Institutional Self-Accreditation Status Audit Plan

UNIMAS
UNIVERSITI MALAYSIA SARAWAK
ACADEMIC QUALITY ASSURANCE DIVISION

Task Force Swaakreditasi UNIMAS

UNIMAS
UNIVERSITI MALAYSIA SARAWAK
ACADEMIC QUALITY ASSURANCE DIVISION

ACADEMIC QUALITY ASSURANCE DIVISION

UNIMAS

Towards self accreditation

KETUA PEGAWAI EKSEKUTIF
(Chief Executive Officer)
AGENSI KELAYAKAN MALAYSIA
(Malaysian Qualifications Agency)
Mercu MQA
No. 3539, Jalan Teknokrat 7, Cyber 5
63000 Cyberjaya
Selangor Darul Ehsan

Tel: +603 8688 3611 | Faks: +603 8688 3600

NO GIFT POLICY

Ruj. Kami : MQA.600-2/5/1 (S) (6)
Tarikh : 7 Oktober 2025

YBhg. Prof. Dr. Ahmad Hata Rasit
Naib Canselor
Universiti Malaysia Sarawak (UNIMAS)
94300 Kota Samarahan
SARAWAK

YBhg. Prof.,

PERMOHONAN STATUS SWAAKREDITASI

Dengan hormatnya saya merujuk kepada surat rujukan UNIMAS/NC-32/03-04 Jilid 14 (25) bertarikh 15 Mac 2022 berhubung perkara di atas.

2. Berdasarkan kepada surat YB Menteri Pendidikan Tinggi, pihak Universiti Malaysia Sarawak (UNIMAS) perlu mematuhi syarat-syarat seperti mana ketetapan yang dinyatakan dalam surat rujukan MQA.600-2/5/1(S)(2) bertarikh 24 Oktober 2023.

3. Lanjutan daripada itu, pihak Agensi Kelayakan Malaysia (Malaysian Qualifications Agency, MQA) telah meneliti dan mengesahkan bahawa UNIMAS telah mematuhi syarat-syarat tersebut. Selaras dengan Peraturan-peraturan Agensi Kelayakan Malaysia (Audit Institusi) 2011, UNIMAS dimohon untuk mengambil tindakan berikut:

i. Mengemukakan dokumen MQA-03: *Self-Review Portfolio* sebanyak satu Salinan bercetak dan tujuh *soft copy*; dan

ii. Borang C – Permohonan bagi Perakuan Status Swaakreditasi yang boleh dimuat turun melalui pautan https://www.mqa.gov.my/pv4/pubs_form.cfm.

4. Pihak UNIMAS adalah dimohon untuk mengemukakan dokumen yang dinyatakan di perkara 4 dalam tempoh enam (6) bulan dari tarikh surat ini. Sekiranya UNIMAS tidak mengemukakan dokumen dalam tempoh yang ditetapkan, jemputan bagi status swaakreditasi di bawah seksyen 61 Akta Agensi Kelayakan Malaysia 2007 [Akta 679] boleh disifatkan ditarik balik selaras dengan Peraturan 8(3) Peraturan-Peraturan Agensi Kelayakan Malaysia (Audit Institusi) 2011.

www.mqa.gov.my | OFFICIAL: Agensi Kelayakan Malaysia (MQA) | @MQAMalaysia | MQAMalaysia

23 June 2022	**17 August 2023**	**13 July 2023**	**24 October 2024**	**18-19 September 2024**	**7 October 2025**	**3-4 December 2025**
Application to obtain Self-Accreditation Status to MQA	Presentation to the Self-Accreditation Pre-Audit Steering Committee	Compliance Audit Instruction from MQA for 36 PG programmes	Received invitation for Self-Accreditation Application from the KPT (with conditions)	Compliance audit (33 postgraduate programme)	Invitation to submit MQA-03 : Self Review Portfolio	Compliance audit (24 undergraduate programmes and 1 postgraduate programme)

