

REGULATIONS

on the Education Quality Management System of Jalal-Abad International University (JAIU)

1. General Provisions

1.1. These Regulations on the Education Quality Management System of Jalal-Abad International University (hereinafter referred to as the Regulations, QMS, University, JAIU) define the objectives, principles, structure, participants, and mechanisms for the operation and development of the education quality management system at JAIU.

1.2. These Regulations have been developed in accordance with:

1. the legislation of the Kyrgyz Republic in the field of education;
2. the Charter of JIU;
3. the State Educational Standards of the Kyrgyz Republic;
4. the requirements of national and international accreditation agencies (NAAR, AOPO, etc.);
5. the principles and requirements of international quality standards, including ISO 9001:2015, ESG/ENQA, and WFME (for medical education).

1.3. The JAIU QMS is a set of objectives, principles, processes, resources, documents, and management mechanisms aimed at ensuring and continuously improving the quality of the University's educational programs, research, clinical, and other activities.

1.4. The scope of these Regulations extends to all students, faculty and staff, administrative personnel, structural units, as well as partner organizations involved in the implementation of JAIU's educational programs.

1.5. JAIU's QMS is based on process- and risk-oriented approaches, the application of the PDCA (Plan-Do-Check-Act) cycle, the principles of student-centered learning, and a competency-based model for graduate training.

1.6. These Regulations serve as the foundational quality document for all local regulations governing JAIU's educational, scientific, clinical, administrative, and other activities. All local regulations concerning the quality of education must comply with these Regulations.

2. Mission, Vision, and Quality Policy

2.1. Mission of JAIU

2.1.1. The mission of Jalal-Abad International University is defined as follows:

“To prepare a new generation of professionals through the integration of cutting-edge educational technologies and scientific research, capable of addressing global challenges of sustainable social development and ready for healthy competition in the labor market.”

2.1.2. The mission is implemented through:

1. the development and implementation of competitive educational programs in Russian, Kyrgyz, and English;
2. the integration of education, science, clinical practice, and digital technologies;
3. training specialists capable of professional mobility and working in an international multicultural environment;
4. contributing to the sustainable socio-economic development of Kyrgyzstan, Central, and South Asia.

2.2. Vision of JAIU

2.2.1. JAIU's vision is formulated as follows:

JAIU strives to be an internationally recognized university providing high-quality medical, engineering, and IT education, accredited by national and international agencies, serving as the preferred place of study for students from Kyrgyzstan, Central and South Asian countries, and fostering a multilingual global academic community.

2.2.2. To realize this vision, the University:

1. develops a network of partnerships with universities, clinics, research centers, and employers in Kyrgyzstan and abroad;
2. expand the range of English-language and bilingual educational programs;
3. creates an international educational environment that takes into account the cultural and linguistic diversity of students;
4. is implementing the digital transformation of the educational process and administration.

2.3. Quality Policy

2.3.1. JAIU's Quality Policy defines the general framework, principles, and objectives of the University's activities in the field of ensuring and developing the quality of education, research, and clinical practice.

2.3.2. The quality policy is based on the following strategic priorities:

1. **International Competitiveness**

JAIU's educational programs are developed and implemented in accordance with national and international standards, ensuring the recognition of diplomas and the academic and professional mobility of graduates.

2. **Student-centered and competency-based learning**

Education is focused on developing students' professional competencies, clinical reasoning, research and digital skills, as well as their ability for self-directed learning and critical thinking.

3. **Integration of education, science, and practice**

The university ensures the participation of students and faculty in scientific research, clinical, and project activities, and employs evidence-based approaches in teaching and management.

4. **Digital Transformation and Innovation**

JAIU implements modern digital technologies: LMS, electronic journals, simulation and virtual platforms, elements of artificial intelligence, online courses, and hybrid learning formats.

5. **Sustainable Development and Social Responsibility**

The university takes into account sustainable development goals, promotes a culture of healthy living, environmental and social responsibility, and actively engages with the local community and regions of Kyrgyzstan.

6. **Continuous Quality Improvement**

JAIU systematically collects and analyzes data on learning outcomes, student and employer satisfaction, and the results of accreditations and monitoring, and implements corrective and preventive actions.

2.3.3. The quality policy is implemented through a system of quality objectives approved by the rector and broken down to the level of faculties, departments, educational programs, and individual faculty members' plans.

2.3.4. The quality policy and these Regulations shall be reviewed on a regular basis (at least once every 3–5 years or whenever there are significant changes in external requirements), taking into account the results of internal and external quality assessments.

