INTERNATIONAL ASSOCIATION OF PRIVATE UNIVERSITIES AND COLLEGES

Part Seven: IAPUC-IQA Accreditation Process Specification

IAPUC Internal Quality Assurance System Accreditation Process Specification

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Applicable Recipients: Global private universities, private colleges and private higher vocational education institutions applying for or maintaining IAPUC-IQA accreditation

Preface

This specification is a supporting operational document of the *IAPUC-IQA Accreditation Manual*, which specially stipulates the full accreditation process of the IAPUC Internal Quality Assurance System (IQA). Adhering to the core principles of "Rigor, Impartiality and Transparency", this specification integrates the best practices of mainstream international accreditation processes, and designs a full-cycle management procedure covering the entire process from application to post-accreditation supervision.

On the basis of Chapter 3 "Accreditation Process" of the *IAPUC-IQA Accreditation Manual*, this specification is refined and upgraded in accordance with the latest accreditation result classification framework (Provisional Accreditation, Accredited, Fully Accredited). It also clearly specifies the maximum number of on-site visits and the awarding criteria for all types of accreditation. All private institutions applying for accreditation, as well as review experts and committee members participating in the accreditation work, shall comply with this specification.

Chapter 1 General Provisions

Article 1 Purpose and Scope of Application

This specification aims to:

(1) Clarify the complete process of IAPUC-IQA accreditation and the operational requirements of each stage;

(2) Ensure procedural justice, sufficient evidence and transparent decision-making in the accreditation process;

(3) Provide applicant institutions with clear procedural guidelines and time expectations.

This specification applies to all private universities, private colleges and private higher vocational education institutions (hereinafter referred to as "Applicant Institutions") that submit accreditation applications to IAPUC, as well as all review experts and decision-making body members participating in accreditation work.

Article 2 Process Overview

The IAPUC-IQA accreditation process is divided into the following six stages:

Stage	Name	Core Tasks	Estimated Duration
Stage 1	Application and Eligibility Review	Submit application, complete preliminary	4–6 weeks

		eligibility review, obtain candidate qualification	
Stage 2	Self-Evaluation and Report Submission	Complete institutional self-evaluation, compile and submit the Self-Evaluation Report (SER)	6–12 months (self-paced by the institution)
Stage 3	Preliminary Review (Desk Review)	Peer Review Team (PRT) conducts desk review of SER and formulates preliminary issue list	4–8 weeks
Stage 4	On-Site Visit	Conduct on-site verification, interviews and facility inspections	3–5 days per visit, maximum three visits in total
Stage 5	Formal Review and Report Compilation	PRT compiles the Peer Review Report (PRR)	4–6 weeks
Stage 6	Accreditation Decision	Accreditation Decision Committee (ADC) determines the final accreditation level	4–8 weeks
—	Post-Accreditation Supervision	Annual report, mid-term review, major change report and re-accreditation	Full accreditation cycle

The entire initial accreditation process from application acceptance to final decision generally takes 12–18 months. The number of on-site visits depends on the institutional preparation status and review findings, with a maximum limit of three

times.

Chapter 2 Stage 1: Application and Eligibility Review

Article 3 Application Requirements

Institutions applying for IAPUC-IQA accreditation shall simultaneously meet the following requirements:

(1) Be a legally established and lawfully operated private university, private college or private higher vocational education institution;

(2) Possess official school-running licenses or equivalent qualification recognition issued by the competent educational authority of the country/region where it is located;

(3) Have completed at least one full student training cycle (from enrollment to graduation);

(4) Recognize and accept the constraints of IAPUC-IQA accreditation standards, process specifications and decision-making rules.

Article 4 Application Procedures

Submission of Application Form

The applicant institution shall formally submit the *IQA Accreditation Application Form* to the IAPUC Quality Accreditation Committee, including basic institutional information, school-running license certificates, discipline and major settings, and enrolled student scale.

Payment of Application Fee

The institution shall pay a one-time application fee upon submitting the application form, with the fee standard publicly announced on the official IAPUC website.

Preliminary Eligibility Review

The IQA Office shall complete the preliminary eligibility review within 4–6 weeks after receiving the complete application materials. The key review contents include: the legality and authenticity of school-running qualifications; compliance with the requirement of "at least one full training cycle"; and the completeness and standardization of application materials.