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UNIMAS

Towards self accreditation

23 June 2022

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ASEAN MALAYSIA 2025

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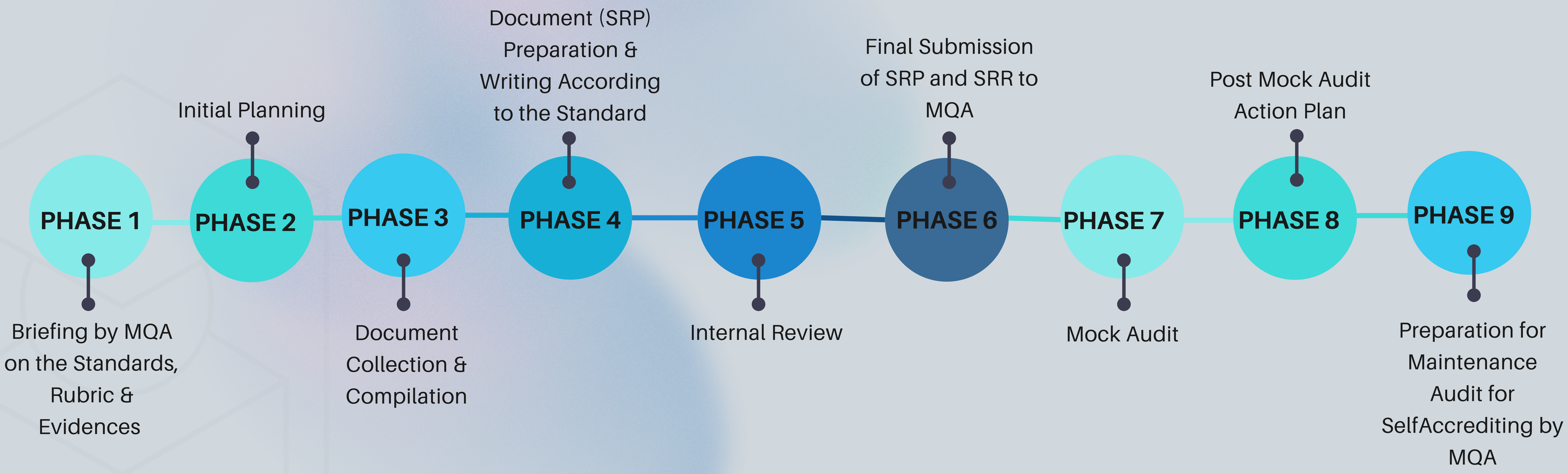
MQA-03 Preparation Phase



Phase 1
MQA Briefing

Document submission
Deadline to MQA
BEFORE 7 April 2026

Prof. Sr. Ir. Dr. Hj. Suhaimi Bin Abd Talib
Mantan Penolong Naib Canselor (PNC)
Kolej Pengajian Kejuruteraan
UITM

Proposed Date: 16 December 2025

Attendees:
Top management, Mdekan, JKE, PKA,
SRP taskforce

STANDARDS, RUBRIC AND EVIDENCES

MQA-03 DOCUMENT PREPARATION: SELF-REVIEW PORTFOLIO (SRP)

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Phase 2
Initial Planning

Understanding the Standards, Rubrics and Evidences

- Familiarization and understanding of the standards, rubric and evidences.
- Conduct gap analysis- identify discrepancies between current practices and the required standards.
- Identify and list required document based on the standard

Setting up taskforce

- Taskforce (and TOR) for SRR, SRP preparation, including proofreaders and template designer
- Identify PIC and point of reference for each area, sub area and corresponding standard.
- Appointment of taskforce

Timeline and Action Plan

- Timeline and action plan:
  - Narrative template
  - SRP preparation
  - SRR (Internal audit)
  - Document review
  - Document and audit CQI
  - Submission

Phase 3
Document Collection & Compilation

01 SRP narrative and evidences

02 Check on the policies/ procedures – update/ create to fullfil the rubric

03 Develop new policy/procedure/proces s if needed

04 (New/Revisit/Revise documented information)

05 Document review - accuracy/ relevance of document

Phase 4

Document Preparation & Writing

1. FGD with respective area - by area
   11 - 16 Dec 2025

2. Coordination Meeting and 2 days Writing Workshop - by area
   19 Dec 2025 - 9 Jan 2026

3. First draft presentation by area leader - by slot
   12 - 16 Jan 2026

4. Second draft presentation by area leader - by slot
   19 –23 Jan 2026

5. Final document update and compilation (BJKA)
   26 –30 Jan 2026

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Phase 5 Internal Review

4 Feb 2026

Internal Auditor Briefing

- Internal Auditor Briefing
- SRP requirements and template report
- Highlight on concerns and need provides recommendations for quality improvement.

16 Feb 2026

Document Review by Auditor

- 2 weeks

23-27 Feb 2026

Audit Session

- The audit will be carried out using a viva voce approach
- Audit - parallel session
- Date : tbc

2 - 9 March 2026

Audit report and Action Plan

- Preparation of internal audit report
- Area Leader update SRR based on comment
- Final report reconciliation by internal auditor
- Reporting to top management

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Phase 6
Final Submission to MQA

01	Finalizing SRR & SRP documents for MQA submission	10 -13 March 2026
02	Proofreading	13 -20 March 2026
03	Fit the document into editor design	21- 27 March 2026
04	Document printing	28- 30 March 2026
05	Document submission	1st April 2026