3. Stakeholders and the Quality Management Model

3.1. Key Stakeholders

3.1.1. The key stakeholders in the field of educational quality at JAIU are:

1. students (local and international students);
2. faculty and administrative staff;
3. employers, clinical sites, and partner organizations;
4. state education authorities;
5. accreditation agencies and professional associations;
6. the local community and civic organizations;
7. international partners.

3.1.2. Mechanisms for engaging with stakeholders include:

1. participation of stakeholder representatives in University councils and committees;
2. surveys and satisfaction polls;
3. coordination and review of educational programs;
4. joint projects, internships, research;
5. regular updates via the website, reports, and public events.

3.2. Levels of Quality Management

3.2.1. Quality management at JAIU is carried out at the following levels:

1. **Institutional level** – the rector, vice rectors, the Quality Council, and the Academic Council;
2. **Faculty level** – deans, faculty councils, quality committees;
3. **Program level** – heads of educational programs, teaching and methodological committees;
4. **Departmental level** – department chairs, teaching groups;
5. **Individual level** – faculty members, academic advisors, academic group supervisors.

3.2.2. At each level, the following are defined:

1. authority and responsibility for quality;
2. planning and implementation of quality assurance measures;
3. mechanisms for reporting and analyzing results.

3.3. Roles and Responsibilities

3.3.1. Rector:

1. bears overall responsibility for the operation and development of the JAIU QMS;
2. approves the Quality Policy, quality objectives, and key local regulations;
3. provides resource support for the implementation of the QMS.

3.3.2. Vice Rectors (for Academic Affairs, Research, International Cooperation, etc.):

1. implement the Quality Policy in their respective areas of activity;
2. coordinate the work of structural units on quality assurance;
3. organize internal evaluation and preparation for external accreditation.

3.3.3. Deans of faculties:

1. ensure the quality of educational programs at the faculty;

2. monitor the implementation of curricula, academic performance, and assessment results;
 3. organize internal quality monitoring activities.
- 3.3.4. Heads of educational programs:
1. are responsible for the development, regular review, and implementation of educational programs, ensuring their compliance with standards and stakeholder requirements;
 2. analyze learning outcomes, academic performance indicators, and feedback from students and employers;
 3. prepare proposals for improving educational programs.
- 3.3.5. Department Chairs and Faculty Members:
1. ensure the methodological quality of courses, the quality of instruction, assessment, and independent study;
 2. participate in the development of course outlines, assessment criteria, and rubrics;
 3. uphold academic integrity and foster a culture of quality.
- 3.3.6. Support units (library, IT department, international office, quality department, etc.):
1. provide the resources and services necessary for a high-quality educational process;
 2. participate in quality monitoring and the implementation of corrective actions.

4. Quality Management System Processes

(briefly, to avoid overloading; can be expanded if necessary)

4.1. The main QMS processes include:

1. development, review, and approval of the educational program;
2. organization and implementation of the educational process;
3. assessment of learning outcomes (ongoing, midterm, and final assessments, state certification);
4. organization of internships, clinical training, and final-year projects;
5. development of human resources and professional development of faculty;
6. provision of material, technical, informational, and digital resources.

4.2. Processes are described in local regulations (provisions, rules, and instructions) and are supported by corresponding forms and records.

5. Monitoring, Internal Evaluation, and Accreditation

5.1. Quality monitoring is conducted on an ongoing basis and includes:

1. analysis of student academic performance and evaluations;
2. surveys and questionnaires for students, faculty, and employers;
3. internal audits and self-assessment of educational programs and the University;
4. analysis of external evaluation results (accreditation, inspections, rankings).

5.2. Monitoring results are used for:

1. making management decisions;
2. developing improvement plans and roadmaps;
3. updating the educational program, curricula, and FOS;
4. adjusting quality policies and objectives.

5.3. Quality Awareness and Communication

5.3.1. The purpose of this section is to ensure **that** staff and students **are aware** of the Quality Policy, quality objectives, the structure, and changes to the JAIU Quality Management System, as well as to establish uniform **official channels of communication** regarding quality.

5.3.2. The University ensures that all staff and students:

1. are familiar **with the mission, vision, and Quality Policy of JAIU**;
2. understand their **roles and responsibilities** within the QMS;
3. are promptly informed of changes to the QMS, monitoring results, and improvement plans.

