TWAEA

Program-level International Accreditation

Applicant Institution Handbook

2026

Quality Assurance | Global Engagement | Academic Excellence

Table of Contents

Chapter 1. Introduction

1.1 Purpose of Program-level Accreditation

The **Taiwan Assessment and Evaluation Association (TWAEA)** is a higher education quality assurance agency in Taiwan dedicated to promoting quality enhancement, accreditation, institutional development, and international cooperation in higher education. Building on its experience in external quality assurance and international collaboration, TWAEA established the **TWAEA Program-level International Accreditation (T-PIA)** framework to support the quality enhancement, international credibility, and continuous development of academic programs.

T-PIA aims to promote academic excellence, continuous quality enhancement, and international collaboration in higher education through a rigorous and evidence-based external quality assurance process. The accreditation framework is designed to evaluate the quality, effectiveness, and sustainability of academic programs offered by higher education institutions, while recognizing the diversity of institutional missions, disciplinary contexts, and national higher education systems.

Through collaboration between TWAEA and participating quality assurance agencies, the accreditation process provides an internationally informed peer-review mechanism that enables programs to:

- Demonstrate the quality and effectiveness of their educational provision;
- Strengthen outcome-based curriculum design and student learning achievement;
- Enhance responsiveness to societal needs, professional developments, and global trends;
- Promote continuous improvement through systematic self-assessment and external review;
- Increase international visibility, credibility, and stakeholder confidence.

The T-PIA accreditation framework is intended not only as a mechanism for quality assurance, but also as a developmental process that supports innovation, reflection, and long-term program enhancement.

1.2 Scope and Applicability

This Handbook applies to degree-granting programs offered by higher education institutions that seek recognition under the T-PIA accreditation framework. It is intended to serve as a practical guide for:

- Program leaders and coordinators;
- Faculty members and curriculum committees;
- Program-level quality assurance units;
- Administrative offices supporting teaching, learning, assessment, and student services;
- Internal and external stakeholders involved in program development, review, and enhancement.

The T-PIA Accreditation Standards are discipline-neutral and are designed to accommodate academic programs across diverse fields, including the humanities, social sciences, natural sciences, engineering, business, health sciences, and interdisciplinary domains.

Programs may apply for T-PIA accreditation individually or as part of a phased institutional strategy to enhance program quality and strengthen international credibility.

1.3 Benefits of Accreditation

Participation in T-PIA accreditation offers significant benefits for academic programs, institutions, students, and external stakeholders.

A. For Academic Programs

- Recognition against internationally benchmarked accreditation standards;
- Validation of educational quality and program effectiveness;
- Enhanced capacity for evidence-based planning and decision-making;
- Stronger alignment between curriculum, teaching, assessment, and learning outcomes;
- Increased international visibility, credibility, and stakeholder confidence.

B. For Institutions

- Strengthened internal quality assurance systems;
- Support for strategic planning and program development;
- Opportunities for international collaboration and benchmarking;
- Demonstration of institutional commitment to quality and accountability.

C. For Students

- Assurance of educational quality and academic standards;
- Improved learning experiences and student support mechanisms;
- Enhanced employability and readiness for professional practice or further study;
- Greater confidence in the value and recognition of their qualifications.

D. For Employers and Society

- Increased confidence in graduate competencies and program quality;
- Opportunities for engagement in curriculum development and program improvement;
- Enhanced alignment between higher education and workforce needs;
- Contribution to sustainable social, economic, and educational development.

1.4 Accreditation Principles

The T-PIA accreditation framework is guided by the following principles:

A. Academic Quality and Continuous Improvement

Accreditation promotes a culture of quality enhancement through systematic self-assessment, external review, evidence-based decision-making, and continuous improvement.

B. Outcome-Based and Student-Centered Education

Programs are expected to define clear Program Learning Outcomes (PLOs), align curriculum and assessment practices with those outcomes, and support meaningful student learning and achievement.

C. Evidence-Based Evaluation

Accreditation judgments are based on verifiable evidence, including quantitative data, qualitative information, stakeholder feedback, and documented outcomes.

D. International Peer Review

The accreditation process incorporates perspectives from multiple countries and quality assurance systems through the participation of international reviewers and partner agencies.

E. Transparency and Accountability

Programs are expected to demonstrate openness, integrity, and accountability in their operations, educational quality, and public communication.

F. Respect for Diversity and Institutional Context

The accreditation framework recognizes the diversity of higher education institutions, academic disciplines, national systems, and educational missions.

G. Sustainability and Future Readiness

Programs are encouraged to respond proactively to emerging challenges and opportunities, including digital transformation, artificial intelligence, sustainability, globalization, and evolving societal needs.

1.5 Accreditation Fees and Payment Policy

TWAEA charges an accreditation fee to cover accreditation-related administrative services provided by the Secretariat, as well as honoraria for Review Team members and other related accreditation arrangements.

Accreditation fees paid by the Applicant Institution shall not be refundable once the accreditation application has been formally accepted by TWAEA. This applies including in cases where the Applicant Institution withdraws its application or where the accreditation process is terminated prior to completion.

Additional costs related to the site visit, including travel, accommodation, local transportation, and meals, are described in **Section 5.3 Site Visit Logistics and Cost Arrangements**.

Chapter 2. Accreditation Structure and Process

2.1 Accreditation Structure

The T-PIA accreditation framework is a collaborative structure linking TWAEA, participating quality assurance agencies, the joint review mechanism, and the applicant institution. It combines international peer review, independent evaluation, and collective deliberation to ensure fairness, transparency, and professional rigor throughout the accreditation process.

The structure consists of four principal components:

A. TWAEA

TWAEA serves as the coordinating body responsible for the overall administration and communication of the accreditation process. Its responsibilities include:

- Receiving and processing accreditation applications;
- Coordinating participating agencies and accreditation activities;
- Appointing Review Team and International Accreditation Committee members;
- Organizing reviewer orientation and briefing sessions;
- Managing accreditation documentation, communication, and procedural arrangements;
- Notifying applicant institutions of accreditation results;
- Issuing accreditation certificates and authorizing the use of the corresponding accreditation mark.

B. Participating Quality Assurance Agencies

Participating quality assurance agencies are recognized quality assurance organizations, accreditation bodies, or other organizations engaged in higher education quality assurance that collaborate with TWAEA in the planning, implementation, and continuous enhancement of the T-PIA framework.

Participating agencies may contribute to the accreditation process by:

- Nominating members of the Review Team and the International Accreditation Committee;
- Supporting the development and continuous enhancement of the T-PIA framework;
- Providing professional expertise and external input;
- Supporting international cooperation, capacity building, and the sharing of good practices in higher education quality assurance;
- Performing other functions related to T-PIA accreditation as mutually agreed upon by the participating agencies and TWAEA.

Through this collaborative approach, T-PIA incorporates diverse international perspectives while maintaining consistency, fairness, transparency, and academic rigor throughout the accreditation process.

C. Joint Review Mechanism

The joint review mechanism consists of the Review Team and the International Accreditation Committee. Together, these two bodies ensure that accreditation reviews are conducted through evidence-based evaluation, international peer review, and collective professional deliberation.

Review Team

The Review Team is responsible for conducting the document review, site visit, and preparation of the accreditation report. It evaluates the applicant program against the T-PIA Accreditation Standards and provides a recommended accreditation result for consideration by the International Accreditation Committee.

The Review Team normally consists of three (3) to four (4) members. Members are nominated by TWAEA and participating quality assurance agencies in accordance with T-PIA regulations. Where appropriate, the Review Team should include at least one reviewer from the country or higher education system of the Applicant Institution.

In forming the Review Team, consideration should be given to the nature of the applicant program, its degree level, disciplinary characteristics, professional requirements, curriculum and learning outcomes, and the overall scope of the accreditation review. The responsibilities of the Review Team include:

- Reviewing the Self-Assessment Report (SAR) and supporting evidence;
- Evaluating program performance against the T-PIA Accreditation Standards;
- Conducting the site visit;
- Verifying, clarifying, and supplementing evidence through interviews, observations, and document review;
- Preparing the accreditation report;
- Recommending an accreditation result for consideration by the International Accreditation Committee.

All Review Team members are required to:

- Maintain impartiality and professional integrity;
- Declare any actual, potential, or perceived conflicts of interest;
- Preserve the confidentiality of all accreditation-related information;
- Use information obtained during the review solely for accreditation purposes.

International Accreditation Committee

The International Accreditation Committee serves as the deliberative body responsible for reviewing the final accreditation report and confirming and endorsing accreditation results.

Committee members are expected to exercise independent professional judgment and comply with applicable ethical and conflict-of-interest requirements. The Committee confirms accreditation results through deliberation and approval, based on the final accreditation report submitted by the Review Team.