Issuance of Eligibility Confirmation Notice

Upon approval of the preliminary review, the IQA Office shall formally issue a *Candidate Qualification Confirmation Letter* to the applicant institution, which officially enters the self-evaluation stage. Institutions failing the preliminary review will receive a written notice specifying the reasons for rejection and the time limit for re-application.

Article 5 Application Withdrawal and Re-Application

Institutions may withdraw their accreditation application in writing at any time before entering the on-site visit stage, and the paid fees will not be refunded.

Institutions that have withdrawn their applications may re-submit applications after 12 months.

Institutions that have been denied accreditation may only re-submit applications 24 months after receiving the decision notice, and shall prove that they have implemented substantial rectification for previously identified problems.

Chapter 3 Stage 2: Self-Evaluation and Report Submission

Article 6 Self-Evaluation Requirements

Institutions with candidate qualification shall conduct comprehensive self-evaluation in accordance with the requirements of the*IAPUC-IQA Accreditation Manual* and *IAPUC-IQA Academic Certification Quality Standards Manual*:

Organizational Guarantee

The institution shall establish a leading group and a working group for accreditation self-evaluation, clarify division of responsibilities, and ensure the organized advancement of self-evaluation work.

Standard Comparison

The institution shall compare item by item with the eight IAPUC-IQA standard domains and academic quality standard clauses, objectively describe the current situation, identify existing problems and gaps, and propose targeted improvement measures.

Full Participation

The self-evaluation process shall cover major academic units and administrative departments of the institution, and fully solicit opinions from faculty, students, administrative staff and external stakeholders.

Evidence Collection

The institution shall systematically collect and sort out supporting evidence materials, including policy documents, institutional documents, operation records, data reports, and survey results.

Article 7 Self-Evaluation Report Compilation

Upon completion of self-evaluation, the institution shall compile the official *Self-Evaluation Report (SER)* in accordance with the framework specified in Appendix C of the *IAPUC-IQA Accreditation Manual*, and meet the following requirements:

1. The report shall be based on facts and data without empty and general descriptions;

2. The report shall include a "compliance statement" for each standard item, self-evaluation of compliance level, and corresponding evidence index;

3. The report shall identify institutional strengths, areas for improvement and corresponding improvement plans;

4. The total length of the report shall generally not exceed 150 pages (excluding appendices and evidence materials).

Article 8 Report Submission

The institution shall submit the self-evaluation report within 12 months after obtaining candidate qualification. In case of special circumstances requiring extension, the institution shall apply to the IQA Office in advance, with a maximum extension of 6 months.

The self-evaluation report shall be submitted in one electronic copy and one paper copy, and evidence materials may be provided via electronic media or online access.

The IQA Office shall conduct a formal review within 10 working days after receiving the self-evaluation report, and may return the report for revision and supplementation if there are major formal defects or missing information.

Chapter 4 Stage 3: Preliminary Review (Desk Review)

Article 9 Review Team Establishment

After accepting the self-evaluation report, the IQA Office shall select 3–5 experts from the IAPUC peer review expert database to form a Peer Review Team (PRT).

The selection of PRT members shall follow the following principles:

1. Discipline Matching: Experts’ disciplinary backgrounds correspond to the major

disciplinary fields of the applicant institution;

2. Regional Balance: Prioritize experts from different regions to avoid single regional perspective;

3. No Conflict of Interest: No employment relationship, cooperative relationship or other interest associations that may affect review impartiality with the applicant institution within the past five years;

4. Conflict Declaration: All appointed experts shall sign a *Conflict of Interest Statement* to truthfully declare their relationship with the applicant institution.

The IQA Office shall appoint one PRT Team Leader to coordinate overall review work and preside over on-site visits.

Article 10 Desk Review

Within 4–8 weeks after the establishment of the PRT, team members shall independently conduct desk review on the institutional self-evaluation report and supporting materials.