5.3.3. Forms and mechanisms of communication

Awareness of quality issues among faculty, administrative staff, and students is ensured through:

- a) holding **orientation and annual meetings** (Academic Council, Quality Council, methodological councils, faculty and department meetings) with quality and QMS issues included on the agenda;
- b) **orientation events** for newly hired staff and first-year students (introductory training on the QMS, academic integrity, working in the eBilim LMS, etc.);
- c) posting of up-to-date information:
 1. on **the university's official website** (sections: "Quality Management System," "Documents," "Accreditation");
 2. in **the eBilim LMS** (announcements, program sections, electronic syllabi, regulations);
 3. on **the university's local network** (public folders, internal portals—if available);
- d) sending **official emails** via the corporate email system (@jaiu.kg) containing decisions by management and the Quality Council, notifications of changes to the QMS, and local regulations;
- e) **orders and directives from the rector/vice rectors**, communicated to departments through the records management office, the Academic Affairs Office, and department heads;
- f) information **stands and bulletin boards** in academic buildings, clinical sites, and faculties (key excerpts from the Quality Policy, QMS diagrams, and instructions for inquiries and complaints);
- g) regular updates for students during **academic advising sessions, academic group meetings**, and student government meetings.

When working with international students, information on the QMS, key regulations, and academic integrity is provided in **Russian and English** (if necessary, in Kyrgyz and English).

5.3.4. Official communication channels regarding quality issues

5.3.4.1. **Official communication channels** regarding quality include:

1. official **orders, directives, and minutes** (Academic Council, Quality Council, methodological councils, Rector's Office);
2. **the university's official website**;
3. **LMS eBilim** (announcements, messages regarding study programs and courses, feedback sections);
4. corporate **email** for staff and departments;
5. official **memos, letters, and reports** prepared in accordance with the requirements of the Higher Education Institution;
6. **questionnaires and surveys** conducted by the Academic Quality Monitoring Committee and the Academic Affairs Office (including via eBilim, Google Forms, etc.), included in the quality monitoring regulations.

5.3.4.2. The use of **messaging apps and informal chat platforms** (WhatsApp, Telegram, etc.) is permitted only as an auxiliary channel for operational communication and **does not replace** official channels. Decisions and documents affecting the QMS must be formalized and communicated through the official channels specified in section 5.7.4.1.

5.3.5. Responsibility for Information and Communication

5.7.5.1. The Rector and Vice Rectors:

1. ensure that quality and QMS issues are included on the agenda of key collegial bodies;
2. approve the Quality Policy and key QMS decisions and ensure they are communicated to all interested parties.

5.3.5.2. Academic and Information Department (AID):

1. publishes and updates QMS documents and information on educational programs on the official website and in eBilim;
2. provides methodological support to faculties and departments regarding QMS communication.

5.3.5.3. Internal Monitoring and Quality Department (IMQD):

1. organizes and coordinates communications regarding the results of monitoring, internal audits, surveys, and accreditations;

2. prepares analytical reports, summaries, and recommendations, and communicates them to the administration, faculty, and students through official channels.

5.3.5.4. Deans and department chairs:

1. organize the dissemination of information regarding the Policy, objectives, and changes to the QMS to faculty and students of the faculty/department;
2. include quality and QMS issues on the agenda of faculty and department meetings and academic advising sessions.

5.3.5.5. Program Directors:

1. ensure that students and faculty involved in the educational program are informed about the program's specific quality requirements (program structure, assessment system, accreditation requirements, etc.);
2. organize feedback (surveys, meetings with students, employers, and clinical sites) and report the results to the Academic Quality Management Committee/Quality Council.

5.7.6. Awareness and Engagement

5.3.6.1. The university provides regular **training and information** to staff on the following topics:

1. Quality policies and objectives;
2. changes to the QMS and local regulations;
3. new requirements from accreditation agencies and the State Educational Standards.

5.3.6.2. Evidence that staff have reviewed key QMS documents (Policy, QMS Regulations, regulations on quality monitoring, academic integrity, etc.) is recorded:

1. in the form of **acknowledgment sheets**,
2. or electronic confirmations in the eBilim LMS / electronic document management system.

5.3.6.3. Feedback on quality issues (suggestions, comments, and inquiries from employees and students) is collected and processed in accordance with **the regulations for handling inquiries and complaints**, and information about the decisions made is communicated to interested parties through official channels.