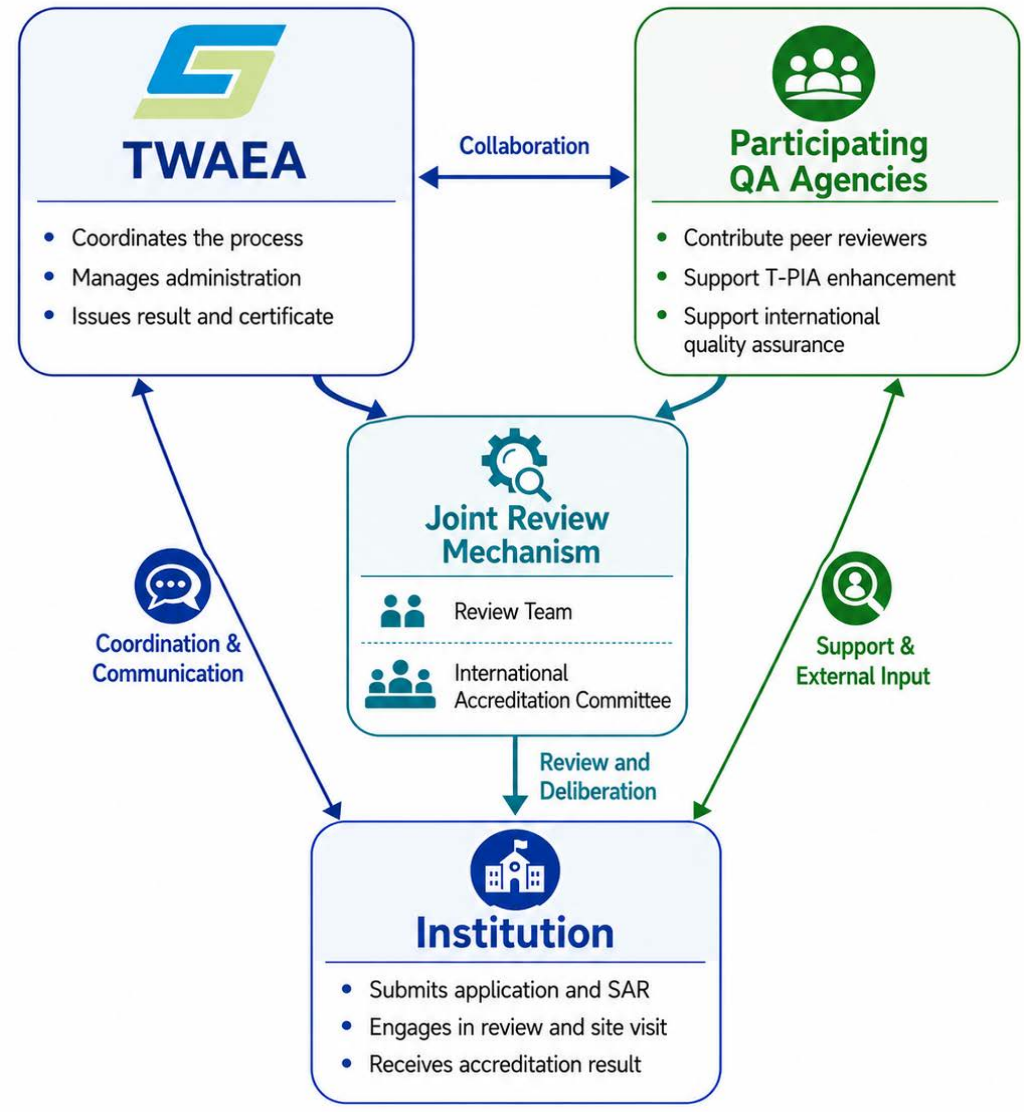
D. Applicant Institution

The applicant institution is the higher education institution seeking T-PIA accreditation for one or more academic programs. It plays an active role throughout the accreditation process by preparing the required documentation, engaging in the review process, and using the results for continuous quality enhancement.

The applicant institution is responsible for:

- Submitting the accreditation application and required program information;
- Preparing the Self-Assessment Report (SAR) and supporting evidence in relation to the T-PIA Accreditation Standards;
- Providing accurate, complete, and accessible documentation for review;
- Participating in the review and site visit process;
- Arranging meetings with relevant stakeholders, including institutional leaders, program leaders, faculty members, students, alumni, employers, and external partners, as appropriate;
- Responding to factual matters in the draft accreditation report within the specified period;
- Using the accreditation results and recommendations to support program improvement and long-term development.

Upon completion of the accreditation process, the Applicant Institution receives formal notification of the accreditation result. Programs granted Accredited status will receive a Certificate of Accreditation and use the corresponding accreditation mark in accordance with T-PIA regulations and guidelines.



[Figure 1] T-PIA Accreditation Structure

2.2 Accreditation Schedule Planning

The accreditation schedule is developed in consultation with the Applicant Institution. While the actual timeline may vary depending on institutional readiness, program complexity, academic calendars, internal approval procedures, and the scope of accreditation, a typical T-PIA accreditation cycle is designed to take approximately twelve (12) months from application to the notification of accreditation results.

Institutions are encouraged to consult with TWAEA at an early stage to develop an accreditation schedule that aligns with institutional planning, internal approval procedures, academic calendars, and the desired timeline for receiving accreditation results.

The accreditation process generally includes initial consultation and submission of application, acceptance of the application and administrative arrangements, preparation and submission of the SAR and supporting evidence, document review, clarification and site visit, institutional response, finalization of the accreditation report, and formal notification of the accreditation result.

The accreditation process is intended not only to evaluate program quality, but also to facilitate institutional reflection, constructive dialogue, and continuous improvement throughout the review cycle.

2.3 Accreditation Process

T-PIA accreditation is a developmental and evidence-based quality assurance process designed to support program improvement while providing external recognition of academic quality. The accreditation process normally consists of ten phases:

[Figure 2] T-PIA Accreditation Process

A typical cycle is designed to take approximately twelve (12) months, although the actual duration may vary depending on institutional readiness and accreditation scope.

A. Application

The application stage formally initiates the T-PIA accreditation process and confirms the institution's intention to have the applicant program reviewed through an external quality assurance process with an international perspective.

Documents Required

The Applicant Institution shall submit:

- Application Form;
- Applicant Program Information Sheet;
- Accreditation Fee Payment Information, where applicable;
- Any additional information requested by TWAEA.

Key Considerations

- The applicant program must be duly established and recognized in accordance with the laws and regulations of the country in which the institution is located.
- The program should ensure consistency among published information, approved curriculum documents, and actual course delivery.
- The institution should ensure that sufficient evidence and documentation are available before proceeding with the accreditation process.
- Early consultation with TWAEA is strongly encouraged to confirm the accreditation scope, schedule, and application requirements.

Expected Outcome

TWAEA confirms the application scope and develops a preliminary accreditation schedule in consultation with the Applicant Institution.

B. Self-Assessment Report (SAR)

The Self-Assessment Report (SAR) is the primary document used throughout the accreditation process. It enables the program to conduct a systematic self-review and demonstrate how it addresses the T-PIA Accreditation Standards.

Documents Required

The Applicant Institution shall submit:

- Self-Assessment Report (SAR);
- Supporting evidence and relevant documentation;
- Any additional documentation specified by TWAEA.

Key Considerations

- The SAR should focus on effectiveness, outcomes, and impact, rather than merely describing activities, policies, or procedures.
- The SAR should address academic rigor, assessment fairness, faculty capacity, learning resources, student support, and the monitoring of achievement gaps where appropriate.

Expected Outcome

Submission of a complete SAR package for review by the Review Team.

C. Document Review

The document review enables the Review Team to evaluate the SAR and supporting evidence before the site visit and to identify issues requiring clarification or further verification.

Review Activities

The Review Team will:

- Review the SAR and supporting evidence;
- Evaluate the program against the T-PIA Accreditation Standards;
- Identify strengths, concerns, and information gaps;
- Identify matters requiring clarification;
- Prepare preliminary review observations and questions for the site visit.

Key Considerations

The Review Team may request additional information or clarification where the submitted evidence is incomplete, unclear, or requires further verification.

Expected Outcome

Preparation of preliminary findings and clarification issues to support the next stage of the review process.

D. Clarification Requests

Clarification requests allow the Review Team to obtain additional information before the site visit and to ensure that key issues identified during document review are properly understood.

Clarification Activities

TWAEA may compile and forward clarification requests from the Review Team to the Applicant Institution. The institution may be asked to provide:

- Additional documents;
- Explanations of policies, procedures, or data;
- Updated statistical information;
- Evidence supporting statements made in the SAR;
- Responses to specific questions raised by the Review Team.

Key Considerations

- The clarification process is intended to support a more focused and effective site visit.
- It should not be treated as an opportunity to substantially rewrite the SAR or introduce unrelated new materials.

Expected Outcome

Submission of clarification responses and additional evidence, where applicable, to assist the Review Team in preparing for the site visit.

E. Site Visit

The site visit enables the Review Team to verify, clarify, and supplement the information provided in the SAR and to gain a deeper understanding of program operations, learning environments, stakeholder engagement, and quality assurance effectiveness.

Typical Site Visit Activities

The site visit may include:

- Opening meeting;
- Interviews with relevant stakeholders;
- Review of facilities, learning resources, digital platforms, and student support arrangements;
- Review of additional evidence;
- Review team deliberation;
- Exit meeting.

Key Considerations

- The Applicant Institution should ensure that relevant stakeholders are available and that supporting evidence can be readily accessed during the site visit.
- Where necessary, interpretation arrangements may be made to facilitate effective communication during interviews or other site visit activities.
- The site visit may verify whether the instruction, assessment practices, student support, faculty capacity, and course delivery are consistent with published information and approved curriculum documents.

Expected Outcome

Verification of evidence and collection of additional information necessary for preparing the accreditation report.

F. Draft Accreditation Report

Following the site visit, the Review Team prepares a draft accreditation report summarizing its findings and proposed accreditation result.

Key Considerations

- The draft accreditation report is not the final accreditation result.

- It is provided to the Applicant Institution for factual review before the report is finalized.

Expected Outcome

Submission of the draft accreditation report to TWAEA.

G. Institutional Response

The institutional response provides the Applicant Institution with an opportunity to review the draft accreditation report and identify factual errors, omissions, or misunderstandings.

