



Leading in Character Education

GUIDEBOOK FOR IQAS IMPLEMENTATION

**INSTITUTE OF QUALITY ASSURANCE AND
EDUCATIONAL DEVELOPMENT**

UNIVERSITAS NEGERI YOGYAKARTA

2020



GUIDEBOOK FOR IQAS

IMPLEMENTATION

YOGYAKARTA STATE UNIVERSITY

2020

Authors:

Prof. Dr. Lantip Diat Prasajo, M.Pd.

Prof. Dr. Samsul Hadi, M.Pd., M.T.

Dr. Dwiyanto Joko Pranowo, M.Pd

Dr. Wagiran, S.Pd. M.Pd.

Dyah Setyowati Ciptaningrum, M.Ed. Ed.D

Dr. Muhammad Nursa'ban, S.Pd., M.Pd.

Dr. Sri Andayani, M.Kom. Siti Umi Khayatun M., M.Pd

Design and Layout :

Pudji Triwibowo

Preface

In the name of Allah, the Infinitely Good, the All-Merciful. Praise be to God, the Lord of the worlds, so that the E-Guidebook of implementing Internal Quality Assurance System (IQAS) has been completed. This guidebook outlines the policy, manual, standard quality document, and internal quality audit (IQA) of Yogyakarta State University (YSU) in 2019.

The Institute for Quality Assurance and Education Development (IQAED) of YSU keeps aiming to advance the quality of IQAS to associate the satisfaction of the internal and external stakeholders with the educational service management of YSU. Thus, this book is designed for the practitioners of IQAS regarding the implementation of higher education standards at YSU.

We design this guidebook into four parts outlining the policy of IQAS, the manual of IQAS, the standard of IQAS, and the IQA. The stakeholders will use the standard of IQAS as a guideline for implementing educational services at YSU through the cycle of the EIECD. All parties who are responsible for the higher education implementation at YSU must carry out the stated standards to advance the quality culture.

Yogyakarta, August 2020

The authors

Table of Content

TITLE	i
AUTHOR.....	ii
PREFACE	iii
TABLE OF CONTENT	iv
I IQAS POLICY	
A. Vision, Missio, and Goals of YSU.....	2
B. IQAS Background of YSU.....	6
C. Policy Objective of IQAS	7
D. Terms and Definitions	8
E. The Outline of IQAS	9
F. Related document of IQAS.....	23
G. The Relationship of IQAS Policy Document with other YSU’s documents	23
H. EQAS Policy and SPMU of YSU	23
II IQAS MANUAL	
A. Standard Setting Manual of IQAS.....	26
B. Standard Implementation Manual of IQAS.....	28
C. Standard Evaluation Manual of IQAS	30
D. Standard Control Manual of IQAS	32
E. Standard Development Manual of IQAS	33
III IQAS STANDARD	
A. Education Standard	38
B. Research Standard	69
C. Community Service Standard	92
D. Student Affairs and Alumni Standard	113
E. Affiliation Standard.....	121
F. Human Resource Management Standard.....	124

III INTERNAL QUALITY AUDIT (IQA)

A. Background.....	130
B. Important Terms in IQA.....	131
C. The Role of Related Parties in IQA.....	134
D. Implementation Time.....	136
E. The SOP of IQA.....	137



I. IQAS POLICY

2

A. Vision and Mission of YSU

1. Vision of YSU

Become a competitive, creative and innovative education university in 2025 with piety, autonomy, and intellectuality as the foundational values

2. Mission of YSU

- a. Conduct competitive, creative and innovative academic and professional education in the field of education to produce pious, independent and intellectual human beings.
- b. Organizing academic, professional, and vocational education in competitive, creative and innovative fields of non-education to produce pious, independent and intellectual human beings.
- c. Conducting research to find, develop, and disseminate science, technology, and art that benefit individuals, and society, and support regional and national development, and contribute to solving global problems creatively and innovatively based on piety, autonomy and intellectuality.
- d. Organizing creative and innovative community service and community empowerment that encourage the development of human, community, and natural potential to realize community welfare based on piety, independence and intellectuality

I. IQAS POLICY

- e. Organizing good, clean and authoritative governance and services in the implementation of university autonomy to create a competitive, creative and innovative university based on piety, autonomy, and intellectuality.
- f. Creating a learning process and environment that is able to empower students creatively and innovatively to carry out lifelong learning based on piety, autonomy, and intellectuality.
- g. Develop cooperation with other institutions, both national and international, creatively and innovatively to improve the quality of the implementation of tridharma with the principle of equality and mutual benefit based on piety, autonomy, and intellectuality.

3. Goal of YSU

- a. The implementation of competitive, creative and innovative academic and professional education in the field of producing undergraduate and postgraduate graduates mastering science, technology, and art along with its development based on piety, independence and intellectuality.
- b. The implementation of academic, professional, and vocational education in the fields of competitive, creative and innovative non-educational fields that support the development of the educational field to shape human beings who have expertise in their fields of work based on piety, independence and intellectuality

4

- c. The implementation of competitive, creative and innovative research activities to discover, develop, and disseminate science, technology and art, which supports regional and national development, people's welfare, and contribute to solving global problems, based on piety, independence and intellectuality.
- d. The implementation of competitive, creative and innovative research activities that embody findings that support the formulation and implementation of new policies in the field of education, and can support the improvement of various models and practices of education based on piety, independence and intellectuality.
- e. The implementation of competitive, creative and innovative community service activities to develop the potential of human resources and natural resources based on piety, independence and intellectuality.
- f. The realization of good, clean and authoritative governance and services in the implementation of university autonomy based on piety, independence and intellectuality.
- g. The creation of competitive, creative and innovative learning processes and environments that are able to empower students to carry out lifelong learning based on piety, independence and intellectuality.

I. IQAS POLICY

- h. The realization of cooperation with other institutions, both national and international, is creative and innovative to improve the quality of the implementation of tridharma with the principle of equality and mutual benefit based on piety, independence and intellectuality.

B. IQAS Background of YSU

The preparation of IQAS policy document is based on juridical laws and regulation as follows.

1. Law number 20 of 2003 concerning the national education system.
2. Law number 12 of 2012 concerning the higher education
3. Ministerial Decree of the Ministry of Research, Technology and Higher Education number 44 of 2015, concerning the national standard for higher education
4. Ministerial Decree of the Ministry of Research, Technology and Higher Education number 100 of 2016 concerning the establishment, change, disbandment of State University, and the establishment, change, and revocation permit of Public University.
5. Ministerial Decree of the Ministry of Research, Technology and Higher Education number 62 of 2016 concerning the higher education quality assurance system.
6. Ministerial Decree of the Ministry of Research, Technology and Higher Education number 32 of 2016 concerning the accreditation of study program and higher education

The quality assurance system of YSU is motivated by the willingness to actualize the quality culture in YSU supported by the characteristics of YSU to achieve the vision of YSU.

