dry powder extinguishers.
Class B fires which is flammable liquids such as fuel and paint, use foam, carbon dioxide (CO^2), and dry powder extinguishers.
Class C fires which is flammable gas for example LPG, use dry powder extinguishers.
Class D fires which is combustible metals such as aluminum, computer casing, and

batteries, use dry powder extinguishers.
Class E fires which is electrical equipment such computers, servers, and circuit breakers, use dry powder extinguishers.
Class F fires which are cooking oils and fats, use wet chemical extinguishers.

1- If the fire alarm sounds, the EMT is automatically activated, respond immediately to the fire emergency, and initiate the evacuation procedures, and all individuals shall immediately evacuate the building, walk fast into nearest and safest fire exit and building exit and gather in the fire assembly point for head counting while waiting for the government emergency team to respond or wait for the declaration that the building is safe to resume educational activities. Simultaneously the university fire marshals shall quickly check the location of the fire by getting the location details from the fire panel or from the report received from the informant.

2- If the fire outbreak is a false alarm, the fire marshals shall mute and reset the fire alarm system and immediately inform the campus community about the false alarm, stop the evacuation, and advise the student, staff, and visitors to return into the building and continue operations.

3- If the fire outbreak is a real small fire, the fire marshals shall instantly extinguish the fire using handheld fire extinguishers and fire hose reels while during real large fire, the fire marshals shall quickly request for help from the government bodies by calling the emergency hotline “999”.

4- Once the fire is completely extinguished the fire marshals or the MOI-Civil Defence shall mute and reset the fire alarm system and reassess the building. If the building is completely safe and no sign of smoke and fire, the Head of EMT or the Bahrain Civil Defence shall declare the university is safe and instruct all individuals to return to the building and resume operations. If the building is declared as a dangerous or unsafe place, the EMT shall be kept activated and proceeds with the post-emergency actions and recovery procedures.

Medical Emergency Response

A. All individuals in the university who witness any kind of medical emergency are obliged to report immediately the condition of the person(s) to the university nurse, security, FM, OSA, and HRD thru personal reporting or by calling the emergency hotline posted in different location in the university or if needed to the government agencies by calling the emergency hotline “999”.

B. In an event of minor medical emergencies, the EMT medical units which

involve the university nurse, security personnel, staff in OSA and HRD, and Facility Manager or Head of EMT shall immediately respond and assist the university nurse in providing first aid medical treatment to different conditions such as cuts and wounds, burns, fractures, and sprains, choking, cardiac arrest, allergic reactions, seizures, heat exhaustion and heatstroke, fainting, and eye injuries.

C. After the medical emergency is fully addressed, the medical team is automatically deactivated, then the university nurse shall record the medical details of the patient(s) and give health advise, while the OSA shall inform the parents if the patient is a student. Moreover, the security staff shall record the incident and the Head of EMT shall closed the case.

D. Whereas for major medical emergencies which is life and death situation caused either personal medical conditions or by other Level 3 emergencies such as fire, security threats, facility and equipment failure, chemical spill, and natural disasters, the medical team shall instantly seek medical assistance to the government agencies by calling the emergency hotline and the EMT shall be kept activated and proceeds with the post-emergency actions and recovery procedures.

Security Threats Emergency Response

A. All students, staff, and visitors in the university who has information or observe any kind of security threats are obliged to report immediately to the security team, FM, Information and Technology Department (ITD), OSA, and HRD or if necessary to the government authorities by calling the emergency hotline posted in the university.

B. In occurrence of any minor threats related to physical security, cybersecurity, and information security such as unauthorized access, theft, vandalism, violence, assault, protests and demonstrations, phishing attacks, malware infections, data breaches, ransomware attacks, inside threats, baiting, pretexting, impersonation, and tailgating, the security team, FM, ITD, OSA, HR shall rapidly respond to resolve the emergency situation utilizing all available resources to protect every students, staff, visitors and university assets.

C. Whereas, in case of major emergency or crisis level where a high-risk damage to university properties, potential loss of lives, and loss of significant data and information, the EMT is automatically activated and shall immediately request for help from external agencies, and government offices by calling the emergency hotline “999”, and cybersecurity hotline 1737-7283. Moreover, the EMT shall

remain active and execute the post-emergency actions and recovery plan.

Facility and Equipment Failure, and Power Outages Emergency Response

A. All individuals in the university who witness any kind of maintenance emergency are obliged to report immediately the situation to the FM, maintenance team, and security team thru personal reporting or by calling the emergency hotline posted in the university.

B. During small scale emergency breakdowns caused by failures on university facility and equipment such as malfunctioned air-conditioning systems, plumbing and drainage systems, electrical systems, and technology systems, the FM shall assess the situation and utilized the maintenance team and if necessary for mid-scale urgent repairs, the university accredited external contractor to instantly repair the crashed facility or equipment as quickly as possible but shall conform with the procedures stated in the Integrated Facility Management System (OPM-FMD-001).

C. While during large-scale breakdowns caused by a natural disaster, power outages, and security threats, the EMT is automatically activated and shall immediately respond to the emergency breakdown by utilizing all its available resources and seek assistance from a competent external contractor of the university and if required, to government authorities by calling the emergency hotline "999" and EWA hotline "17515555" for power outages and water emergencies. Moreover, the EMT shall remain active and proceeds with the post-emergency actions and recovery protocols.

D. All urgent repairs or emergency breakdowns shall be exempted from completing multiple quotations or the formal tendering process of UTB purchasing policy and procedures due to urgency of the situation to avoid further potential damage and risks. All repair cost proposal from a qualified external contractor of the university can be approved in advance thru email, then to follow the processing of purchase request (PR) and purchase order (PO) which is to be approved by the Vice President of Administration and Finance (VPAF), or if needed by the university President.

Natural Disaster Emergency Response

A. In case of Level 1 emergencies triggered by natural disasters in the Kingdom of Bahrain such as extreme heatwaves, sandstorms, flooding caused by seasonal rains, and extreme cold weather, the EMT is automatically activated and shall

immediately implement the procedures in responding to fire emergencies, medical emergencies, facility failures, power outages, and technology failure.

B. However, for Level 2 emergencies and catastrophic level, the EMT shall instantly seek aid to the government agencies by calling the emergency hotline "999" and the EMT shall be kept activated and proceeds with the post-emergency actions and recovery measures.

6.2.3 Whenever a mid-risk and high-risk emergency occurs, the communication team shall continue communicating with government offices until they reach the university and shall alert the whole campus community about the emergency, give information, updates, and instructions to student, staff, visitors, and other stakeholders until the emergency is diffused and the university has fully recovered.

6.2.4 Concurrently, during Level 2 and Level 3 emergencies, the EMT shall initiate the evacuation procedures, announce the evacuation, sound the alarm system, assist the people to evacuate the building, disable and block the elevator or lift, walk them fast through the emergency exit until they reach the emergency assembly point, headcount and report all missing persons to government respondents and assist them in search and rescue operations. If the government authorities declared the university as a dangerous or unsafe zone, and instructed to evacuate the campus, all occupants of the university shall immediately leave the campus in a safely manner.

6.3 Prepare and implement post-emergency actions and recovery plan or business continuity plan to ensure the smooth operations of the university following a crisis or emergency which is designed to minimize disruptions, maintain essential services, continue operations, and facilitate recovery process. This involves damage assessment, recovery planning, continuity of operations, lessoned learned, student support services, facility restoration.

6.3.1 During major and crisis level emergency, keep the Emergency Management Team activated until full recovery of the university. They shall coordinate with the external agencies such as insurance company, legal agencies, and government authorities to assess the extent of damage and loss in the university. Also, gather and submit all information and evidence for incident reporting and investigation of the crisis.

6.3.2 Simultaneously the Finance Department of the university shall process the insurance claim of the university as per approved insurance policy. The university senior management shall continue its convention to implement the recovery plan

and release an official statement to the public about the incident. The BOD and BOT shall support all the resources needed by the university to ensure continuity of its operations. Moreover, the senior management shall meet daily as possible to ensure and monitor the everyday regaining of the university. Once the official statement of the university is released the communications team shall update and give information, and instructions to all students, staff, visitors, and other stakeholders.

6.3.3 The Facility Management Department (FMD) shall restore if there are damaged university facility as per approved building plan, financial resources, and Higher Education Council (HEC) approval to build or renovate temporary operation offices especially for FMD, and Information and Technology Department (ITD) to manage the building rehabilitation, physical security, and provide online services to students, staff, and visitors for instances online classes, registration, admission, and payment.

6.3.4 Acquire HEC approval to resume educational operations and inform the campus community and the public once key facilities and systems in the university are restored or available such us security system, roads, parking spaces, air conditioning system, lift, fire alarm and fire protection equipment, clinic, information and technology infrastructure, classrooms, laboratories, library, cafeteria, bathroom, administrative and academic offices. Continue restoration of other damaged facilities for instances prayer rooms, sports facilities, auditorium, meeting rooms, lounges, and board rooms.

6.3.5 Deactivate the Emergency Management Team. The legal team shall continue the proceedings if there are any court cases related to the emergency that occurred in the university.

6.4 Review all the information and evidence of the emergency occurrences in the university, identify the gaps in the procedures and problems encountered and prepare an improvement plan, update and revised the policies and procedures of Emergency Management System (EMS) and ensure to conform with the Quality Management System of University of Technology Bahrain (UTB).

7. QUALITY RECORDS

Activity Report

Emergency Management Team

Register Emergency Preparedness and Response Plan

Fire Marshal Register

Incident and Investigation Report

Minutes of the Meeting

Mitigation Plan

Occupational Safety and Health Guidelines

Recovery Plan – Business Continuity Risk Assessment

Risk Management Team Register

8. DISTRIBUTION LIST

All units in the university.

Maintenance of General and Specialized Laboratories

1. POLICY

It is the policy of UTB that all physical facilities are properly maintained to ensure that they continue to function as efficiently and effectively as possible to support the delivery of academic and related services to UTB.

2. PURPOSE

This Policies and Procedures document provides the guiding principles on the regularly maintaining the laboratory equipment and that it functions in top working conditions.

3. SCOPE

This document establishes a uniform set of guidelines to ensure consistency of maintaining the laboratory facilities at UTB. Laboratory facilities include the general and specialized laboratories used for delivering courses.

4. RESPONSIBILITIES

Programme Head – responsible for monitoring the work of the lab technician and for allocating and approving budgets needed to maintain the laboratory regularly

Technician – responsible for regularly maintaining the lab's equipment top working conditions.

5. DEFINITION OF TERMS

Preventive Maintenance – refers to the maintenance which is carried out to prevent an item from failing or wearing out by providing systematic inspection, detection and prevention of incipient failure.

Corrective Maintenance – refers to the maintenance that is required to bring an item back to working order when it has failed or worn out.

6. PROCEDURES

6.1 Preventive Maintenance

a. The College develop a Preventive Maintenance Plan, detailing the description of all equipment, the specific actions to be performed, and the budget and schedule of each action;
b. All physical facilities are inspected and maintained to ensure availability and adequacy;
c. Equipment that have existing and active warranties must have a maintenance contract with the vendor;
d. All stations in mechatronics laboratory must be checked at least once every two years by authorized representatives from FESTO;
e. Equipment in general laboratories such as Chemistry, Physics, Biology and other similar type laboratories must be checked on periodic basis for accuracy of results.
f. Computing laboratories shall be regularly maintained at the end of each trimester by the IT department including the installation of suitable software applications.
g. The technician maintains records of all breakdowns, maintenance conducted previously, and recommendations.

6.2 Corrective Maintenance

a. In the event of damage and/or failure of equipment or machine, corrective actions are implemented;
b. the faculty handling the class must inform the technician on the nature of the damage/failure during the class time or the end of the class period;
c. The technician must file an incident report and determine the cause of the damage/failure for records purposes and to avoid similar occurrence of the incident in the future;
d. The incident report must be submitted to the programme Head within the day that the incident happens or on the following day.
e. Parts that are found to be faulty are replaced promptly by the technician.
f. The technician must properly label the damaged equipment as “out of service/not working” if the process to replace the damaged part may take some time.

6.3 Cleaning

a. A wipe cleaning of laboratory equipment shall be done daily by the cleaners.
b. The technician schedules a hard cleaning of laboratory equipment once

a month.

c. A maintenance log shall be submitted by the technician to the programme head for this purpose.

7. .QUALITY RECORDS

Monthly Maintenance Report Form

Preventive Maintenance Report

Certification from Vendor

8. DISTRIBUTION LIST

Deans

Head of IT

Head of Facilities

VP for Academic Affairs

VP for Administration and Finance

Occupational Safety and Health Management

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to provide a safe and healthy university for all its stakeholders, and its surrounding communities and environment which is free from any harm, injury, fatality, illness, and damage to property, or loss by strictly implementing the Occupational Safety and Health Management System (OSHMS) of UTB that complies with the standards, laws and regulations of Higher Education Council (HEC), Education and Training Quality Authority (BQA), other accreditation entities, government agencies, and occupational safety and health organizations.

2. PURPOSE

The purpose of this policy and procedures is to provide guidelines in achieving the university occupational safety and health (OSH) strategic goals and operational objectives which is to provide the students, staff, and visitors with a safe and healthy educational environment to avoid accidents causing injury, fatality, illness and damage to property and environment.

3. SCOPE

The OSHMS of UTB for the students, staff and visitors, special needs, and the university environment which involves the policy and procedures, risk assessment, training and skill development, safety and health awareness programs, conforming with building regulations, international, regional and local regulations, standards and laws, emergency management (OPM-FMD-003), security management (OPM-FMD-004), environment, social and governance (ESG), health and wellness, healthy university program, and continuous quality improvement.

4. DEFINITION OF TERMS

Occupational Safety and Health Management System – is a systematic approach to managing occupational safety and health within the university. It provides a framework for identifying, assessing, and controlling risks, as well as promoting a safe and healthy working educational environment.

Risk Management - involves identifying, assessing, and mitigating potential risks

that may impact the operations, assets, and occupants of the university which includes strategies to prevent risks related to safety hazards, natural disasters, security breaches, equipment failures, and other potential threats.

Risk Assessment – is a systematic process used to identify, evaluate, and prioritize potential risks and hazards that may occur within the university premise and activities which involves the identification of hazards, analysis of associated risks, and determination of appropriate control measure to mitigate or eliminate those risks.

Hazards – refers to the potential sources of harm or danger that can cause injury, illness, damage to property, or environmental impact. Hazards categories include physical, chemical, biological, ergonomic, and psychosocial.

Risks – are the potential consequences or negative outcomes that may result from exposure to hazards. Risk is often expressed as combination of the likelihood (probability) of an event occurring and the severity (consequence) of its impact.

Incident – an incident refers to any unplanned event or occurrence that disrupts normal operations or activities within the university, for examples equipment failures, power outages, security breaches, natural disasters, and human errors.

Accident – is an unplanned event that results in harm, injury, fatality, damage, or loss which typically the result of a chain of events or a combination of factors that lead to an undesirable outcome caused by human error, equipment failure, environmental factors, or a combination of these factors.

Mitigation Plan – is a proactive strategy or set of actions designed to reduce or eliminate risks and their potential impacts. It involves identifying potential hazards and vulnerabilities, assessing the associated risks, and implementing measures to prevent or minimize those risks which includes specific objectives, targets, and timeline for risk reduction activities for examples engineering controls, administrative controls, training programs, emergency response procedures, and other preventive measures.

Emergency Preparedness and Response Plan – is a set of procedures and guidelines that the university must follow to ensure they are prepared to respond to any emergency that may arise. The plan should be tailored to the specific needs of the university and its stakeholders and should be regularly reviewed and updated to ensure its effectiveness.

Emergency Management – is the systematic and strategic approach to effectively

manage and optimize energy consumption within the university facilities which involves reducing energy waste, improving energy efficiency, and promoting sustainability.

Emergency – is defined as serious, unexpected, and often dangerous situation that requires quick decision-making and immediate action. Emergencies can arise from various sources such as natural disasters, accidents, technological failures, or human-induced events which typically pose a threat to life, health, property, and environment.

Security Management - is a comprehensive approach to protecting the university assets, including its physical property, intellectual property, data, and employees.

Environmental, Social and Governance (ESG) – refers to the integration of environmental, social and governance factors into the management and operation of university facilities which recognizes the responsibility to not only provide quality education but also to operate in a sustainable and socially responsible manner.

5. RESPONSIBILITIES

Head of Facility Management or Facility Manager – Acts as the Safety and Health Officer of UTB and shall be responsible for the overall implementation and review and improvement of university occupational safety and health management system.

Safety and Health Executive Committee (SHEC) – shall be responsible for supporting the strategic goals of the university related to occupational safety and health by providing financial resources, good governance, addressing safety and health issues such as accidents resulting to injuries and deaths, big fire incidents, violence and protest and legal challenges. The committee shall meet once per academic year.

Safety and Health Coordinating Committee (SHCC) – shall be responsible for the planning, execution, performance review and improvement of occupational safety and health plan and strategies such as communicating the policy and procedure, providing trainings, giving safety and health advisories, conducting evacuation drills, and risk assessment. The committee shall meet at least on time annually.

Emergency Management Team (EMT) – shall be responsible for conducting annual fire evacuation drills, securing fire drill certificate from Bahrain Civil Defence, organizing fire safety and first aid training for staff and students especially those fire marshals of UTB.

Risk Management Team (RMT) – shall be responsible for conducting risk assessment

of the university and updating the risk register profile, preparing and implementing risk management plan, and mitigation plan.

University Nurse – shall be responsible for providing first aid medical treatment, respond to medical emergencies, screening and referral to hospitals or advise to call for ambulance during emergency cases, and providing advice on healthy lifestyle and health development.

Security Personnel – shall be responsible for the overall protection of all individuals and properties present in the university premise, respond to all emergency cases and calling of ambulance and coordinating to police officer, recording, and investigating all kinds of incidents, controlling the access to university, regular patrolling and identifies abnormal activities and events, and potential hazards within the campus.

Maintenance Service Contractors – shall be responsible for maintaining the good and safe operating condition university facility and equipment and comply with all occupational safety and health regulations of Bahrain.

Housekeeping and Support Service Contractors – shall be responsible for maintaining cleanliness and sanitation of the university facility and equipment.

Laboratory Technician – shall be responsible for maintaining the good and safe operating conditions of laboratory engineering equipment and tools and ensure implementation of laboratory safety rules.

IT Manager – shall be responsible for the overall maintenance and safe operating conditions of all computers in the laboratory and offices.

Office of the Student Affairs (OSA) – shall be responsible for providing safety and health support services to all students especially with special needs, communicating to parents and families the condition of the students such as mental and physical health and learning progress, keeping health information of every student, and providing guidance and counselling, conducts and implement disciplinary actions to students who violates the safety and health regulations of the university.

Human Resource Department (HRD) – shall be responsible for the overall implementation of health and wellness, training, and skill development of university staff.

All Faculty Staff – shall be responsible for the safety and health of their students during lecture and laboratory classes, especially those students with special needs.

All Individuals – shall be responsible for familiarizing with the university OSH policy and procedures and be responsible in always taking care of their own safety and health, also every person shall report to the management whenever they witness any emergency case, and do not misuse university safety facilities and equipment.