Permissible Responses

The institution may:

- Correct factual inaccuracies;
- Clarify misunderstandings;
- Provide explanations regarding statements in the draft report;
- Submit additional supporting information where specifically requested.

Key Considerations

The institutional response should not be used to introduce substantial new evidence that was available but not provided during the review process, unless specifically requested by the Review Team.

Expected Outcome

Submission of a written institutional response within the specified timeframe.

H. Final Accreditation Report

The Review Team reviews the institutional response and finalizes the accreditation report for submission to the International Accreditation Committee.

Review Activities

The Review Team will:

- Review the institutional response;
- Determine whether revisions to the draft report are warranted;
- Confirm findings, commendations, and recommendations;
- Finalize the proposed accreditation result.

Expected Outcome

Submission of the final accreditation report to the International Accreditation Committee for deliberation and confirmation of the accreditation result.

I. Accreditation Committee Confirmation

The International Accreditation Committee serves as the deliberative body responsible for reviewing the final accreditation report and confirming and endorsing the accreditation result.

Committee Review

The Committee may review:

- Final Accreditation Report;
- Institutional Response, where applicable;
- Other relevant documentation.

Expected Outcome

Confirmation and endorsement of the accreditation result.

J. Notification of Accreditation Results

This stage formally concludes the accreditation process.

Notification

Following confirmation and endorsement by the International Accreditation Committee:

- TWAEA will formally notify the Applicant Institution in writing of the accreditation result;
- Accredited programs will receive a Certificate of Accreditation;
- Accredited programs will be authorized to use the corresponding accreditation mark;
- Accreditation results may be published by TWAEA and participating agencies, where applicable.

Recognition

Programs granted Accredited status may use the corresponding Gold, Silver, or Bronze accreditation mark throughout the accreditation validity period in accordance with T-PIA regulations and applicable guidelines issued by TWAEA.

Expected Outcome

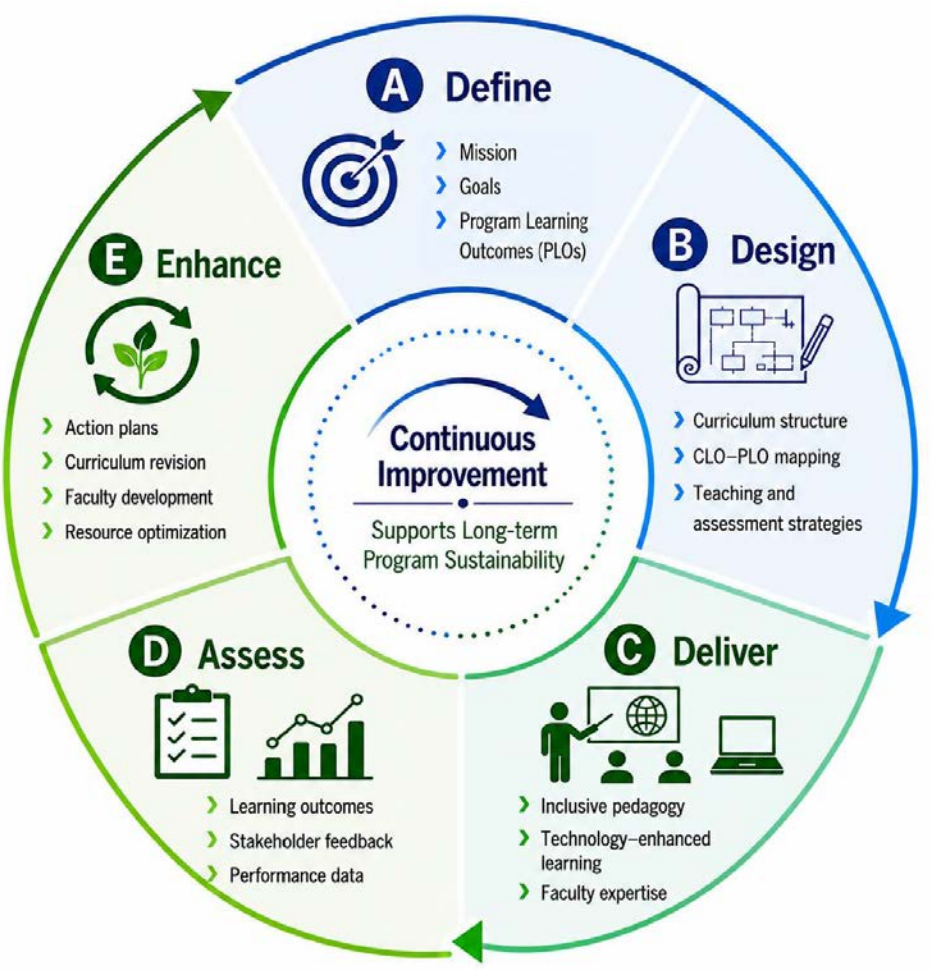
Official recognition of accreditation status and commencement of the accreditation validity period.

Chapter 3. Accreditation Framework

3.1 Conceptual Model of Accreditation

T-PIA accreditation is grounded in a continuous improvement model that connects program mission, curriculum design, teaching and learning, assessment, student achievement, and enhancement actions. Rather than viewing accreditation as a one-time compliance exercise, the T-PIA framework emphasizes an ongoing quality enhancement cycle through which programs define their educational intentions, design coherent learning experiences, deliver effective teaching and assessment, evaluate outcomes, and implement improvement measures.

As illustrated in Figure 3, the conceptual model consists of five interrelated stages: **Define, Design, Deliver, Assess, and Enhance**. Together, these stages support long-term program sustainability and reinforce a culture of evidence-based quality assurance.



[Figure 3] Conceptual Model of Accreditation

3.2 Accreditation Standards and Indicators

The T-PIA accreditation framework consists of four standards, each supported by indicators and detailed descriptors that articulate expected practices. These standards represent the basic requirements for

program-level accreditation and reflect international trends in higher education, including outcome-based education (OBE), digital transformation, sustainability, inclusivity, and stakeholder engagement.

These standards apply to undergraduate, master's, doctoral, and other degree programs. In applying the indicators, the Review Team shall consider the degree level, disciplinary characteristics, professional requirements, national qualification framework, and the intended learning outcomes of the program. Evidence and expectations should therefore be interpreted in a degree-level appropriate manner.

While applicant programs are expected to address all standards and indicators, they may also develop additional indicators or provide supplementary evidence according to their own mission, stage of development, disciplinary characteristics, institutional context, and external environment.

Programs will be evaluated based on evidence, alignment, coherence, effectiveness, fairness, and continuous improvement across all four standards, as well as any additional indicators or evidence presented by the applicant program.

Standard 1: Program Mission, Governance & Sustainable Management

This standard examines how the program defines its mission and educational goals, establishes effective governance, stakeholder engagement, information disclosure, and internal quality assurance (IQA) mechanisms, and implements strategic development, long-term resource planning, and sustainability strategies. It focuses on the program's coherence, responsiveness to emerging trends, program-wide quality assurance, evidence-informed decision-making, accountability, adaptability, and long-term contribution to institutional and societal development.

Indicator Title	Indicator Statement	Descriptors
1-1. Mission and Goals	The program defines its mission and educational goals in alignment with the institutional mission, disciplinary development, and societal needs.	• The program articulates a clear mission and educational goals reflecting its educational philosophy, disciplinary orientation, degree level, institutional context, student profile, and societal or professional relevance. • The mission and goals guide program planning, curriculum design, teaching and learning, assessment, student support, quality assurance, and long-term development, and are accessible to relevant stakeholders.
1-2. Governance and Transparency	The program maintains effective governance, stakeholder engagement, and information disclosure mechanisms to support transparent and accountable program management.	• The program has appropriate governance and decision-making mechanisms for planning, implementation, monitoring, review, and enhancement. Roles and responsibilities for curriculum approval, faculty deployment, student admission, teaching quality, assessment, academic support, and program review are clearly defined. • Relevant parties, including faculty, students, alumni, employers, industry or community representatives, and other relevant stakeholders are involved, where appropriate, in program development, consultation, and quality improvement.

Indicator Title	Indicator Statement	Descriptors
		• Program information, including the mission, educational goals, curriculum, learning outcomes, admission and graduation requirements, faculty, learning resources, student support, and other information needed for informed decision-making, is made accessible to current and prospective students and relevant stakeholders in a clear, accurate, and timely manner.
1-3. Program Coherence and Strategic Responsiveness	The program demonstrates coherence among its mission, graduate profile, curriculum framework, learning outcomes, implementation strategies, and development direction, while responding to emerging trends.	• The program maintains coherence among its mission, educational goals, graduate profile, admission policies, PLOs, curriculum structure, course sequencing, teaching approaches, assessment practices, faculty capacity, student support, and quality assurance arrangements. • The program responds appropriately to relevant academic, professional, technological, societal, and global developments through curriculum, teaching, assessment, faculty development, student support, and quality enhancement. Relevant developments may include sustainability, digital transformation, AI-related developments where appropriate, interdisciplinarity, global engagement, and changing stakeholder needs.
1-4. Internal Quality Assurance and Enhancement	The program maintains a program-wide internal quality assurance mechanism and uses relevant evidence to support program-level decision-making, continuous improvement, and quality enhancement.	• At the program-wide level, the program has a functioning internal quality assurance mechanism to monitor the overall effectiveness of program implementation, including aggregated learning outcome evidence, graduate performance, faculty development, resource use, student support, and other key performance indicators. • Evidence and data, including aggregated and appropriately disaggregated teaching and learning evidence, stakeholder perspectives gathered through quality assurance activities, and learning analytics where appropriate, are systematically collected, analyzed, and used to inform program-level decision-making, follow-up actions, accountability, and continuous improvement. • Results of performance monitoring, quality review findings, and related improvement actions are appropriately documented and communicated or disclosed to relevant internal and external parties, where appropriate, to support transparency, accountability, and quality enhancement.
1-5. Strategic Development	The program formulates and implements a strategic	• The program develops and implements a strategic development plan with clear goals,

Indicator Title	Indicator Statement	Descriptors
and Sustainability	development plan supported by long-term resource planning, sustainability, continuity, and resilience considerations.	priorities, performance indicators, responsibilities, timelines, and long-term resource strategies. • Planning addresses the program's long-term quality and viability, including the recruitment, retention, succession, deployment, and continuing development of qualified faculty; student recruitment, diversity, and demand; resource capacity and digital infrastructure; administrative and technical support; financial viability; external partnerships; and operational continuity, institutional resilience, and sustainable growth. • The program regularly reviews and adjusts its development plan, resource strategies, and continuity arrangements based on evidence, performance results, changing student needs, institutional capacity, and external developments.