I.

IQAS

POLICY

Thus, the IQAS policy is set by taking into account the policies of YSU. Those policies aim to intensify the innovation, boost the academic reputation, extend the entrepreneurial capacity, and strengthen the character education in becoming an excellent university.

C. Policy Objectives of IQAS

1. Provide direction for all stakeholders and related parties as an actual effort to increase the quality of education in YSU in a sustainable manner concerning their basic role and position.
2. Communicate to all stakeholders about the applicable IQAS in YSU.
3. Provide principles and directions to all decision making of IQAS standard and manual in YSU. Furthermore, the policy is also aiming to increase the quality of YSU's IQAS through managing the decision and determination, the implementation, the evaluation, the control and the IQAS development.
4. Indicate the authentic documentation in which YSU has had and implemented the IQAS protocol.

D. Terms and Definitions

The terms and definitions used in this document are explained as follows:

1. The Quality Assurance System for Higher Education (QASHE)
2. The Internal Quality Assurance System (IQAS)
3. The External Quality Assurance System (EQAS)
4. Higher Education Data Base
5. The IQAS Policy
6. The IQAS Manual
7. The IQAS Standard
8. The IQAS Form/Sheet/Performance
9. The Quality Procedure
10. The Internal Quality Audit (IQA)
11. The Study Program Management Unit (SPMU)
12. The Quality Assurance Unit (QAU)
13. The Quality Assurance Group (QAG)
14. The Evaluation Team

I. IQAS POLICY

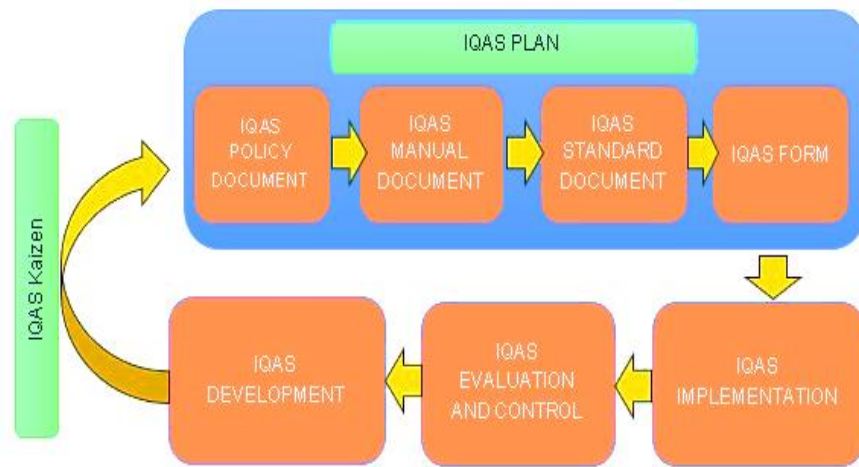
E. The Outline of IQAS

1. The Scope of YSU's IQAS Policy

The policy covers all aspects of Tridharma activities of higher education. It applies to all units at YSU which includes the degree at YSU (Diploma, Bachelor, Professional education program, Magister and Doctoral), the faculty, the postgraduate program, the study program, the institution, and the Technical implementation unit. In line with the policy scope, it becomes an obligation to implement the policy in which the responsibility goes to the chief and head of a department which cover the university level and the faculty level, the postgraduate program, vocational and professional education program, the institution, the bureau or office, and the technical implementation unit of YSU's IQAS management.

b. The EIECD Cycle

The IQAS management of YSU is administered sustainably and systemically applying the cycle of EIECD which stands for Establishment, Implementation, Evaluation, Control and Development. It is maintained concerning the qualities of YSU and sustainability improvement to establish a quality culture. This cycle is based on the Ministerial decree of the Ministry of Research, Technology and Higher Education number 62 of 2016 concerning the quality assurance system of the Ministry of Research, Technology and Higher Education which is presented in Figure 1 as follows.



1. Determination

The determination covers the process of IQAS planning in which concerning four documents of IQAS. They are IQAS policy, IQAS manual, IQAS standard, and IQAS form. The IQAS policy becomes the management guideline for YSU to create its quality culture equipped by the steps on the IQAS manual. We write the explanation of IQAS policy down in IQAS standard comprising the academic and non-academic standards which applicable at YSU. The IQAS form contains the standard operating procedure (SOP) used for giving the detail steps in implementing the standard.

2. The implementation

In this cycle, each academic standard and non-academic standard, which have been set, implemented by all parties as follows.

I. IQAS POLICY

- a. All management levels concerning its main job description and function on the organizational structure of YSU covering Rector, Senate, Internal Supervisory Board, Bureau, Technical Implementation Unit (TIU), Institution, Study Program Management Unit (SPMU), department, and study program
 - b. All academicians covering lecturers, educators, student activity forum/student community, and students
3. Evaluation

The evaluation cycle of YSU's IQAS covering two types of evaluation as follows.

- a. The diagnostic and formative evaluations administered through monitoring and self-evaluation regularly by the structural board. We evaluate the report and criticism of the evaluation result through the regular meeting of department, faculty, and/or university. Then, the evaluation result is documented in the information system developed by YSU.
- b. The summative evaluation administered by concerning the internal quality audit (IQA). It is administered for all standard implementation unit to adjust the standard with the implementation. IQA is coordinated by the Audit, Monitoring, and Academic Evaluation Center (AMAEC) of IQAED which conducted in once a year.

The audit result has to be followed up in Management Recapitulation Meeting (MRM) which will discuss seven types of elements.

4. Control

Control is a follow-up procedure to the results of evaluations covering self-evaluation, internal audit and the accreditation result. There are four probable conclusions regarding the evaluation result in which showing four alternative control measure decided by the YSU's chairperson as presented in table 1 below.

Tabel 1. The Alternative Control Measure

No	Probable Evaluation Conclusions	The Alternative Control Measure
1	Achieve the IQAS standard	YSU maintains the achievement and works to improve for IQAS standard
2	Surpass the IQAS standard	YSU maintains the surpass indicator and works harder to gain improvement in IQAS standard
3	Below the IQAS standard	YSU conducts an implementation self-evaluation thus the standard in IQAS can be achieve
4	Deviate from IQAS standard	YSU conducts an implementation self-evaluation thus the implemented standard can meet with IQAS' standard.

I. IQAS POLICY

5. Improvement

The final stage in the IQAS cycle is standard improvement, namely the steps that YSU must take to improve the content or scope of a standard in IQAS based on evaluation results.

c. **Internal Quality Audit (IQA)**

Internal Quality Audit (IQA) is a systematic, independent, and documented testing process to ensure that the implementation of activities in higher education is under the procedures, and the results are following the standards to achieve the goals of the institution. Internal quality audits are carried out by IQAED once a year by involving the internal quality auditor team. (More details are described in Chapter IV).

