Part XXXVI: IQA Self-Evaluation Report Preparation Guide

Document No.: IAPUC/IQA/SER-2026-001

Version: 1.0

Effective Date: Pending Official Release

Formulating Institution: IAPUC Quality Accreditation Committee, International Association of Private Universities and Colleges

Applicable Scope: All private higher education institutions applying for IQA accreditation or periodic re-accreditation, particularly members of institutional accreditation self-evaluation working groups and Quality Representatives.

Preface

The self-evaluation report is the starting point and foundation of IQA accreditation review. It is not only the formal document through which an institution presents the operation of its quality-assurance system to review experts, but also the central tool for systematic self-examination, diagnosis and improvement during accreditation preparation. A high-quality self-evaluation report should enable experts to form a clear initial understanding of the institution's quality profile during desk review and provide a focused roadmap for subsequent site-visit verification.

Self-evaluation is, however, a complex organizational undertaking. Within a limited period, an institution must mobilize every relevant unit, examine its strengths and weaknesses comprehensively against the accreditation standards, and strike an appropriate balance between candid reflection and confident presentation. The challenge is especially significant for first-time applicants.

This Guide is designed to help institutions, particularly first-time applicants, organize self-evaluation more effectively, understand the accreditation standards more accurately and prepare reports more consistently. Its central purpose is not to increase institutional burden, but to reduce the cost of trial and error, avoid common misconceptions and make self-evaluation a genuinely valuable journey of quality learning. The Guide creates no new accreditation requirements. All recommendations are advisory and may be adapted and used flexibly according to institutional circumstances.

Chapter I General Provisions

Article 1 Purpose of the Guide

This Guide is intended to:

(1) help institutions understand the positioning, value and core requirements of the IQA Self-Evaluation Report;

(2) provide a staged reference pathway and operational guidance for organizing and implementing self-evaluation;

(3) offer detailed prompts, evidence guidance and methods for identifying common gaps in each standards domain; and

(4) provide a report structure template and drafting standards that enhance professionalism and readability.

Article 2 Scope of Application

This Guide applies to:

(1) institutions applying for IQA accreditation for the first time;

(2) institutions approaching the expiry of their accreditation and preparing for comprehensive re-accreditation; and

(3) Quality Representatives and self-evaluation working-group members responsible for organizing institutional self-evaluation.

Every recommendation in this Guide is advisory and creates no additional accreditation requirement. Institutions may adapt their organizational arrangements and report content according to their size, disciplinary scope and level of accreditation readiness.

Article 3 Positioning of the Self-Evaluation Report

The Self-Evaluation Report is the institution's formal statement about itself within the IQA accreditation framework. Its central positioning is:

An evidence-based quality portrait of the institution, objectively presenting its current quality, strengths and weaknesses within the framework of its mission, together with its capacity and record of continual improvement.

The Self-Evaluation Report is not a "flawless" promotional brochure. Candidly identifying weaknesses and presenting improvement plans earns greater expert trust than avoiding problems. Nor is it a simple "standards checklist": item-by-item Yes/No responses cannot replace an in-depth explanation of how quality actually operates. Still less is it a "pile of data": listing data is not the same as analysing quality.

Article 4 Basic Principles of Self-Evaluation

Principle	Core Meaning
Objectivity and Candour	Use facts and data, neither exaggerating achievements nor avoiding weaknesses. Present identified gaps and challenges candidly, with improvement plans.
Evidence Support	Every statement of conformity with a standard must be supported by verifiable evidence that is traceable and reviewable.
Mission Alignment	The institution's own mission is the starting point and frame of reference. The central question is: how well are we performing within the framework of our mission?

Principle	Core Meaning
Institution-Wide Participation	Self-evaluation is not work for the quality-assurance unit alone. It requires broad participation by academic units, administrative departments and principal stakeholders.
Continual Improvement	The ultimate purpose is not merely to "pass accreditation," but to identify opportunities and advance quality through systematic self-examination.