The key contents of desk review include:

1. Whether the self-evaluation report fully covers all accreditation standard items;

2. Whether self-evaluation conclusions are fully supported by sufficient evidence;

3. The rationality and feasibility of institutional identified gaps and improvement plans;

4. Preliminary identification of key issues and doubtful areas requiring on-site verification.

The PRT Team Leader shall summarize the desk review opinions of all experts to form the *Initial Review Issues List*, which serves as the core guideline for on-site visits.

The IQA Office shall send the *Initial Review Issues List* to the applicant institution within 10 working days after the completion of desk review, allowing the institution to make preliminary preparations.

Chapter 5 Stage 4: On-Site Visit

Article 11 Principles of On-Site Visit

The on-site visit is the core link of evidence verification and in-depth diagnosis in the IAPUC-IQA accreditation process. Its fundamental purposes are:

1. Verify the authenticity and accuracy of statements in the self-evaluation report;

2. Obtain independent evidence through direct observation and multi-party interviews;

3. Conduct in-depth diagnosis of institutional quality status and improvement space;

4. Provide solid on-site basis for accreditation decisions.

On-site visits follow the principles of evidence orientation, minimal intrusion and constructive feedback, and respect the normal school-running order of applicant institutions.

Article 12 Visit Times and Duration

The IAPUC-IQA accreditation process normally includes one on-site visit. Supplementary on-site visits may be conducted if the initial visit finds insufficient key evidence, unjudgable key areas, or the institution has implemented major rectification after the visit.

The total number of on-site visits (including the initial visit) shall not exceed three. Each supplementary visit shall be approved by the Accreditation Decision Committee (ADC), with clear specified purposes and scope.

A single on-site visit generally lasts 3–5 working days. The specific duration shall be determined by the PRT Team Leader according to institutional scale, number of disciplines and review needs, and notified to the institution in advance.

Article 13 Procedures of Initial On-Site Visit

Pre-Visit Coordination

The PRT Team Leader shall negotiate with the institutional accreditation liaison to confirm the visit date, which shall be notified to the institution at least 6 weeks in advance. The institution shall propose a detailed draft visit schedule for PRT review and confirmation.

Visit Contents

The initial on-site visit shall cover but not be limited to the following links:

1. Leadership Interviews: Understand institutional mission, strategic direction, governance structure and quality commitment;

2. Teaching Unit Visits: Sample visits to major faculties/disciplines to verify curriculum implementation, faculty status and learning outcome assessment;

3. Panel Discussions: Separate group discussions with faculty representatives, student representatives, administrative staff representatives, alumni and employer representatives;

4. Facility Inspections: On-site verification of classrooms, laboratories, libraries, information centers, student service centers and other key facilities;

5. Evidence Sampling Verification: Random sampling and verification of original documents and records in accordance with the self-evaluation report evidence index;

6. Classroom Observation: Attend classroom teaching, experimental guidance or academic activities as needed (with prior consent of instructors);

7. Daily Internal Summary: The PRT shall conduct daily internal summaries during the visit to sort out findings and doubtful points;

8. Pre-Departure Briefing: Before the end of the visit, the PRT Team Leader shall orally brief institutional senior leaders on preliminary visit impressions and key findings, which shall not constitute a formal accreditation conclusion.

Visit Discipline

1. Review experts shall not accept any gifts, banquets or additional hospitality arrangements from the applicant institution;

2. Review experts shall not make any promises or hints regarding accreditation results during the visit;

3. The applicant institution shall guarantee the independent work of review experts and shall not interfere with or obstruct information acquisition.

Article 14 Supplementary On-Site Visit

Triggering Conditions

A supplementary on-site visit may be initiated under any of the following circumstances:

1. The initial visit finds insufficient evidence in key standard areas and fails to reach a judgment;

2. The institution submits major rectification measures or new evidence after the initial visit requiring on-site verification;

3. The PRT has doubts about specific areas requiring targeted further investigation.

Approval Procedures

The PRT shall submit a *Supplementary On-Site Visit Application* to the ADC, specifying the necessity, specific purposes, scope and estimated duration of the supplementary visit. The ADC shall make an approval decision within 15 working days after receiving the application.

Visit Implementation

Supplementary visits may be conducted by the original PRT members or supplemented with specialized experts as needed. Supplementary visits shall be limited to the approved purposes and scope without arbitrary expansion. A single supplementary visit generally lasts 2–3 working days. Upon completion of the supplementary visit, the PRT shall update review findings and integrate them into the final peer review report.