3. **Management Review Meeting (MRM)**

Management Review Meeting is one of the activities that must be carried out by the management of YSU as a follow-up step from IQA in formulating the follow-up of corrective actions and improvement priorities to be selected.

Management Review Meeting (MRM) is held at each management level in YSU as follows.

- a. MRM is held by management at the department level to determine follow-up plans and improvements to the audit results of study programs.
- b. MRM at SPMU (faculty/postgraduate/vocational program/professional program) is carried out if there are findings that cannot be resolved in the MRM of the units under its coordination.
- c. If the MRM at the SPMU level cannot be completed, then it is discussed in the MRM at the university level.
- d. MRM at the Bureau/TIU/Institution level is carried out to discuss the audit results of the units under its coordination.

MRM can be carried out simultaneously with other meetings, such as during a management meeting which is filled with a management review agenda. Every MRM activity is recorded and the results of the recording are well documented so that it can be reused at any time. MRM must schedule a discussion of 7 (seven) elements as follows.

- a. Results of the Internal Quality Audit of YSU.
- b. Feedback from the stakeholders, such as stakeholder complaints, survey results of stakeholder satisfaction with YSU services.
- c. Achievement of quality targets/performance indicators covering service performance, lecturer performance at YSU.
- d. Status of corrective and preventive actions taken or follow-up of requests for corrective actions that have been made.
- e. Follow-up status of MRM results at the levels below or the previous period.
- f. Changes that can affect the quality management system or quality system improvement.
- g. Improvement recommendations.

4. Parties Required to Implement IQAS Policy

The IQAS policy is carried out by all academicians in the YSU environment, including:

- a. Rector
- b. Senate
- c. Internal Supervisory Unit (ISU)
- d. Bureau
- e. Technical Implementation Unit (TIU)
- f. Institution
- g. Study Program Management Unit (SPMU)
- h. Study Program
- i. Student Activity Units
- j. Lecturer
- k. Education Personnel
- l. College student

5. IQAS Unit in Charge at YSU

The unit in charge of IQAS at YSU at each level is as follows.

- a. At the university level, there is an Institute for Quality Assurance and Educational Development (IQAED).

I. IQAS POLICY

17

IQAED has 2 centers that support the implementation of IQAS, namely:

- 1) The Center for Higher Education Quality Development (CHEQD), which is in charge of carrying out activities to develop the quality of the tridarma of higher education which includes internal quality assurance system development, and facilitating the implementation of an external quality assurance system (national and international).
- 2) The Center for Higher Education Auditing, Monitoring and Evaluation (CHEAME), which is in charge of carrying out the activities of auditing, evaluating and monitoring education.

The head of IQAED is a part of university management who must be involved in university management meetings.

- b. At the level of faculty/postgraduate/vocational program/professional program, there is a Quality Assurance Unit (QAU).

The head of QAU is an element that must be involved in the management meeting of faculty/postgraduate/vocational program/professional program.

- c. At the level of department/study program, there is a Quality Assurance Group (QAG).

The organizational structure of IQAS at YSU is shown in Figure 2, while the organizational structure of IQAS at the faculty/postgraduate/vocational program/professional program is shown in Figure 3. The duties and functions of IQAED and the two centers that support the implementation of IQAS are described in Rector Regulation Number 18 of 2019 concerning the Work Procedure for the Institute of Quality Assurance and Educational Development

I.