Chapter II Organization and Implementation of Self-Evaluation

Article 5 Phases of Self-Evaluation

The work from launch through submission shall normally be divided into four phases:

Phase 1: Organization and Mobilization (1-2 months)

Principal tasks: establish the self-evaluation steering and working groups; study the standards; and prepare the work plan.

Key outputs: Self-Evaluation Work Plan, standards-study records and minutes of the institutional launch meeting.

Phase 2: Evidence Collection and Gap Analysis (3-6 months)

Principal tasks: systematically collect evidence relating to every standard; conduct gap analysis against IQA standards; and identify areas of strength and areas requiring improvement.

Key outputs: draft Evidence Index, Gap Analysis Report and list of priority improvement areas.

Phase 3: Improvement and Supplementation of Evidence (3-6 months)

Principal tasks: implement necessary improvements addressing weaknesses identified in the gap analysis, and supplement and update evidence.

Key outputs: improvement-implementation records, updated Evidence Index and principal improvement outcomes.

Phase 4: Report Drafting and Review (2-3 months)

Principal tasks: prepare the first draft; conduct internal review and revision; and complete the final report.

Key outputs: consultation draft, internal-review comments and revision record, and final Self-Evaluation Report.

Article 6 Organizational Structure for Self-Evaluation

The institution must establish the following bodies:

(1) Self-Evaluation Steering Group

The President or Vice-President responsible for academic quality shall chair the group, whose members shall include the Provost, principal school deans and heads of administrative departments. Its main duties are to approve the work plan and resource arrangements, coordinate participation across the institution, and review and approve the final report.

(2) Self-Evaluation Working Group

The Quality Representative shall chair the group, whose members shall include self-evaluation liaisons from each school and principal administrative department. Its main duties are to execute specific tasks, collect and organize evidence, conduct gap analysis and draft report chapters.

Institutions are advised to establish two or three subgroups by standards domain, each including at least one faculty member familiar with the field and one administrator. A multi-campus institution must ensure representation of every principal campus to preserve coverage and representativeness.

Article 7 Study and Understanding of the Standards

Before self-evaluation formally begins, all working-group members must complete systematic study of the IQA accreditation standards. At a minimum, the study shall cover:

- the founding philosophy and three pillars of IQA;

- the standards, evaluation points and evidence requirements in all eight domains;

- quality standards relevant to the institution's disciplines in the *IAPUC-IQA Academic Accreditation Quality Standards Manual*; and

- any supplementary standards or criteria applicable to the institution, such as distance-education standards or multi-campus criteria.

Article 8 Collection and Management of Evidence

Evidence is the foundation of the Self-Evaluation Report. The institution must establish a systematic method for collecting and managing it.

Identification: For each standard, identify evidence capable of demonstrating conformity. Effective evidence directly or indirectly demonstrates conformity, can be verified by an independent third party, is current enough to reflect present operation and comes from a reliable source.

Organization: Assign an index code to every item for report citation and expert verification. The recommended format is "standards-domain number - criterion

number - evidence sequence," for example S2-C1-E01 for "Standard 2 - Criterion 1 - Evidence 01."

Retention: Organize and retain evidence primarily in electronic form. Paper evidence may be scanned. Evidence folders shall be organized by standards domain, with each file name containing its code and a brief description.

Article 9 Gap-Analysis Method

The basic steps of gap analysis are:

1. understand the intent and evaluation points of each accreditation standard;

2. describe objectively the institution's current practice in the area;

3. compare current practice with the standard's expectations and identify gaps;

4. classify gaps and assess their severity; and

5. prepare an improvement plan for each gap.

Gap levels may be classified as: No Significant Gap, where practice is consistent with the standard; Minor Gap, where practice is broadly consistent but not yet fully systematic or mature; Moderate Gap, where a material difference requires focused improvement; and Significant Gap, where a systemic difference requires major corrective action.

Chapter III Guidance for Writing the Self-Evaluation by Standards Domain

Article 10 Standard 1: Mission, Strategy and Governance

Writing objective: Demonstrate clearly how the institution's mission drives strategic planning and how its governance structure assures fulfilment of that mission.