6. PROCEDURES

Occupational Safety and Health Management

1. Strictly implement the policies and procedures of Occupational Safety and Health Management (OPM-FMD-002), Emergency Management (OPM-FMD-003), Integrated Security Management (OPM-FMD-004), Health and Wellness, and Environmental, Social and Governance (ESG).
2. Comply with the standards, laws and regulations of government agencies, international, regional, and local accreditation bodies such as occupational safety and health (OSH), healthy university program, labor code, building code and fire code. This involves the Higher Education Council (HEC), Education and Training Quality Authority (BQA), Ministry of Education (MOE), Ministry of Labor (MOL), Bahrain Civil Defence, Ministry of Health (MOH), Ministry of Interior (MOI), National Health & Regulatory Authority (NHRA), Ministry of Works (MOW), International Standardization Organization (ISO), International Labor Organization (ILO), World Health Organization (WHO), Occupational Safety and Health Administration (OSHA), and National Examination Board for Occupational Safety and Health (NEBOSH).
3. The university shall provide university nurses and clinic equipped with adequate first aid medical equipment and supplies.
4. Prepare and implement emergency preparedness and response plan. Conduct emergency response training and seminars such as fire evacuation drill and lectures, and first aid training, among staff and students at least once a year.
5. Record all kinds of incidents, investigate, analyse root-cause, prepare, and implement action plan and improvement plan.
6. Implement wearing of Personal Protective Equipment (PPE) among students, staff and contractors, service providers, and suppliers for instances students conducting experiments and projects in the science laboratories and engineering laboratories, screening of infectious disease, sanitation works, construction and renovation works, erection of scaffolding, exterior painting and cleaning, welding, and cutting works. Example of PPEs are laboratory gown, safety gloves, goggles or eye protection, medical mask, safety mask, face protection, hard hat, safety vest, ear plug and ear protection.
7. Perform occupational safety, health, and environmental inspection. Assess the condition of the university community, workplaces, process, facilities and equipment, and technology at least once every academic year.
8. Do risk assessment to identify the potential occupational safety and health hazards

and risks. Then prepare and implement the mitigation plan or hazard elimination and risk reduction plan.

9. Collaborate with government agencies, companies, and other organizations and universities, to organize occupational safety trainings and seminars, health programs, and environmental sustainability activities among staff, students, visitors and other stakeholders such as hazard identification and risk assessment, fire safety, first aid training, research skill development, health promotion program on mental health, reproductive health, oral, eye, ear health, communicable disease prevention, promoting sports and other recreational activities, smoke free university and awareness campaigns and regular medical checkups of staff and students, community engagement, proper waste management, recycling and reducing lectures, water conservation, agriculture and tree planting activities.
10. The Safety and Health Executive Committee (SHEC), Safety and Health Coordinating Committee (SHCC), Emergency Management Team (EMT), Risk Management Team (RMT) and Fire Marshals shall meet at least one time in a year to review the performance of the university OSH and prepare an improvement plan.
11. Communicate the OSH information to the staff, students and public thru orientations, meetings, posting in UTB website, social medias, digital screens, bulletin boards, safety signs, traffic signs, directional signs, safety rules and evacuation procedures, emails, text messaging, flyers, and scan codes. This shall comply with the university Communication Policy and Privacy Policy.
12. Provide priority support services for people with physical disabilities especially during emergency cases and always consider in the design and planning process the requirements for special needs students, staff, and visitors.
13. Utilize the university quality management system in the planning, implementation, evaluating and improving of the policies and procedures of occupational safety and health management system of the university.

<u>Student, Staff, Visitor, Special Needs Safety and Health Instructions and Arrangements</u>

1. University of Technology Bahrain (UTB) shall provide a safe and healthy educational environment for all students, staff and visitors complying with the requirements, laws, and standards of international, regional, and local entities.
2. All the students, staff and visitors shall receive information about the policy and procedures of occupational safety and health of the university especially those who are physically challenged and are expected to always comply with the rules and regulations of UTB. All persons within the campus shall be always responsible in protecting their own safety and well-being.
3. All special needs individuals like people with disabilities (PWD), senior citizens, pregnant women and children shall have priority safety services especially during emergency situations.

4. All those who violates the safety and health regulations shall be under disciplinary actions of the university and if necessary, the university shall seek assistance from police enforcers, Ministry of Interior, and Bahrain Civil Defence. The university has the right to file a court case for any criminal acts and inappropriate behaviour leading to injuries, deaths, damage to properties and damage to university reputation.
5. Qualified staff and student can join the SHCC, and subcommittees and encourage to undergo trainings on occupational safety and health to increase their knowledge, enhance their skills and capabilities such as handling of firefighting equipment and fire alarm system, emergency preparedness and response, evacuation drills, risk assessment, promoting healthy lifestyle and health development, mental health management, and environmental sustainability initiatives.
6. All persons inside the university premise are obliged to report immediately to the security, university nurse, office of student affairs staff, facility manager, any UTB staff, and to government agencies whenever they witness any emergency cases such as life-threatening medical emergencies like heart attacks and strokes, accidents, fire outbreak and arson, acts of violence and terrorism, sexual harassment, and theft activities.
7. All contractors, service providers and suppliers are obliged to follow safe work and delivery instructions from the university facility management office (FMO) such as showing of proof of transactions like approved purchase order and contracts, proof of identity for example Central Population Register (CPR) ID, approved work permit, approved hot works permit and submission of company occupational safety and health policy.
8. All visitors are obliged to register their information in the main gate security and building entrances before they can access the campus.
9. **In case of emergency, CALL:**
   Emergency Hotline 999 (24 Hours)
   University Security 1778-7982 (24 Hours)
   University Nurse 1778-7996 (9AM – 9PM)
   Facility Management Office 1778-7986 (8AM – 5PM)

7. QUALITY RECORDS

Activity Report

Emergency Management Team Register

Emergency Preparedness and Response Plan Environment Aspect and Impact Register

Environmental Sustainability Plan

Fire Marshal Register

Healthy University Guidelines Incident and Investigation Report

Material Safety Data Sheet

Minutes of the Meeting Mitigation Plan

Occupational Safety and Health Guidelines

Risk Assessment

Risk Management Team Register

Safety and Health Coordinating Committee Register

Safety and Health Executive Committee Register

8. DISTRIBUTION LIST

All units in the university

Strategic Plan Monitoring

1. POLICY

It is the policy of the university to implement a monitoring system that will ensure the performance of all colleges/units in terms of achieving the strategic plans of the university.

2. PURPOSE

This policy aims to monitor the performance of all the colleges and units in implementing all the operational plans of the university, thereby achieving the strategic goals that have been set for the university.

3. SCOPE

This policy covers accomplishments of all the colleges and units within UTB.

4. RESPONSIBILITIES

Planning and Development Office (PDD)

College Deans

Unit Heads

5. DEFINITION OF TERMS

Strategic Plan is a plan that shows the priorities to ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results

Gap Analysis involves the comparison of actual performance with potential or desired performance. If an organization does not make the best use of current

resources, or forgoes investment in capital or technology, it may produce or perform below its potential.

6. PROCEDURES

Strategic Plan Accomplishment Monitoring

1- The PDD Head collects all the accomplishment reports of all colleges and units at the end of each term.
2- Based on the strategic goal and operational objectives, the PDD head checks the performance of each college and unit based on the accomplishment report and achievement of the KPI's.
3- After the validation of the accomplishment report as per strategic plan and operational objectives, a gap analysis is to be done and prepared.
4- The copy of the accomplishment report as well as the gap analysis will be sent to the VP for Administration and Finance and the Vice President for Academic Affairs for their approval.
5- The result of the gap analysis will be discussed with the concerned college and units.
6- An Improvement Plan will be drafted, based on the gap analysis, in coordination with the colleges and units.
7- The PDD head meets with the head of colleges and units whenever required as part of the monitor.

7. QUALITY RECORDS

Accomplishment Report

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

College Deans

Unit Heads

University Survey

1. POLICY

It is the policy of the university to gather inputs from both internal and external stakeholders through the conduct of surveys in order to provide quality education and services.

2. PURPOSE

This policy aims to provide clear understanding of the various surveys conducted at UTB as well as to provide guidance in the conduct, data analysis and reporting, verification and endorsements, approval and dissemination of results.

3. SCOPE

This policy covers the conduct and management of institutional surveys to students, faculty, staff, as well as to alumni, WBL and alumni employers.

4. DEFINITION OF TERMS

Student Satisfaction Survey – The UTB Student Satisfaction Survey is an annual survey conducted as a continual initiative of acquiring feedback from the students of different colleges of the University.

Faculty Satisfaction Survey - The UTB Faculty Satisfaction Survey is an on-going effort to obtain feedback from faculty member in terms of the level of satisfaction on University Vision-Mission and Direction, Empowerment, Leadership, Salary and Fringe Benefits, Employee Development, Facilities and Infrastructures and Policies and Procedures.

Administrative Staff Satisfaction Survey – Like the Faculty satisfaction survey, the Administrative Staff Satisfaction Survey aims at gathering feedback regarding the level of satisfaction on University Vision-Mission and Direction, Empowerment, Leadership, Salary and Fringe Benefits, Employee Development, Facilities and Infrastructures and Policies and Procedures.

Student Exit Survey – The UTB Senior Exit Survey is focused on determining how the PILOs/SOs is attained. Graduating students before finally leaving the University are asked how their educational experience has contributed to the attainment of the PILOs/SOs.

Alumni Survey - Graduate Destination - is used as a means of tracing the most recent batch of graduates to their current professional status and employability. The outcome of the survey is also an integral concern in the university's initiatives to address the needs of society in producing responsible professionals and individuals.

Alumni Survey - Beyond Graduation - The beyond Graduation Survey (BGS) is a 3 year follow up to the graduate destination survey. Results of the survey determine the importance of higher education qualification in the lives of the graduates three years after graduation through the assessment of the educational outcomes of the programme (PEO). The study also assesses the employment mobility of the subject cohort.

Employer Survey - The UTB Employer Survey is one way of assessing the PEOs, and centered on the performance of UTB graduates as evaluated by their respective employers. The survey includes the evaluation of employer on the quality of work and productivity, work attitude, commitment and compliance to company rules of the University graduates.

Satisfaction on Library Facilities – The survey aims to assess both the level of satisfaction and the importance of the services and facilities provided by the university library as perceived by the students. The survey results are essential in improving the quality of the service of the university office.

Satisfaction Survey on IT - The survey aims to assess both the level of satisfaction and the importance of the services and facilities provided by the University IT Services as perceived by the students. The survey results are essential in improving the quality of the service of the university office.

Work-Based Learning (WBL) Employer - The University ensures effective implementation of Work- Based Learning (WBL)/Practicum/On-the-Job Training (OJT) following processes and procedures, meaningful placements and employment.

Work-Based Learning (WBL) Students – The students' over-all experience in the

Work-Based Learning (WBL)/Practicum/On-the-Job Training (OJT) is also assessed using the WBL survey for student.

Annual Evaluation of College Dean by Faculty – The evaluation is conducted to assess the college Dean's performance in terms of the following aspects: Leadership, Administration and Management, Curriculum Related Matters, Communication, Fairness and Ethics, Student Affairs, and University and Community Services.

Annual Evaluation of programme Head by Faculty - The evaluation is conducted to assess the college Dean's performance in terms of the following aspects: Leadership, Administration and Management, Curriculum Related Matters, Communication, Fairness and Ethics, Student Affairs, and University and Community Services.

Management Performance Appraisal (Non-Academic Officers) – Conducted to evaluate non- academic head offices officers' performance in terms of management and leadership practices and achievement of KPIs.

Effectiveness of Remedial Course – aims as assessing effectiveness of the university intervention in preparing admitted students to college level Math and English courses of tutoring struggling readers in both an individualized and small group setting.

Effectiveness of Admission Policy – aims at evaluating how effective are the current university policies pertaining to the university's mechanisms in determining the readiness of admitted students to college level courses.

Report Students-at-Risk – provide regular report of students identified as "at risk" based on university policy manual. The results of the study serve as valuable input in designing interventions to improve chances of student completion.

Report on Retention and Progression – Reports key data and information regarding retention and progression statistics in each of the programme necessary for programme review and programme interventions.

Thesis/Capstone Satisfaction Survey – Assess the level of satisfaction of both undergraduate and graduate students on various aspects of the students' thesis/capstone experience in their respective programme\s

5. RESPONSIBILITY

The Institutional Research Office (IRO) under the Planning and Development Department (PDD) oversees the conduct of all surveys. All academic-related surveys, which include all student surveys (Student Satisfaction Surveys, Senior Exit Survey, WBL Student Satisfaction Survey),and other surveys such as Alumni Surveys, WBL/Alumni Employer Surveys are undertaken in coordination with the the Office of the Vice President for Academic Affairs (VPAA) , while the Employee Satisfaction Survey is coordinated with Human Resources Department (HRD)under the Office of the Vice President of Administration and Finance (VPAF). There are other support offices tasked for the administration and retrieval of the surveys and participation of the university officials cited as follows:

Quality Assurance and Accreditation Department The office of Quality Assurance and accreditation assists the PDD in reviewing the contents of the survey instrument and validating the results of the different institutional surveys.

Guidance Office under the Office of Student Affairs is responsible for the floating and retrieval of the Senior Exit surveys. The Head of the GuidanceOffice obtains the survey instruments from the respective colleges. The Dean of Student Affairs submits the retrieved questionnaires to the IRO.

Colleges (CAFS/CCS/COE) through the Deans in coordination with the faculty members are responsible for the on-line administration of the Student Satisfaction Surveys; float and retrieve WBL Satisfaction Surveys.

Human Resource Department (HRD) is in charge of conducting the employee satisfaction survey. and exit interview. The Head of the HRD forwards the retrieved questionnaire to the IRO.

Alumni and Career Development Center (ACDC) is responsible for the on-line administration and retrieval of the Alumni and Employer Surveys. The ACDC Head collates the results and submits to the IRO.

Vice President for Academic Affairs (VPAA) verifies and endorses academic-related survey reports to the University President for approval.

Vice President for Administration and Finance (VPAF) verifies and endorses non-academic related survey reports to the University President for approval.

University President approves all the completed survey reports submitted to the offices of VPAA and VPAF for dissemination of results to the various stakeholders.

All completed survey reports are submitted to the offices of the Vice President for Academic Affairs (VPAA) and Vice President for Administration and Finance (VPAF) for endorsing the reports to the University President for approval and dissemination of the results to the various stakeholders once approved.

6. PROCEDURES

6.1 UTB maintains a specific frequency and period in the conduct of the various surveys which are presented in the tables that follow.

(next page)

TABLE 1. INSTITUTIONAL RESEARCH MATRIX

Institutional Research		Areas Assessed/Measured	Respondents	Person-in-Charge	Survey Frame	Data Gathering	Reported
Major Institutional Surveys							
1	Students Survey Satisfaction	Level of Satisfaction on various Student Services	All Students except students admitted during the 2nd trimester of the AY	Colleges	Annual	First to Third week of April	First week of July
2	Faculty Satisfaction Survey	Level of Satisfaction on various university faculty experience areas	Current Teaching Staff	Human Resource	Annual	First to Third week of April	First week of July
3	Administrative Staff Satisfaction Survey	Level of Satisfaction on various university experience areas	Current Administrative Staff	Human Resource	Annual	First to Third week of April	First week of July
4	Student Exit Survey	PILO	Graduating Students	ACDC	Annual	Year-round	First week of July
5	Alumni Survey: Graduate Destination	Employment Profile and employability of graduates	Graduates of the previous AY	ACDC	Annual	12 months after graduation as per HEC Policy	Fourth week of September
6	Alumni Survey: Beyond Graduation	PEO and mobility of graduates	Cohort that completed their Programme three years prior to the reporting period	ACDC	Annual	September to December	Fourth week of January
7	Employer Survey	PEO and Employability Skills assessment	Employers of UTB Alumni	ACDC	Annual	September to December	Fourth week of January
8	Satisfaction on Library Facilities	Level of Satisfaction in Library Services	All students	Library	Annual	First and Second Trimester	First week of July
9	Satisfaction Survey on IT	Level of Satisfaction in Library Services	All students	IT Office	Annual	First and Second Trimester	First week of July
10	Work-Based Learning	Level of Satisfaction on	Employers of Student who	Practicum	Annual	Every end of the	Fourth Week of

	(WBL) Employer	various aspects of the WBL Programme of the university	completed their WBL	Coordinator		Trimester	September
11	Work-Based Learning (WBL) Students	Level of Satisfaction on various aspects of the WBL Programme of the university	Student who completed their WBL	Practicum Coordinator	Annual	Every end of the Trimester	Fourth Week of September
12	Annual Evaluation of College Dean by Faculty	College Dean performance in terms of the following aspects: Leadership, Administration and Management, Curriculum Related Matters, Communication, Fairness and Ethics, Student Affairs, and University and Community Services.	Faculty	Human Resource	Annual	End of AY	Fourth Week of September
13	Annual Evaluation of Programme Head by Faculty	Programme Head performance in terms of the following aspects: Leadership, Administration and Management, Curriculum Related Matters, Communication, Fairness and Ethics, Student Affairs, and University and Community Services.	Faculty	Human Resource	Annual	End of AY	Fourth Week of September
14	Management Performance Appraisal (Non-Academic Officers)	Management performance in terms of management and leadership practices and achievement of KPIs	Non-Academic Employees	Human Resource	Annual	End of AY	Fourth Week of September
15	Exit Interview	Determine the factors for employee satisfaction and	Employees who resigned and voluntarily ended	HRD	As needed	At the end of every School	First of September

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		turnover	their contract			Year if available	
Other Institutional Researches							
16	Effectiveness of Remedial	The effectiveness of remedial classes and preparing admitted students to college level Math and English courses	Secondary Data involving students who were recommended to take the remedial courses	College	Trimester	Every end of the Trimester	First Week of September
17	Effectiveness of Admission Policy	The effectiveness of the admission policy in determining the readiness of admitted students to college level courses	Secondary Data involving students who were not recommended to take the remedial courses	DSA	Trimester	Every end of the Trimester	First Week of September
18	Report on Students-at-Risk	Identification of students who are categorized as "at-risk" based on university policy manual.	Secondary Data involving students at risk	DSA	Trimester	Every end of the Trimester	First Week of September
19	Report on Retention and Progression	Retention and progression statistics in each of the Programme	Secondary Data	College/Registration	Trimester	Every end of the Trimester	First Week of September
20	Thesis/Capstone Satisfaction Survey	Level of Satisfaction on various aspects of the students' Thesis/Capstone experience.	Students who completed their thesis/capstone	College	Trimester	Every end of the Trimester	First Week of September

2. **Analysis Of Surveys**

Approved surveys within the framework are administered by the concerned offices/department in coordination with the IRO. Once the accomplished questionnaires are retrieved, the IRO tallies and analyzesthe data. The satisfaction rates are determined by calculating the positive response rate. This is done by adding the count of “satisfied” and dividing by the total of the “satisfied” and “dissatisfied”. Approved final reports goes to the concerned colleges for analysis and integration to other colleges’ reports.

3. **Approval of Survey Results**

After the IRO has analyzed the results and produced the initial draft of the report, the document will be reviewed and endorsed by the Head of Planning and Development to the Director of Quality Assurance and Accreditation for the validation of the results. After validation, the QAAD then endorses the report to Vice President for Administration (all administrative relative surveys) and Vice President for Academic Affairs (all academic-related surveys) for approval. These surveys will then be subject to final approval by the University President.