6. Academic Integrity and Ethics

6.1. Academic integrity is a key element of JAIU's QMS.

6.2. The University has in place:

1. Regulations on Academic Integrity and the Prevention of Plagiarism;
2. Code of Ethics for Faculty and Staff;

3. Regulations on the Academic Integrity Commission.

6.3. Violations of academic integrity are addressed in accordance with established procedures and result in disciplinary action.

7. QMS Document Flow and Document Register

7.1. The QMS document flow at JAIU includes:

1. these Regulations;
2. the Quality Policy;
3. the register of quality regulatory documents;
4. regulations, rules, instructions, standard operating procedures (SOPs), forms, and templates;
5. reports on monitoring, auditing, accreditation, etc.

7.2. A unified **QMS document registry** is maintained, which specifies:

1. document code;
2. title;
3. level (university, faculty, program, department);
4. department responsible for the document;
5. date of approval and revision;
6. status (active, under review, archived).

7.3. Management of QMS documents is carried out in accordance with the Regulations on the System of Regulatory Documents of JAIU and the rules for working with electronic documents (LMS, electronic registrar's office, etc.).

7.4. These Regulations shall enter into force upon approval by order of the Rector of JAIU. All previously applicable QMS regulations adopted prior to the approval of these Regulations may be deemed invalid or brought into compliance with this version.

Appendix: QMS Document Register

1. Coding Logic

Document code: QMS-XX-YY

XX – block:

01–09 – strategic and general documents

10–19 – management and accountability

20–29 – educational process

30–39 – supporting processes

40–49 – internal quality assurance

50–59 – Academic integrity and ethics

60–69 – Risks, Safety, and Improvements

70–79 – document management and registry

YY – sequential number within the block.

Level:

U – university

F – Faculty

OP – educational program level

D – Departmental

Status:

“active” / “update” / “develop” (you can enter this yourself).

2. Sample Register of QMS Documents at JAIU

Section A. Strategic and General Documents

Code	Document Title	Level	Owner (Department)	Status
SMK-01-01	Charter of Jalal-Abad International University	U	Office of the President / Legal Department	in effect
SMK-01-02	Strategic Development Plan of JAIU	U	Rector's Office / Strategic Development Department	Update
SMK-01-03	Mission and Vision of JAIU (separate LNA / section of the strategy)	U	Rector's Office	update
SMK-01-04	JAIU Policy on the Quality of Education	From	Rector's Office / Quality Department	Develop
QMS-01-05	Regulations on the Quality Management System for Education at JAIU (current)	U	Quality Department / Academic Council	Update

Block B. Management and Responsibility

Code	Document Title	Level	Owner	Status
SMK-10-01	Regulations on the Academic Council of JAIU	To	Rector's Office / Academic Council	Update

SMK-10-02	Regulations on the JAIU Council for Educational Quality	U	Quality Department	Develop
SMK-10-03	Regulations on the Methodological Council of JAIU	U	UIO / Methodological Department	Update
SMK-10-04	Regulations on the Educational and Information Department (EID)	U	UIO	update
SMK-10-05	Regulations on the Internal Monitoring and Quality Department (Quality Service)	U	Quality Department	Develop
SMK-10-06	Regulations on the Faculty (Model)	F	Dean's Office	update
SMK-10-07	Department Regulations (Model)	K	Deans / Department Chairs	update
SMK-10-08	Job Descriptions for the Rector and Vice Rectors (including the Quality Section)	U	Human Resources Department / Rector's Office	Update
SMK-10-09	Job descriptions for deans, department chairs, and heads of educational programs	Faculty/Educational Programs	Human Resources Department / Deans' Offices	Update

Section C. Documents on the Educational Process

Code	Document Title	Level	Owner	Status
SMK-20-01	Regulations on the Educational Program (General Requirements for the Educational Program)	U	Educational Institution / Quality Department	Develop
SMK-20-02	Regulations for the Development, Review, and Approval of Educational Programs	U	UIO	Develop
SMK-20-03	Regulations on the Organization of the Educational Process Using the Credit System	U	UIO	update
SMK-20-04	Regulations on the Student Assessment System	U	UIO / Quality Department	update
SMK-20-05	Regulations on Ongoing, Midterm, and Final Assessments	At	UIO	update
SMK-20-06	Regulations on the Assessment Fund (AF)	U	UIO / Quality Department	Update
SMK-20-07	Regulations on Independent Student Work (ISW/ISR)	U	UIO	update
SMK-20-08	Regulations on Internships	U	UIO / Specialized	update

	and Theses (Model)		Departments	
SMK-20-09	Regulations on Distance and E-Learning (LMS eBilim, etc.)	U	UIO / IT Department	Develop
SMK-20-10	Standard structure and template for the course syllabus	OP	UIO / Departments	Develop
SMK-20-11	Program Description (for each program, e.g., OP "General Medicine")	Educational Program	Program Directors	update