IQAS

POLICY

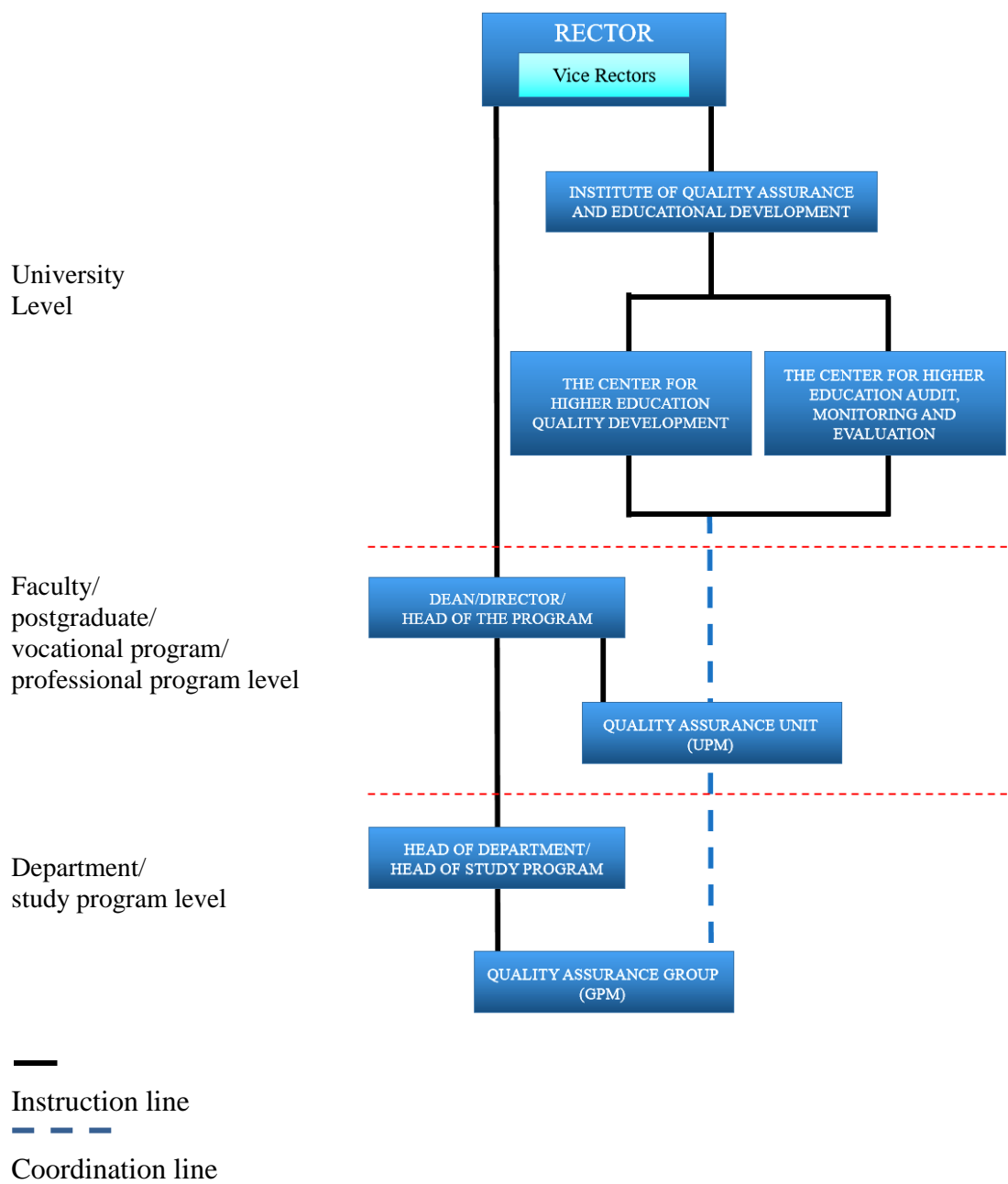


Figure 2. Organizational Structure of IQAS at YSU

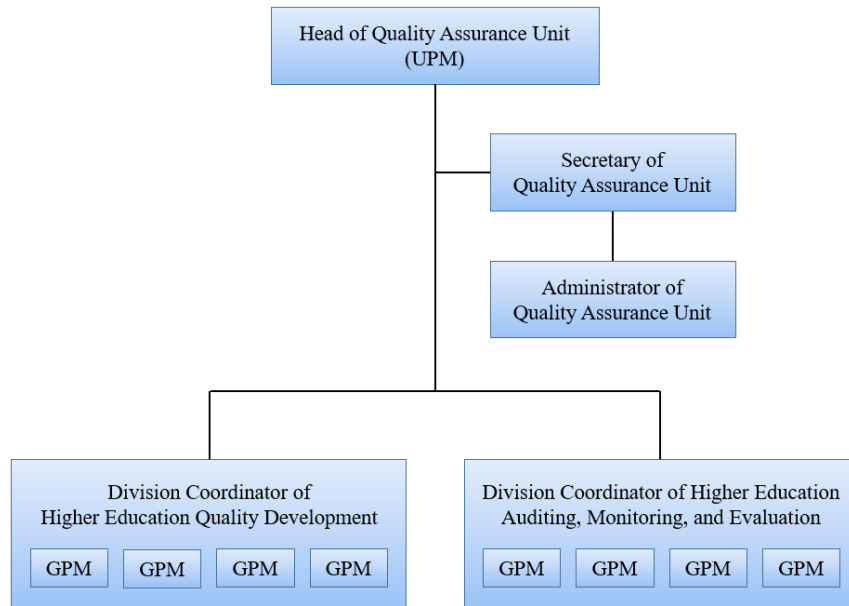


Figure 3. Organizational Structure of Quality Assurance Unit of faculty/postgraduate/vocational programs/professional programs

QAU and QAG membership

- 1) Quality Assurance Unit (QAU) membership consists of:
 - a) head, b) secretary, c) all members of the study program quality assurance group (QAG), and d) administrator. The head and secretary are outside of elements c and d.
- 2) QAU members are grouped into two divisions according to the duties and functions of the Centers in IQAED, namely the Division of Higher Education Quality Development, and the Division of Higher Education Auditing, Monitoring and Evaluation.

I. IQAS POLICY

- 3) QAG members consist of at least one study program lecturer and the designated department secretary/lecturer.

QAU and QAG duties and functions

QAU has the following duties:

- 1) Planning, coordinating, and evaluating the implementation of IQAS in faculty/postgraduate/vocational programs/professional programs in collaboration with quality assurance group (QAG) of study programs.
- 2) Periodically reporting the implementation of IQAS in faculty/postgraduate/vocational program/professional program to the Dean/Director/Head of the Program.
- 3) Coordinating with IQAED in carrying out its duties and functions.

QAG has the following duties:

- 1) Planning, coordinating, and evaluating the implementation of IQAS in the study programs.
- 2) Periodically reporting the implementation of IQAS in the Study Programs to the Study Program Coordinator.
- 3) Coordinating with QAU in carrying out its duties and functions.

6. Main Performance Indicators and Achievement Target of IQAS Policy at YSU

IQAS Policy Indicators at YSU include the following three things as follows.

1. The implementation of risk-based IQAS in all study programs.

2. The achievement of excellent accreditation (A) for study programs and institutions.
3. The achievement of international accreditation for study programs.

The achievement target of each indicator is presented in Table 2.

Table 2. Achievement Target of IQAS Performance Indicators

No.	Performance Indicators	Base line 2019	Milestones				
			2020	2021	2022	2023	2024
1	The implementation of risk-based IQAS in all study programs	50%	75%	90%	100%	100%	100%
2	The achievement of excellent accreditation (A) for study programs	66.7%	68%	70%	72%	74%	76%
3	Institutional Accreditation	A	A	A	A	A	A
4	The achievement of international accreditation for study programs	24%	30%	35%	40%	50%	60%

7. Standard Number and Names of IQAS at YSU

YSU has 27 IQAS standards, covering: 1) 8 standards in the Educational Standards group; 2) 8 standards in the Research Standards group; 3) 8 standards in the Community Service Standards group; 4) Student and Alumni Standards; 5) Affiliation Standards, and 6) Human Resources Management Standards.

F. Related Document of IQAS

Apart from the IQAS Policy, the three other main IQAS documents are as follows.

1. IQAS Manual
2. IQAS Standards
3. IQAS Forms
4. Standard Operating Procedure (SOP)

G. Relationship of IQAS Policy Document and other YSU Documents

The referred relationship is that the statute and strategic planning also contain a number of standards that should serve as guidelines for establishing higher education standards in the IQAS of higher education. The Higher Education Standards must be implemented, evaluated, controlled and improved in the IQAS of higher education. In strategic planning, a number of higher education goals that must be achieved will be identified. Meanwhile, the IQAS documents contain 5 (five) steps in implementing IQAS, namely EIECD.

H. EQAS Policy and SPMU of YSU

In accordance with the policies of the National Accreditation Board for Higher Education (NAB-HE) regarding Study Program 4.0, the unit that must apply

for accreditation is the Study Program Management Unit (SPMU). SPMU at YSU is a faculty/postgraduate/vocational program/professional program. SPMU duties are:

1. Implementing IQAS.
2. Preparing IQAS output in the framework of SPME/accreditation.

For the benefit of the study program that will apply for accreditation, the faculty/postgraduate/vocational program/professional program should form an accreditation team consisting of:

1. Dean/leadership element from faculty/postgraduate/vocational program/professional program
2. Head of the department
3. Study Program Coordinator
4. Quality Assurance Unit
5. Taskforce of the study program.

SPME is one part of the higher education quality assurance systems in addition to IQAS and Higher Education Database. SPME at YSU includes the coordination of assessment and accreditation activities carried out by national and international assessment/accreditation boards for the institutions and study programs at YSU.