Understanding the standard: IQA does not require a mission statement in a particular format or a governance structure based on a standard template. It examines whether the mission genuinely permeates strategic decision-making, resource allocation and daily operations; whether governance responsibilities and authority are clear and effective; and whether the institution demonstrates conscious commitment to academic integrity and compliance.

Common evidence: a formal mission statement approved by the Board; the formal Strategic Plan and annual operating plans; constitutions or terms of reference for governing bodies such as the Board and Academic Council and their meeting minutes for the preceding two years; formal academic ethics and compliance policies; and methods and records of institution-wide communication of mission and strategy.

Common gaps: a mission statement that is merely formal and provides no guidance in planning or operations; incomplete governing-body minutes or records showing a lack of substantive discussion; academic-ethics policies not effectively communicated or supported by training; and strategic objectives not linked to budgets and performance indicators.

Writing points: Organize the discussion around "how mission is translated into action." Go beyond stating the mission and listing governance bodies to explain how mission is reflected in strategic objectives, budget allocation and quality priorities. Evaluate governance at both levels: rationality of structure and effectiveness of operation.

Article 11 Standard 2: Curriculum and Teaching

Writing objective: Present the philosophy, logical structure and quality-assurance mechanisms of the curriculum, demonstrating the regularity and effectiveness of teaching delivery.

Understanding the standard: IQA asks whether curriculum design has a clear theoretical basis, whether it aligns logically with mission and educational objectives, and whether curriculum management and teaching-quality assurance operate systematically.

Common evidence: explanation of the curriculum-design philosophy and logical chain; curriculum maps or structural diagrams; programme specifications and representative course syllabi; curriculum-review policy and review records for the preceding two years; teaching-observation and peer-review systems and records; methods of collecting student teaching feedback and analytical reports; and explanations of educational-technology use with related training records.

Common gaps: no clear curriculum-design philosophy or weak connection to mission; inadequate translation of programme-level learning outcomes into courses; a curriculum-review mechanism that is irregular or does not cover all programmes; and an incomplete student-feedback loop in which results are not used systematically for improvement.

Writing points: Present both design logic and operational evidence. Explain clearly how the curriculum responds to mission and educational objectives, using curriculum maps or logic-chain diagrams where useful. Demonstrate operation through specific examples of curriculum review and teaching improvement.

Article 12 Standard 3: Faculty

Writing objective: Demonstrate how faculty size, structure, qualifications and development mechanisms support the institution's academic mission and educational objectives.

Understanding the standard: IQA does not impose a uniform measure such as a "minimum percentage of doctorates." It requires institutions to establish appropriate

faculty categories, qualification standards and evaluation mechanisms according to their position and disciplinary characteristics. Appropriate structures differ among institutional and disciplinary types: expectations for scholarly output necessarily differ between teaching-oriented institutions and research-intensive universities.

Common evidence: faculty roster including degrees, academic titles and appointment types; faculty categorization and appointment standards; qualification-review records for faculty hired during the preceding two years; faculty performance-evaluation policy and records; faculty-development plan and annual training records; new-faculty orientation policy; and documents safeguarding faculty participation in academic governance.

Common gaps: missing formal teaching-qualification review records for some adjunct or practitioner faculty; perfunctory performance evaluation without meaningful connection to professional development; and faculty-development plans that remain on paper while actual training lacks a systematic or targeted approach.

Writing points: Present the full qualifications profile and the dynamics of development. A faculty-structure overview table may show category proportions and course distribution. Provide specific examples of new-faculty orientation and differentiated development. Present management challenges honestly, such as adjunct oversight or recruitment difficulty in particular disciplines, together with response strategies.

Article 13 Standard 4: Assessment of Student Learning Outcomes

Writing objective: Demonstrate how the institution systematically defines, assesses and improves student learning outcomes, and show that educational objectives are being achieved effectively.

Understanding the standard: The central principle is Outcomes Orientation. Quality evaluation focuses not on what the institution has "put in," but on what students have learned and can do. IQA examines whether the institution has a systematic Assurance of Learning (AoL) system, uses diverse assessment instruments and systematically applies results to continual curriculum and teaching improvement. The sophistication of the system should match institutional size and disciplinary characteristics: a small institution's system may be simple, but it must be complete.