4. **Dissemination Of Survey Results**

The Survey Results are communicated to all the Stakeholders. The stakeholders include the employees, students, alumni, employers, Programme Industry Advisory Panel (PIAP), and external examiners. The results are disseminated through meetings, orientation and general assembly. They are also posted on bulletin boards, included in the Dataline Newsletter and made available in the University website.



5. Integration of Results

The results of the surveys are finalized and submitted to the concerned college for analysis as well as the Planning and Development Office for the integration to other reports. The Head of the ACDC and the Guidance Office submits the survey results to the specific committee through the Deans of the College. The Alumni Survey Results and the Employer Survey Results are forwarded to the Faculty Committee for the PEO Assessment and Evaluation while the results of the Senior Exit Survey go to the Faculty Committee for the PILO/ SO Assessment and Evaluation. On the other hand the Student Satisfaction Survey results go directly to the Dean for the development of the Improvement Plan.

On the otherhand, the Head of the Human Resource Department is the one who analyzes and interprets the results of the Employee Satisfaction Survey and eventually comes up with Improvement Plan to address the results. For the the Student Satisfaction Survey, the college analyzes the results and develop Improvement Plan. The improvement plan is then discussed and finalized with the head of the Planning and Development office before presentation either the Vice President for Academic Affairs or Head of Administration.

The results of the surveys are utilized for continuous improvement. The weaknesses identified in the surveys are addressed through the improvement plan prepared by the concerned office. The developed improvement plans are implemented the respective offices and monitored by the the PDD. Any improvement is reported to all stakeholders through meetings, general assembly and DATALINE newsletter.



6. **Survey Instruments Preparations and Revisions**

All UTB surveys within the framework (Student Satisfaction, Senior Exit Survey, WBL Student Survey, Alumni and Alumni/WBL Employer Surveys), questionnaires are prepared by the colleges/department in coordiantion with the PDD-IRO and the Quality Assurance Department (QAAD). The survey questionnaires are forwarded to the Office of the Vice President for Academic Affairs for approval and presentation to the Academic Council. The Student Satisfaction Survey questionnaire is forwarded to the IRO for on-line tagging in Moodle in coordination with the Information Technology Department (ITD).

Likewise, the Alumni and Employer Survey Questionnaires are submitted to the ACDC for on-line tagging. When revisions are necessary, the college communicates these to the concerned offices and provides the revised versions of the questionnaires. The HRD on the otherhand, is responsible for the preparation of the Employee Survey questionnaire in coordination with the QAAD and IRO and approval of the Vice President for Administration and Finance (VPAF) and presentation to Administratve Council

7. QUALITY DOCUMENTS

Students Survey Satisfaction

Faculty Satisfaction Survey

Administrative Staff Satisfaction Survey

Exit Interview Survey

Student Exit Survey

Alumni Survey: Graduate Destination

Alumni Survey: Beyond Graduation

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Employer Survey

Satisfaction on Library Facilities

Satisfaction Survey on IT

Work-Based Learning (WBL) Employer

Work-Based Learning (WBL) Students

Annual Evaluation of College Dean by Faculty

Annual Evaluation of Programme Head by Faculty

Management Performance Appraisal (Non-Academic Officers)

8. DISTRIBUTION LIST

VP Administration & Finance

VP Academic Affairs

College Deans

Management Review

1. POLICY

It is the policy of the University of Technology Bahrain (UTB) to guide the conduct of a management review of its quality system to determine its suitability and effectiveness in meeting stakeholders' needs.

2. PURPOSE

The purpose of this policy and procedures is to standard method of handling and documenting management reviews to ensure improvement in the quality management system.

3. SCOPE

This covers the management reviews that will be conducted annually and every year about strategic planning. The procedure starts with the preparation of the agenda up to the filing of minutes of actions and decisions arrived at during the meeting.

4. RESPONSIBILITIES

University President – Oversees the implementation and monitoring of both academic and administrative plans related to management reviews at the institutional level.

Vice President for Academic Affairs – Spearheads the implementation and monitoring of academic plans related to management reviews at the institutional level.

Vice President for Administration and Finance - Spearheads the implementation and monitoring of administrative plans related to management reviews at the institutional level.

Quality Assurance and Accreditation Department – Spearheads the quality management system of the management reviews.

Planning and Development Department (PDD) – In charge of the monitoring and evaluation of the achievement management review. In addition, the PDD also consolidates all accomplishment reports to aid the preparation of the University

President's Annual report.

5. DEFINITION OF TERMS

- Management Review – is the routine evaluation of whether management systems are performing as intended and producing the desired results as efficiently as possible.

- Strategic Planning - is an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy.

6. PROCEDURES

Annual Management Review

1. The schedule of Annual Management Review is subject to the approval of the President as well as the coverage of the agenda.
2. The Management Review shall be conducted once a year, every September of the following school year to discuss the performance and accomplishments of the previous year. This is done in order to monitor the university performance, track the suitability, adequacy and effectiveness of the quality management system and its compliance to regulations and standards set by the MOE/HEC/MOL/BQA.
3. The management review shall serve as the venue for the exchange of ideas, open discussion, presentation of performance status, evaluation of inputs, and resolution of quality matters
4. The participants in this meeting include the Management Review representatives. (President, VPAA, VPAF, PDD, QAAD and Dean OSA)
5. Agenda for the Management Review shall consider the following as necessary:
    - *Need for changes in the quality management system.*
    - *Review for quality policy and objectives.*
    - *Status and results of quality policy and objectives*
    - *Status of management review action items.*
    - *Results of Audits*
    - *Stakeholders'/students feedback and complaints*
    - *Process performance*
    - *Curricular programme offering conformity*

- *Status of Corrective and Preventive Actions*
- *Recommendations for improvement*
- *Key Performance Measures (KPM) status*
- *Updates on regulatory provisions which have been implemented (whether the regulation or circular have been implemented at once)*

The review shall also include improvement opportunities in the processes where improvements can be done.

6. Reports related to the agenda should be submitted one week before the scheduled review, both in hard and soft copies.

Strategic Planning

1. The schedule of the Strategic Planning is subject to the approval of the President.

2. The Strategic Planning shall be conducted every 5 years after the completion of the five- year 5 yr strategic plan. This is scheduled on the 2nd term of year 5/Y10/Y15, etc.

3. A revisit of the existing or about to end 5-year Strategic Plan is done. A review of the University VMG is done to realign it with the direction set by the BOT. SWOT Analysis and PESTEL Analysis are used to do environmental scanning.

4. A strategic analysis is conducted through the review of the Programs, Policies and Strategies.

5. Review of current trends and issues are done through fact finding. Updates on the government regulations and standards set by the MOE/HEC/MOL/BQA are also done to ensure that all these are considered in developing the strategic plan of the university.

6. The participants in this strategic planning include the following:

- President,
- VPAA,
- VPAF
- PDD,
- QAAD
- Dean OSA
- College Deans

- Head of Departments/Units
- Other Stakeholder

7. QUALITY RECORDS

Minutes of the Meeting

Five-year Strategic Plan

SWOT Analysis

Annual Management Review report

8. DISTRIBUTION LIST

President

Vice President for Administrative and Finance

Vice President for Academic Affairs

QAAD

PDD

Risk Management

1. POLICY

It is the policy of the University of Technology Bahrain to prepare a comprehensive risk management plan and mitigation strategy to avoid or minimize the impact of any identified risks.

2. PURPOSE

The purpose of this policy and procedures is to provide guidance in identification, assessment, and prioritization of risks and come up with coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.

3. SCOPE

In accordance with the University's Risk Management Policy, these procedures describe the University's standard process for risk management, including:

Establishing risk context.

- risk identification.
- risk assessment.
- risk controls assessment,
- risk treatment,
- Monitor and Review; and
- Communication and Feedback

A standard approach to risk management allows risks to be correctly prioritized across all of the University's operations, which in turn means that effective controls can be put in place to ensure that the University is able to manage its operations effectively now and in the future. The procedure applies to all activities undertaken during university operations, whether on UTBs premises or other locations.

4. RESPONSIBILITIES

President retains the ultimate responsibility for risk management and for determining the appropriate level of risk that the University is willing to accept.

The Risk Management Team is delegated by President with the following responsibilities:

1- Monitors the risk management activities at UTB;
2- Approves appropriate risk management procedures and measurement methodologies throughout the organization;
3- In charge of monitoring key risks and where appropriate will report to president to provide assurances concerning the management of risks within the University;
4- Ensures that risk management activities are carried out effectively within the University;
5- Validates the risk identification and assessment as well as the strategies and activities presented by the risk owners;
6- Facilitates and review risk management activities across the institution with the assistance of risk owners for each risk category;
7- Integrates risk management into the management culture of the University;
8- Fosters an environment where staff assume responsibility for managing risks;
9- Implements risk management across all aspects of the university in accordance with best practice guidelines;
10- Ensures that performance in risk management is a consideration in the university's performance management systems; and
11- Ensures that staff and other stakeholders have access to appropriate information, training and other development opportunities in the area of risk management.

The President shall appoint the Risk Manager coming from the Risk Management Team who leads the team.

The Risk Manager shall have the following responsibilities:

1. Provides regular reports to the President on key risks to the University
2. Controls and monitors activities in place to manage those risks.
3. Manages the process of identifying and monitoring risks at the University through the risk owners.

4. Maintains the Corporate Risk Register.
5. Implements the Risk Management Framework.
6. Provides advice and develops tools to assist the University community to implement the risk framework.
7. Provides regular training opportunities to staff to promote a proactive risk management culture in the University
8. Ensures effective management of a risk.
9. Conducts meetings monthly, and annual risk assessment.
10. Ensures that risk management activities are carried out in the university in accordance with the risk management policy and risk management procedures.
11. Provides information to the President regarding the status of risk management activities.
12. Conducts risk identification workshop

The Risk Manager is the head of the Risk Management Team. The risk members will be assigned as auditors to the different risk management categories covered in the risk universe defined by the university risk management team. All University Staff shall diligently identify risks and report them to their supervisor, especially during periods of change to processes or operational practice. Staff shall comply with all risk treatments. Besides the risk management team and the university president, specific roles and responsibilities are described below;

Board of Trustees

The board of trustees sets the culture and environment of risk management in the university. The Board of trustees, with the assistance of the Risk Management Team and the University President will;

1. Determine UTB's risk appetite (refers to the level of risk the University is willing to tolerate or accept in the pursuit of its objectives)
2. Determine UTB's risk tolerance (the point at which the level of risk exposure becomes intolerable or unacceptable)
3. Periodically review the university's approach to risk management and the status of the risk register.
4. Assure that all fundamental risks are actively managed and appropriate controls are in place.
5. Approve the annual risk action plan linked to the risk register.

Deans and Heads of Offices

The Deans and Heads of offices are accountable for risk management in areas under their control. They are also expected to;

1. Participate in risk identification and assessment meetings and workshops.
2. Develop Risk Response plans and strategies
3. Implement approved risk management plan
4. Report significant information that is related to the identified risk to the risk management team.
5. Report new significant risks to the risk management manager
6. Embed risk management culture and policy in the department
7. Monitor the progress of risk management initiatives and risk treatment strategies.

5. DEFINITION OF TERMS

Risk is the likelihood that a harmful consequence (death, injury or illness) might result when exposed to a hazard.

Risk is characterized and rated by considering two characteristics: 1. Probability or likelihood (L) of occurrence; and 2. Impact/Consequence (C) of occurrence. This is expressed as R (risk) = L (likelihood) x C (consequence).

Likelihood is a qualitative description of probability or frequency.

Impact or Consequence is the outcome of an event, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.

Risk control means taking action to first eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimizing the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard

Risk Assessment is the process of evaluating and comparing the level of risk against predetermined acceptable levels of risk.

Risk Management is the application of a management system to risk and includes identification, analysis, treatment and monitoring.

5. PROCEDURES

Each member of the UTB-RMT shall serve for the term covering their appointment to their respective offices. College representatives and student council representatives serve for one year.

The Team shall be composed by the following:

Department/Unit	No of Representatives	Total No Representatives
Academics	3	3
Administration	3	3
Quality Assurance & Audit	2	2
Student Representative	1	1
Total		9



UTB Risk Management Framework

5.1 Establish the Context

As previously defined, risk are events that affect the outcome of an objective. As such, it is important to have a focus on the objectives of the university when identifying and assessing risks. Context is also provided by understanding the university's risk appetite and tolerance, as defined by the Board of Trustees and Management.

5.2 Identify the Risk

The aim of this process is to identify and document risks that could affect the achievement of the university's objective. The risk universe will be used as a starting point. The following should be considered while identifying risks.

1. University Strategic Goals and other institutional and college level plans
2. External forces and events that could affect the outcome of university objectives.
3. Risk and opportunities in each of the university processes as related to the university objectives.

The identified risk will be subject to further risk analysis. Information gathered during risk identification is documented in the risk register.

5.3 Assess the Risk

Risk analysis involves understanding the causes and contributing factors of the risk event and its consequences. Based on a risk assessment criteria matrix, an estimation of the likelihood and impact of the risk provides an over-all assessment of the inherent risk (before taking into account controls in place to mitigate the risk.

5.4 Evaluate Controls

Following the assessment of inherent risk, the identification of the controls designed in place to mitigate the risk is conducted. The assessment matrix for control effectiveness will be used by the risk management team to evaluate the level of effectiveness of existing controls.

5.5 Treat Risks

This procedure requires the risk owners (Deans and Heads of Department) to agree with the risk management team if actions plans are needed to improve the management of risk. High ranked risks should be prioritized, and the action plans may include;

1) Improvement of existing processes and controls
2) Implementation of new processes and controls
3) Prioritization of audit and insurance plans
4) Mitigation of risk through coordination with outside entities
5) Business continuity planning to manage residual risks

5.6 Monitor and Review

The process of monitoring and review involves tracking progress of the action plans and measurement of its achievement, particularly the consequential impact on the risk itself. The following reporting channels will be used.

1) Trimestral report by the risk owners to the risk management team
2) Annual (or by demand) report provided by the risk management team to the university president for submission to the BOT.

5.7 Communication and Feedback

Appropriate communication and feedback with internal and external stakeholders should occur throughout the entire risk management process.

6. QUALITY RECORDS

University Risk Appetite Matrix Risk Universe

Risk Assessment Criteria Matrix (RACM)

Risk Register Risk Action Plan

7. DISTRIBUTION LIST

All UNIVERSITY UNITS

Information Architecture (Document Management)

1. POLICY

It is the policy of the university to utilize e-data/print information architecture and to implement application system to:

- Maintain research infrastructure securely and preserve access;
- Protect institutional research documents when needed in order to function and be utilized effectively;
- Maintain record to meet its needs;
- Address the needs of stakeholders; and
- Dispose appropriately institutional research documents that are no longer required.

2. PURPOSE

The purpose of this policy is to support the university function and services to be more effectively and efficiently manage electronic/print institutional research infrastructures, communicate and share research resources.

3. SCOPE

This policy ensures that research infrastructures conducted by the Institutional Research Office (IRO) are managed effectively throughout the university organization.

4. RESPONSIBILITIES

Coordinator

IRO Head

PDD

5. DEFINITION OF TERMS

Research Documents: refer to the approved researches conducted by the Institutional Research Office.

Infrastructure: research documents conducted by the Institutional Research Office.

Infrastructure Management: pertains to the policies and procedures relating to the systematic control of all IRO infrastructures through storage, access, distribution, retrieval, retention and disposal.

6. PROCEDURES

6.4 New Institutional Infrastructure Files

- A request form is filled up detailing the review date for file closure; every time the file is used, the date is logged on the form.
- When a file is closed, a retention/destruction date will be placed on the file.
- When a file is scheduled for destruction, it will be reviewed first by the file owner
- who will confirm the action.
- A full disposal record will be kept by the concern department/office; and
- Institutional research infrastructures selected for permanent preservation are archived a soon as the need arises.

6.5 Institutional Infrastructure Files Currently in the System

- All research documents currently in the system will be closed and labelled following the retention and disposal schedule.

- When a research document is scheduled for destruction, it will be reviewed first by the head of the concern department/office that will need to confirm the action.

6.3 Access

The Head of Planning and Development Department (PDD) ensures that decisions on access to all research infrastructures are documented for consistency and can be explained and referred to when necessary. Finally, the Head of PDD must ensure that all concerned university stakeholders are aware of the arrangements for allowing access to certain types of research infrastructures.

7. QUALITY RECORDS

PDD Files

Access Request/Approval Form

PDD Infrastructure

Retention/Closure/Data Destruction Form

8. DISTRIBUTION LIST

PDD QAAD

Colleges/Department

VPAA

VPAF

Institutional Research Report and Data Access

1. POLICY

It is the policy of the university to provide guidelines in allowing access to research report and data of any study or research conducted by the Institutional Research Office.

2. PURPOSE

The purpose of this policy is to ensure that all reports and data are only provided to offices that are going to use the result of the research for internal decision making.

3. SCOPE

This policy applies to all reports and data accumulated as a result of research and surveys conducted by UTB Institutional Research Office (IRO) or in behalf of UTB, its employees, offices, services, colleges, departments, and programs.

4. RESPONSIBILITIES

Institutional Research Officer- responsible for developing study or research assigned by PDD.

Head – PDD- responsible for analyzing the required study or research. He/she is responsible for approving access to any data from IRO.

5. DEFINITION OF TERMS

Institutional data- any data coming from approved UTB reports/study/research conducted by the Institutional Research Office (IRO)

Access to institutional data- the permission to view approved UTB reports/study/research conducted by the Institutional Research Office (IRO)

Eligible employees- refers to full-time faculty/staff (IRO Coordinator/PDD Head/Head of Department/Unit) specifically designated as eligible to access approved institutional data.

6. PROCEDURES

A. The access to institutional research data is limited to the following:

- The Head of the department/unit who requested the conduct of research

or study. The approved final output of the research or study is only submitted to the head of the requesting department/unit and therefore only the head has access to data.

- Coordinator of the Institutional Research Office. Since the coordinator of the IRO conducts the research, she has access to all data but is not allowed to share or provide a copy of the same data to anybody except with the approval of the Head of the Planning and Development Department (PDD).
- Head of the Planning and Development Department. The Head of PDD has full access to the research data for all the research and studies conducted by IRO.

B. Release of the Results of Research and Study Conducted by IRO

- The Head of PDD has the authority to release to any office any result/report on the research/studies conducted by IRO.
- The PDD releases reports on the research and studies which have been approved by the PDD and with the final approval of the office of the VPAA and VPAF.
- Research and studies only become official once the reports are approved by the two (2) VP's.

7. QUALITY RECORDS

Data Access Request Form

Data Access Approval Form

8. DISTRIBUTION LIST

All Colleges\Departments\Units

VPAF\VPAA

Institutional Research Tools and Methodologies

1. POLICY

It is the policy of the university to only use approved research tools and methodologies in the conduct of any research through the Institutional Research Office.

2. PURPOSE

The purpose of this policy is to ensure that only approved tools and methodologies are being usedin the process of conducting any research.

3. SCOPE

This policy only covers the research that is being conducted by the Institutional Research Office.

4. RESPONSIBILITIES

Coordinator – IRO- responsible for utilizing approved tools and methodologies in completingrequired institutional research.

Head – PDD - monitor implementation of approved tools and methodologies and review institutional research.

5. DEFINITION OF TERMS

Research Tool: approved means of collecting information for study by the Institutional Research Office

Research Methodology: a systematic plan of conducting institutional research/study to answer queries of both internal (QA, VP, Colleges, HRD, and among others) and external (HEC, QQA, and among others) parties.