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Phase 7
Mock Audit

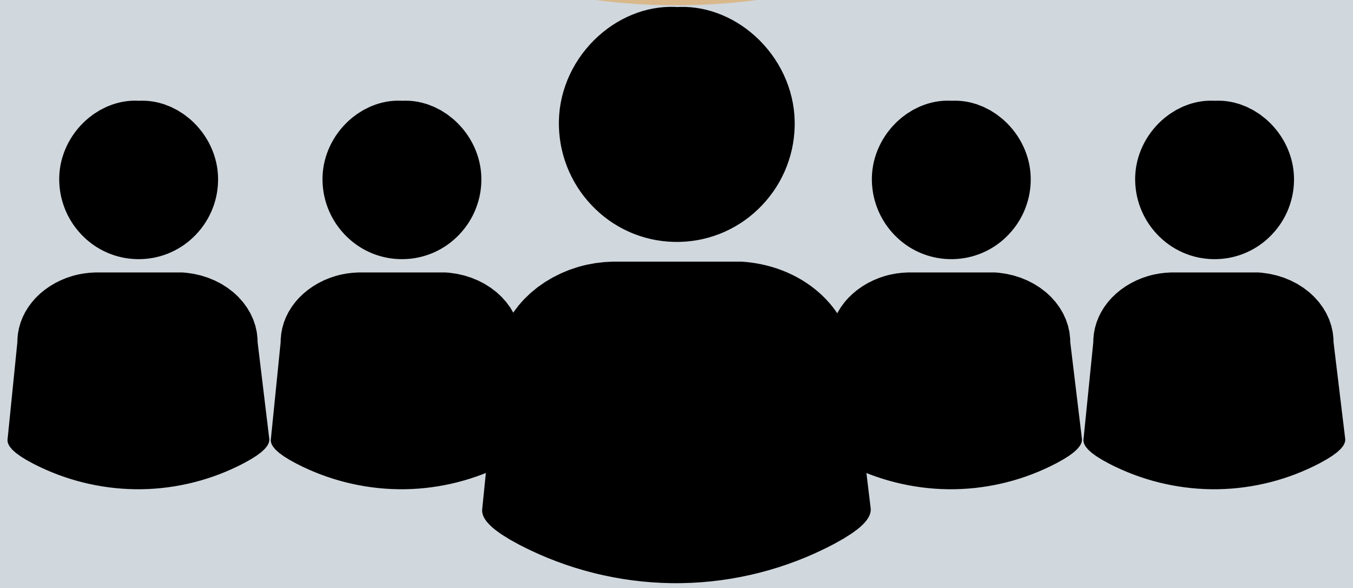
Mock Audit for Self Accreditation Audit

3 DAYS

Proposed Date: First/ Second week of May

5

external auditors experienced in institutional audit



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Phase 8
Mock Audit Action Plan

Mock Audit Report

- Coordination meeting with Auditors
- Special consultation with Lead Auditor on the findings and Action Plan

Presentation to top management

- BJKA resent full mock audit report and corrective action to be taken by respective PtJ to VC

Implement Corrective Action

- Corrective Action need to be settled by 30 July 2026
- BJKA monitors the progress of corrective actions, and all outstanding issues are to be reported to the VC

Phase 9
Preparation for Institution Audit by MQA

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Benchmarking

Preparation, tips and trick for institutional audit

Awareness for UNIMAS community

Poster/Bunting/pamphlet related to institutional audit (including infographic, email/ reminder etc)

Roadshow

Roadshow and briefing to External and Internal stakeholders

Coordination Meeting

- Logistic Preparation
- PTj to be audited
- Staff/Students
- Prepare potential questions

Task for today

Identify documents/ process/ procedures related to the respective area

Taskforce folder

COPIA

COPIA was developed to assist institutions to enhance:

- quality provisions through the self-review and
- internal assessment processes
- the external audit conducted by the MQA.

Guidelines in COPIA are:

- aimed at helping HEP attain AT LEAST benchmarked standards in each aspect of higher education and stimulate them to continuously improve their programmes.
- designed to encourage diversity of approach that is compatible with national and global human resources requirements.
- define standards for higher education in broad terms, within which individual HEPs can design their programmes of study and to appropriately allocate resources in accordance with their stated vision, mission, educational goals and learning outcomes.

COPIA: Benchmarked and Enhanced Standards

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- **Benchmarked standards** are standards that must be met and its compliance demonstrated during an institutional audit. These are **MINIMUM** standards expected of an institution of higher learning. Institutions of higher learning are expected to fulfil all the benchmarked standards. However, some of these standards may not be applicable to certain institutions or in certain situations, for which the institution involved must justify this exception.

- **Enhanced standards** are standards that should be met as the institution strives to continuously improve itself.

The use of two levels of standards recognises the fact that HEPs are at different stages of development and emphasises that quality improvement is a continual process.