Common evidence: programme learning outcomes (PLOs) for each degree programme; matrices mapping learning outcomes to educational objectives and courses; samples of direct and indirect assessment instruments, including rubrics; data-collection and analysis reports for the preceding 2-3 years; and specific examples where assessment results led to curriculum or teaching improvement, thereby closing the loop.

Common gaps: learning outcomes that are too broad, unmeasurable or difficult to assess; insufficient direct assessment and excessive reliance on student self-report

or satisfaction surveys; data collected but not systematically analysed, or findings not applied effectively to improvement; and degree programmes without a complete AoL system.

Writing points: This is a central and challenging area of IQA review and warrants substantial coverage. Select a representative programme to demonstrate the full AoL process: definition of outcomes -> assessment instruments -> data collection -> analytical findings -> improvement actions -> re-assessment and verification. This demonstrates that the institution both understands and applies closed-loop assessment.

Article 14 Standard 5: Research and Innovation

Writing objective: Present research and innovation activities, and their actual contributions, in a manner aligned with institutional mission and resources.

Understanding the standard: IQA defines research quality pluralistically. It does not impose a single measure such as number of peer-reviewed publications, but requires an institution to define valuable research according to its position and demonstrate academic contribution accordingly. A teaching-oriented institution may focus on teaching innovation and applied research; a research-intensive university must demonstrate broader contributions to academic knowledge.

Common evidence: research strategy defining position and expectations; summary of faculty scholarly contributions over the preceding five years; detailed descriptions and impact evidence for representative contributions, including citations, policy adoption and professional application; documents establishing the research-ethics review committee and records of its operation; and academic-integrity policies and training records.

Common gaps: research-output expectations for teaching faculty that do not match their duties or resources, or unclear support and management for research faculty; overly narrow criteria that overlook applied and pedagogical research; and missing or inadequate research-ethics review, particularly for research involving human participants.

Writing points: State the institution's own position on research before presenting aligned scholarly contributions. For applied or pedagogical research, emphasize actual impact on professional practice or classroom teaching. A research-oriented institution may use the pluralistic framework of scholarly contributions in Standard A-R2 of the *IAPUC-IQA Academic Accreditation Quality Standards Manual*.

Article 15 Standard 6: Resources and Support Systems

Writing objective: Demonstrate that the institution possesses the physical, technological and human-support resources necessary to achieve educational objectives and fulfil its mission.

Understanding the standard: IQA focuses on adequacy and sustainability: whether resources and services meet teaching needs across disciplines and degree levels, and whether allocation is transparent and equitable. Institutions of different sizes may use different allocation models, but resources must sustainably support the stated mission.

Common evidence: teaching-facility inventory and capacity descriptions; annual library and information-resource statistics; inventory of student-support services, including academic advising, mental health and career development; annual financial reports or audit-opinion summaries; financial-sustainability analysis; and descriptions of the learning-management system and information infrastructure.

Common gaps: outdated specialist laboratory or practical equipment in certain disciplines; unstable access to electronic library resources or inadequate disciplinary coverage; mental-health service capacity that does not match demand; and insufficient financial transparency or failure to report financial information periodically to internal governing bodies.

Writing points: Diagrams and tables may be used appropriately to present evidence on resources. Financial-sustainability discussion need not disclose commercially sensitive details, but should provide basic evidence of continued operational capacity and sound financial management.

Article 16 Standard 7: Social Responsibility and Impact

Writing objective: Demonstrate how the institution embeds social responsibility in its educational identity and creates positive social impact through its activities.

Understanding the standard: Institutional social responsibility is not an add-on charitable project or peripheral activity, but a conscious commitment and practice embedded in teaching, research and service. Institutions with different missions may discharge this responsibility differently. A health-sciences institution's contribution to community health and an arts institution's contribution to community culture differ but are equally valuable.