Survey: any means of data collection and gathering in which questions are presented to the respondents/participants in a paper or electronic (e.g. email, web) format for the purpose of assessing/evaluating College programme s, functions, or services; or gathering feedback from both the internal and external stakeholders for decision-making and continuous improvement. Respondents include, but are not limited to, prospective students, current students, alumni, faculty, staff, employers, community members, and other stakeholders.

6. PROCEDURES

As the request for research and any study is received by the PDD office, from the office of the VPAA, Director of QAAD or VP for Administration and Finance, the head of PDD schedules a meeting with the requesting office along with the coordinator of the Institutional Research Officewho will conduct the research.

The following methodologies and tools will be used for any conduct of research – depending on what is appropriate for the research or study:

6.1 Interviews

In-Depth Interviews include both individual interviews (e.g., one-on-one) as well as "group"interviews (including focus groups). The data can be recorded in a wide variety of ways including audio recording, video recording or written notes. In depth interviews differ from direct observation primarily in the nature of the interaction.

In interviews it is assumed that there is a questioner as a guide and one or more interviewees. The purpose of the interview is to probe the ideas of the interviewees about the topic of interest.

6.2 Observation

Sometimes, the best way to collect data is through observation. This can be done directly or indirectly with the subject knowing or unaware that somebody is observing them. It maybe chosen to collect data through continuous observation or via set time periods dependingon the project.

Data may be interpreted using the following mechanisms:

1. Descriptive observations: simply writing down what is being observed
2. Inferential observations: writing down an observation that is inferred by thesubject's body language and behaviour.
3. Evaluative observation: Making an inference and therefore a judgment from thebehaviour. However, it must be that these findings can be replicated.

Surveys or Questionnaires:

Surveys or questionnaires are instruments used for collecting data in survey research. They usually include a set of standardized questions that explore aspecific topic and collect information about demographics, opinions, attitudes, or behaviours. Students may participate in the collection of field data.

7. QUALITY RECORDS

PDD Research Request Form

PDD Research Approval Form

8.DISTRBUTIUON LIST

PDD

QAAD

Colleges/Department

VPAA

VPAF

Institutional Planning

1. POLICY

It is the policy of the university to implement a planning system that will allow the university to set priorities, focus energy and resources, strengthen operations, and assess and adjust the direction of the university in response to the dynamic environment where it operates.

2. PURPOSE

This policy established the planning framework which articulates the procedures on identifying not only on where the university is heading and the actions needed to make progress, but also on how it could assess if it is successful in achieving its goals and objectives.

3. SCOPE

This policy covers both academic and non-academic priorities and operations to assure the synchronization of objectives and activities

4. RESPONSIBILITIES

Board of Trustees - The Board of Trustees (BOT) shall be responsible for guiding the long-term vision of the University in its pursuit of its goals of academic excellence through the three core functions of the University which are instruction, research and community engagement. In addition, the BOT shall set the strategic vision, direction and goals of the University.

University Council - Oversees the development and implementation of both academic and administrative plans and policies to support the attainment of UTB Vision and Mission.

University President – Oversees the implementation and monitoring of both academic and administrative plans at the institutional level.

Vice President for Academic Affairs – Spearheads the implementation and

monitoring of academic plans at the institutional level.

Vice President for Administration and Finance - Spearheads the implementation and monitoring of administrative plans at the institutional level.

Academic Council–Develop and implement academic plan and policies to support the attainment of UTB Vision and Mission.

Administrative Council - Develop and implement administrative plan and policies to support the attainment of UTB Vision and Mission

College Council – Develops and implement plans and policies at the college level.

Planning and Development Department (PDD) – in charge of the monitoring and evaluation of the achievement of both institutional level plans and operational plans (both academic and non- academic). In addition, the PDD also consolidates all accomplishment reports to aid the preparation of the University President's Annual report.

College Deans – Spearheads the implementation and monitoring of academic plans at the college level.

Unit/Department Heads - Spearheads the implementation and monitoring of administrative plans at the department or unit level.

Committees – In consultation with the faculty members and the Dean of the College, prepares college level committee plan.

5. DEFINITION OF TERMS

Institutional Strategic Plan is a plan that is created every year that shows both academic and administrative the priorities to ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results.

Academic Plan is created every year in sync with the institutional strategic plan. An annual plan, however, is drawn from the year academic plan to provide a more efficient mechanism for implementation and monitoring. This plan contains the academic priorities and corresponding sets of objectives and Key performance indicators.

Non Academic/Administrative Plan is created every 5 years in sync with the institutional strategic plan. Like the academic plan, an annual plan is drawn from the 5 year administrative plan to provide a more efficient mechanism for implementation and monitoring. This plan contains the priorities and corresponding sets of objectives and Key performance indicators for the administrative side of the university.

Committee Plan is an annual plan created prior to the start of the academic year of implementation. This plan assures that all committee level plans are aligned

6. PROCEDURES

UTB develops plans both at institutional level and college or department level. Regardless of whichlevel it is intended to operate, the university employs five (stages) to ensure that the principles of leadership, due diligence, data driven and continuous improvement are abided for. These stages include (1) Initial Phase (2) Fact Finding Phase (3) Strategic and Operational Planning (SOP) (4) Communication and Implementation, and (5) Closure Phase.

a) Initial Phase - Assures that the development of the plan is guided by appropriate leadership and proper identification of scope and objectives. This phase may include the creation of a steering committee who will eventually take charge of the identification of the scope and objective of the plan in line with the university mission and vision.

b) Fact Finding Phase - This phase puts in place the effort to assure that the process of coming out of a plan is backed up by relevant information both from within the university and from external stakeholders. It also assures that the process observe due diligence by allowing an investigation of facts as basis of the plans that will be used by the university. It also allows the full participation of stakeholders both inside the

university (faculty, employees, students, staff) and outside the university (PIAP, alumni, etc.)

c) Strategic and Operational Planning – This stage consolidates the facts and information in the aim of creating the plan that is appropriate to the nature and the scope that it intendsto operate. It is the stage that involves all the process structuring and writing the desiredplan to achieve the set objectives.

d) Communication and Implementation - This stage involves all activities involved in the dissemination and actualization of the plan. This is the university's way to assure that everyone understands where the university is going, what are their roles in the process ofachieving it and how will they know that they are successful in contributing to the achievement of the over-all objective.

e) Closure – The last phase of the planning framework assures that continuous improvement is practiced by the university. This involves all activities that allow a systematic review of the plan and its progress thus allowing the possible needs of adjustments whenever it is necessary. Equally so, the phase provides opportunity to identify critical areas that can beused for the next planning cycle.

As part of the assessment, the university, through the PDD, regularly monitors plans from the institutional, college, committee levels. The different offices or process owners must submit a periodic accomplishment report at every end of the trimester at the institutional and college level. The PDD is in charge of the collection of the said reports. The PDD must assure that appropriate evidence of implementation is attached to the report, and the documents have been duly verified by appropriate offices (the Vice President verifies all academic department reports for Academic Affairs while the Head for Administration and Finance verifies all Administrative Offices) to makes sure that the plans are effectively implemented as designed.

In the different committees at the university and college level, a periodic committee progress report is submitted every end of the trimester and is collected by the PDD. Likewise, The PDD must assure that appropriate evidence implementation is attached to the report and that appropriate offices have verified the documents.

Once all reports are verified and compiled, a dashboard that tracks the effectiveness of the plans in achieving the desired outcomes at their respective levels is prepared by the PDD. The dashboard utilizes the achievement of KPIs (both at the strategic and functional level) to assess the effectiveness of the plan. Thus, the dashboard serves as a means to monitor the effectiveness and progress of the plans. However, it also serves as a tool for the different process owners to adjust, if necessary, their plans to make sure that it achieves its intended outcomes given a specific time frame. The dashboard data is regularly reported to the different heads of offices every trimester during academic council meetings and administrative council meetings for academic and non-academic plans, respectively.

The figures on the succeeding sections show the planning framework to wit;

- *Figure 1- Institutional/Strategic Planning Framework*
- *Figure 2- Academic Planning Framework*
- *Figure 3 - Non-Academic/Administrative Planning Framework*
- *Figure 4 - Committee Planning Framework*