Chapter 6 Stage 5: Formal Review and Report Compilation

Article 15 Peer Review Report Compilation

Within 4–6 weeks after completing all on-site visits (including supplementary visits), the PRT shall compile the official *Peer Review Report (PRR)*, which shall include the following contents:

1. Review Overview: PRT composition, visit date and schedule, review methods and information sources;

2. Item-by-Item Standard Evaluation: Item-by-item review findings, identified strengths, areas for improvement and evaluation conclusions ("Compliant", "Basically Compliant with Improvements Needed", "Non-Compliant") corresponding to the eight IAPUC-IQA standard domains;

3. Comprehensive Review Opinion: Overall institutional quality evaluation, prominent strengths and major challenges;

4. Accreditation Level Recommendation: The PRT proposes an accreditation level recommendation to the ADC, while the final decision right rests with the ADC;

5. Prioritized Improvement Recommendation List: Targeted improvement directions and priority suggestions.

All PRT members shall sign and confirm the review report. In case of minority opinion differences, both majority and minority opinions shall be truthfully reflected in the report.

Article 16 Review Report Feedback

Within 10 working days after receiving the peer review report, the IQA Office shall send the report (excluding the accreditation level recommendation section) to the applicant institution.

Within 30 working days after receiving the report, the applicant institution may submit a *Response to PRR* to the IQA Office, including:

1. Correction explanations for factual errors;

2. Different opinions on review findings with supporting reasons and evidence;

3. Completed or planned improvement measures for identified problems.

The institutional response shall serve as an important supplementary basis for ADC decision-making.

Chapter 7 Stage 6: Accreditation Decision

Article 17 Decision-Making Body and Principles

Accreditation decisions are independently made by the Accreditation Decision Committee (ADC). ADC members shall not include PRT members participating in the current case review.

The ADC shall conduct cross-verification decision-making based on three types of materials:

1. Institutional Self-Evaluation Report (SER);

2. Peer Review Report (PRR);

3. Institutional response to the peer review report.

Decisions shall be made by majority vote of the ADC, with a valid vote requiring a two-thirds majority of all members.

Article 18 Accreditation Result Levels

IAPUC-IQA accreditation results are divided into four levels with corresponding validity periods, definitions and awarding criteria as follows:

Level	Validity Period	Definition	Awarding Criteria
Fully Accredited	6 years	The institution performs excellently in all standard domains, with a mature and effective internal quality assurance system and a sound continuous improvement mechanism.	The institution meets at least the "Compliant" standard in all core domains with no "Non-Compliant" items.
Accredited	4 years	The overall institutional quality meets accreditation standards with sound performance in most standard domains, with minor areas requiring improvement and rectification within the validity period.	The institution basically meets the "Compliant" standard in all core domains with no serious "Non-Compliant" items, and has proposed feasible improvement plans for pending

			improvement areas.
Provisional Accreditation	2 years	The basic school-running conditions and quality framework meet requirements, but there are obvious deficiencies in several key areas requiring substantial rectification and follow-up review within 2 years.	The institution can prove basic capabilities and willingness to meet accreditation standards, with partial standard gaps that can be remedied within the time limit.
Denial of Accreditation	—	The institution fails to meet core IAPUC-IQA accreditation standards or engages in dishonest conduct during the accreditation process.	The institution has major "Non-Compliant" items in core standards or submits seriously falsified materials.

Level Progression Instructions:

Institutions with Provisional Accreditation may apply for upgrade to Accredited status after completing rectification and passing follow-up review within the validity period.

Institutions with Accredited status may apply for upgrade to Fully Accredited status after sustaining quality improvement and passing comprehensive re-review within the validity period.

Fully Accredited status is the highest level of the IAPUC-IQA accreditation system, representing institutional excellence in internal quality assurance.

Article 19 Decision-Making Procedures

The ADC Chair shall convene a decision-making meeting within 4–8 weeks after receiving all case documents.

The ADC shall review all case materials and may invite the PRT Team Leader to attend for explanation, who shall not participate in voting.