II. IQAS MANUAL

A. Standard Setting Manual of IQAS

1. The parties in charge are:
 - a. The standard formulating team in IQAS assigned by the Rector/Dean.
 - b. IQAED/Quality Assurance Unit as discussion partners for the Formulating Team.
 - c. The university/faculty senate discusses and gives input on the standard draft in IQAS.
 - d. The Rector/Dean validates the standards in IQAS for the university/faculty level.
2. How the work is to be done:
 - a. The leaders (management) of the university/faculty assigns a team to formulate the standards in IQAS based on the vision, mission and goals of the university/faculty.
 - b. The formulating team discusses with the IQAED/Quality Assurance Unit regarding the policies and standards that have been applied at the university/faculty.
 - c. The formulating team studies, reads and reviews the regulations and decisions of the University that are

relevant to the standard setting in IQAS including the Policy Documents of IQAS at the university level, and the relevant higher education laws and regulations including the Higher Education Law, the Presidential Decree Number 4 of 2014, Regulation of the Minister of Research, Technology, and Higher Education Number 44 of 2015, Regulation of the Minister of Research, Technology, and Higher Education Number 32 of 2016,

Regulation of the Minister of Research, Technology, and Higher Education Number 62 of 2016, and Regulation of the Minister of Research, Technology, and Higher Education Number 100 of 2016;

- d. The drafting team agreed on the standard formulation in the IQAS (*Dikti Standards*).
- e. The formulating team formulated a number of standards in the IQAS (*Dikti Standards*) in the formed groups.²¹
- f. The results of the formulation of a number of standards in the IQAS (*Dikti Standards*) were discussed at a workshop involving internal stakeholders for public testing.
- g. The drafting team corrects the results of the formulation according to the results of public testing.

- h. The drafting team submitted a standard draft in IQAS to University/faculty leaders to be discussed in the YSU senate forum.
- i. The drafting team corrects the standard draft in IQAS according to the input of the university/faculty senate meeting.
- j. The university/faculty leader asks the chairman of the university senate to hold a plenary meeting of the university/faculty senate, with an exceptional agenda, namely the granting of approval.
- k. The team submitted a standard draft which has been revised by IQAS to be approved by the Rector / Dean.

B. Standard Implementation Manual of IQAS

1. The parties that have objectives are as follows.
 - a. IQAED, the Quality Assurance Unit, the Quality Assurance Group which are units of the Yogyakarta State University IQAS, act as the coordinator of the socialization of standard content in the IQAS.
 - b. The team appointed by the head of the IQAED and approved by the Rector is in charge of preparing technical documents for standard implementation.
 - c. Structural leaders/officials within YSU with the work fields regulated by the relevant standards.

II. IQAS MANUAL

- d. Lecturers, educational staff, and students who meet the standard implementation.
1. How the works should be done
 - a. The team appointed by the head of IQAED carries out technical and/or administrative preparations in accordance with standard content, for example preparing technical instructions, standard operational procedures or SOPs, work instructions, or the like according to standard content.
 - b. The IQAS unit at the university/faculty/study program level socializes standard content to all leaders/officials.
 - c. All leaders/officials assisted with IQAS Unit at the level of university/faculty/study program for lecturers disseminating the contents of the standard, periodic and consistent in each level respectively.
 - d. All structural leaders/officials within the YSU implement content standards in the field of work regulated by the relevant standard. Leaders are obliged to provide adequate resource support in the implementation of standards.
 - e. Lecturers, educational staff, and students carry out their duties and obligations and fulfil their rights in the administration of higher education according to content standards.

- f. The implementation of standards in the IQAS needs to be contained in a strategic plan (five years), work and budget plan (annually), both at the university, faculty, department, or study program level.

C. Standard Evaluation Manual of IQAS

1. Parties in charge are:
 - a. The standards evaluation executive unit covers:
 - 1) The implementer of the standard itself,
 - 2) the formed evaluation team,
 - 3) supervisors/leaders,
 - 4) Internal Quality Auditor Team
 - b. IQAS Units Yogyakarta State University at the university level (IQAED), faculty (Quality Assurance Unit), and Study Program (Quality Assurance Group) are the coordinator of the implementation of standard implementation evaluation in IQAS
2. How the work should be done
 - a. The university official determines the evaluator according to the type of evaluation to be carried out.
 - b. Evaluators monitor and measure the achievement of standard contents in the IQAS periodically (semester and/or annually) using an evaluation form or instrument that has been prepared.

- c. The evaluators note or record all findings of deviations, omissions, errors, or the like from the established standards, including recording incomplete documents in the implementation of the standards.
- d. Evaluators examine and trace the reasons or causes of obstacles and deviations in the implementation of standards.
- e. Evaluators note or record all corrective actions on the evaluations taken, and continuously monitor the effects of these evaluation actions.
- f. The Internal Auditor Team conducts audits by auditing in detail all aspects of the standard implementation.
- g. The evaluator prepares a report on the results of the standard evaluation to his leader. AMI reports must be accompanied by suggestions or follow-up recommendations, and contain conclusions on the implementation of each standard, namely:
 - 1) Reaching the standards in the IQAS, or
 - 2) Exceeding the standards in the IQAS, or
 - 3) Not reaching the standards in the IQAS, or
 - 4) Deviating from the standards in the IQAS.

D. Standard Control Manual of IQAS

1. Parties in charge are:
 - a. IQAS Units of Yogyakarta State University at the university level (QAED), faculty (Quality Assurance Unit), and Study Programs (Quality Assurance Group) which are the coordinator of standard control in IQAS.
 - b. Structural officials at all levels of leadership at YSU with the work fields regulated in IQAS.
2. How the work should be done
 - a. QAED identifies control measures following the conclusions of the standard evaluation results in the IQAS.
 - b. QAED sends a letter requesting an RTM to the head of the unit being audited.
 - c. The head of the audited unit conducts a MRM to discuss control measures according to the results of the evaluation of standard implementation by involving the IQAS Unit according to their level.
 - d. The head of the audited unit sends the results of the MRM to QAED as a report containing a plan for control measures to be taken.

- e. The audited unit takes control measures in accordance with the results of the MRM.
- f. The IQAS unit at the appropriate level monitors the implementation of the control measures taken.
- g. The IQAS unit at the appropriate level compiles standard control reports in IQAS to the leaders of all work units and at all levels and the officials of YSU.

B. Standard Development Manual of IQAS

1. Parties that must perform the work of
 - a. the IQAS Unit at the university level (IQAED), faculty (Quality Assurance Unit), and Study Programs (Quality Assurance Group) which are the coordinator of standard improvement in IQAS.
 - b. Structural officers at all levels of officials in YSU must provide resources to support the implementation of standards in IQAS.
2. How the work must be carried out
 - a. The IQAS unit at the university/faculty/study program level studies the report on the results of standard control to find out certain standard improvements that need to be done.