Standard 2: Curriculum, Learning Outcomes & Assessment Design

This standard examines how the program designs and maintains a coherent outcome-based curriculum and assessment system. It focuses on curriculum structure, PLO–CLO design and alignment, learning progression, assessment design, curriculum-specific review mechanisms, and the integration of key competencies and global perspectives. The curriculum and assessment design should be appropriate to the program's degree level, disciplinary characteristics, professional requirements, and intended learning outcomes.

Indicator Title	Indicator Statement	Descriptors
2-1. Curriculum Structure and Alignment	The curriculum is coherently structured and demonstrates that PLOs and CLOs are clearly defined, assessable, appropriate to the degree level and disciplinary context, and aligned with course content, learning activities, assessment, and learning progression.	• The curriculum is designed as a coherent and progressive structure that supports the achievement of the program's educational goals, graduate profile, and intended learning outcomes. Program learning outcomes (PLOs) and Course Learning Outcomes (CLOs) are clearly defined, assessable, and appropriate to the degree level, disciplinary context, and professional requirements. Clear alignment is demonstrated among PLOs, CLOs, course content, learning activities, assessment tasks and criteria, credit distribution, course sequencing, disciplinary competencies, and learning progression. • Where students enter with varied levels of academic preparation, appropriate curricular bridging or progression arrangements are provided and coordinated with the learning and student support mechanisms addressed under Indicators 3-2 and 4-4. • Where experiential or work-integrated learning is included in the curriculum, its role, credit

Indicator Title	Indicator Statement	Descriptors
		arrangements, learning expectations, progression, and alignment with CLOs and PLOs are clearly defined.
2-2. Key Competencies and Global Perspectives	The curriculum integrates disciplinary knowledge, key competencies, global perspectives, and emerging themes appropriate to the program's objectives.	• The curriculum embeds relevant disciplinary knowledge and key competencies, such as critical thinking, communication, problem-solving, ethical reasoning, collaboration, global engagement, interdisciplinary learning, sustainability, digital literacy, and AI awareness where appropriate. These elements are integrated in ways that reflect the program's mission, degree level, disciplinary context, and the needs of students, society, and relevant professional fields.
2-3. Assessment Design	The program establishes a valid, fair, reliable, transparent, and coherent assessment system aligned with CLOs and PLOs.	• The program designs assessment methods, criteria, rubrics, and procedures that are aligned with course and program learning outcomes and appropriate to the degree level, disciplinary context, and professional requirements. • Assessment mechanisms support consistency, fairness, reliability, moderation, accessibility, academic integrity, and appropriate review or appeal arrangements. Clear policies govern the use of dictionaries, generative AI where appropriate, citation, authorship, plagiarism, and reasonable adjustments. • Assessment methods may include examinations, assignments, projects, presentations, portfolios, simulations, capstone projects, experiential or work-integrated learning assessments, research outputs, theses, dissertations, or other forms appropriate to the program's objectives.
2-4. Curriculum Review Mechanism	The program maintains a systematic mechanism for reviewing and renewing the curriculum based on curriculum-related evidence and input from relevant parties.	• At the curriculum-specific level, the program regularly reviews and renews the curriculum through mechanisms that examine curriculum structure and sequencing, course content, PLO–CLO design and alignment, teaching and learning activities, assessment design, student workload and achievement, progression and completion, graduate outcomes, professional or industry needs, disciplinary developments, and international benchmarking where appropriate. • Curriculum-related input is gathered from faculty, students, alumni, employers, professional bodies, external partners, experiential or work-integrated learning providers where applicable, and other relevant parties. Evidence and stakeholder input are systematically analyzed and used to inform curriculum renewal, strengthen alignment with intended learning outcomes, and ensure the ongoing relevance and coherence of the curriculum.

Standard 3: Teaching, Learning & Student Achievement

This standard examines how the program implements student-centered, inclusive, and technology-enhanced teaching and learning practices to support student engagement, learning progress, and achievement. It focuses on teaching strategies, learning engagement, feedback for learning, course feedback and reflection, course-level learning data and analytics where appropriate, the evidence base for learning achievement, and PLO attainment in relation to the program's degree level, disciplinary expectations, and intended learning outcomes.

Indicator Title	Indicator Statement	Descriptors
3-1. Teaching Strategies and Learning Engagement	Teaching strategies are student-centered, appropriate to the program's degree level and disciplinary context, and promote active engagement, independent inquiry, and achievement of learning outcomes.	• Faculty adopt teaching approaches appropriate to the program's degree level, disciplinary characteristics, learning objectives, and students' backgrounds. • Teaching methods may include active learning, problem-based learning, seminar-based learning, research supervision, experiential or work-integrated learning where applicable, collaborative learning, or technology-supported learning. These strategies promote student engagement, motivation, independent inquiry, and the achievement of intended learning outcomes.
3-2. Inclusive and Technology-Enhanced Learning	The program provides inclusive and technology-enhanced learning environments that support diverse learners, equitable participation, and effective learning experiences.	• The program fosters inclusive, flexible, and supportive learning environments that accommodate diverse student needs, backgrounds, learning preferences, and accessibility requirements. • Digital technologies, AI tools, learning platforms, simulations, data analytics, or other technology-enhanced approaches are used purposefully, accessibly, and ethically, where appropriate, to support personalized learning, comprehension, interaction, engagement, and effective learning experiences.
3-3. Feedback, Reflection and Learning Analytics	The program systematically uses feedback, reflection, learning evidence, and learning analytics where appropriate to enhance teaching effectiveness and student learning experiences.	• Students receive timely, constructive, understandable, and actionable feedback on disciplinary learning. At the course and learning-process levels, the program collects and uses evidence such as student feedback and course evaluations, comprehension and participation data, workload and learning difficulties, assessment and performance results, peer observations, faculty and student reflection, learning-platform data, support-service data, and learning analytics where appropriate. • This evidence informs improvements in instructional clarity, teaching pace, classroom interaction, learning materials, academic communication support, assessment, learning activities, student engagement, and differentiated support. Faculty and students engage in structured reflective practices that support continuous improvement in teaching methods, learning strategies, disciplinary understanding, academic communication, and student learning experiences.

Indicator Title	Indicator Statement	Descriptors
3-4. Student Learning Achievement	The program demonstrates that students achieve the intended learning outcomes at a level appropriate to the degree level and disciplinary expectations.	• The program provides credible and sufficient evidence that students achieve the intended disciplinary and degree-level learning outcomes and demonstrate appropriate academic, professional, practical, or research competencies. • Evidence may include PLO and CLO attainment results, examinations and student work, projects and presentations, portfolios and capstone projects, experiential or work-integrated learning performance where applicable, research outputs, theses or dissertations, progression and completion data, external examinations or certifications, graduate outcomes, employer or workplace feedback, and external moderation or benchmarking. • Achievement results are systematically analyzed, including across relevant student groups where appropriate, and used to improve curriculum, teaching, assessment, faculty development, and student support.

Standard 4: Faculty, Resources & Student Support Systems

This standard examines how the program ensures qualified faculty, appropriate faculty development and professional engagement, adequate operational resources, infrastructure and administrative support, and coordinated student support systems to achieve its objectives. It focuses on faculty capacity, teaching and professional development, resources for program delivery and daily operation, academic advising and progression, career guidance and employability development, student well-being and counseling, and support for self-directed learning.

Indicator Title	Indicator Statement	Descriptors
4-1. Faculty Capacity	Faculty members possess appropriate qualifications, disciplinary expertise, pedagogical competence, and relevant experience and are effectively deployed to support program objectives and student learning.	• Faculty members possess the academic qualifications, disciplinary expertise, professional or research experience, and degree-level teaching competence required for effective program delivery. The collective faculty profile is appropriate to the curriculum, student needs, degree-level expectations, disciplinary developments, and program priorities. • Faculty deployment ensures adequate coverage of teaching, research or professional practice, supervision, advising, assessment, student support, and other program responsibilities. Workload, class size, team-teaching arrangements, teaching assistance, and staffing sustainability support student learning, faculty well-being, and long-term program quality.
4-2. Faculty Development and Professional Engagement	The program supports faculty development, research, professional practice, and engagement that	• The program provides structured and responsive faculty development opportunities that support teaching innovation, inclusive pedagogy, disciplinary literacy, assessment, reflective practice, digital and AI-related competencies where appropriate, research capacity, and global or industry engagement.