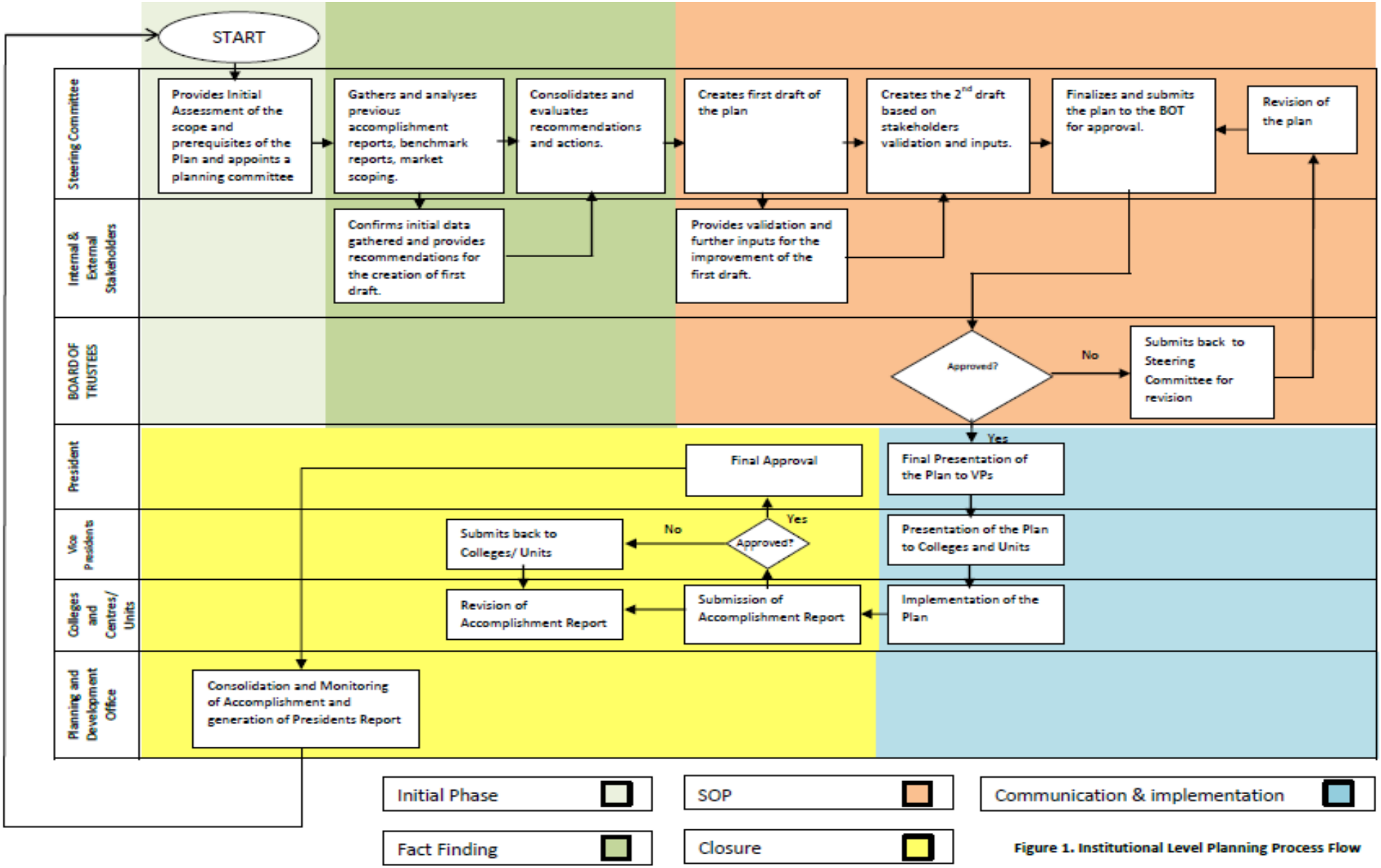


Figure 1. Institutional Level Planning Process Flow

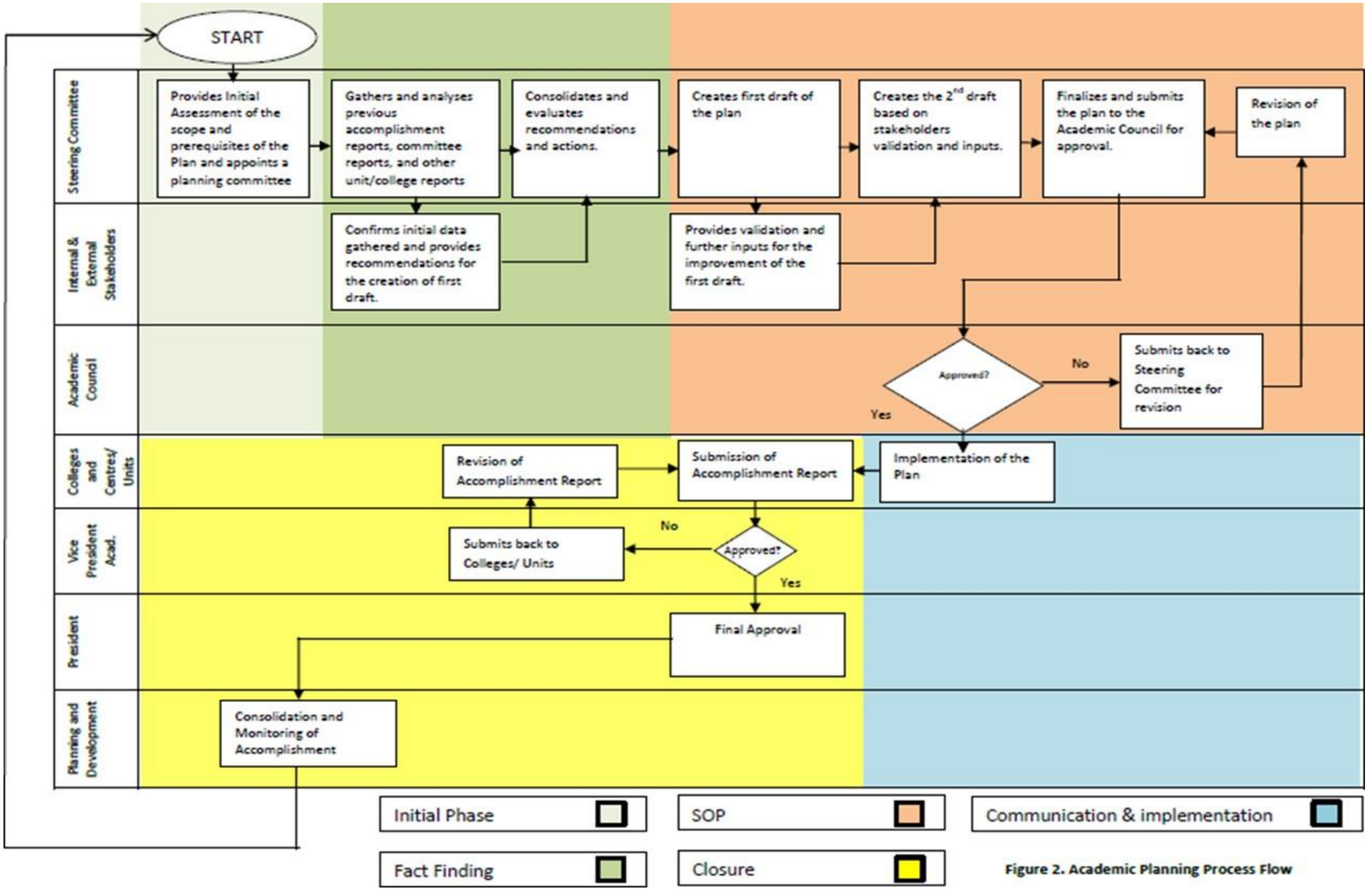


Figure 2. Academic Planning Process Flow

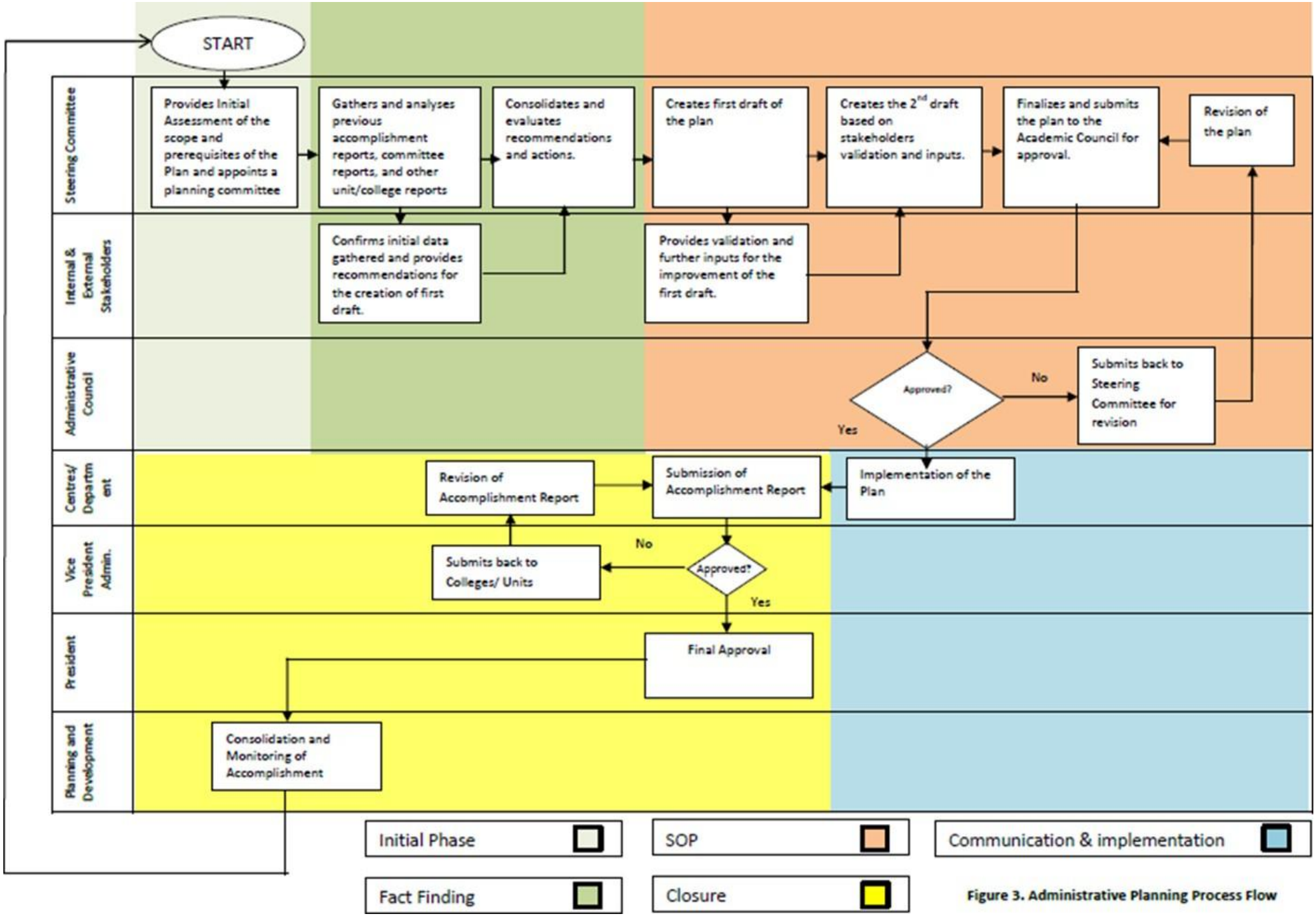


Figure 3. Administrative Planning Process Flow

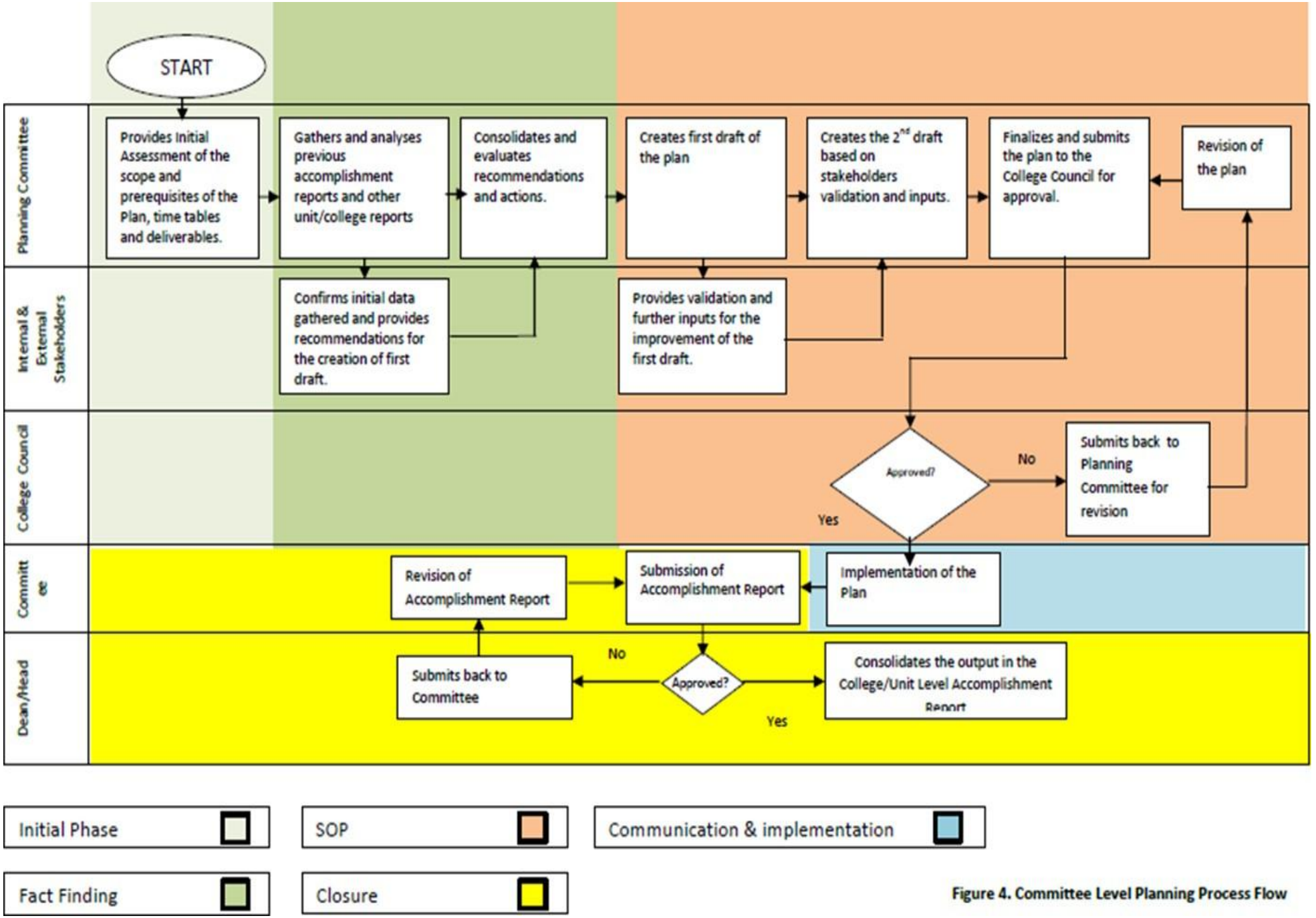


Figure 4. Committee Level Planning Process Flow

7. QUALITY RECORDS

Minutes of the Meeting

Accomplishment Report

Institution/College/Department Operational and Strategic Plan

8. DISTRIBUTION LIST

University President

Vice President for Academic Affairs

Vice President for Administration and Finance

Planning and Development Office (PDD)

College Deans

Unit Heads

Public Information Dissemination

1. POLICY

It is the policy of the University to communicate its achievements, changes and updates on policies, news and important announcements to all its constituents and stakeholders. The University commits to uphold honesty and integrity by maintaining transparency in all its dealings and making known to the community it serves all updates pertaining to its services. All due diligence must be taken to ensure that information originating from the University is accurate, complete, reflects the official position of the UTB administration and is released to the media and the general public in a timely manner.

2. PURPOSE

These policy and procedures is intended to ensure that the University maintains a reliable vehicle for disseminating information to its constituents and stakeholders.

Providing information about the University is vital to its internal and external audiences and the University's ability to carry out its mission. This policy establishes official guidelines for the dissemination of information for publication. Moreover, these policy and procedures are intended to ensure a more accurate, consistent and reliable flow of information about University activities.

3. SCOPE

This policy covers the dissemination of policies, survey results, news, announcements and related information to all University constituents and stakeholders. The methods of information dissemination may be through the University website, newsletter publication, or a press release.

4. PROCEDURES

4.1 UTB's academic and non-academic heads, faculty, staff, student organizations and/or any member of the University' academic community who would like to release information to the public through publications, press releases, announcements or other mass communication channels must provide this information to the Office of the Head of Corporate Communications in advance or as soon after the release of information so as to check the veracity of the information and accuracy of the language used.

The information disseminated may either through be internal or external communicationchannels:

Internal Communication channels include and may not be limited to the following:

- Memoranda;
- Postings and announcements;
- Manuals and handbooks;
- Survey reports; and
- Dataline - newsletter (print and online).

On the other hand, external communication channels include and may not be limited to thefollowing:

- UTB Website;
- Press releases;
- Social Media; and Advertising/marketing collaterals/ fliers/ brochures.

4.2 Prior to the submission of the information to the Office of Corporate Communication, each academic or non-academic head, i.e. Dean or Department Head assumes primary responsibility for any information, announcement, or press release issued through their respective areas of responsibility or the college constituents. The Dean or the Department Head has to ensure the prompt submission of survey reports, policies, survey results, news, announcements and related information to the officer of the Corporate Communication. Upon review of the officer of Corporate Communication and approval of the approving bodies, the Dean or the Department Head shall assist in the dissemination of the said information to his/her respective constituents and stakeholders.

4.2.1 Print Newsletter (DATALINE):

- The Director of EE shall form and lead a newsletter committee of not more thanfour members to be approved by the University Council. The committee must meet at least twice every trimester to finalize the contents of the e-newsletter
- All administrative and academic units including Students Council are required to submit to the Dataline Committee materials, announcements, news or articles every new trimester for inclusion in the newsletter.
- The committee, with the assistance of the Office of Corporate Communications,will review all articles (e.g. university activities, faculty/student participation onactivities outside the university,

survey results, and recent improvements/change in the college or in the university) submitted by the different units of the University. The Dataline committee shall be responsible to publish a newsletter every trimester.

- The VP for Administration and Finance must approve the contents of the newsletter before its final printing and dissemination.
- Back-ups and archives of the newsletters shall be in the care of EACE in coordination with IT office.
- Print newsletter must be distributed to all employees, students and external stakeholders such as PIAP members, employers and industry partners through the college and ACDC .

4.2.2 Press Release

- A press release is an official announcement of an achievement made by the university, its faculty members and students or an activity/seminar/conference/function conducted by the various colleges or departments of the university.
- Press releases, must be submitted in form (QR-GEA-001) to the Office of Corporate Communication for review. The Arabic version of the press release shall be done by the EE. All articles for press release shall be approved by VP for Administration and Finance prior to its release to the media in Arabic and English languages.
- EE shall furnish the offices of Senior Management, with copies of the published press releases and any other news related to the university or higher education in general.

4.3 University Website

4.3.1 The approved electronic newsletter, results of surveys, recent improvements/changes in the college and other information for both academic and non-academic units are submitted to Head of IT.

4.3.2 Head of IT will finalize the presentation of the reports suitable for website publication subject to the approval of the Vice President for Academic Affairs for academic reports or VP for Administration and Finance for non-academic reports.

4.3.3 Upon approval, the Head of IT will disseminate links to the reports to various colleges and support units.

Communications

1. POLICY

UTB recognizes the importance of effectively addressing the information needs of all present and prospective stakeholders. To ensure this, the university has established a comprehensive communication policy that emphasizes timely and accurate dissemination of information through various channels.

To cater to the information needs of the public, relevant information in printed and/or digital forms is readily available and accessible on the university website, social media, press releases in relevant publications, brochures, catalogues, and manuals. Additionally, important announcements are displayed on publicly accessible locations within the university premises.

For internal communications, a combination of print and digital systems, depending on the nature of the information and the intended recipients, is employed. All concerned individuals receive the necessary communication materials to ensure effective internal dissemination. Furthermore, an official institutional email system is utilized to facilitate efficient and reliable communication within the university community.

By implementing these communication strategies, UTB aims to foster transparency, accountability, and engagement among all stakeholders, providing accurate and timely information to support informed decision-making and maintain strong relationships with our stakeholders.

This communication policy serves as a guiding framework to ensure that the communication efforts align with the university goals and values and are adaptive to communication practices to meet the evolving needs of UTB stakeholders and the broader community, Hence, the following underpins the communication expectations:

- Clear, accurate, timely and consistent
- Inclusive of all frames of reference and community groups
- Takes account of the cultural context
- Maintains the highest ethical standards
- Strives for excellence and innovation in guiding the operations and

activities of the Marketing and Communications (MarCom) Department

- Reflects the university's vision, mission, and values
- In accordance with any Bahrain legislation and regulations that drive the requirements of this policy

2. PURPOSE

The purpose of this policy is to ensure that all internal and external communications necessary for the effective operation of the university is clear, accurate, timely and consistent. Those responsible for disseminating information understand the importance of using the correct communication channels appropriate to the message and concerned stakeholders.

To achieve the intended purpose, it is essential for internal and external communications to be:

- consistent with applicable government legislation and regulations.
- consistent with existing policies.
- categorized and coded to assist the management of specific areas of responsibility across colleges/departments.
- using appropriate language and terminology for the expected audience.
- effective as they are the result of consultation with concerned stakeholders.
- supported by a procedure or documentation such as a manual or work procedures, to clarify responsibility and accountability and ensure compliance.
- guided by procedures and manuals stored in UTB 's SharePoint and readily available to all staff; and regularly reviewed.

3. SCOPE

This policy covers the dissemination and communication of all policies, systems and procedures, rules, regulations, programmes, curricula offerings, announcements, news, and all other related information essential to the achievement of the university's vision, mission, and goals. Also, this policy enables the utilization of international acts, regulations, and guidelines as a source of guidance for areas of the policy that are not addressed by current legislation in Bahrain. UTB ensures a two-way, effective communication process, so this policy also covers the protocols for authorization to ensure the accuracy of information, and adherence to national

law, copyrights, originality and crisis communication. In times of crises or emergencies, a help desk is made available.

In this policy, the following procedures are detailed in section:

- Request for Website Content Update
- Request for Photography
- Request for Event Support
- Request for Publication Distribution
- Request for Press Release
- Request for Advertising
- Responding to Negative Publicity
- Managing External Communications
- Managing Crises or Emergencies

4. RESPONSIBILITIES

The **President** oversees the implementation of this policy and seeks BoT approval prior to its implementation. The President may delegate academic decisions to the Vice President for Academic Affairs (VPAA) for all issues concerning the university academic operations; the Vice President for Administration and Finance (VPAF) for administration, financial and overall university decisions.

The **Vice President for Academic Affairs** (VPAF) communicates all issues concerning the universityacademic operations to the college deans.

The **Vice President for Administration and Finance** (VPAF) communicates all issues concerning non-academic operations to the departments/offices.

The **Director of Marketing and Communications** leads the communications and is responsible forplanning and steering of all communications in collaboration with other departments/offices of the university (internally) and organisations/industries to maintain smooth communications and community engagement (externally).

The **Corporate Communications Officer** is responsible for ensuring effective and focused communication of university survey results, news/press releases, announcements, and other information which are released through internal or

external communication channels. He/she manages and develops insightful contents and information that could enhance the university's reputation and image.

College deans, department heads and programme heads are responsible for ensuring that the information used in their communications within their respective area is correct, relevant, clear, and in accordance with this policy.

All other employees are responsible for actively obtaining information and updates about the university and their function through internal communication channels. Employees also have a responsibility to communicate with their managers and colleagues, thereby keeping themselves duly informed.

5. PROCEDURES

5.1 Request for Website Content Update

Steps	Responsible Unit
1. Download the request form for website content update from Marcom SharePoint site, available to everyone within the organization.	• Any faculty and staff can access the form
2. Fill in the form electronically, provide all details and insure you fill in the mandatory fields.	• Any faculty and staff can fill the form
3. Seek required approvals.	• College dean • Head of department/office • VP approval • For Academic: VPAA • For Admin: VPAF
4. Send approved requests to MarCom (marcom@utb.edu.bh) 2 minimum weeks prior to the target publishing date.	• College dean • Head of department/office

5. Update approved requests *In case an update requires IT (Information Technology) services, MarCom coordinates with IT.	• MarCom • IT Centre

5.2 Request for Photography

Steps	Responsible Unit
1. Download the request form for event photography coverage from Marcom SharePoint site, available to everyone withinthe organization.	▪ Any faculty and staff can accessthe form
2. Fill in the form electronically, provide all details and ensure you fill in the mandatory fields. Attach event program to ensure efficiency of the photographer's schedule.	▪ Any faculty and staff can fill theform
3. Seek required approvals.	▪ College dean ▪ Head of department/office
4. Scan and send approved requests to MarCom (marcom@utb.edu.bh) 1-2 weeks prior to the target posting date. ***Urgent requests within the same weekrequire the approval of Marcom Director.	▪ College dean ▪ Head of department/office
5. A photography support will be at the event. *****Pictures require editing which will take few hours. Therefore, submission of pictureswill be after at least 24 hours.** *****Pictures for activity report are not the responsibility of Marcom and such requests will be ignored.**	▪ MarCom ▪ IT Centre

5.3 Request for Event Support

Actions	Responsible Unit
1. Collate requests through a request form via email from faculty or staff members.	▪ College dean ▪ Head of department/office
2. Seek required approvals.	▪ College dean ▪ Head of department/office
3. Send approved requests to MarCom (marcom@utb.edu.bh) 2-4 weeks prior to the target posting date.	▪ College dean ▪ Head of department/office
4. Update approved requests and delete outdated postings on the website. *** In case an update requires IT services, MarCom coordinates with IT.	▪ MarCom ▪ IT Centre

5.4 Request for Publication Distribution

Actions	Responsible Unit
1. Update publications (catalogue, brochure, manuals, advertising materials, etc.).	▪ Distributing office
2. Provide print or soft copies of publications all university offices.	▪ Distributing office
3. Upload the latest approved publications to the website.	▪ IT Centre ▪ MarCom
4. Review publications periodically for further updating and re-distribution/re-posting.	▪ Distributing office

5.5 Request for Press Release

Actions	Responsible Unit
1. Draft narratives about events, significant achievements and highlights, campus life, student works, etc.	Individual facultymember/staff/ student
2. Send write-ups with high resolution photos to the college dean or head of thedepartment/office for verification/approval.	Individual facultymember/staff
3. Send write-ups with high resolution photos tothe Office of Student Affairs for verification/approval.	Individual student
4. Send the approved requests to MarCom(marcom@utb.edu.bh) as soon as approved.	College dean Head of department/office
5. Enhance content, prepare artwork design (if necessary), and publish on appropriatechannels within one (1) month. ➢ Social media • Instagram • Facebook • Threads • Twitter • LinkedIn • YouTube • TikTok ➢ Website ➢ Newspapers	MarCom

5.6 Request for Advertising

Actions	Responsible Unit
1. Draft and process a purchase requisition forbudget approval of a planned advertisement.	▪ College ▪ Department/office ▪ Individual
2. Provide contents to MarCom at least 2-4weeks prior to the target publication date.	▪ College ▪ Department/office ▪ Individual
3. Enhance content and prepare artworkdesigns.	▪ MarCom
4. Send a filled-out HEC advertisement request form together with the receipt of BD 30 via email or mail (printed artworks/flash drive for promotional videos). *** An HEC approval number shall always be indicated in any advertisement mentioning the titles of academic programme offerings inall platforms (i.e. social media, billboard, screens, cinema, newspapers, etc.)	▪ Administrative Assistant ofthe President
5. Post approved ads on appropriate mediachannels.	▪ MarCom
6. Coordinate with external media channels topublish approved ads.	▪ MarCom

5.7 Responding to Negative Publicity

Actions	Responsible Unit
1. Monitor media regularly to maintain the university's impact, identity, and reach.	▪ MarCom
2. Forward complaints together with the complainant's contact details to the college, department or individual concerned.	▪ MarCom
3. Seek pertinent approvals of answers to complaints (if needed).	▪ College dean ▪ Department head ▪ Individual
4. Respond to the complaint within five (5) working days.	▪ College dean ▪ Department head ▪ Individual
5. Update MarCom (marcom@utb.edu.bh) onthe status of the complaint.	▪ College dean ▪ Department head ▪ Individual

5.8 Managing External Communications

Actions	Responsible Unit
1. Seek initial approval from the Office of the President for any external invitation engaging employees and students.	▪ College dean ▪ Department head ▪ Individual
2. Confirm acceptance of the invitation once initially approved.	▪ College dean ▪ Department head ▪ Individual
3. Draft a program plan with all necessary details of participation.	▪ College dean ▪ Department head ▪ Individual

4. For participation in external and international events and research presentations, request approval from HEC. Academic related Non-academic related	▪ Office of the President ▪ Office of the VPAA ▪ Office of the VPAF ▪ MarCom
5. Seek assistance from MarCom to enhance program plan and in preparation for participation 2-4 weeks prior to the event date.	▪ College dean ▪ Department head ▪ Individual
6. Enhance content, prepare artwork, and publishing media channel/s upon pertinent approvals.	▪ MarCom
7. If publicity is needed, refer to 5.1.3 (Request forPress Release).	▪ College dean ▪ Department head ▪ Individual

5.9 Managing Crises or Emergencies

Actions	Responsible Unit
1. In situations where it becomes challenging to contact a person, office, college, or department through the primary communication channels within the university, an automated WhatsApp system serves as an alternative communication channel. In the event of no response within one (1) day, initiate a follow-up.	▪ Call centre agent

2. In cases where the name of the university is inaccurately/unlawfully mentioned, or misrepresented in the media and press, due diligence shall be performed. If the circumstances escalate or become more complex, seek legal advice.	▪ MarCom
3. Should there be instances of plagiarism and/or copyrights infringement involving UTB materials, appropriate measures shall be conducted. If the unauthorised use persists, seek legal advice.	▪ DSA ▪ College dean ▪ VPAA
4. During instances of severe weather or other factors leading to electronic device malfunctions and communication disruptions, restoration procedures shall be initiated. If additional configuration or repairs are required, collaborate with third-party service providers to address and rectify the issues promptly.	▪ ICT
5. In the event that an employee or a student experiences significant discomfort or encounters any unforeseen incidents while on duty, immediate first aid assistance shall be readily available. If the situation persists or escalates, call for an ambulance to address the matter effectively and prioritize the well-being of the individual/s involved.	▪ FMD ▪ Nurse
6. If any individual displays questionable behavior or acts of violence within the university, he/she shall be appropriately managed and isolated. If the situation escalates and remain uncontrolled internally, contact 999 and/or seek assistance from the police immediately.	▪ FMD ▪ Security on duty

6. DEFINITION OF TERMS

Internal communication refers to communication processes among employees that are carried out upward where employees communicate and share their thoughts and feedback with higher level management; downward where higher level management communicates decisions, instructions, requests, and other pertinent information to all employees with or without the option to offer feedback; and horizontal where exchange and sharing of information happen across offices, colleges, departments, and individuals concerned.