- b. The IQAS unit at the university/faculty/study program level holds a coordination meeting with the officials of the university/faculty/study program to discuss the improvement of certain standards in IQAS.
- c. The IQAS unit at the level of university/faculty/study examines the legislation relating to standards in IQAS which will be upgraded.
- d. The IQAS unit at the level of university/faculty/study conducts/coordinates the revision of the standard content in IQAS, using the manual setting standards.



III. IQAS STANDARD

The YSU Standards contain 27 standards consisting of 8 standards in the education standard group, 8 standards in the research standards group, 8 standards in the community service standards group, students and alumni standards, affiliation standards, and human resource management standards. The last standard is a new standard that is not yet in the 2017 quality standard.

This YSU IQAS smart book only presents the Standard Achievement Strategies, Main and Additional Performance Indicatorss, and the party responsible for meeting the standards, while the complete statement of standard contents can be read in the IQAS YSU Standard Book. The following is a list of standard names.

A. EDUCATION STANDARD, covering 8 substandards:

- A-1. Competency Standards for Graduates
- A-2. Learning Content Standards
- A-3. Learning Process Standards
- A-4. Learning Assessment Standards
- A-5. Lecturers and Education Personnel Standards
- A-6. Learning Infrastructure Standards
- A-7. Learning Management Standards
- A-8. Learning Financing Standards

III. IQAS STANDARD

B. RESEARCH STANDARD, covering 8 substandards:

B-1. Research Result Standards

B-2. Research Content Standards

B-3. Research Process Standards

B-4. Research Assessment Standards

B-5. Researcher Standards

B-6. Facility and Infrastructure Research Standards

B-7. Research Management Standards

B-8. Research Financing Standards

C. COMMUNITY SERVICE STANDARD, covering 8 substandards:

C-1. Community Service Result Standards

C-2. Community Service Content Standards

C-3. Community Service Process Standards

C-4. Community Service Assessment Standards

C-5. Community Service Implementation Standards

C-6. Community Service Infrastructure Standards

C-7. Community Service Management Standards

C-8. Community Service Financing Standards

D. STUDENTS AFFAIRS AND ALUMNI STANDARD

E. AFFILIATION STANDARDS**F. HUMAN RESOURCE MANAGEMENT STANDARD****A. EDUCATIONAL GROUP STANDARDS****A-1. GRADUATE COMPETENCY STANDARDS**

Graduates competency standards are the minimum criteria for qualifying graduates' abilities which include attitudes, knowledge, and skills expressed in the formulation of graduate learning outcomes.

Main Performance Indicators
1. Higher education has a guide formulation of graduate profiles
2. Higher education has a guideline for graduate profile determination
3. College have a curriculum and guide evaluation of competency
4. The college has guide formulation outcomes of learning that refer to National Standard for Higher Education (NS-HE) and INQF
5 Tertiary education institutions have documents on the results of reviewing the conformity of Graduate Learning Outcomes (GLO) with NS-HE and INQF
6. Tertiary institutions have graduate competency documents as guidelines for the preparation of learning outcomes for designing Syllabus
7. Higher education institutions have documents evaluation for the graduates learning outcomes of each study program
8 YSU has documents on the evaluation of graduate competencies and user satisfaction levels.

Additional Performance Indicatorss
1. Higher education has academic guidebooks
2. YSU has the latest technology-based for graduate profile information system that can be accessed by <i>stakeholders</i>
3. Higher education institutions have guidelines for the GLO standard as referred to the education standard for teachers
4. Higher education institutions provide guidance and direction related to the importance of students having graduate competencies as the preparation for pursuing the workplace
5. Higher education institutions have information systems on learning outcomes for each subject in which each of the study program integrates all information with technology-based that can be accessed by all academicians
6. Higher education publishes documents measuring the learning outcomes of each student as an associate for the graduate certificate
7. YSU has an information system to evaluate graduate competencies and the user satisfactory level of integrated with the latest technology-based
8. Higher education has career development centers for facilitating the graduates with job application and prospective workplace information
9. Higher education establishes and implements professional certification institute to provide supplementary competency certification for the graduate candidate

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Vice-Rector for Academics coordinates the implementation of the preparation and determination of graduate learning outcomes.
- b. Rector determines graduate learning outcomes.
- c. The Rector appoints Vice-Rector I to carry out socialization of the formulation of graduate learning outcomes.

- d. The Dean must ensure that graduate competency documents are available and need to monitor academic achievements and activities that support graduate competencies at the end of each academic year.
- e. The quality assurance implementation unit at each level must monitor the implementation of academic quality and activity content that supports the competence of graduates according to each level.
- f. The Head of the Department regularly monitors the implementation of academic activities and student achievement and disseminates it in regular meetings of the Department to lecturers.
- g. The Head of the Study Program evaluates the learning outcomes every semester.
- h. Academic Advisors (AA) document the activities and achievements of the students under their guidance.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice-Rector for Academic Affairs
- c. Dean
- d. Vice Dean for Academic Affairs
- e. Vice Dean for Student Affairs and Alumni
- f. Graduate Program Director

III. IQAS STANDARD

41

- g. Deputy Director of Academic Affairs
- h. Coordinator of Vocational Education Program
- i. Agency Assurance Quality and Education Development (IQAED)
- j. Quality Assurance Unit
- k. Quality Assurance Cluster
- l. Head of Department
- m. Study Program Coordinator
- n. Academic Advisor Lecturer

A-2. LEARNING CONTENT STANDARDS

Learning content standards are standards used as benchmarks for the quality of learning consisting of curriculum development standards, curriculum implementation standards, curriculum evaluation standards, and the depth and breadth of learning materials standards.

