

REPORT TEMPLATES FOR MONITORING INTERNAL AUDITS AND IMPROVEMENT PLANS

(quality of the educational process, satisfaction, KPIs, etc.)

JALAL-ABAD INTERNATIONAL UNIVERSITY (JAIU)

QUALITY MONITORING REPORT

Form Code: SMK-MON-01

1. General Information

Field	Content
Monitoring Period	
Level	<input type="checkbox"/> University <input type="checkbox"/> Faculty <input type="checkbox"/> Educational Program <input type="checkbox"/> Department
Unit	
Person(s) responsible for monitoring	Full Name, Position
Basis (plan/order)	Order No., date

2. Monitoring objectives and targets

No.	Monitoring objective	Object (what we are evaluating)	Criteria / indicators
1			
2			

3. Data sources and methods

No.	Data source	Method (questionnaire, analysis of records, interviews, etc.)	Coverage (number of students/faculty/programs)	Date of data collection
1				
2				

4. Results by key indicators

Indicator No.	Indicator name	Formula / calculation method	Plan / Target	Actual value	Deviation	Risk level (low/medium/high)
1						
2						

5. Analysis of results (brief)

5.1. Key strengths:

5.2. Identified issues / deviations:

5.3. Causes (brief analysis):

1. Organizational: _____
2. Methodological: _____
3. Resource-related: _____
4. Other: _____

6. Suggestions for improvement

No.	Problem / Risk	Proposed action	Responsible	Deadline	Priority (High/Medium/Low)
1					
2					

7. Conclusions and Recommendations

Brief conclusion (2–5 sentences):

Person responsible for the report: _____ /Full Name, Signature/

Date: “_” _____ 20

2. INTERNAL AUDIT REPORT FORM FOR QMS / OP

JAIU

INTERNAL AUDIT REPORT

Form code: QMS-AUD-01

1. General Information

Field	Content
Audit Object	(faculty, educational program, department, process)
Period	from “” 20 to “” 20
Basis	Internal Audit Plan / Order No. dated “ ”
Regulatory criteria	(GOSO, NAAR/AOPO standards, Articles of Association, QMS regulations, OP, etc.)

2. Composition of the audit team

No.	Auditor's Full Name	Position	Department	Role (Senior Auditor/Auditor)
1				
2				

3. Scope and boundaries of the audit

Parameter	Description
Processes / sections included in the audit	
Divisions / Locations	
Limitations / Exclusions	

4. Methods and sources of information used

No.	Method (survey, interview, document analysis, observation, etc.)	Subject / Who was surveyed	Note
1			
2			

5. Identified discrepancies and comments

Recommended classification:

NC-Maj – significant non-conformity, NC-Min – minor, Obs – observation.

No.	Class (NC-Maj / NC-Min / Obs)	Criterion (standard clause / provision)	Description of non-compliance / comments	Evidence (what documents/facts)	Responsible Department
1					
2					

6. Best practices

No.	Description of strength / best practice	Department / Process	Recommendations for replication
1			
2			

7. Overall conclusion based on audit results

7.1. Overall compliance assessment:

- Generally compliant with requirements; minor non-conformities identified
- Significant nonconformities identified; corrective actions are required
- The system requires substantial improvements

7.2. Brief summary of the conclusion (3–7 sentences):

8. Recommendations for corrective/preventive actions

No.	Non-conformity / issue	Recommended action	Deadline for preparing the plan	Person responsible for the plan
1				
2				

Senior Auditor: _____ /Full Name, Signature/

Date: “_” _____ 20

Head of Department, acknowledged: _____ /signature/

3. CORRECTIVE AND PREVENTIVE ACTION PLAN FORM

(IMPROVEMENT PLAN)

JAIU

PLAN FOR CORRECTIVE, PREVENTIVE ACTIONS, AND IMPROVEMENTS

Form code: QMS-CAPA-01

Used if the source is monitoring, internal audit, complaints, accreditation, etc.

1. General Information

Field	Content
Department / Business Unit	_____
Plan Period	from “” _____ 20 to “” _____ 20
Basis	<input type="checkbox"/> Internal audit No. ___ <input type="checkbox"/> Monitoring by “___” <input type="checkbox"/> Complaint <input type="checkbox"/> Accreditation <input type="checkbox"/> Other: _____

2. Action Table (CAPA / Improvement Plan)

N o.	Problem / Nonconf ormity / Risk	Sourc e (audit, monit oring, compl aint, etc.)	Roo t caus e anal ysis	Act ion	Type of action (correct ive / prevent ive / improv ement)	Respo nsible	Dea dline	Requ ired resou rces (if any)	Perfor mance metric (how we’ll know it worke d)	Status (planned/in progress/complet ed/cancelled)
1										
2										

3. Monitoring plan implementation

Date of review	Inspector (Full Name, Position)	Plan item number	Inspection result (completed/partially completed/not completed)	Comments / Additional Actions

4. Overall effectiveness assessment

4.1. Brief analysis:

1. Which actions proved most effective: _____
2. What did not work / required revision: _____

4.2. Recommendations:

1. on updating local regulations: _____
2. regarding changes to processes / distribution of responsibilities: _____

Department Head: _____ /Full Name, Signature/

Date: “_” _____ 20

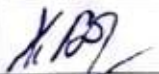
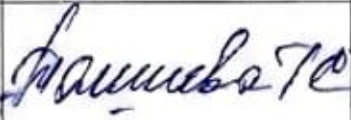







CHANGE LOG

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

Edition: 1000

Effective date: “ ” 20

APPROVAL SHEET

No	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.