Indicator Title	Indicator Statement	Descriptors
	enhance teaching quality and program relevance.	• The program periodically evaluates the impact of faculty development on teaching quality, student engagement, assessment, and learning outcomes. Faculty development needs are identified through student learning evidence, faculty feedback, teaching observations, peer review, quality assurance findings, and program priorities. • Faculty research, professional practice, scholarly activities, international engagement, and knowledge transfer contribute to curriculum relevance, teaching quality, student learning, and societal or professional impact.
4-3. Resources, Infrastructure and Administrative Support	Adequate operational resources, infrastructure, and administrative support are available and regularly reviewed to support teaching, learning, assessment, student development, and daily program operation.	• The program has access to adequate learning spaces, laboratories, libraries, equipment, digital infrastructure, learning platforms, administrative services, technical support, and other necessary operational resources to support effective teaching, learning, assessment, research or professional practice, student development, and program management. • Resources and administrative services are accessible, fit for purpose, properly maintained, regularly reviewed, and updated in response to student and faculty needs, program development priorities, digital transformation, and evidence of effectiveness. • For the purposes of this indicator, administrative and technical services include support for program operations, access to essential services, assessment administration, student records, digital platforms, and related operational needs. Academic advising, counseling, career development, and self-directed learning support are addressed under Indicator 4-4.
4-4. Student Support Systems	The program provides coordinated academic advising, progression support, career guidance, student well-being and counseling support, and self-directed learning support, and systematically reviews and improves these mechanisms to promote equitable student success.	• The program establishes appropriate mechanisms for academic advising, student progression support, experiential or work-integrated learning preparation and support where applicable, career guidance and employability development, student well-being and counseling, and self-directed learning. • Self-directed learning support helps students identify learning needs, set appropriate learning goals, plan and manage their learning, select and use relevant learning resources, monitor their progress, reflect on their performance, and adjust their learning strategies. Relevant mechanisms may include individualized learning plans; learning consultations; study-skills and academic-skills development; guidance on goal-setting, learning planning, and time management; peer mentoring or peer-learning arrangements; reflective learning activities; e-portfolios; digital learning resources; and access to independent learning spaces, platforms, and other relevant resources.

Indicator Title	Indicator Statement	Descriptors
		• Support services are coordinated among faculty, academic and administrative units, learning-support units, counseling or student-affairs units, career services, experiential or work-integrated learning providers, employers, and external partners where appropriate. • Student progression records; advising, career, and support-service use data; engagement with self-directed learning opportunities; learning engagement and achievement evidence; student feedback; graduate outcomes; and employer or alumni perspectives are used, with due regard to privacy and confidentiality, to review and improve student support mechanisms.

3.3 Developmental Rubrics

Each indicator within the four T-PIA standards is accompanied by a five-level developmental rubric. The rubric is designed to help applicant programs assess their current level of maturity, identify strengths and gaps, and plan appropriate pathways for continuous enhancement.

[Table 1] Developmental Rubrics of T-PIA Accreditation

Level	Description
1. Initial	Program-level practices are largely undeveloped, fragmented, or ad hoc, with no clear framework or systematic implementation in place.
2. Evolving	Basic program-level practices have been introduced, but they remain informal, inconsistently applied, or not yet fully embedded in program operations and quality assurance mechanisms.
3. Mature	Program-level practices are formalized, consistently implemented, and operationally stable, with reasonable coherence across program operations.
4. Advanced	Program-level practices are well integrated into program management and quality assurance systems, regularly reviewed, and refined based on performance data, evidence, and stakeholder feedback.
5. Exemplary	Program-level practices are strategically embedded, adaptive, evidence-informed, and demonstrably effective, and may demonstrate innovation, stakeholder partnership, leadership, or wider impact as appropriate.

The developmental rubrics support:

- Self-assessment and reflective practice;
- Benchmarking within and across disciplines;
- Transparent and consistent judgment during external review;
- Evidence-based planning for quality enhancement.

The rubric system encourages programs to move beyond minimum compliance and to pursue continuous improvement, innovation, adaptability, and meaningful contribution to their institution, discipline, profession, and society.

3.4 Alignment with Global Trends in Higher Education

The T-PIA accreditation framework is designed to align with emerging international expectations for academic program quality and continuous improvement. While each program is evaluated considering its own mission, discipline, and institutional context, the framework encourages programs to reflect on broader global trends affecting higher education.

A. Outcome-Based Education and Competency Development

Programs are expected to define clear PLOs and CLOs and demonstrate how curriculum design, teaching and learning activities, assessment methods, and student support enable students to achieve disciplinary and degree-level outcomes.

Relevant areas include:

- Clear articulation and assessability of PLOs and CLOs;
- Mapping between course learning outcomes and program learning outcomes;
- Assessment design aligned with learning outcomes and disciplinary expectations;
- Evidence of student achievement;
- Use of assessment and achievement results for curriculum and teaching improvement;
- Development of disciplinary, professional, transferable, and future-oriented competencies.

This trend is particularly embedded in Standards 2 and 3.

B. Data-Informed Decision-Making

Higher education institutions and academic programs are increasingly expected to use evidence and data to support planning, monitoring, evaluation, and improvement. T-PIA encourages programs to demonstrate how data are collected, analyzed, and used to inform decision-making.

Relevant areas include:

- Program performance indicators;
- Student learning achievement data;
- Graduate employment and progression data;
- Student, alumni, employer, and stakeholder perspectives;
- Learning analytics, where appropriate;
- Follow-up actions based on evaluation results.

Data should not be presented only for reporting purposes. Programs should demonstrate how evidence is used to support quality enhancement and strategic development. This trend is particularly related to Standards 1, 2, and 3.

C. Evidence of Academic, Professional, and Societal Impact

Programs are encouraged to demonstrate not only the existence of policies and activities, but also their outcomes and impact. Evidence of impact may relate to student learning, graduate development, professional relevance, stakeholder recognition, community engagement, or contribution to society.

Relevant areas include:

- Teaching and learning effectiveness;
- Student achievement of learning outcomes;
- Graduate competencies and employability;
- Employer and stakeholder recognition;
- Research-informed or practice-informed teaching;
- Contributions to communities, industries, professions, or society.

Impact evidence strengthens the credibility of the self-assessment and helps demonstrate the effectiveness of continuous improvement efforts. This trend is reflected across all four standards, particularly Standards 1, 3, and 4.

D. Responsiveness to Rapid Change

Academic programs operate in a rapidly changing environment shaped by technological development, evolving student expectations, demographic shifts, internationalization, and changing professional and societal needs. Programs are therefore encouraged to demonstrate adaptability and forward-looking planning.

Relevant areas include:

- Periodic curriculum review and renewal;
- Responsiveness to disciplinary, professional, and societal trends;
- Integration of digital, AI, and data literacy, where appropriate;
- Flexible and adaptive teaching and learning approaches;
- Stakeholder engagement in program development;
- Long-term planning for program sustainability.

Responsiveness does not require programs to follow every emerging trend. Rather, programs should demonstrate that they systematically monitor relevant changes and respond in ways that are appropriate to their mission, field, and student needs. This trend is particularly related to Standards 1, 2, and 4.

Chapter 4. Self-Assessment Report (SAR) Guidelines

4.1 Purpose of the SAR

The SAR is the primary document used in the T-PIA accreditation process and serves as the foundation for both the document review and the site visit. It should provide a comprehensive, analytical, and evidence-based account of the program's policies, practices, achievements, challenges, and future development plans in relation to the T-PIA Accreditation Standards.

The SAR enables the program to:

- Demonstrate alignment with the accreditation standards;
- Present accurate, coherent, and relevant evidence of program performance;
- Reflect on strengths, gaps, challenges, and improvement priorities;
- Explain how data, feedback, stakeholder input, and appropriately disaggregated evidence are used to support decision-making;
- Document developmental progress, quality enhancement efforts, and long-term planning.

The preparation of the SAR is intended not only to support the accreditation review, but also to encourage program-level self-reflection, quality enhancement, and continuous improvement. Programs are encouraged to interpret the accreditation standards and indicators in light of their mission, educational goals, strategic priorities, disciplinary characteristics, institutional context, and stage of development.

The SAR should demonstrate not only the program's achievement of the accreditation standards, but also the effectiveness, integration, and impact of its policies and practices. Both qualitative and quantitative evidence should be used to support the analysis and to show how the program advances student learning, stakeholder value, and sustainable development.

4.2 Recommended Structure of the SAR

A well-prepared SAR will significantly facilitate the review process and contribute to a more effective and constructive accreditation experience. Programs are encouraged to organize the SAR according to the following structure. The proposed structure is intended to help programs present their self-assessment in a clear, coherent, and evidence-based manner.

Part I. Executive Summary

The Executive Summary should provide a concise overview of the program and its major findings from the self-assessment process. It should include:

- Program background and history;
- Mission and educational goals;
- Key strengths and distinctive features;
- Major achievements during the review period;
- Key challenges and improvement priorities.

Part II. Program Profile

The Program Profile should provide essential background information to help reviewers understand the institutional and program context. It should include:

- Institution name;
- Program name;
- Degree awarded, such as Bachelor of Arts, Master of Science, or Doctor of Philosophy;
- Program level, such as Bachelor's, Master's, Doctoral, or other degree-awarding program;
- Year of establishment at the current degree level, such as the year in which the Bachelor's, Master's, or Doctoral program was established;
- Number of students enrolled at the current degree level;
- Number of faculty members;
- Organizational structure;
- Accreditation history, where applicable.