External communication refers to communications that are intended to reach one or more target groups outside UTB, such as the media (which is both a channel and a target group), students (both current & prospective), existing and potential investors, the capital market, authorities, and the public.

Frames of reference refer to sources of one's identity like age, nationality/ethnicity, gender, religion, special needs, and culture among others.

Copyright refers to the ownership of intellectual material that is subject to copyright law. All materials including images, designs, text, videos and other intellectual property rights in any communication material produced by UTB are and will remain the property of UTB. Any usage without permission by UTB will be deemed infringement of standing copyright protection and pursued appropriately.

Originally refers to the independent creations that are not copied or comprised from other pre-existing work. Proper citation shall be used for any represented ideas, text, data and other information, otherwise failure to do so will be charged with plagiarism.

Crises or emergencies refer to situations when a difficult or important decision must be made but resolution procedures are not indicated in this policy.

Help desk refers to a designated individual or department/office with the responsibility of providing assistance and information.

Crisis communication refers to systems and protocols that enable UTB to effectively communicate during a major threat to its reputation and operations; threats include extreme weather, crime, cyber-attacks, and PR incidents and more.

APPROVAL

The following details the approval process of this policy:

1 Prior to implementation of this policy, the Director for Marketing and Communications presents it to the University Council for comments and feedback, if there is any. If there is none, it is approved and signed by the University Council members, chaired by the President.
2 The President presents the policy to the Board of Trustees (BoT) for final approval.
3 The BoT finally approves the policy.

Proposed revisions of this policy undergo the same process. Revision or review of it happens every 5 years, or as needed because of prevailing BQA or HEC requirements.

MONITORING

For consistency and sustainability of communication policy implementation, the MarCom Director collaborates with other departments/offices of the university (internally) and organizations/industries to maintain smooth communications and community engagement (externally), and regularly monitors the implementation of subsequent procedures.

EFFECTIVENESS

After one year of implementation following its approval, the effectiveness of the implementation of this policy shall be evaluated. Relevant indicators shall be added to the satisfaction surveys among senior management, faculty, staff and students.

7. QUALITY RECORDS

The following quality forms are available for download from the MarCom SharePoint:

a. Request Form for Website Content Update
b. Request Form for Event Photography Coverage
c. Ads Agreement Form
d. Equipment Loan Agreement Form
e. Event Planner

8. DISTRIBUTION LIST

Department Heads

College Deans

MarCom Director

VP for Administration Finance

VP for Academic Affairs

President

Internal Communications Dissemination

1. POLICY

It is the policy of the university to communicate all relevant information which will be useful to all its faculty and staff.

2. PURPOSE

These policies and procedures are intended to ensure that the University maintains a reliable and effective dissemination of information to its staff and students.

3. SCOPE

This policy shall cover dissemination of policies, news, announcements and related information to all faculty, students and staff.

4. PROCEDURES

Dissemination for Awareness

The college, department or unit, which is the source of information should get a go signal from the head of the college, department or unit, before legitimate information can be shared.

The source of the information will identify the other colleges, departments or units by whichthe information will be shared.

Dissemination for Understanding

Certain groups/audiences that will benefit from the information will need to be targeted directly with the information dissemination. This is to ensure that these groups/audiences have a deeper understanding of the information

Community Engagement

1. POLICY

The purpose of the policy on Community Engagement is to provide principles and a governance framework for integrated community engagement at UTB that is aligned with the strategic priorities of the University and implemented as one of its three core functions and responsibilities.

2. PURPOSE

This policy and its procedures provide guidelines for the implementation of the community engagement program for all colleges that will strive to provide human, financial, and infrastructural resources to develop and sustain opportunities for students to cross social, cultural, and other divides in the broader community in which they will function as graduates, through equitable partnerships with selected communities, which partnerships should be mutually beneficial and aimed at community development and empowerment.

This policy and procedures cover the identification, implementation, monitoring, and evaluation of community engagement projects of the University.

3. RESPONSIBILITIES

Community Engagement Office (CEO)- Coordinates planning, logistics, implementation, and evaluation of community engagement plans and events in the university. It also maintains a database of all CE activities/ research initiatives/projects.

University Community Engagement Committee (UCEC)- endorses community engagement project proposal for President's approval. It also monitors the implementation of the community engagement plan and develops an annual impact assessment report.

Community Engagement Coordinator- responsible for coordinating CE activities and working directly with the Head of Community Engagement Office.

Colleges' Community Engagement Committee (CCEC) Chairs- are responsible for preparing a project proposal for every activity/ research initiative/project, as well as carrying out the projects, and maintaining a database of all CE activities/ research initiatives/projects for college-specific activities.

CE Partners- external stakeholders from the industry or professional organizations that provide input and feedback regarding community engagement activity/ research

initiative/project.

4. DEFINITION OF TERMS

Sustainable Development Goal (SDG)- also known as the Global Goals that were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

5. PROCEDURES

Planning and Implementation

- A community engagement annual plan must be developed both at the institutional and college level that contains a list of activities/research initiatives/projects aligned to the identified SDGs and their corresponding resources and budget requirements. Inputs tothe annual plan may include recommendations from the faculty members, students, non-academic staff, and partner institutions regarding the types of activities and areas where community engagement projects can be held or integrated (Minutes of Meeting).
- To implement the activities/ research initiatives/projects in the annual plan, CE committees prepares a project proposal for every activity/ research initiative/project that defines which SDG the project focuses on as well as the details of the activity, budget allocation, the partner, the expected participants, and the expected outcomes.
- All project proposals shall be endorsed by the UCEC Chair and approved by the President. The College Dean's endorsement is required for college-specific proposals.
- The implementation of the project is carried out by the concerned CE committee, faculty members, partners (if applicable), and students, while CEO shall supervise and overseethe satisfactory implementation of the project by following up.
- A database of all CE activities/ research initiatives/projects must be maintained by the
  CEO and CCEC for college-specific activities.
- The CEO shall monitor the implementation of the community engagement plans and require submission of the trimestral and annual accomplishment reports.

Evaluation

- At the completion of every CE activity/ research initiative/project, an evaluation must be conducted through surveys with the participants and focus group discussions with partner institutions to discuss the project outcomes and impact.
- UCEC shall collate the data, analyse it, and interpret the results together with the concerned college to develop an annual impact assessment report and utilize the findings as a basis for improvements, decision-making, project evaluation, and

development of new project proposals.

6. QUALITY RECORDS

Community Engagement Plans

Community Engagement Project Proposal

Activity Reports

CE Events Questionnaire

Minutes of Meetings

7. DISTRIBUTION LIST

All University Units

Placement

1. POLICY

It is the policy of the university to assist senior students and alumni in finding a suitable career in the practice of their profession. Hence, University of Technology Bahrain (UTB) provides vital information to future employees / entrepreneurs relative to their planned careers.

2. PURPOSE

The purpose of this policy is to provide detailed guidelines for implementing career awareness/advising the conduct of career fair as well. ACDC adheres to the University's quality policy in providing adequate, relevant, and substantial jobs available in the market for UTB university graduates through contacting our industry partners and gathering them all in one activity.

3. SCOPE

The policy covers activities under the office of placement, linkage and alumni that addresses the need of senior students and alumni, specifically on the conduct of career awareness, career advising, and career fair.

4. RESPONSIBILITIES

Head of the Placement Linkages Alumni office, College Alumni Committee Coordinators, Practicum Advisors, Staff, Students and Alumni

5. DEFINITION OF TERMS

Alumni Homecoming is an event organized to gather alumni of the university.

6. PROCEDURES

6.1 Career Awareness

Advising is a significant part of UTB students' career development. Through the Career Seminar, students will be able to assess and at the same time, understandhow their knowledge, skills, aptitudes, and attitudes apply to work and training

opportunitiesoffered by the various employers and industry partners. Developing the Career Awareness through the above-mentioned Career Seminar means gaining information of career directions and opportunities in the labor market that match theirthe skills and qualifications, which are beneficial for them to succeed in their chosen careers.

These policy and procedures outline the processes in assisting UTB students and graduates inthe aspect of their Career Awareness and Career Advising through the Career Seminar activity.

This will also enable participants to make intelligent decisions to start their professionalcareers by:

- acquainting students/graduates with the current employment programs and projectsprovided by the needs of the current market;
- identifying the work, employability, and leadership skills necessary for their careerdevelopment;
- gaining information on careers that match the labor market needs;
- Providing them with specifics on M.A. and Ph.D. degrees within and outside the institution.

6.2 Career Fair

The main purposes to conduct such activity by ACDC are:

- Seeking job and training prospects available in various companies.
- providing students with career exploration tools;
- Strengthen the relation between the university and industry partners for mutualfuture benefits

6.3 Planning

The ACDC acts as the requesting party to conduct the Career Series. As such, the PLO will seta planning meeting to discuss the programme details.

Programme content will be proposed by the ACDC and it is subjected to the approval and review by the Director of External Engagement. The ACDC is committed to adhere to the main components per module as follows:

- Pre-Employment Orientation
- Resume Writing
- Interview Tips
- Career Talks
- Job Functions and Responsibilities
- Career and Training Opportunities
- Further Studies Orientation

- M.A. & Ph.D. Degrees

Revisions will be based on the importance, relevance, and evaluation of the topics presented.

6.4 Assign key persons.

Assign key personnel to perform specific duties

- Programme Committee
- Resource Person(s)
- Guest Speaker(s)

1. Possible resource person(s) will be identified by the ACDC based on expertise and professional experience relevant to the content to be presented. Invitation letters, with the proposed topic outline, will be sent out to be confirmed by the speaker(s).
2. Key professionals from training institutions/ industry partners where on-the-job training programs are held will be the initial candidates, as the ACDC expands the pool by continuously partnering with quality external institutions.
3. Internal recommendations will be considered.

6.5 Advertise and promote the program.

6.6 Provide accommodation, required materials, equipment and / or food and beverages.

6.7 Prepare modules, workshops and kits to supplement activities.

6.8 Draft a programme budget.

6.9 implementation (Programme Checklist & Schedule of Activities)

The tasks presented in the programme checklist and schedule of activities will be closelymonitored and accomplished by the ACDC to ensure the smooth flow of the program.

6.10 Evaluation (Analysis& Reports' Generation)

a. Both quantitative and qualitative analysis will be performed by the ACDC , based on the inputs collected from the resource person(s), workshops, open forum, and evaluation materials. programme reports will be documented.

b. The programme will be evaluated (programme evaluation form) according to the following:
    - Objective(s) & Content
    - Resource Person(s)
    - Materials & Equipment

6.11 A deadline will be set for formatted soft copies of student CVs (CV bank) to be emailedto the ACDC for compilation (For the Career Fair only)

7. QUALITY RECORDS

Placement Linkages

Alumni office Activities Proposal

Activity Reports

Minutes of the Meeting

Alumni and Employer Surveys

8. DISTRIBUTION LIST

All University Units

Linkages

1. POLICY

Work-Based Learning It is the policy of University of Technology Bahrain (UTB) to include Work-Based Learning (WBL) in its programme offering in order for students to develop their capacities, capabilities, attitudes, professional attributes, and work ethics that contribute to their employability and life-long learning.

Job Placement and Employers Collaboration UTB recognizes that the University's role does not end when the students graduate from their respective programme s; hence, the students' job placement assistance program. It is the objective of this University to produce professionals and potential leaders of the community; thus, proper placement of its graduates in their respective fields will help them identify their career paths and work towards professional success. Thus UTB in line with this enhances the relation with company's employers to ensure providing more chances to the graduates.

2. PURPOSE

Work-Based Learning The policy and procedure outline the processes in assisting UTB students during their Work-Based Learning (WBL) activities. They also define the roles and responsibility of the Dean, Practicum Instructor, Practicum Adviser, and Practicum Supervisor in coordination with the Head of Placement, Linkage and Alumni Office (ACDC).

Job Placement and Employers Collaboration This policy and procedures outline the process in assisting UTB students and graduates find gainful employment in their respective fields of specialization. To ensure that all OJT students are properly placed in companies related to their areas of specialization through employers portals.

3. SCOPE

This policy and procedures cover ACDC activities that touch on the establishment of partner company/industries/organization for the purpose of internship and job

placement.

4. PROCEDURES

4.1 Work-Based Learning

4.1.1 DEPLOYMENT

- Practicum student submits application letter with attachments to the ACDC Head;
- ACDC Head prepares endorsement letter to WBL employer-linkage partner (Supervisor);
- Upon acceptance by WBL Supervisor, the Practicum Student:
- accomplishes the required forms;
- attends the pre-deployment orientation conducted; and
- Starts the on-site WBL activities.
- Faculty adviser schedule a visit to companies/industries to discuss the progress of the students; The schedules shall be agreed by both parties with or without the knowledge of the students

4.1.2 ASSESSMENT

Both the faculty adviser and WBL supervisor participates in the evaluation of the progress of the student. The students' performance in WBL is assessed based on the following:

- Evaluation of competencies by Practicum supervisor;
- Evaluation of performance accomplishment by Practicum supervisor
- Submitted Practicum Accomplishment Report, including the Anti-Plagiarism Report
- Practicum Students' class performance as assessed by the Practicum Advisor

4.2 Job Placement and Employers Collaboration

4.2.1 Job Placement

- ACDC established a database of companies and industries that can provide jobs to UTB alumni.
- ACDC organized an annual activity (Career Fair) which brings all our industry

partners together to show their vacancies to the applicants

- Post the latest job requested by the companies on our websites, official accounts, emails and ACDC Bulletin Board

5. QUALITY RECORDS

Placement Linkages

Alumni office Activities Proposal

Activity Reports

Minutes of the Meeting

Alumni and Employer Surveys

6. DISTRIBUTION LIST

All University Units

Alumni Affairs

1. POLICY

It is the policy of university to foster a lifelong mutually beneficial relationship with its alumni and supports the activities that further alumni engagement with the university.

2. PURPOSE

This policy covers the following:

A. Tracer study for Alumni. This policy reflects the thrust of the University to maintain currency of alumni database, assist in job placements, trace employment status of University of Technology Bahrain (UTB) graduates, and maintain good university-alumni relations.

B. Alumni Association Club Aim of the club:

- To assist ACDC officer in conducting the annual activities such as (Career Fair , Alumni Home Coming)
- To participate in all different conferences and activities conducted by the university
- To help the graduates to find available jobs and training chances thorough their connection with employers

C. Alumni Homecoming. This Policy targeted the outstanding Alumni in specific and all other alumni in general to maintain the good relation between the graduates and the universities. Also, a chance for the fresh graduates to hear the testimonies of those older Alumni.

3. SCOPE

The scope of the policy includes:

A. Tracer Study for Alumni. This policy and procedures cover the conduct of tracer study for the purpose of establishing basic information as regards the whereabouts of the UTB alumni specifically the work and further study (if any).

B. Alumni Association Club This policy and procedures covers the establishment of the alumni association within the college and in the university including their

election, duties and responsibilities.

C. Alumni Homecoming. This policy and procedures covers the conduct of annual homecoming.

4. PROCEDURES

The Head of the Placement, Linkages Alumni Office, shall act as primary spokesperson for the Alumni Office. He will have the authority to call meetings, formulate ideas, plan, and delegate responsibility related to alumni affairs. He should be able to communicate effectively on all levels and take opportunities to positively represent the Alumni Office at meetings or social functions.
The College Alumni Coordinator assists the Head of the ACDC in:

Tracer Study for Alumni

1. ACDC establish a database for the current lists of alumni and includes the following fields: name, programme, year graduated, work and position, company, email address, and contact number;
2. ACDC coordinates with Guidance and Placement Office to get the list of recent graduates and include the list into the database;
3. ACDC make use of the employers database to get information about the alumni that the employers may have;
4. ACDC coordinates with the alumni association to update the information from its database;
5. The Alumni Coordinators communicate with their respective College's graduates through phone or email and gather current employment data on graduates.
6. Alumni records are updated accordingly; All gathered data are tabulated and summarized.

Alumni Association Club

- Community extension programs;
- University Planning and governance;
- Annual Alumni Homecoming;
- Search for the Year's Distinguished Alumni; and
- Other various curricular and extra-curricular activities of the University.

Alumni Homecoming

The Alumni Homecoming is conducted annually in the university by the office of Placement, linkages Alumni with coordination from the Alumni Committees and Alumni Association

1. The ACDC plans the conduct of alumni homecoming in coordination with the Alumni Association;
2. The ACDC allocates budget for the activity and submits the plan to the Director of External Engagement.
3. The Director of External Engagement approves the activity including budget.
4. ACDC communicates the plan to the alumni association.
5. Alumni association communicates the schedule to their members;
6. ACDC announces the schedule to the alumni (using the alumni database) thru emails, website, and social media (instagram).

5. QUALITY RECORDS

Placement Linkages

Alumni office Activities Proposal

Activity Reports

Minutes of the Meeting

Alumni and Employer Surveys

6. DISTRIBUTION LIST

All University Units

Creation of University Central Document Registry

1. POLICY

It is the policy of UTB to establish a repository of all approved and authorized documents to ensure proper accountabilities.

2. PURPOSE

The purpose of these policies and procedures is to provide guidelines for the creation of the University Central Registry of approved and authorized documents both in hard and digital copies.

3. SCOPE

These policies and procedures are applicable to all academic and non-academic documents issued and currently being used by the University.

4. RESPONSIBILITIES

Heads of Departments / Offices and College Deans, Quality Assurance and Accreditation Office, IT Department

5. DEFINITION OF TERMS

Central Document repository is the identified place for keeping all the documents

6. PROCEDURES

A. Print Documents

- All colleges and departments are required to submit a copy of approved and authorized documents to the Quality Assurance and Accreditation Department (QAAD). Appropriate forms are provided for each of the colleges/departments/units. All submission should be accompanied by a document transmittal form.

- Each document should bear the stamp of the originating office and should be properly received by the QAAD. The receiving QAAD staff should stamp the date of receipt of thedocument.
- After receiving the document, the QAAD staff files the document in the appropriate folders/binders.
- Any revision to the existing documents should also be submitted to the QAAD for updating purposes. The revision sequence should be reflected in the revised document.

B. Non-print/Digital Documents

- Soft copies of all approved and authorized documents should accompany the hard copies submitted.
- The soft copies should be in a PDF format to avoid any alteration and revision by any individual other than by the originating office.
- The QAAD endorses the soft copies of the documents to the IT department foruploading them to the appropriate file folder in the Central Document Repository.
- A document transmittal ticket/slip should accompany each of the documents submittedto the IT department for proper transmittal and acknowledgment.
- Once uploaded, the IT department sends an email notification to both the QAAD andthe originating office indicating that the document is now available for online viewing.