Common evidence: social-responsibility strategy or policy; records of implementation and outcomes of community-engagement projects; evidence of sustainability activities or policies; and diversity and inclusion policies together with implementation data for admissions and hiring.

Common gaps: social responsibility remaining at the level of policy statements without concrete activity or verified outcomes; superficial community engagement with no deep connection to teaching and research; and diversity indicators not tracked systematically.

Writing points: Organize the section around "what verifiable positive impact has the institution made on society?" Demonstrate depth of practice using specific cases and

outcome data. Community-engagement cases should preferably show a connection to core academic functions.

Article 17 Standard 8: Continual Improvement Mechanisms

Writing objective: Demonstrate that the institution has established systematic, comprehensive internal quality-assurance and continual-improvement mechanisms and can show that improvement actions have produced substantive positive effects.

Understanding the standard: This is the most integrative of the eight domains. IQA does not merely ask whether a quality-assurance unit exists. It evaluates whether the institution has developed an organizational capacity to identify problems -> diagnose root causes -> implement improvements -> verify effects -> institutionalize successful change. That capacity should cover teaching, curriculum, assessment, services and other areas.

Common evidence: internal quality-assurance structure and membership list; quality-review plans and implementation records for the preceding two years; analytical reports on key institutional indicators; cases of improvement decisions driven by data analysis; records of stakeholder participation in quality assurance; and at least 2-3 complete PDCA improvement-loop cases.

Common gaps: a quality-assurance body that exists but operates unsystematically, with irregular reviews or incomplete coverage; an incomplete improvement loop, with inspection and findings but no verification or institutionalization of subsequent action; and insufficient stakeholder participation, especially by students and external stakeholders.

Writing points: Treat this domain as an integrated presentation drawing together quality-improvement examples from earlier domains to portray the institution's complete improvement mechanism. Focus on 2-3 complete cases showing actual PDCA operation from issue identification through intervention, verification and institutionalization. Also demonstrate how data-driven decision-making and diverse stakeholder participation provide organizational support for improvement.

Chapter IV Standards for Preparing the Self-Evaluation Report

Article 18 Report Structure

The IQA Self-Evaluation Report shall use the following standard structure:

Part I: Institutional Profile and Accreditation Background (approximately 10-15 pages)

- mission, history and basic institutional profile;

- organization and process of accreditation preparation; and

- overview of self-evaluation and scope of participation.

Part II: Statements of Conformity with Standards (approximately 60-80 pages)

Address the eight domains individually, using one chapter for each. Every chapter shall include:

- an introduction summarizing the institution's overall philosophy and practices in the domain;

- item-by-item conformity statements describing current practice -> citing the Evidence Index -> self-assessing conformity -> identifying weaknesses -> proposing improvement plans; and

- a chapter summary of principal strengths and areas for improvement.

Part III: Integrated Self-Evaluation Conclusion (approximately 5-8 pages)

- summary of strengths in overall institutional quality;

- cross-standard common challenges identified; and

- overall plan and priority areas for future quality enhancement.

Part IV: Index of Supporting Materials

- complete list and coding of all evidence; and

- supplementary explanations and glossary of abbreviations.

Article 19 Self-Assessment Levels

The following levels shall be used for each standard item:

Level	Meaning
Conforms	Institutional practice meets or exceeds the standard's expectations.
Substantially Conforms; Improvement Needed	Practice is broadly consistent with the standard, but systematic operation or maturity can be improved.
Partly Conforms; Improvement in Progress	Identified gaps are being addressed through improvement action.
Does Not Conform	A significant gap exists and the institution has not yet taken effective improvement action.

Every assessment of "Partly Conforms" or "Does Not Conform" must include improvement measures already taken or planned.

Article 20 Report Format

The report shall use a professional, concise layout with consistent formatting across body text, figures, tables and appendices. Chinese body text shall use a regular 12 pt serif typeface, with no more than three heading levels. Figures and tables shall be numbered consecutively by chapter, such as Figure 1-1 and Table 2-3, and include titles and data-source notes. Appendices shall explain statistical definitions and abbreviations. A list of abbreviations may precede the body if the report is long. The electronic report should normally be submitted as a PDF so that the integrity of evidence can be reviewed.