The ADC shall determine the final accreditation level by majority vote and issue a formal written decision notice to the applicant institution. Notices for Denial of Accreditation shall specify detailed reasons and appeal rights.

Information of institutions obtaining Provisional Accreditation, Accredited or Fully Accredited status (institutional name, accreditation level and validity period) shall be publicly disclosed on the official IAPUC website. Denial of Accreditation results will

not be disclosed without institutional consent.

Article 20 Result Release and Publicity

The IQA Office shall issue the official *Accreditation Decision Notice* to the applicant institution within 10 working days after the decision is made.

Accredited institutions will receive both electronic and paper accreditation certificates specifying the accreditation level, validity period and certificate number.

Institutions with Accredited or Fully Accredited status are entitled to use the official IAPUC-IQA accreditation logo in official documents, websites and promotional materials in compliance with the *IAPUC-IQA Accreditation Logo Usage Specification*.

Institutions with Provisional Accreditation shall mark the "Provisional Accreditation" status and validity period when using the accreditation logo.

Chapter 8 Post-Accreditation Supervision and Re-Accreditation

Article 21 Annual Quality Report

All accredited institutions (including Provisional, Accredited and Fully Accredited) shall submit an *Annual Quality Monitoring Report* to the IQA Office before the designated date each year, covering:

1. Major quality activities and improvement progress in the current year;

2. Changes in key school-running indicators (admission rate, graduation rate, employment rate, research outputs, etc.);

3. Rectification progress of improvement items identified in previous reviews;

4. Any major changes that may affect school-running quality.

The IQA Office shall review annual reports and may require supplementary explanations from institutions if abnormal conditions are identified.

Article 22 Major Change Report

Accredited institutions shall submit a written report to the IQA Office within 30 days after the occurrence of any of the following major changes:

1. Major changes in legal person or governance structure;

2. Institutional merger, division or new campus establishment;

3. Discontinuation of major disciplines or addition of new degree levels;

4. Major legal disputes, administrative penalties or financial crises;

5. Other changes that may significantly affect school-running quality.

The IQA Office shall determine whether a special review is required based on the nature and impact of the changes.

Article 23 Mid-Term Review

Institutions with Fully Accredited status shall undergo a simplified mid-term review at the end of the 3rd year of the validity period; institutions with Accredited status shall undergo a mid-term review at the end of the 2nd year of the validity period.

The mid-term review is based on the institutional submitted *Mid-Term Self-Evaluation Brief*, and the IQA Office may conduct remote or on-site follow-up visits as needed.

The core focus of mid-term review is to verify the implementation progress of previous rectification requirements and key institutional changes since the last review.

Institutions with Provisional Accreditation shall undergo a comprehensive follow-up review upon the expiration of the 2-year validity period to determine eligibility for upgrade to Accredited status.

Article 24 Comprehensive Re-Accreditation

Institutions shall submit a comprehensive re-accreditation application one year before the expiration of the current accreditation validity period.

Comprehensive re-accreditation adopts the same procedures and standards as initial accreditation, with appropriate adjustments to the focus of desk review and on-site visits based on historical annual reports and mid-term review records.

Institutions with sustained excellent quality records during the accreditation cycle may apply for simplified re-accreditation procedures (e.g., shortened on-site visit duration) with ADC approval, while review standards shall not be relaxed.

Chapter 9 Review Expert Management

Article 25 Expert Selection and Training

IAPUC establishes and dynamically maintains a peer review expert database. Registered experts shall meet the selection criteria specified in Chapter 4 of the *IAPUC-IQA Accreditation Manual*.

All registered experts shall complete IAPUC-organized accreditation training and pass assessment. Training contents include:

1. IAPUC-IQA accreditation standards and process specifications;

2. Evidence-oriented review methodology;

3. Cross-cultural communication and interview skills;

4. Conflict of interest management and professional ethics norms.

The expert database is dynamically updated every two years, with expert

performance evaluated and adjusted based on review participation and institutional feedback.

Article 26 Conflict of Interest Management

Review experts shall sign a *Case-Specific Conflict of Interest Statement* when appointed as PRT members for individual cases.