7. QUALITY RECORDS

Quality Record Standard Forms

8. DISTRIBUTION LIST

All University Units

University Compliance to (HEC) and (MOE) Regulations

1. POLICY

UTB adheres to the statutory requirements of the local regulatory body of the Kingdom of Bahrain.

2. PURPOSE

The purpose of these policies and procedures are to provide guidelines for the assurance of compliance of the University to the Higher Education Council (HEC) and Ministry of Education (MOE) as per Academic and Administrative, Building and Facilities, and Financial Regulations for Higher Education Institutions.

3. SCOPE

These policies and procedures are applicable to all academic and non- academic units of the University.

4. RESPONSIBILITIES

Head of Administration, VP for Academic Affairs, Head of Quality Assurance and Accreditation Department

5. DEFINITION OF TERMS

Improvement plan is a plan to address the gap between what is required and the actual accomplishment or performance.

6. PROCEDURES

A. Oversight and Conduct of Internal Quality Audit

1. The Quality Assurance and Accreditation Department (QAAD) have the oversight responsibility in ensuring the University's compliance to the

established regulations issued by the Higher Education Council and Ministry of Education of the Kingdom of Bahrain.

2. In case of non-compliance to any of the prescribed guidelines, the QAAD submits a written report to the concerned head(s), highlighting the area where the University lacks compliance to the established guidelines.
3. A series of meetings and consultations with the concerned head(s) are conducted to develop appropriate course of actions to address/resolve the non-compliance issue(s).
4. An Improvement Plan (IP) prepared by the head(s) of the concerned unit is the output of the consultative meetings and is submitted to QAAD for monitoring of progress and compliance.
5. Once non-compliance is addressed, the QAAD will make a compliance and completion report to the Senior Management.

B. Academic and Administrative Regulations

The President of the University shall ensure that all positions in the Organizational Structureare operationally functional and properly staffed.

C. The VP for Academic Affairs shall:

1. Ensure adherence of maintaining three teaching staff holding doctorate degrees foreach programme offering;
2. Guarantee existence of ranking and promotion system;
3. Observe proper faculty-student ratio both for undergraduate and graduate programmes and across humanities and scientific disciplines; and
4. Offer and implement only approved ministry of education award-bearing programmes.

D. Building, Facilities and Financial Regulations

1. The VP for Administration and Finance has the overall responsibility concerningbuilding, facilities and financial requisites of the University.
2. As VP for Administration and Finance, he/she:

i. Is responsible in maintaining the operability and functionality of each of the facilities of the University;
ii. Maintains active and updated service contracts especially for services being outsourced by the University.
iii. Is able to exhibit the financial capability of the University to retain and attract competent and appropriately qualified teaching and non-teaching staff. As proof,existence of strategic plans, development plans, and functional plans should be evident and religiously implemented.
iv. Submits progress, completion and accomplishment reports periodically.

7. QUALITY RECORDS

Memorandum from HEC- Higher Education Institutions

8. DISTRIBUTION LIST

All University Units

Conduct of Internal Quality Audit (IQA)

1. POLICY

To implement an effective quality management system, UTB undertakes internal quality audits to measure monitor and analyse the business processes in the organization to ensure continual improvement towards achievement of planned objectives.

2. PURPOSE

The purpose of these policy and procedures is to provide guidelines for the planning, conducting, reporting, and monitoring of quality audits and their outcomes.

Quality audits are conducted at planned intervals to determine whether the practices and processes which form the Quality Management System are effectively implemented, maintained and it likewise, identify potential opportunities for improvement.

3. SCOPE

These policy and procedures are applicable to all award-bearing programme s offered by the University and to a department, center or other academic and non-academic support units as applicable.

4. RESPONSIBILITIES

The Institutional Continuous Quality Improvement (CQI) committee has the responsibility for themaintenance of this policy and attached procedures.

5. DEFINITION OF TERMS

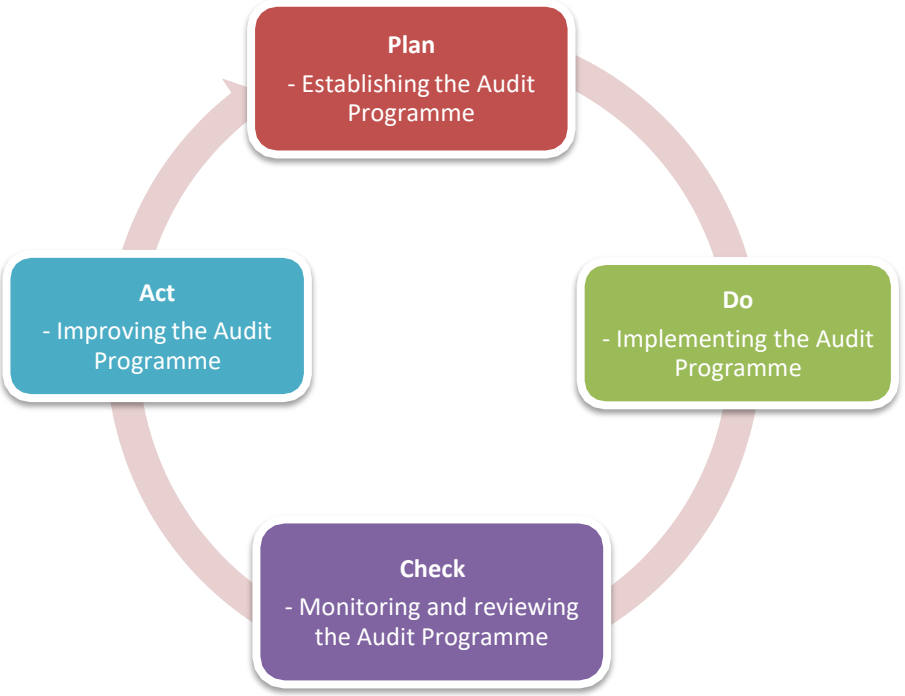
Internal quality audit (IQA) is a system of measuring, monitoring and analyzing the business processes in the organization to ensure continual improvement towards achievement of plannedobjectives.

Corrective action request (CAR) is a formal document requesting cause of nonconformance of a process with the objective of preventing recurrence.

6. PROCEDURES

Overview: Management of Internal Audit Process

The diagram below describes the quality management system model that the University adopts in the practice of its internal quality audit.



Plan and Schedule of Quality Audits

1. An audit schedule is developed on an annual basis which can be changed from time to time as circumstances require. Specific details of the university's policies, procedures, portfolios, etc. should be included in the audit schedule.
2. The audit schedule is developed and approved by the Institutional CQI committee.
3. The approved audit schedule is communicated to all concerned stakeholders in all possible communication channels like the memorandum to offices, emails, etc.
4. The Chair of institutional CQI committee assigns trained auditor(s) to conduct the audit.

Preparation in Conducting Quality Audits

1. The Chair of institutional CQI committee assigns trained auditor(s) to conduct the audit. Auditors cannot be assigned to audit their own department. Auditors may work in pairs with a lead auditor nominated. The QAAD provides the necessary training to internal auditors.

2. The internal quality auditor(s) review relevant policies, procedures, guidelines and formsthat apply to the area/subject being audited.
3. The internal quality auditor(s) develops the audit plan and establishes contact with the auditee and arranges a time to conduct the audit. The auditor will advise the auditee on matters pertaining to the objective, scope and criteria of the audit. Also, advice shall be given on matters pertaining to the amount of time required to conduct the audit.
4. The internal quality auditor(s) prepares an audit checklist and sends out the same to the auditee to assist in his/her preparation. Sample templates and/or forms shall be providedif available.

Conduct of Quality Audits

1. The lead internal auditor arranges a formal or informal opening meeting with the auditeeto discuss the outline and the scope of the audit process.
2. The formal conduct of the audit process follows the opening meeting where references can be made to: checklist, information provided by the auditee prior to the audit meeting,copies of relevant procedures and standards, and previous audit results.
3. The lead internal auditor shall discuss the outcomes/observations of the audit to the teamand present the outcomes/observation to the auditee.
4. The lead internal auditor closes the audit process by summarizing the audit findings and indicating the time frame in which auditee will receive the audit report.

Reporting of Quality Audits

1. The lead internal auditor facilitates the completion of relevant documentation and forwards the entire document to the Chair of the CQI within one week from conducting the audit.
2. The Chair of the CQI and lead internal auditor review the audit documentation and identifyany potential non-conformances and improvement opportunities (IO). The lead internal auditor finalizes the report.
3. The Chair of the CQI, upon receipt of the IQA document shall forward the completed audit report noting non-conformance and improvement opportunities to relevant heads of offices. Auditee/s should be invited to validate audit findings and discuss any correctionsin the audit report and/or provide additional information if he/she sees fit. Auditee/s shalldevelop and submit an improvement plan based on the agreed date. The auditee must complete the actions/responses to address the issues identified before the scheduled follow-up audit.
4. All CARs and improvement opportunities identified in the audit process shall

be summarized. CARs monitored for compliance by the CQI. Monitoring of non- conformances and improvement opportunities may occur on a themed or grouped basis and may not be necessarily monitored at an individual level.

5. All audit results shall be reported by Chair of the Institutional CQI committee to Senior Management.

Verification of the Effectiveness of Action Taken in Response to Non-Compliance

1. The Chair of the CQI will contact the Head of the College/Department responsible for addressing the non-conformance by the agreed date. Similarly, the Head of the College/Department responsible for addressing the non-conformance will inform the Chair of the CQI when the agreed corrective actions/s is/are completed, and if, possible, provide evidence.
2. The status of the corrective action request (CAR) will be determined by conducting a follow-up audit or visit to verify and validate completed action.

The results of the follow-up visit/interview shall be submitted to the Head of College/Department concerned. If action has been effective, the CAR shall be declared "CLOSED". If action has not been effective, negotiate further actions to resolve the issue.

7. QUALITY RECORDS

Quality Manual

8. DISTRIBUTION LIST

All Units in the University

Suggestion Box Scheme

1. POLICY

UTB is committed to a partnership with its stakeholders to achieve its objectives of delivering quality education and services. To promote this partnership, UTB ensures effective stakeholder participation through soliciting their feedback and making sure that their opinions are properly considered. Gathering stakeholder feedback may be in the form of surveys, dialogues, community engagement and suggestion box scheme.

2. PURPOSE

The purpose of these policies and procedures is to provide guidelines for the effective consideration of stakeholders' input through the use of the Suggestion Box Scheme. UTB welcomes comments and suggestions that will have a significant impact on the quality of its plans, programs and services. However, while all suggestions are noted, other factors such as statutory regulations, resources, accreditation and others may have implications on accepting and fulfilling suggestions.

3. SCOPE

These policies and procedures are specific to the feedback gathered through the suggestion box scheme and does not cover other methods of soliciting stakeholder feedback.

4. RESPONSIBILITIES

The Head of Quality Assurance and Accreditation, in coordination with the Planning and Development Office, has responsibility for the proper implementation and maintenance of this policy and guiding procedures.

5. DEFINITION OF TERMS

Suggestion box is a box strategically located so that everyone will have the chance to give their feedback on any issue which they deem to be significant.

6. PROCEDURES

6.1 Installation of a Suggestion Box:

a) A suggestion box shall be placed in a conspicuous and accessible area in the University.

b) The Suggestion Box should be properly labeled and maintained.

c) Upon its installation, a communication informing all units in the University of the Availability of the Suggestion Box should be released. These may be through memo circulars, bulletin board postings, and/or announcement through the public address system, among others.

-***Submission of Suggestions:***

a) All suggestions shall be submitted using the prescribed Suggestion Form or any cleansheet of paper and dropped in the Suggestion Box.

b) Suggestions may be submitted by an individual or a group or an office / unit.

-***Collection and Review of Suggestions:***

a. The Planning and Development Office (PDD) is responsible for collecting and recordingall suggestions.

b. The Suggestion Box should be checked every end of the month.

c. All academically-related suggestions shall be referred to the Head of Academic Affairs while suggestions pertaining to support services shall be referred to the VP for Administration and Finance for their appropriate actions one (1) week after receipt of suggestion(s).

d. The suggestions and corresponding action plans shall be discussed in the University Council following the above mentioned schedule (once a month).

e. The PDD shall monitor actions derived from these suggestions and provide feedback tostakeholders.

f. The PDD shall provide the QAAD with copies of the action plans and correspondingmonitoring reports.

g. The QAAD is tasked to determine non-conformance / variance on the action planssubmitted and submit corresponding reports to Administration.

6.2 Criteria for Reviewing Suggestor / Suggester and Suggestions:

a. Suggester / Suggester may be any of the following:

- Students (active or inactive)
- Employees
- Parents

- Employers
- Community Members

b. Suggestions may be categorized into two groups:Acceptable
c. Suggestions within the jurisdiction of the University.
d. Suggestions with direct impact on the plans, programs and services of the University.
e. Suggestions on the improvement of educational programme s.
f. Suggestions on the improvement of facilities, resources and physical infrastructure.
g. Suggestions on improving systems and procedures.
h. Suggestions on improving student-faculty relationships, employee-employer relationships, peer-mentor relationships, industry-academe relationships and thelike.

-***Not Acceptable***

a. Suggestions outside the jurisdiction of the University such as statutory regulations, standards of accrediting agencies, etc.
b. Grievances (these should be addressed through the proper channels).
c. Suggestions which are overruled by existing policies (not due for review).
d. Suggestions shall be addressed based on level of priority in consideration of availability of resources, government regulations and University policies and procedures.

-***Feedback System***

a. The VP for Academic Affairs and VP for Administration and Finance shall submit their respective action plan(s) to the PDD one week after receipt of suggestion(s).
b. The VP for Academic Affairs and VP for Administration and Finance shall present their respective status / accomplishment reports based on the action plan(s) in the University Council meetings.
c. Hard and soft copies of the status / accomplishment reports should be submitted to the PDD and QAAD after the University Council Meeting.
d. The PDD should submit to the Management and QAAD, the Accomplishment Reports at the end of each term and an Annual Accomplishment Report at the end of each academic year. These shall be communicated to the stakeholders through circulars / newsletters / bulletin board postings / presentations during general assemblies, meetings, etc.)

7. QUALITY RECORDS

Feedback Summary

8. DISTRBUTION LIST

All University Units

Record Retention

1. POLICY

It is the policy of University of Technology Bahrain (UTB) to retain specific types of records for specific periods of time in designated official repositories. Other records that are in the departments/ units other than the official repository for the record are maintained as long as they are needed by the departments/ units concerned.

2. PURPOSE

This policy and procedure aim to ensure effective records retention to preserve the history of records, optimize the use of space, and ensure that outdated and unnecessary records are destroyed.

3. SCOPE

This policy and procedure covers the responsibility of the record owners in terms of retention and storage location.

4. DEFINITION OF TERMS

Official Repository

5. RESPONSIBILITY

The Heads of the various colleges, departments and units in the University are responsible for maintaining their own records.

6. PROCEDURES

All Department/ Unit Heads who have access to or use records are responsible for ensuring that records are generated, used, maintained, stored, retained and destroyed in accordance with this Policy.

The retention period for certain records is based on the Retention Schedule below:

Type of Record	Official Repository	Duration
Academics		
Academic files of Graduate and Undergraduate Students	Registrar	Permanent
Academic Transcripts	Registrar	Permanent
Student academic records (Classrecords, QER, Grade Sheets)	College	5 years from graduation
Type of Record	Official Repository	Duration
Student Final Examination Booklets	College	5 years from the trimester the course was enrolled
Faculty File/ Documents	Dean	5 years from termination
Student Cases/ Complaints	Student Affairs/ VP for Academic Affairs	5years from termination of grievant
All Academic-related documents, such as minutes of meetings, Academic Plans, Accomplishment Reports, etc	VP for Academic Affairs, College	3 years
Administration		
Employee Files, AppointmentLetters and Forms	Human Resource	5 years from termination
Inventories	Property and Supplies Office	Life of Asset
University Audit Records	University Audit	5 years
Contracts (except employment),Licenses and MOU's	VP for Administration and Finance Office	3 years from the end of expiration

All Administrative-relateddocuments	VP for Administration and Finance Office	3 years
Finance and Accounting		
Student Account Records	Accounting	5 years
Audited Financial Statements	Accounting	Permanent
Financial Statements	Accounting	5 years
Capital Equipment Records	Accounting	Life of Asset: records of equipment
Other financial-relateddocuments – Accounting	Accounting	3 years

When a record is not specified in the Retention Schedule, the concerned department/ unit head should designate in writing the extent to which records in his/her department should be retained subject to the approval of the Immediate Superior.

The retention period for a specific record begins on (a) latest date filed or the due date for filing or (b) the date of the last transaction reflected in that record or in accordance with the terms of therecord.

If a record is reopened, the retention period for that record will be recalculated based on the paragraph above. If an agreement provides that records will be kept for a period that is longer thanthe retention period specified in the Retention Schedule, then the period specified in the agreement controls.

All records that are not included in the Retention Schedule may be destroyed or disposed upon completion of their use. All records may be destroyed upon the termination of the applicable retention period.

The appropriate method of destruction depends on the record's physical form or medium and subject matter or content. Paper Records will be burned or shredded, and electronic records will bedestroyed or erased. Records generally will be destroyed at the end of their retention period. Retaining any record after its mandatory retention period should be on an exceptional basis after weighing the potential usefulness of the record against cost or space limitations.

7. QUALITY RECORD

Inventory of Records Concerned Offices

8. DISTRIBUTION LIST

All Units in the University

Document Control and Records Management

1. POLICY

UTB defines measures to safeguard the integrity of all quality system-related documents in conformance to the Quality Management System.

The implementation of a systematic and organized Document Control and Records Management system will guarantee delivery of quality programme s and services to address organizational needs and expectations.

2. SCOPE

This process applies to all Departments defined in the scope of this Quality Management System. Inputs to the process include creation and revision of documents, and corrective and preventive action requests pertaining to the Quality Management System. The process begins with reviewing, approving, maintaining, tracking, and updating documents/forms identified in the Quality Manual.

Records which shall be maintained and controlled include, among others, internally-generated documents and original documents from external parties received by the University. Internally- generated documents may include, among others, system-generated reports, academic reports, operations reports and other quality reports.

3. PROCEDURES

It is the policy of the University to control and manage all documents and records related to the effective functioning of the established quality management system.

Policies and guidelines for effective and efficient Documents and Records Control are developed to cover the following areas:

- Defined responsibility for review, approval and authorization before circulation;
- Generation of new documents as triggered by any improvements such as audits,corrective / preventive / improvement actions, and external reviews;
- System for document review and re-approval;
- Distribution list identifying users and custodians of documents;

- Availability of pertinent documents wherein operations essential to the effective functioning of the systems are performed;
- Superseded, invalid and obsolete documents are promptly retrieved from point of issuance and disposed of. Where obsolete documents are retained, these should be suitably marked and identified; and,
- Maintenance of master lists of documents specifying current issue and revision status, which also include externally generated documents.

The Quality Management System adheres to the concept of continuous quality improvement. Systems and processes are reviewed, evaluated, and updated on a regular basis through the conduct of internal and external audits, and continuous process review by operating units and process owners. Process changes are initially pursued by recommending corrective and preventive actions, as well as documenting additions and changes.