Article 21 Common Misconceptions and How to Avoid Them

Misconception 1: Piling up evidence without analysis. Build a bridge between extensive evidence and clear analysis. Every item shown must be accompanied by an explanation of how it demonstrates conformity.

Misconception 2: A perfect narrative without self-criticism. IQA expects candid self-examination. A clear statement of identified weaknesses with an improvement plan earns more trust than avoidance or embellishment.

Misconception 3: Imbalanced structure and misplaced emphasis. The distribution of report length should reflect the importance of standards. Standard 4, Assessment of Student Learning Outcomes, and Standard 8, Continual Improvement, are the two central lines of accreditation review and require sufficient content and evidence. A common imbalance is excessive attention to institutional history and facility inventories with thin treatment of these two domains.

Misconception 4: Superficial reference to mission. Do not mention mission only in the preface and fail to return to it. Mission should run through the report, with each domain showing where appropriate how the mission is expressed.

Chapter V Work After Completion of Self-Evaluation

Article 22 Internal Review

After the first draft is completed, the institution must conduct an internal review by persons not directly involved in drafting. Using the IQA standards, reviewers shall check whether the self-evaluation of each item is complete, evidence is sufficient and the assessment level is appropriate. Review may include peer review among colleagues from different units and final review by senior leadership.

Article 23 Confirmation Before Submission

Before submission, the President shall sign a *Confirmation of the Truthfulness and Completeness of the Self-Evaluation Report*, declaring that to the best of the signatory's knowledge and belief, the report is true, accurate and complete. The Confirmation shall be submitted as the first page of the report.

Article 24 Preparation After Submission

After submission, while awaiting review, the institution may continue advancing improvement plans identified through self-evaluation and document progress; organize evidence that may need to be presented during the site visit; and make organizational preparations for the review team's visit.

Chapter VI Supplementary Provisions

Article 25 Relationship with Other Regulatory Documents

Document	Relationship with This Guide
IAPUC-IQA Accreditation Manual	This Guide operationalizes the Manual's framework requirements for self-evaluation reports.
IAPUC-IQA Academic Accreditation Quality Standards Manual	Guidance for each standards domain is based on the detailed standards in that Manual.
Accredited Institution Capacity-Building and Development Guidelines	This Guide complements the services provided during accreditation preparation under those Guidelines.
IQA Site Visit Operations Manual	The Self-Evaluation Report is the desk-review basis for the site visit; the two documents connect successive stages of the review evidence chain.

Article 26 Interpretation and Amendment

(1) This Guide shall be interpreted by the IAPUC Quality Accreditation Committee.

(2) Any amendment must be approved by the IAPUC Board of Directors. The IQA Office shall review and improve the Guide periodically in light of institutional feedback and review practice.

Article 27 Entry into Force

This Guide shall enter into force on the date of approval by the IAPUC Board of Directors.

Appendix A: Self-Evaluation Work Plan Template

The template shall include self-evaluation phase; start and end dates; principal tasks; responsible unit or person; expected outputs; and completion-status tracking.

Appendix B: Evidence Index Template

Evidence Code	Standard Item	Evidence Name and Description	Evidence Type	Storage Location / Access Method	Notes
S1-M1-E01	Standard 1, Item 1.1	Board-approved Mission Statement (2024 edition)	Formal document	Evidence Folder / Standard 1 / S1-M1-E01.pdf	

Appendix C: Gap Analysis and Improvement Plan Template

Standard Item	Current Practice	Gap Level	Gap Description	Improvement Measure	Responsible Person and Timetable	Status
Standard 4, Item 4.1	...	Moderate	...	...	...	In Progress

Document Approval

Role	Name/Position	Date
Drafted by	IAPUC Quality Accreditation Committee, Institutional Guidance Working Group	May 2026

Role	Name/Position	Date
Reviewed by	IAPUC Quality Accreditation Committee	Pending
Approved by	IAPUC Board of Directors	Pending

Copyright Statement