Block D. Supporting Processes

Code	Document Name	Level	Owner	Status
SMK-30-01	Regulations on the Personnel Policy of JAIU	U	Human Resources Department	shall develop
SMK-30-02	Regulations on the Human Resources Department	U	Human Resources Department	update
SMK-30-03	Regulations on the Distribution of Teaching and Clinical Workloads for Faculty Members in the Educational Program	U/F	Academic Units / Deans' Offices	Develop
SMK-30-04	Regulations on the Professional Development of Faculty Members, NMO/CPD	U	Human Resources Department / UIO	Develop
SMK-30-05	Regulations on the Library and Information Services	U	Library	update
SMK-30-06	Regulations on IT Services and Digital Infrastructure	U	IT Service	Develop
SMK-30-07	Regulations on the Simulation Center / Preclinical Training	U/F	Simulation Center / UIO	Develop
SMK-30-08	Regulations on Clinical Training Sites and Clinical Instructors	U/F	Dean's Office / Clinical Department	Develop
SMK-30-09	Regulations on Material and Technical Support for Educational Programs	U	Administrative Department / UIO	Develop

Block E. Internal Quality Assurance

Code	Document Title	Level	Owner	Status
SMK-40-01	Regulations on the Internal Education Quality Assurance System	U	Quality Department	shall develop
SMK-40-02	Quality Monitoring Regulations (questionnaires, indicators, frequency)	To	Quality Department / UIO	Develop
QMS-40-03	Regulations on Internal Auditing and Self-Assessment of the Educational Program and the University	U	The Quality Department	Develop

QMS-40-04	Regulations on the Analysis of Academic Performance Results, Midterm, Interim, and Final Assessments	U	UIO / Quality Department	Develop
SMK-40-05	Regulations for the analysis of individual plans and annual reports of teaching staff	U	UIO / Human Resources Department	Develop
SMK-40-06	Regulations for Handling Student Inquiries (Complaints, Suggestions)	U	Quality Department / Dean's Offices	Develop
SMK-40-07	Report forms for monitoring, internal audits, and improvement plans	To	Quality Department	Develop

Block F. Academic Integrity and Ethics

Code	Document Title	Level	Owner	Status
SMK-50-01	Regulations on Academic Integrity and the Prevention of Plagiarism at JAIU	U	Quality Department / UIO	Develop
SMK-50-02	Regulations on the Academic Integrity Commission	U	Quality Department	Develop
SMK-50-03	Student Code of Academic Integrity	To	Dean's Offices / Student Affairs Office	Develop
SMK-50-04	Code of Ethics for Faculty and Staff	U	Human Resources Department / Quality Department	Update
SMK-50-05	Regulations for Checking Theses and Written Works for Plagiarism	U	UIO / IT Department	Develop

Block G. Risks, Safety, and Improvements

Code	Document Title	Level	Owner	Status
SMC-60-01	Regulations on Risk and Opportunity Management at the University	U	Rector's Office / Quality Department	Develop
SMK-60-02	Regulations on Occupational Health and Safety	U	Occupational Health and Safety Service	Update
SMK-60-03	Regulations on the JAIU Medical Clinic	U	Medical Clinic / Administrative Service	Develop
SMK-60-04	Regulations for the Development and Implementation of Improvement Plans (CAPA, Roadmaps)	To	Quality Department	Develop

Unit H. Document Flow and Registry

Code	Document Title	Level	Owner	Status
SMK-70-01	Regulations on the System of Regulatory Documents of JAIU	To	Administrative Office / Legal Department	Develop
SMK-70-02	Regulations for Maintaining the QMS Document Registry	To	Quality Department	Develop

QMS-70-03	Regulations for the Development, Coordination, Approval, Record-Keeping, and Revision of Local Regulations	U	Legal Department / Administrative Office	Develop
SMK-70-04	Regulations for Working with Electronic Documents (eBilim, e-Archive, EDO)	U	IT Department / UIO	Develop