Part III. Self-Assessment by Accreditation Standards

This section is the main body of the SAR. The program should provide a self-assessment for each T-PIA Accreditation Standard:

- Standard 1. Program Mission, Governance & Sustainable Management
- Standard 2. Curriculum, Learning Outcomes & Assessment Design
- Standard 3. Teaching, Learning & Student Achievement
- Standard 4. Faculty, Resources & Student Support Systems

Each standard should address all corresponding indicators and should include analysis, supporting evidence, strengths, areas for improvement, and planned enhancement actions where appropriate.

Part IV. Conclusion and Future Development

This section should provide an overall reflection on the program's quality, effectiveness, and future direction. It should summarize:

- Overall strengths;
- Key areas for improvement;
- Future development priorities;
- Planned quality enhancement initiatives.

Part V. Appendices

Supporting evidence should be included in appendices or provided electronically. Evidence should be clearly organized, referenced, and linked to the relevant standards and indicators. Examples of supporting evidence include:

- Curriculum documents;
- Meeting minutes and governance records;
- Assessment reports, rubrics, and sample assessment materials;
- Student learning achievement evidence and PLO/CLO attainment results;
- Student, faculty, alumni, employer, and stakeholder survey results;
- Quality assurance reports and follow-up action records;
- Statistical data, including progression, retention, withdrawal, completion, support-service use, and graduate outcome data where relevant.

The appendices should support the analysis presented in the SAR and should not be used as a substitute for clear explanation and evidence-based reflection in the main text.

4.3 Supporting Documents and Evidence Submission

Programs should provide supporting documents and evidence to substantiate the statements and analyses presented in the SAR. Evidence should be relevant, clearly organized, and directly linked to the applicable standards and indicators.

A. General Rules

- Supporting documents are not included in the SAR page limit;
- Documents should be clearly labeled and cross-referenced in the SAR;
- Evidence should be submitted in digital format unless otherwise required;
- Quantitative data should clearly indicate definitions, data sources, coverage, and timeframes;
- Where appropriate, programs may provide hyperlinks to publicly accessible information;
- Evidence should be concise, relevant, and sufficient to support the program's self-assessment.

B. Examples of Supporting Evidence

- Program handbook and student handbook;
- Course syllabi;
- Strategic plans and program development plans;
- Curriculum maps and PLO–CLO mapping tables;
- Assessment rubrics and sample assessment materials;
- PLO/CLO attainment reports and student achievement data;
- Student, alumni, employer, and stakeholder survey results;
- Course evaluation results, student feedback, learning analytics, participation data, and learning-platform records where applicable;
- Advisory board, curriculum committee, quality assurance committee, or program meeting minutes;
- Faculty CVs and faculty development records;
- Records of academic support, advising, progression support, self-directed learning support, counseling, career guidance, and employability support;
- Data reports on student progression, retention, withdrawal, completion, graduation, employment, and further study;
- Internal quality assurance reports and follow-up action records;
- Budget summaries or resource allocation records demonstrating resource sufficiency.

4.4 Length and Formatting Requirements

A. SAR Document

The SAR should be prepared in a clear, structured, and reader-friendly format. The following formatting requirements are recommended:

- Maximum length: 100 pages, excluding appendices and supporting evidence;
- Language: English;
- Suggested font: Times New Roman, 12 pt;
- Page numbers and section headings should be included;
- Tables, figures, charts, and diagrams may be used where appropriate to improve clarity;
- Evidence references should be clearly indicated in the relevant sections of the SAR.

B. Supporting Documents

Supporting documents should be organized in a manner that facilitates efficient review by the Review Team.

- No page limit applies to supporting documents;
- Documents should be organized into clearly labeled folders or appendices;
- Digital files are recommended for ease of access and review;
- File names should be clear and consistent;
- Where applicable, screenshots, system-generated reports, or temporary access to digital platforms may be provided;
- Documents in languages other than English should be accompanied by an English summary or translation where necessary.

4.5 Use of the SAR in the Accreditation Process

The SAR serves as the central reference document throughout the T-PIA accreditation process. It enables the Review Team to understand the program's context, evaluate its performance against the accreditation standards, and identify matters requiring clarification or further verification.

The SAR will be used to:

- Guide the Review Team's preliminary analysis;
- Inform clarification requests prior to the site visit;
- Serve as the basis for interviews, evidence verification, and discussion during the site visit;
- Support the preparation of the accreditation reports;
- Provide evidence for deliberation and confirmation of the accreditation result.

Programs are encouraged to treat the SAR not merely as a compliance document, but as a strategic self-assessment document that demonstrates current quality, evidence of effectiveness, improvement actions, and future development direction.

Chapter 5. Site Visit Guidelines

5.1 Purpose of the Site Visit

The site visit is an essential component of the T-PIA accreditation process. It enables the Review Team to verify and supplement the information provided in the SAR, gain a comprehensive understanding of program operations, and evaluate the effectiveness of the program's policies, practices, resources, outcomes, and improvement mechanisms.

The site visit is intended to:

- Verify whether the practices described in the SAR accurately reflect actual program conditions;
- Review supporting documentation, evidence displays, digital systems, and learning artifacts;
- Examine how governance, curriculum, assessment, teaching, faculty capacity, student support, and quality assurance mechanisms are implemented at the program level;
- Verify the consistency among published information, actual course delivery, learning activities, and assessment arrangements;
- Evaluate the extent to which Program Learning Outcomes (PLOs) are achieved;
- Gather feedback from students, faculty members, alumni, employers, administrative staff, and other relevant stakeholders;
- Understand the program's culture, strengths, challenges, and development priorities;
- Review the adequacy of teaching facilities, laboratories, studios, digital platforms, student support services, and other learning resources;
- Collect evidence necessary for forming judgments under the T-PIA Accreditation Standards;
- Provide preliminary observations that may help the program plan future improvement.

The site visit should be viewed as a constructive peer-review process that promotes dialogue, reflection, evidence-based evaluation, and continuous improvement.

5.2 Pre-Visit Preparation

Prior to the site visit, the Applicant Institution should:

- Designate a site visit coordinator as the main contact person;
- Confirm the site visit schedule with TWAEA;
- Arrange meetings with relevant stakeholders;
- Prepare supporting documents and evidence;
- Ensure access to facilities, learning resources, digital systems, learning platforms, and relevant evidence repositories;
- Arrange transportation and logistical support;
- Provide any additional information requested by the Review Team.

TWAEA may coordinate with the Applicant Institution prior to the site visit to confirm:

- Site visit schedule;
- Meeting participants;
- Venue arrangements;
- Technical requirements;
- Evidence access arrangements;
- Communication channels;

- Logistical and administrative matters.

Where the program uses digital platforms, online materials, learning analytics, or AI-supported tools as evidence, the Applicant Institution should ensure that appropriate access, demonstrations, screenshots, or system-generated reports are available during the site visit, with due regard to privacy and confidentiality.

Where interpretation, bilingual signage, or technical support is needed for the effective conduct of the site visit, such arrangements should be discussed with TWAEA in advance. These arrangements should support the review process without limiting the Review Team's access to authentic evidence and stakeholder perspectives.

5.3 Site Visit Logistics and Cost Arrangements

The Applicant Institution is responsible for the practical organization of the site visit. This includes arranging and covering the costs of travel and accommodation for Review Team members, as well as local transportation and meals for both the Review Team and the TWAEA Secretariat staff throughout the duration of the site visit.

Local transportation may include airport–hotel transfers, hotel–campus transfers, and transportation required for site visit activities. Meal arrangements should be appropriate and practical. No formal hosting, entertainment, gifts, or preferential treatment is expected.

TWAEA will serve as the liaison between the Review Team and the Applicant Institution to facilitate communication, planning, and agreement on site visit arrangements, logistics, and related details.

5.4 Site Visit Schedule Planning

The standard site visit is normally conducted over **one full day**. However, the schedule may be adjusted depending on program size, accreditation scope, geographical considerations, institutional circumstances, the number of stakeholder groups to be interviewed, and any special review needs. Where necessary, additional review time may be scheduled to accommodate program circumstances, such as distributed learning sites, or other special considerations.

The site visit schedule is coordinated by TWAEA in consultation with the Applicant Institution and the Review Team. The Applicant Institution may propose a draft schedule based on its academic calendar, campus arrangements, availability of relevant stakeholders, and practical logistical considerations. The proposed schedule shall be reviewed and confirmed by the Review Team, with TWAEA serving as the liaison to ensure that the schedule supports effective evidence verification and a fair, efficient, and constructive review process.

The site visit generally includes a preparatory meeting of the Review Team, a program briefing, evidence examination, interviews with relevant stakeholders, observation of teaching and learning environments, review of facilities and resources, supplementary clarification where necessary, internal deliberation by the Review Team, and an exit meeting. The actual arrangement may vary according to the nature and scope of the accreditation review.

During the site visit, programs should be prepared to demonstrate that the information presented in the SAR is consistently reflected in program practices and outcomes. Particular attention will be given to how program systems and processes operate in practice, how evidence and data are used to support

planning and decision-making, and how evaluation results are used to drive continuous improvement and enhance program effectiveness.

No accreditation result will be announced during the site visit. Any observations shared during the exit meeting are preliminary and non-binding, and the accreditation result shall be subject to report preparation, institutional response, and confirmation and endorsement by the International Accreditation Committee.

5.5 Evidence Verification During the Site Visit

The Review Team uses multiple methods to verify program performance and assess the credibility, consistency, and effectiveness of the evidence presented in the SAR.