GUIDEBOOK FOR IQAS IMPLEMENTATION YSU 2020

Main Performance Indicators
1. Higher education institutions have curriculum development policies that take into account the relationship with the university's vision and mission (mandate), knowledge development and the needs of stakeholders that are comprehensive and consider future changes
2. Higher education institutions have curriculum development guidelines which contain: 1) Graduate profile, learning outcomes that refer to KKNI, study materials, curriculum structure and syllabus which refer to NS-HE and <i>benchmarks</i> at international institutions, the latest regulations, and sensitivity to the latest issues including character education, SDGs, Drugs, and anti-corruption education in accordance with the implemented education program, 2) The mechanism for determining (legality) of the curriculum which involves the authorized elements in the institutional accountable and transparent manner.
3. Higher education institutions have curriculum implementation guidelines that include planning, implementing, monitoring, and reviewing curricula that take into account feedback from stakeholders, the achievement of strategic issues to ensure its suitability and up-to-date.
4. Higher education institutions have curriculum implementation guidelines that include planning, implementing, monitoring, and reviewing curricula that take into account feedback from stakeholders, the achievement of strategic issues to ensure its suitability and its update.
5. Higher education institutions have written guidelines regarding the depth and the breadth of learning materials
6. Higher education institutions have an <i>up-to-date</i> syllabus on all subjects taught in each study program

Additional Performance Indicatorss
1. The university has a curriculum development information system that can accommodate the <i>online</i> and <i>up to date</i> proposed curriculum development from the stakeholders.
2. The university has a monitoring team curriculum implementation
3. The university has an <i>online</i> information system curriculum implementation
4. The university has an <i>online</i> information system curriculum evaluation
5. The university has the latest information technology system so the syllabus can be accessed by all academicians

3. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Vice-Rector for Academics affair assisted by the head of IQAED arrange the determination aspects of the graduate learning outcomes content.
- b. Rector determines graduate learning outcomes.
- c. The Rector appoints Vice-Rector I to carry out socialization of the content of graduate learning outcomes.
- d. Dean, Graduate Director, and Head of the Program make sure the availability of the learning content standard document and necessary to conduct monitoring academic achievement and activities that support the graduate competence by the end of the academic year.
- e. Institution of Quality Assurance helped by Group of Quality Assurance monitor the implementation of quality of academic and activities that support the achievement of learning content standard.

- f. Head of the Department and Coordinator of the Study Program socialize the curriculum document through both printed media or online.
- g. Head of the Department and Coordinator of the Study program monitor the implementation of academic activities periodically.
- h. Head of the Department and Coordinator of the Study Program evaluate the learning outcomes at least once a semester.

2. SUBJECTS/PARTIES IN CHARGE

- a. Rector
- b. Vice-rector for Academic Affairs
- c. Dean
- d. Director of the Graduate Program
- e. Head of Program
- f. Vice-dean for Academic Affairs
- g. Vice-Director for Academic Affairs
- h. Vice-head of Program
- i. Institute of Quality Assurance and Education Development
- j. Unit of Quality Assurance
- k. Group of Quality Assurance
- l. Head of the Department
- m. Coordinator of the Study Program

III. IQAS STANDARD

A-3. LEARNING PROCESS STANDARDS

Learning process standard is the minimum criteria which formulate and implement to provide excellent, professional, and competitive higher education service that enable to make graduates based on the learning achievement by the vision and mission of YSU.

Main Performance Indicators
1. Fulfilling the learning process characteristics which consist of interactive, holistic, integrative, scientific, contextual, thematic, effective, collaborative, and student-centered.
2. Availability of the syllabus document with depth and wide based on the graduate learning achievement.
3. Learning process in every course carry out based on the syllabus.
4. Monitoring and evaluating the implementation of the learning process which includes characteristic, plan, implementation, students' learning process, and course weight to get graduate learning outcome
5. The implementation of the learning process occurs in a form of interaction between the lecturer, students, and learning resources in a certain learning environment.
6. Learning process in every course is carried out based on the Syllabus
7. Prepare, determine, and socialize the policy and guidelines of learning implementation
8. Arrange the monitoring and evaluating learning quality process instrument, the use of the methods and learning model, and research community service integration.
9. Conduct monitoring, evaluating, and following up annually regarding the learning process quality in every study program.
10. Implement a learning process that is related to research.
11. National Standard for Community Service in conducting learning process.
12. Conduct learning process on curricular activities in a systematic and structured way and also use an effective teaching method.
13. Design the method and/or form of course learning based on the <i>NS-HE</i>
14. Held learning process with the semester credit system.
15. Preparing the guides of policy and guidelines of student's academic value.

16. Determine the policy and guideline for student's academic weight guideline on Academic Rule.
17. Make sure the implementation of the student's academic weight

Additional Performance Indicators
1. Conducting quality characteristic development learning activities
2. Fulfilling the whole supporting aspects of the learner process which needed to manifest learning process characteristics.
3. Monitoring and evaluating the learning process characteristic.
4. Learning process implementation occurred through distance education considering certain rules.
5. Develop the learning system information.
6. Report the result of the monitoring and evaluating procedure with followed up action continually.
7. Facilitate students' active involvement, encourage students' curiosity, and give students opportunities to access and utilize the supporting facilities and learning sources.
8. Provide enough space for student's initiative, creativity, and independence based on the aptitude, interests, and student's physical and psychological development, including the students with special needs.
9. Conducting a learning process to make students achieve higher-order thinking skills and freedom thinking.
10. Learning process implementation is directed to make students have skills to argue, do inquiry, research, predict, and able to communicate their knowledge to others, both oral and written.
11. Conducting learning process development so that the student understands the development of science and technology and able to use their knowledge for problem-solving.
12. Socialize the academic value policy and guideline.
13. Provide system and service with information technology-based that accessible for the whole study program to know the value of the study.
14. Conduct monitoring and evaluating and student's weight of the study.
15. Arrange the reports of the monitoring and evaluating of student's study value result.
16. Do monitoring toward students' course weight, conducting a following-up and reporting upon the result periodically.
17. Preparing the learning process control mechanism and conducting follow up action periodically.

III. IQAS STANDARD

Additional Performance Indicators
18. Preparing the learning process control instrument.
19. Evaluate the implementation of learning and arrange the report periodically.
20. Make sure the control mechanism of the learning process going through effectively.
21. Applying a mechanism to monitor, examine, and fix periodically upon the teaching implementation and learning activities, at least related to the lecturer' and students' attendance, the document of course and practice, and document of the instrument and learning outcomes.
22. Facilitate students in delivering their aspirations during the learning process.
23. Implement the evaluation system mechanism upon the result of the students' learning outcome and the continuous assessment and the utilization for fixing the learning program.
24. Preparing the academic service standard and carrying out the following up action periodically.
25. Establish academic service standards.
26. Ensure the integration of academic service with technology-based.
27. Conduct monitoring academic service satisfaction.
28. Report the result of the academic service satisfaction.
29. Ensure the academic service is fulfilled.
30. Ensure the academic service is fulfilled.
31. Preparing the materials for academic guidelines.
32. Establish a handbook of an academic guideline.
33. Conduct socialization and coordination of the implementation of the academic guideline.
34. Coordinating the implementation of academics and monitor the study program environment.
35. Ensure the implementation of academic guidance.
36. Conduct guidance monitoring and evaluation.
37. Preparing document of policy and handbook of academic situation.
38. Establish the policy and handbook of the academic situation.
39. Socialize the policy and handbook of the academic situation.
40. Providing supporting facilities for creating an academic situation.
41. Facilitate the establishment of a healthy and conducive academic atmosphere.
42. Ensure the establishment of a healthy and conducive academic atmosphere in the study program environment.