Appendix

COMMUNICATION MAP OF THE QMS AT JAIU

1. Internal communications (administration – faculty – staff – students)

N o.	Target Audience	Information Content	Format / Channel	Frequency	Responsible	Document / Record
1	All employees (faculty, administrative staff)	Mission, vision, Quality Policy, quality objectives	University-wide meeting, Academic Council, email distribution, website	Once a year and upon updates	Rector, Vice Rector for Quality, Quality Management Committee	Minutes, orders, presentation, website publication
2	Faculty, department chairs	Changes to the QMS, regulations, audit results, improvement plans	Department meetings, teaching councils, corporate email, eBilim	Quarterly or as needed	Vice Rector for Academic Affairs, Academic Affairs Office, Academic Information Office	Meeting minutes, letters, OVMK reports
3	Deans, program directors	Program KPIs, monitoring results, risks, and improvement plans	Dean's meetings, Quality Council, reports	At least twice a year	Vice Rector for Academic Affairs, Academic Affairs Department, Academic Information Office	Minutes of the Quality Council, program reports
4	Faculty members for specific	Structure of educational	Department/Educational Program meetings, eBilim	At the beginning of the	Program director, dean,	Minutes, updated program

	educational programs	l programs, curriculum changes, accreditation requirements	(Educational Program section), email	year and when changes occur	academic affairs office	descriptions, curricula
5	New staff (faculty, administrative staff)	Orientation on the QMS, academic integrity, eBilim	Orientation session, document package, online course	Upon hiring	Human Resources Department, Academic Affairs Office, Office of Academic Integrity	Orientation sheets, introductory training program
6	First-year students	Mission, Quality Policy, Academic Regulations, Academic Integrity	Orientation week, advising hours, website, eBilim	At the beginning of the academic year	Dean's Offices, Academic Advisors, OVMK	Minutes, materials from academic advisor sessions, , handouts
7	All students	Changes to grading policies, exam schedules, OSCE, SMK	Announcements on eBilim, website, bulletin boards, email	As needed (at least once per semester)	Academic Units, Deans' Offices, Examination Committee	Screenshots of announcements, orders, schedules
8	Students in the "LD" program, clinical disciplines	Requirements for clinical practice, WBL, logbooks, patient safety	Pre-practice briefing, supervision hours, eBilim	Before the start of each practice / cycle	Dean of Clinical Affairs, Heads of Clinical Departments	Instruction logs, logbooks, practice programs
9	International students	Key provisions of the QMS, academic integrity, support resources	Presentations and handouts in English, website, eBilim, meetings with the coordinator	At the beginning of the year and when changes occur	Office of International Relations, Dean's Offices, OVMK	Materials in English, information sheets

2. Communications with external stakeholders

No.	Stakeholder	Information content	Format / Channel	Frequency	Responsible	Document / record
1	Ministries and Government Agencies	Licensing, quality reports, compliance with GOST requirements	Official letters, reports, and government agencies' electronic systems	By established deadlines	Rector, Vice Rector for Academic Affairs	Outgoing correspondence, reports
2	Accreditation agencies (NAAR, AOPO, etc.)	Self-assessment reports, improvement plans, implementation of recommendations	Reports, online portals, commission visits	By accreditation cycles	Rector, Academic Council, heads of educational programs	Accreditation reports, visit protocols
3	Employers, clinical sites	Quality of student training, internship results, suggestions regarding educational programs	Meetings, agreements, letters, surveys, working groups	At least once a year	Vice Rector for Clinical Affairs, deans, Department of Medical Education	Meeting minutes, questionnaires, recommendations
4	Graduates	Assessment of training quality, employment, participation in the development of educational programs	Online surveys, alumni meetings, social media (official accounts)	Once every 1-2 years	Office of Academic Affairs, deans, alumni relations department	Survey reports, meeting minutes
5	Partner universities	Joint educational programs, academic mobility, quality of joint programs	Memorandums, working meetings, online conferences	According to cooperation plans	Rector, International Relations Office	Agreements, protocols, reports
6	Community, parents	General information on educational quality, accreditations, and	Website, publications, open houses, social media	As per the PR plan and during key events	Press Office, Educational Institution, Office of	News on the website, event reports

		achievements			Academic Affairs	
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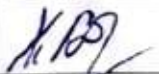
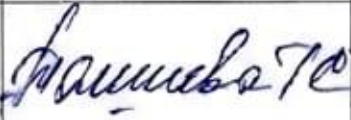







CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition: 1.000

Effective date: “ ” 20

APPROVAL SHEET

№	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department			29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.