The following circumstances constitute mandatory recusal conflicts of interest:

1. Employment relationship with the applicant institution within the past five years;

2. Major cooperative relationship (joint research projects, consulting contracts, etc.) with the applicant institution within the past five years;

3. Kinship or close personal relationship with senior management of the applicant institution;

4. Competitive relationship with the applicant institution that may affect impartial review;

5. Other circumstances deemed by the IQA Office and ADC to affect review impartiality.

Experts shall immediately report and voluntarily recuse themselves from any newly identified potential conflict of interest during the review process.

Article 27 Expert Evaluation

IAPUC conducts regular performance evaluations of review experts based on the following dimensions:

1. Quality of peer review reports;

2. Professionalism and impartiality of the review process;

3. Evaluation feedback from applicant institutions;

4. Timeliness of review work completion.

Evaluation results serve as the basis for expert re-employment, recognition or database exit.

Chapter 10 Appeal and Arbitration

Article 28 Appeal Scope and Time Limit

Applicant institutions may submit written appeals to the Appeal and Arbitration Committee for the following matters:

1. Procedural violations in accreditation decision-making;

2. Major factual errors in peer review reports that have a substantive impact on accreditation decisions;

3. Undisclosed major conflicts of interest of review experts.

Appeals shall be submitted in writing within 30 working days after receiving the *Accreditation Decision Notice*.

Appeals against Denial of Accreditation decisions shall suspend the execution of the original decision pending the final ruling.

Article 29 Appeal Review and Ruling

Upon accepting an appeal, the Appeal and Arbitration Committee shall establish an independent review team separate from the original PRT and ADC.

The review team shall conduct independent investigations on appeal matters, with the right to access accreditation case files and require relevant personnel to provide explanations.

Within 60 working days after establishment, the review team shall submit a review report and ruling recommendations to the Appeal and Arbitration Committee.

The final ruling made by the Appeal and Arbitration Committee is final and non-appealable. Written notices of final rulings (upholding or revising the original decision) shall be issued to the applicant institution and filed in the accreditation archives.

Chapter 11 Supplementary Provisions

Article 30 Fee Instructions

The IAPUC-IQA accreditation fee structure is specified in Chapter 6 of the *IAPUC-IQA Accreditation Manual* and the official IAPUC website announcement. Actual additional costs incurred by supplementary on-site visits shall be borne by the applicant institution, with specific fee standards notified upon approval of supplementary visits.

Article 31 Confidentiality Obligation

All personnel participating in accreditation work (including review experts, committee members and IQA Office staff) shall bear confidentiality obligations for non-public institutional information obtained during the accreditation process.

The confidentiality obligation remains valid after the completion of accreditation work and shall not terminate with the end of employment or entrustment relationship.

The following information is not subject to confidentiality restrictions:

1. Names, accreditation levels and validity periods of accredited institutions;

2. Public information such as accreditation standards, procedures and decision-making rules;

3. Information required to be disclosed by laws and regulations.

Article 32 Specification Interpretation and Revision

This specification is interpreted by the IAPUC Quality Accreditation Committee.

IAPUC reserves the right to revise this specification according to the development of accreditation practices. Revised versions shall be released after approval by the IAPUC Council with a reasonable transition period.

Appendix A: Accreditation Process Timeline Diagram

Appendix B: Relationship with the *IAPUC-IQA Accreditation Manual*

This specification is a refined and upgraded version of Chapter 3 "Accreditation Process" of the *IAPUC-IQA Accreditation Manual*. The major revisions are as follows:

1. The accreditation result levels are optimized into four categories: Fully Accredited, Accredited, Provisional Accreditation and Denial of Accreditation, replacing the original five categories (Accredited, Conditional Accreditation, Observation Period,

Deferred Decision, Denial of Accreditation);

2. A maximum limit of three on-site visits is clearly stipulated;

3. Operational procedures, time limits and authority division of each stage are refined in detail;

4. Triggering conditions and approval mechanisms for supplementary on-site visits are added.

In case of inconsistencies between this specification and the *IAPUC-IQA Accreditation Manual* regarding process provisions, this specification shall prevail.

Document Approval

Role	Name/Position	Date
Compiled by	IAPUC Quality Accreditation Committee Process Standards Working Group	May 2026
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