A. Document Examination

The Review Team may examine:

- The SAR and supporting documents;
- Course syllabi, teaching materials, and learning activities;
- Assessment outputs and student learning artifacts;
- Curriculum and assessment records;
- Academic, advising, student well-being, career, and self-directed learning support records;
- Administrative and monitoring records;
- Program review reports;
- Follow-up records on improvement actions.

B. Interviews

Interviews allow the Review Team to explore program processes, culture, stakeholder experiences, and actual implementation. They are also used to validate claims made in the SAR and clarify the roles, responsibilities, and practices of different stakeholders.

C. Observation of Learning Environments

The Review Team may observe learning environments and support facilities to assess the adequacy, accessibility, and usability of resources. This may include classrooms, laboratories, studios, libraries, student support facilities, digital platforms, and AI-enabled or technology-enhanced learning infrastructure, where applicable.

D. Triangulation of Evidence

The Review Team compares information obtained from different sources, including documentary evidence, stakeholder interviews, observations, demonstrations, and institutional data. Triangulation helps strengthen the accuracy, fairness, and reliability of review judgments.

5.6 Interview Arrangements and Protocols

Interviews are conducted to gather insights into the program's operations, verify information provided in the SAR, and understand the experiences of relevant stakeholders. They also help the Review Team

examine how policies and practices are implemented in actual program operations and how different stakeholders perceive the program's quality, effectiveness, and areas for improvement.

Interview sessions should be arranged in accordance with the confirmed site visit schedule. The Applicant Institution should ensure that participants are familiar with the program or their relevant areas of responsibility and are able to provide accurate, open, and evidence-informed responses.

A. Typical Interview Participants

Interview participants may include the following groups:

- **Institutional Executives**: Institutional executives may include senior management representatives who are familiar with the operation, development, and institutional support of the applicant program. They may be invited to discuss institutional mission and strategy, quality assurance policies, resource allocation, governance arrangements, and institutional expectations for program development.
- **Program Leadership and Administrative Staff**: Program leadership and administrative staff may be invited to explain program management, curriculum planning, quality assurance processes, data management, student support systems, resource coordination, and follow-up mechanisms for continuous improvement.
- **Faculty Members**: Faculty members and teaching staff may share their experiences with curriculum delivery, teaching and assessment practices, student support, academic advising, faculty development, research, professional engagement, and program improvement. They may also be asked to explain how learning outcomes are implemented, assessed, and reviewed in actual teaching practice.
- **Students**: Student representatives may provide perspectives on their learning experiences, teaching and assessment, academic advising, workload, learning resources, student support, learning environment, and overall program experience. Where possible, students from different year levels and learning experiences should be included.
- **Graduates**: Graduates or alumni may reflect on program relevance, graduate preparedness, employability, professional development, career pathways, and the usefulness of program learning outcomes in further study or professional practice.
- **External Partners**: External partners may include employers, industry or community representatives, experiential or work-integrated learning providers, cooperative education partners, advisory board members, and other organizations that maintain collaborative relationships with the program. They may be invited to comment on graduate competencies, skill needs, curriculum relevance, workplace performance, internship or cooperation experiences, and stakeholder engagement.

B. Interview Principles

The following principles should be observed:

- Participation should be voluntary;
- Sessions should be conducted in a respectful and confidential manner;
- Reviewers do not provide individual feedback or accreditation predictions during interviews;
- Interviewees should be encouraged to provide honest, accurate, and evidence-informed responses;
- The Applicant Institution should avoid influencing, coaching, or instructing participants on how to answer questions;

- The Applicant Institution should not select only "ideal" representatives, but should ensure that participants reasonably reflect the diversity of stakeholder experiences;
- Interview participants should be able to speak freely about their experiences, responsibilities, and views related to the program;
- Interview sessions should not be recorded.

As a general reference, 5–10 participants per interview session is recommended, depending on the purpose, stakeholder group, and format of the meeting. The final arrangement will be coordinated by TWAEA and confirmed by the Review Team.

5.7 General Feedback Session / Exit Meeting

The General Feedback Session, also referred to as the Exit Meeting, concludes the site visit and provides an opportunity for the Review Team to share preliminary observations with the Applicant Institution. The Review Team may provide preliminary observations on:

- Overall impressions from the site visit;
- Program strengths;
- Areas requiring further attention;
- Matters to be further considered in the accreditation report;
- Next steps in the accreditation process.

The General Feedback Session does not constitute an accreditation result. The Review Team does not announce accreditation results during the site visit. All accreditation results are subject to further review, report preparation, institutional response, and confirmation by the International Accreditation Committee. No recordings should be made during this session.

5.8 After the Site Visit

Following the site visit:

- Reviewers finalize their notes and evidence verification records;
- The Review Team consolidates findings and prepares the draft accreditation report;
- TWAEA provides the draft report to the Applicant Institution for factual accuracy review;
- The Applicant Institution may submit an institutional response within the specified timeframe;
- The Review Team considers the institutional response and finalizes the accreditation report;
- The final report is submitted to the International Accreditation Committee for deliberation and confirmation of the accreditation result.

The Applicant Institution's cooperation during the site visit contributes to the clarity, efficiency, and robustness of the review process. However, cooperation or hospitality arrangements do not influence the accreditation result. Accreditation judgments are based solely on the Review Team's evaluation of verified evidence against the T-PIA Accreditation Standards.

5.9 Conduct and Ethical Expectations

The site visit should be conducted in a professional, impartial, respectful, and evidence-based manner. Both the Applicant Institution and the Review Team are expected to observe appropriate ethical standards.

A. Expectations for the Applicant Institution

The Applicant Institution should:

- Avoid lobbying, persuasion, or any attempt to influence reviewers' judgments;
- Not provide gifts, souvenirs, entertainment, or preferential treatment to reviewers;
- Not make audio or video recordings during any part of the site visit;
- Ensure transparent and open access to relevant evidence;
- Respect reviewer confidentiality and independence;
- Ensure that stakeholders are able to participate freely and honestly;
- Provide logistical support in a professional and appropriate manner.

Photographs may be taken only with the permission of the Review Team. Boxed lunches or simple meals may be arranged where necessary; however, no formal hosting or entertainment is expected.

B. Expectations for the Review Team

Reviewers should:

- Maintain impartiality, independence, and confidentiality;
- Disclose and avoid conflicts of interest;
- Refrain from offering consultancy, private advice, or accreditation predictions;
- Treat all stakeholders with respect;
- Base findings and conclusions solely on verified evidence;
- Use all information obtained during the site visit solely for accreditation purposes.

Chapter 6. Accreditation Results and Recognition

6.1 Accreditation Results

The accreditation result represents the overall evaluation of a program's quality, effectiveness, and achievement of the T-PIA Accreditation Standards.

Following completion of the accreditation review process, including document review, site visit, preparation of the accreditation report, and deliberation by the International Accreditation Committee, the accreditation result shall be confirmed and endorsed by the Committee.

Accreditation results are classified as either **Accredited** or **Not Accredited**. Programs granted Accredited status shall be awarded one of the following accreditation levels according to their overall performance, demonstrated quality, and degree of achievement of the accreditation standards.

6.2 Accreditation Levels and Recognition

A. Gold Accreditation

Validity Period: Five (5) or Six (6) Years

Gold Accreditation is awarded to programs that demonstrate outstanding quality, effectiveness, innovation, and sustainable development across the accreditation standards.

B. Silver Accreditation

Validity Period: Three (3) or Four (4) Years

Silver Accreditation is awarded to programs that demonstrate strong overall performance and substantial achievement of the accreditation standards, supported by effective quality assurance and continuous improvement mechanisms.

C. Bronze Accreditation

Validity Period: One (1) or Two (2) Years

Bronze Accreditation is awarded to programs that satisfy the basic requirements of the accreditation standards and demonstrate the capacity and commitment to continue improving program quality.

D. Not Accredited

Programs that do not demonstrate sufficient achievement of the accreditation standards shall be classified as Not Accredited.

Programs receiving this result may, where appropriate, reapply for accreditation after implementing improvement measures and in accordance with T-PIA accreditation procedures.

Programs awarded Gold, Silver, or Bronze Accreditation are recognized for their respective levels of performance—ranging from satisfying basic quality requirements with a commitment to growth (Bronze),

operating at a high level of quality and effectiveness (Silver), to demonstrating exemplary performance and international standards (Gold). All accredited programs are authorized to use the corresponding Gold, Silver, or Bronze T-PIA Accreditation Mark throughout the accreditation validity period in accordance with applicable regulations and guidelines.

6.3 Accreditation Validity Period

The accreditation validity period shall commence on the date on which the accreditation result is confirmed and endorsed by the International Accreditation Committee.

The validity period shall remain in effect unless:

- The accreditation period expires;
- Accreditation is voluntarily withdrawn by the institution;
- Accreditation is suspended or revoked in accordance with applicable regulations and guidelines.

6.4 Certificate of Accreditation

A. Issuance of the Certificate

Programs granted Accredited status will receive a Certificate of Accreditation issued by TWAEA. The Certificate shall be issued in English and in the official language of the country in which the Applicant Institution is located. Where applicable, the Certificate may also indicate the participating quality assurance agencies involved in the accreditation process.

The Certificate serves as formal recognition that the program has successfully completed the T-PIA accreditation process and has demonstrated achievement of the applicable accreditation standards.

B. Information Included in the Certificate

The Certificate of Accreditation shall specify:

- Name of the institution;
- Name of the accredited program;
- Accreditation validity period;
- Participating quality assurance agencies, where applicable.