3.1 Review/Amend

3.1.1 For processes requiring policy formulation, the policy on Review and Approval ofUniversity Policies shall be referred to. The Quality Assurance and Accreditation Department (QAAD) shall receive new requests and other related documents forreview. Upon approval of policies by the President, the QAAD shall create and document new policies and forward them to the Document Control Center for issuance and release.

3.1.2 For processes requiring policy update and revision, the policy on Review and Approval of University Policies shall be referred to. The Document Control Centershall receive revision requests, as well as additions to documents. Criteria for review and approval shall include conformance with documentation requirements such as using correct coding system and format.

3.2. Issue

Upon the approval of the President, the Document Control Center Supervisor shall issue and disseminate these resolutions, policies, and revised documents to concerned department Heads and operating units. Department Heads shall ensure that policies andresolutions are translated into specific functional instructions.

3.3 Control

A system for control and management of records shall be established to include identification, storage, maintenance, retention time and disposition. Records are maintained (print and electronic copies) in accordance with the documented procedures and proper identification in the master lists in compliance with the effective implementation of the quality management system.

3.3.1 Document of external origin shall likewise be controlled for which a master list ofdocuments of external origin shall be maintained.

3.3.2 Each department or operating unit shall maintain a list of reports and otherdocuments that are considered as records.

3.3.3 Each department and operating unit must provide soft copies of reports and otherdocuments considered as records to be stored in specified document portals.

3.4 Back up

Back-up procedures for records kept in the document portals are carried out by the Information Technology Department for disaster recovery purposes. This is conductedyearly based on defined conditions/arrangements. Back-up documents are in the form of electronic copies maintained by the Document Control Center Supervisor of the QAAD.

Metrics to measure the performance of the process objectives shall include 100% availability of pertinent documents and records (including back-ups), distribution lead-time, and effective and efficient maintenance and control.

Review and Improvement

1. POLICY

The University shall establish and implement performance appraisal analysis and improvement processes that will enable Senior Management to assess the effectiveness and efficiency of the quality management system.

2. PURPOSE

Performance reviews and improvement processes will enable accomplishment of the strategic quality objectives on continuous improvement of the QMS and the execution of effectiveness and efficiency standards to surpass the needs and expectations of the educational administrators, employees, students, relevant government agencies and all other stakeholders.

3. SCOPE

This policy applies to all colleges/units defined in the scope of this Quality Management System. The process starts with a review of the University's vision, mission, goals, policies, programs and strategies. It includes gathering, selecting, measuring, monitoring and analyzing data and information through internal and external customer feedback, internal audits, external reviews, external advisory panel inputs and key performance measures. Analysis results will be used to formulate corrective and preventive actions on identified and potential non- conformances. The process ends with the conduct of management reviews.

4. RESPONSIBILITIES

Planning and Development Office (PDO) – in charge of the monitoring and evaluation of the achievement of both institutional level plans and operational plans (both academic and non- academic). In addition, the PDO also consolidates all accomplishment report to aid the preparation of the University President's Annual report.

Senior Management – lead the review and improvement processes in the university.

5. DEFINITION

Gap Analysis involves the comparison of actual performance with potential or desired performance. If an organization does not make the best use of current resources, or forgoes investment in capital or technology, it may produce or perform below its potential.

Internal quality audit (IQA)- is a system of measuring, monitoring and analyzing the business processes in the organization to ensure continual improvement towards achievement of planned objectives.

Market Analysis- assessment of university's target market and competitive landscape. Performance Review - management task to gauge performance and measure achievement of KPIs.

Stakeholders Feedback- a process of gathering and processing feedback of internal and external stakeholders through surveys and focus group discussions.

SWOT- stands for Strengths, Weaknesses, Opportunities, and Threats, it is a tool that helps the university to analyze what the university does best, and to devise a successful strategy for the future.

6. PROCEDURES

6.1 Review of Vision-Mission, Values, Goals, Programs and Policies

Every five (5) years, the Senior Management through the office of the President reviews the University's vision-mission, goals, programs and policies for relevance, for conformity to current trends, issues, regulations and standards and to institute work and/or process improvements. This process involves the following sub-processes:

Situational Assessment

Situational assessment is performed to generate factual understanding of the University's strengths and weaknesses and to define and forecast opportunities and threats in the environment. This also involves determining the capabilities of existing and potential competitors and identifying gaps and bottlenecks that prevented the organization from successfully implementing its plans in the previous year. Situational assessment involves consideration of the University's past successes and failures, its relative position in the industry, and other factors, whether political, economic, sociological (demographic profiles of students and community),

environmental, technological (emerging information technology), and/or legal (government laws and regulations) that could affect its ability to realize its goals.

Department Heads lead the conduct of an analysis of their department's distinctive competencies and vulnerabilities. Their independent assessments are then summarized / consolidated into a SWOT matrix to conjure a picture of the business environment in which the University operates. This is facilitated by the facilitators engaged / authorized by the office of the President.

Market Analysis and Other Related Surveys

Supplemental to the situational assessment, is the conduct of in-house or University-commissioned research studies and surveys to generate market and economic statistical data, competitors' and students' profiles and other related projects to serve as bases for strategy formulation. The Admissions Office handles all market research-related activities except those research/surveys that are integral to the preparation of feasibility studies.

Strategy and Policy Formulation

The University's Senior Management defines goals and establishes priorities and identifies constraints and options based on contingencies.

Performance/Operations Review

This involves a periodic review and evaluation of strategies to assess outcomes of previous plans and programs and changes in environmental conditions; this enables the University to re-strategize, if necessary.

6.2 Students' / Stakeholders' Feedback

The University shall gather and monitor information on customer satisfaction as well as the satisfaction levels of other interested parties such as employees, partners, and industries, as one of the performance measurements of the quality management system.

Critical to continuous quality improvement is the monitoring of stakeholders' dissatisfaction and the factors causing these. Student complaints against university personnel, facilities, services, students and the school in general, shall be handled, measured and monitored.

6.2.1 Measurement of Students' Satisfaction Level on University Services and Programs

The Planning and Development Department (PDD) shall measure the satisfaction level of students on the services rendered by the University through the conduct of students' servicessatisfaction survey. The objectives of the survey are to assess the students' satisfaction with the school's facilities, personnel, registration and other

procedures like examination, registration, etc. and to determine factors which influenced them to enroll in the University. Specific details on student preferences will help the University in drawing up its improvementplans.

The student satisfaction survey shall be conducted once in a school year by the Planning and Development Department. The target population for the survey are all officially enrolled students in all programmes for that particular school year. Since it is not feasible to administer the survey to all students; stratified sampling will be employed in determining the respondents to cover a balanced distribution from different year levels and programmes.

6.3 Quality Assessments & Academic Reviews

6.3.1 Internal Quality Audits

To implement an effective quality management system, UTB undertakes internal quality audits to measure monitor and analyze the university processes in the organization to ensure continual improvement towards achievement of planned objectives.

Quality audits are conducted at planned intervals to determine whether the practices and processes which form the Quality Management System are effectively implemented, maintained and it likewise, identify potential opportunities for improvement.

The IQA team shall verify whether quality activities and related results comply with established criteria and standards. An IQA plan shall be formulated based on the following parameters: prioritizing and scheduling, scope and coverage, instruments used, team assignments, process of notification and follow-up activities.

IQAs are conducted periodically or if the situation calls for it for course portfolios, course specifications, assessments and other academic and administrative processes, annually for survey instruments and the like; and/or if a situation calls for it. The results of the audit shallbe recorded, controlled and brought to the attention of the process owner. Any non- conformance found or observed shall be investigated to determine the cause and/or identify possible trends. Consequently, process owners shall formulate corrective actions and draw corresponding improvement plans.

Audit and follow-up result as well as formulated corrective actions shall be presented in the management review meeting for deliberation and appropriate action. If necessary, alternative courses of action contrived during the management review shall be communicated and implemented.

6.3.2 External Assessments

Reviews/audits from external parties are critical in determining the University's performanceand ranking based on established standards and criteria. These may be through mandatory institutional and/or programme reviews implemented by authorized agencies of the Ministry of Education in the Kingdom of Bahrain or by voluntary submitting the University for reviewand accreditation by private accrediting agencies.

All plans and programs pertaining to external assessment and results hereof shall be documented and will serve as part of the inputs in formulating the overall strategic plans.

The conduct of all assessments by external parties whether mandatory or voluntary, shall beupon the approval of the President.

6.4 Gathering and Analysis of Data

It is part of the policy to continuously improve the effectiveness of its quality managementsystem by gathering, analysing and reviewing relevant data. This is done through established procedures and the use of available software to summarize, interpret and evaluate the data gathered to assist management in decision-making.

The University shall use its quality policy, scorecard measures, key performance measures, internal quality audit results, corrective and preventive action results, and management review results to improve its quality management system.

6.4.1 Self-Evaluation Review

A yearly Self-Evaluation Survey (SES) shall be done by all Colleges to review their programme's conformance to the published BQA-DHR standards and regulations. The College's programmes and services shall be evaluated based on the specific indicators for each standard set by the agency. In cases where expectations are partially or not met, further analysis is done to identify weaknesses and gaps. An improvement plan should be formulated to address identified weaknesses or gaps.

Programme SES shall be submitted to the QAAD for review. A consultation meeting to discuss the results will be held among the QAAD Head, VP for Academic Affairs, the Dean and department Heads of the programme surveyed. All recommendations and resolutions thereafter shall be the bases in the formulation and development of college operational plan and the Self-Evaluation Report (SER) during external programme reviews.

6.4.1. Improvement Plan

Improvement plans will be drawn up by the College Deans as a result of programme reviews and/or internal quality audits. Improvement plans to address programme

review results should follow the format prescribed by BQA in the DHR Programme Review Handbook (template III, page 38).

Improvement plans should outline the following:

- Recommendations from Programme Review Results (IQA)
- Action proposed.
- Individual/office responsible
- Action and Start date.
- Completion Date
- Cost/Budget

7. QUALITY RECORDS

Strategic Plan Accomplishment Reports IQA

Reports

Self-Evaluation Survey

Improvement Plan

8. DISTRIBUTION LIST

All units in the University

Continuous Quality Improvement Committee (CQI)

1. POLICY

The University, in its efforts to effectively implement and manage all quality assurance and accreditation plans and programs, shall set up a formal structure to assist the Management achieve the goals and objectives set in the strategic plans.

2. SCOPE

This policy shall cover the creation of a Continuous Quality Improvement (CQI) committee, its functions, composition and terms of appointment of members.

3. PROCEDURES

3.1 Creation of the CQI Committee

The CQI committee shall be formalized through a resolution approved and signed by theUniversity Board of Trustees.

3.2 Functions

Specific to the University:

- Shall assist the University in developing and implementing programs supporting continuous quality improvement efforts;
- Shall assist the QAA department in the preparation and coordination of quality reviewdocuments of local and/or international regulatory / accrediting agencies required forboth external and internal compliance inspections;
- Shall provide key inputs related to quality assurance and accreditation initiatives for and during external and internal regulatory compliance inspections; and,
- Shall actively participate in the conceptualization and implementation of policies andprocedures to increase organizational effectiveness and efficiency.

3.3 Specific to the College:

3.2.1 Shall serve as point person of the College during programme evaluation andaccreditation undertakings;

3.2.2 Shall liaise with the Quality Assurance and Accreditation Department for all college-specific requirements and programs for effective quality management system;

3.2.3 Shall coordinate college-specific quality improvement initiatives and implement thesemechanisms to ensure effectiveness of monitoring and evaluation;

3.2.4 Shall be responsible for maintaining continuing quality improvement

processes of their respective Colleges especially in the areas of curriculum, assessment and evaluation, and syllabi design;

3.2.5 Shall assist the Dean of the College in the preparation, conduct and reporting of Self-Evaluation Surveys (SESs) and Self-Evaluation Reports (SERs);

3.2.6 Shall serve as an evaluator/auditor during internal quality audits of all academic-related internal processes and procedures; and,

3.2.7 Shall attend the regular monthly CQI meeting and other special/emergency meetingsas scheduled.

3.2.2 Composition and Terms of Appointment

- The Committee shall be composed of a Chair, Co-chair and one representative fromeach of the Colleges.
- The Head of the Quality Assurance and Accreditation shall serve as the Chair and themembers shall select among themselves, the Co-chair.
- Each College shall deliberate among themselves as to who will serve as their representative and formally inform the QAAD of the name of the designated Faculty.

Each of the members shall initially serve a one-year term which may be renewed/extended/terminated upon the recommendation of the College Dean and approval of the VP of Academic Affairs. The College Dean shall inform in writing the Quality Assurance and Accreditation Department, of any appointment/renewal/extension/termination of appointment of the College's CQI representative.

Benchmarking

1. POLICY

The University ensures that high standards of performance in the areas of teaching and learning, research, community engagement, academic support services and associated administrative activities are maintained by conducting an evaluation of its performance in these areas through benchmarking activities against national and international peers or standards and best practices.

2. PURPOSE

The policy aims to ensure that the University's performance is comparable to national and international standards and best practices. It also serves as a mechanism to improve current provisions in both academic and non-academic departments. In addition, this policy aims to ensure that benchmark activities are conducted according to the prescribed process and procedure, and it supports continuous quality improvement and UTB's overall strategic plan.

3. SCOPE

The policy covers benchmarking activities undertaken by the University, faculty members, staff, and students in the areas of teaching, learning and assessment, research, community engagement or special projects.

4. RESPONSIBILITIES

Institutional Benchmarking Committee – responsible for conducting university-level benchmarking activity and in defining the set of criteria and benchmark areas.

College Benchmarking Committee - responsible for conducting college/ programme - level benchmarking activity and in defining the set of criteria and benchmark areas.

Course Review Committee – responsible for conducting course level benchmarking as per area define in the terms of reference

5. DEFINITION OF TERMS

Benchmarking- a means of comparing the University's performance or standards, or both relating to practices, strategies, policies and procedures, and processes, with

other similar universities.

University – refers to the University of Technology Bahrain College – refers to the degree-hosting unit of the university

6. PROCEDURES

1. Benchmarking Principle

Benchmarking is undertaken by the University to monitor its relative performance, identify gaps, seek new approaches to bring about improvements, set goals, establish priorities for change and resource allocation, and follow through to effect continuous improvement.

2. Benchmarking Procedure

A. Benchmarking activity shall ensure that:

1. The benchmarking activity considers the mission and vision of the University and thatof the college/unit;
2. The person/team should establish a benchmarking framework and a clear term of reference for the conduct of benchmarking;
3. The person/team develop and execute an action plan to satisfy this benchmarking policy;
4. For formal benchmarking activity that will involve external institution/s, an agreementshould be executed between the institutions with clear terms of reference such as thepurpose, responsibilities of the institutions, intellectual property, disclosure and confidentiality among others;
5. All benchmarking activities between partners including the results that will be generated shall be treated with utmost confidentiality and comply with the University rules and regulations of both institutions. Any exchange of information, publication or external communications needs prior approval from appropriate office.

B. Major activity includes:

1. Identification of areas for improvement
2. Gathering of appropriate information to enable comparison and to improveperformance. Comparison may be made against the following:
    - *Individual benchmarking peer or partner institution*
    - *Internationally accepted set of standards which may result to accreditation orcertification*
    - *Requisite units within the University*
    - *Historical performance data*
3. Identification and selection of proper benchmark institution

4.Conduct of benchmarking activity

5.Select benchmark indicators to quantify measures of achievement

6.Documentation and Reporting

7.Approval and Implementation of benchmark findings

a. For institution, by the University Council through the President of the University
b. For college, by the College Council through the Dean of the College
c. For course, by the programme Head where the course is offered

C. Periodicity of Benchmarking Activity

1. Institutional benchmarking is conducted to coincide with the strategic plan; every 3 years intended for midterm review and 5 years intended for full review
2. College benchmarking is conducted every 3-5 years to coincide with the programme review Course benchmarking is conducted every year to coincide with the annual course review

7. RELEVANT FORMS

Formal Benchmarking

Informal Benchmarking

8. DISTRIBUTION LIST

President

VP Administration & Finance

VP Academic Affairs

Director, Quality Assurance & Accreditation Department

Head, Planning and Development

Deans of Colleges

Heads of Department/Unit

Smoke-Free

1. POLICY

It is the policy of the University of Technology Bahrain to maintain a smoke-free environment across all university workplaces. All students, employees, and stakeholders are entitled to study and work in an environment that is free from exposure to tobacco smoke and related products.

2. PURPOSE

This policy establishes a smoke-free environment within university buildings to promote the health, safety, and comfort of all students, staff, faculty, and visitors, while providing designated outdoor areas for those who wish to smoke.

3. SCOPE

This policy applies to all individuals on university property, including students, employees, contractors, and visitors.

4. RESPONSIBILITIES

Dean of Student Affairs (DSA) – responsible for communicating, monitoring and enforcing this policy.

Head of Facilities Management – will ensure proper signage is installed and maintained.

University Security - is responsible for monitoring compliance and addressing violations.

5. DEFINITION OF TERMS

Smoking - the act of inhaling, exhaling, burning, or carrying any lighted or heated cigarettes, cigar, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, including electronic smoking devices (e.g., vapes or e-cigarettes).

University Buildings - any building in the university premises, including academic, administrative, residential, and recreational facilities.

Designated Smoking Area - an outdoor area that has been officially designated by the university and marked with signage where smoking is permitted in accordance with this policy.

Electronic Smoking Devices - devices that simulate smoking by producing an aerosol or vapor, including e-cigarettes, vape pens, or similar devices.

6. GUIDELINES

1. Smoking is strictly prohibited in all university common areas, including hallways, cafeterias, outdoor communal spaces, near entrances and exits, and parking lots.
2. The DSA is responsible for informing all students of this policy and for supporting its implementation and monitoring. While the HR should include discussion of this policy in its employee orientation.
3. University security guards should inform visitors of the smoke-free policy and ensure its enforcement within their respective areas of responsibility. Routine inspections will be conducted to ensure adherence to this policy.
4. Signages communicating the smoke-free policy will be clearly displayed across all university facilities. All university personnel will receive appropriate training and access to informational resources to support policy awareness and compliance.
5. Smoking is only allowed in designated outdoor smoking areas that are clearly marked.
6. The university website and strategically placed signage shall serve as primary channels for communicating the smoke-free policy.
7. Awareness efforts, including orientation and public announcements, will be implemented to reinforce the policy. Individuals found smoking in non-designated areas will be:
    - Visitors who fail to comply may be asked to leave the premises.

For Students:

- **First violation**: Verbal warning and formal reminder of the smoke-free policy.

- **Second violation**: Imposition of a BHD 20 monetary penalty and issuance of a written warning.
- **Third violation**: Imposition of a BHD 50 monetary penalty and referral for formal investigation by the Student Disciplinary Committee.
- **Fourth violation or severe non-compliance**: The student may be subject to suspension from the university, subject to the outcome of the disciplinary review process and in accordance with applicable university regulations.

For Employees:

- **First violation**: Issuance of a verbal warning.
- **Second violation**: Issuance of a written warning.
- **Third violation**: Suspension from duty for three (3) working days.
- **Fourth violation or severe non-compliance**: Dismissal from service, subject to due process and in accordance with applicable university regulations.

7. DISTRIBUTION LIST

Academic Council

Deanship of Student Affairs

Human Resource Department

Facilities Management Department



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