C. Use of the Certificate

Accredited programs may:

- Display the Certificate at the institution;
- Publish the Certificate on institutional or program websites;
- Refer to the accreditation status in promotional and informational materials;
- Use the Certificate for quality assurance, public accountability, international visibility and credibility purposes.

The Certificate shall not be altered, modified, reproduced, or presented in any false, misleading, or unauthorized manner. The Certificate shall not be used to imply accreditation of programs, courses, delivery modes, campuses, or institutional units not covered by the accreditation result.

6.5 Use of the T-PIA Accreditation Mark

A. Purpose of the Accreditation Mark

The T-PIA Accreditation Mark is an official symbol of accreditation granted under the T-PIA framework. The mark signifies that the accredited program has undergone an international external quality assurance review and has demonstrated achievement of the applicable accreditation standards.

B. Accreditation Mark Categories

Accredited programs shall be authorized to use the corresponding accreditation mark associated with their accreditation level:

- Gold Accreditation Mark;
- Silver Accreditation Mark;
- Bronze Accreditation Mark.

C. Authorized Use

The institution may use the accreditation mark in communications directly related to the accredited program, including:

- Official institutional websites;
- Program websites;
- Brochures and promotional materials;
- Student recruitment materials;
- Quality assurance reports;
- Official publications and presentations;
- Other official communications directly related to the accredited program.

Authorization to use the accreditation mark shall remain valid only during the accreditation validity period.

D. Restrictions on Use

Institutions shall not:

- Use the accreditation mark after the expiration, suspension, withdrawal, or termination of accreditation;
- Use the accreditation mark in a false, misleading, deceptive, or unauthorized manner;
- Imply accreditation of programs, departments, faculties, campuses, or institutional units not covered by the accreditation result;
- Modify, alter, distort, or reproduce the accreditation mark in a manner inconsistent with official design specifications or usage guidelines;
- Use the accreditation mark in any manner that may damage the reputation, credibility, or integrity of TWAEA or participating quality assurance agencies.

TWAEA reserves the right to require the correction, suspension, withdrawal, or discontinuation of the use of the accreditation mark where it determines that the mark has been used improperly or in violation of applicable regulations or guidelines.

6.6 Post-Accreditation Responsibilities

Accredited programs and their institutions are expected to maintain the quality and standards demonstrated during the accreditation review and to continue implementing internal quality assurance and improvement activities throughout the accreditation validity period.

During the accreditation validity period, accredited programs and their institutions should:

- Continue implementing internal quality assurance activities;
- Monitor program performance and student learning outcomes;
- Maintain records of improvement initiatives and quality enhancement activities;
- Follow up on recommendations or areas for improvement identified during the accreditation review;
- Inform TWAEA of significant changes that may affect the accredited program.

Significant changes may include:

- Change of program title;
- Change of degree designation;
- Change in institutional ownership, governance, or legal status;
- Major curriculum restructuring;
- Significant changes in program delivery mode;
- Substantial changes in program resources, faculty composition, or learning environment;
- Program suspension, discontinuation, or closure.

TWAEA may request additional information where such changes may affect the accredited status of the program.

Chapter 7. Appeals

7.1 Right of Appeal

A. Purpose of the Appeals Process

The appeals process is intended to ensure fairness, transparency, and procedural integrity within the T-PIA accreditation framework.

An appeal provides the Applicant Institution with an opportunity to request a review of the accreditation result where it believes that a material factual error, conflict of interest, or other relevant circumstance may have affected the accreditation result.

The appeals process is not intended to serve as a second accreditation review, nor is it an opportunity to submit a substantially revised self-assessment or new evidence that was available but not provided during the original accreditation process.

B. Eligibility to Appeal

An Applicant Institution may submit an appeal against an accreditation result after receiving the official notification from TWAEA.

Appeals should be based on one or more of the following grounds:

- Material factual errors in the accreditation report that may have affected the accreditation result;
- Evidence that an actual, potential, or perceived conflict of interest may have influenced the review process;
- Other circumstances that may have materially affected the fairness, independence, or integrity of the accreditation review.

C. Matters Not Normally Subject to Appeal

The following matters are generally not considered valid grounds for appeal:

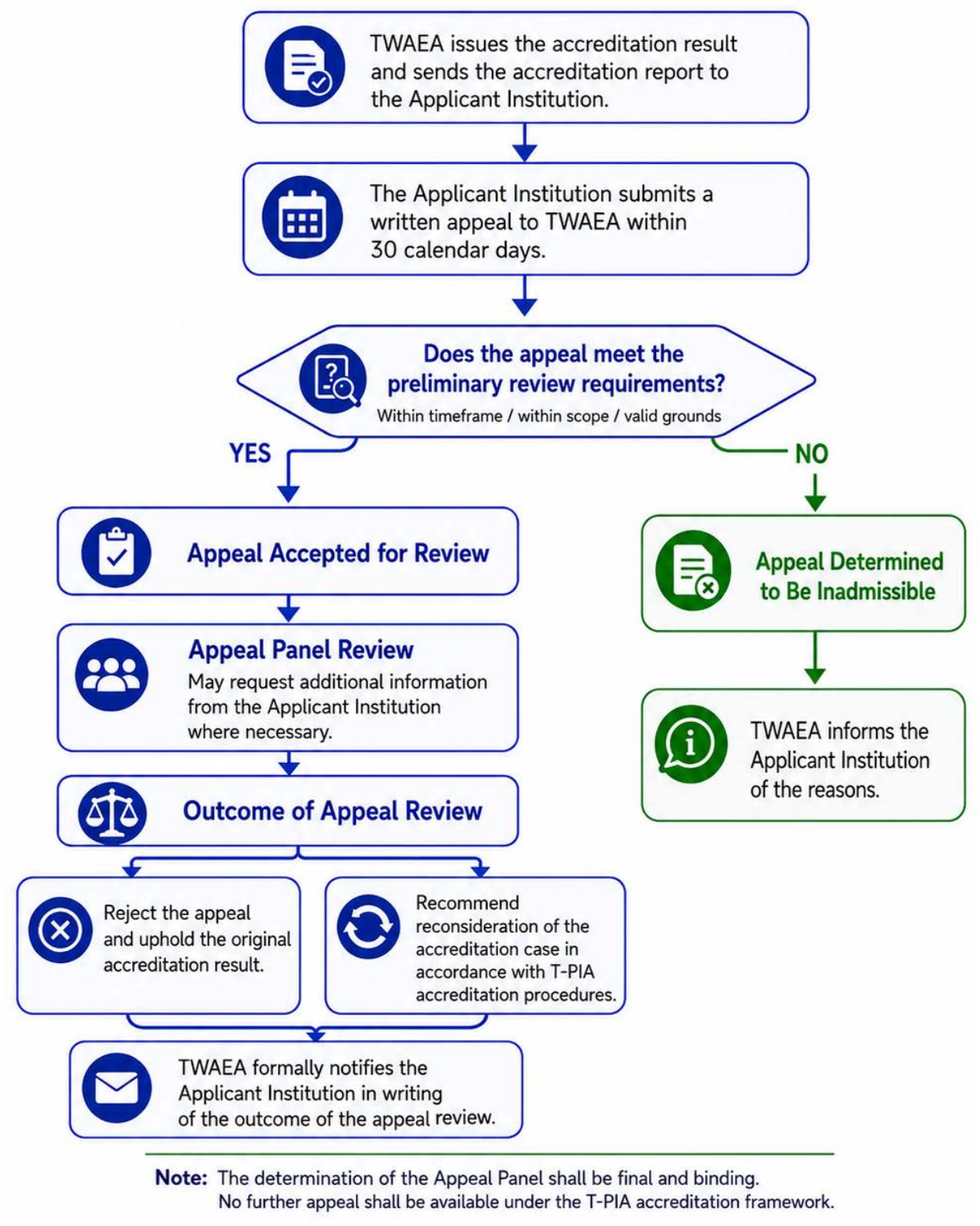
- Disagreement with the professional judgment of the Review Team or the International Accreditation Committee;
- Dissatisfaction with recommendations, observations, or areas for improvement included in the accreditation report;
- Submission of evidence that was available but not provided during the accreditation process;
- Changes or improvement actions implemented by the institution after completion of the site visit;
- Requests for reconsideration based solely on the institution's preferred accreditation level or validity period.

D. Time Limit for Submission

An appeal shall be submitted to TWAEA within thirty (30) calendar days from the date on which the Applicant Institution receives the official notification of the accreditation result. Appeals submitted after this period may not be considered.

7.2 Appeal Procedures

The Applicant Institution shall submit a written appeal to TWAEA within the prescribed timeframe, clearly stating the grounds for appeal and providing relevant supporting documentation. TWAEA shall conduct a preliminary review to determine whether the appeal is admissible and may request additional information where necessary. The appeal procedures are illustrated in the flowchart below.



[Figure 4] Appeal Procedures

7.3 Principles Governing the Appeals Process

The appeals process shall be guided by the following principles:

- **Fairness:** Appeals shall be considered objectively and in accordance with established procedures;
- **Independence:** Appeal reviewers shall be independent of the original accreditation review;
- **Transparency:** Procedures, grounds for appeal, and outcomes shall be clearly communicated;
- **Confidentiality:** Information obtained during the appeal review shall be used solely for the purpose of the appeal;
- **Due process:** The Applicant Institution shall have a fair opportunity to present its grounds for appeal;
- **Integrity:** The process shall protect the credibility and reliability of the accreditation system.

The appeals process reflects TWAEA's commitment, together with participating quality assurance agencies where applicable, to maintaining a credible, transparent, and internationally recognized accreditation framework.


T-PIA
Program-level
International Accreditation