Additional Performance Indicators
43. Implementing the academic service that able to grow a healthy and conducive academic atmosphere in every process of learning.
44. IQAED arranges the mechanism and instrument to measure the academic atmosphere.
45. Survey satisfaction and feedback followed up under the plan of developing academic atmosphere strategies.
46. Arrange the analysis result report from the survey of satisfaction.
47. Arrange the report of follow-up and strategy of developing the academic atmosphere.

1. LEARNING ACHIEVEMENT STANDARDS

- a. Rector chooses the Vice-rector for Academic affair assisted by the Head of the IQAED to conduct the preparedness and formulation of learning process standard.
- b. Rector establishes the learning process standard.
- c. Rector points to the Vice-rector for Academic helped by the Head of Quality Assurance and Education Development to conduct socialization of learning standard periodically.
- d. Rector provides facilities, infrastructure, supporting facilities, and fun to optimize the learning process.
- e. Rector points to the Head of Quality Assurance and Education Development and working unit to conduct monitoring and evaluating the learning process.
- f. Vice-rector for Academic helped by the Computer Center to provide information system for monitoring the learning process.

II. IQAS STANDARD

- g. Quality Assurance Unit helped by the Quality Assurance group conduct monitoring and evaluation of the learning process through E-MONEV learning and arrange the report periodically twice a semester.
- h. Dean, Director of Graduate Program, and Head of the Program ensure the availability of the document of learning process standard and conduct monitoring learning achievement and activities that support the graduate competencies by the end of the academic year.
- i. Head of the Department and Head of the Study Program ensure the implementation of the learning process and conduct monitoring the learning process implementation both synchronize or asynchronize periodically twice a semester.
- j. Head of the Department and Head of the Study Program conduct learning achievement evaluation and make the report to Dean or Director of the Graduate Program at least once a semester.

2. SUBJECTS/PARTIES IN CHARGE

- a. Rector
- b. Vice-rector for Academic Affairs
- c. Dean
- d. Director of Graduate
- e. Head of the Program
- f. Vice-dean for Academic Affairs

- g. Vice-director for Academic Affairs
- h. Vice-head for Academic Affairs
- i. Institute of Quality Assurance and Education Development
- j. Unit of Quality Assurance
- k. Group of Quality Assurance
- l. Head and Secretary of Department
- m. Study Program Management Unit

A-4. LEARNING ASSESSMENT STANDARDS

Learning assessment standard is the minimum criteria on student's process and learning outcome assessment in fulfilling the graduate competence.

Main Performance Indicators
1. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
2. Higher Education Institution has a comprehensive and detailed handbook about the implementation of strategy, method, and learning media, also the learning assessment.
3. YSU has been carried out the quality of the learning process monitoring and evaluating effectively which the result is documented comprehensively and followed up continuously.
4. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
5. YSU has a comprehensive and detailed handbook about the implementation of strategy, method, and learning media, also the learning assessment.

III. IQAS STANDARD

6. YSU has been monitoring and evaluating the quality of the learning process effectively which the result is documented comprehensively and followed up continuously.
7. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
8. YSU has a comprehensive and detailed handbook about the implementation of strategy, method, and learning media, also the learning assessment.
9. YSU has been monitoring and evaluating the quality of the learning process effectively which the result is documented comprehensively and followed up continuously.

Main Performance Indicators

10. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
11. YSU has a comprehensive and detailed handbook about the implementation of strategy, method, and learning media, also the learning assessment.
12. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
13. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
14. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.
15. YSU has a comprehensive and detailed handbook about the implementation of the lecturer's assignment framework based on needs, qualification, knowledge, and experience in the teaching process.

Additional Performance Indicators
1. Lecturer's percentage that arranges the assessment instrument of the learning outcomes
2. Lecturer's percentage that arranges the assessment instrument of the learning outcomes
3. Lecturer's percentage that arranges the assessment instrument of the learning outcomes
4. <i>Sistem informasi pembimbingan tugas akhir secara daring (SIBIMTA) Online Final Project Guidance Information System</i>
5. The percentage of the score for each course is inputted in <i>siakad 2</i> weeks after the final exam.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Vice-rector for Academic Affairs helped by the Head of the Quality Assurance Institute preparing the learning assessment standard.
- b. Rector implemented the learning assessment standard.
- c. Rector points to the Vice-rector for Academic for executing the learning assessment standard socialization.
- d. Dean, Director of Graduate, and Head of the Program ensure the availability of the document of learning assessment standard and necessary to conduct monitoring of learning achievement and activities that supporting the graduate competence by the end of the academic year.
- e. Unit of Quality Assurance helped by the Group of Quality Assurance conduct monitoring and evaluating the learning assessment through the validation of the final exam's item twice in a semester.

III. IQAS STANDARD

- f. Head of the Department and Head of the Study Program monitor the learning assessment periodically conducted by the lecturer.
- g. Head of the Department and Head of the Study Program evaluate the learning achievement at least once every semester.

2. SUBJECTS/PARTIES IN CHARGE

- a. Rector
- b. Vice-rector for Academic Affairs
- c. Dean
- d. Director of the Graduate Program
- e. Head of the Program
- f. Vice Dean for Academic Affairs
- g. Vice Director for Academic Affairs
- h. Vice Head of the Program
- i. Quality Assurance Institute and Education Development
- j. Quality Assurance Unit
- k. Quality Assurance Group
- l. Head of the Department
- m. Head of the Program Study

A-5. LECTURER AND STAFF STANDARDS

The lecturer and staff's standard is criteria for pre-service education and physical and mental eligibility, also education in the positions for lecturer and staff at Yogyakarta State University.

Main Performance Indicators
1. The ratio of permanent lecturer towards the number of students is 1:30
2. Have the teaching competence: pedagogy competence, professional, personality, and social.
3. Lecturer conducts research at least once a year.
4. Lecturer conducts publication at least once a year.
5. Lecturer conducts community service at least once a year.
6. Permanent lecturers are certified $\leq 80\%$
7. Permanent lecturers have the positions as Professor $< 15\%$
8. Availability of laws and regulations related to service or non-service nationally.
9. Education atmosphere which is interactive, holistic, integrative, scientific, contextual, thematic, effective, collaborative, and student-centered.
10. One of the lecturer's duties is to conduct plan, execution, and learning process control.
11. Doctor as the main supervisor: produce at least: 1 (one) scientific work on a national journal which accredited or international journal with a good reputation or 1 (one) another form that is recognized by the experts which determined as the college senate.
12. <i>Tridharma PT</i> is adjusted with the number of additional duties for lecturers who got additional duties and or support.
13. <i>BKD</i> or lecturer's workload per semester in supervising the students is 10 students most.
14. <i>BKD</i> or lecturer's workload maximum is 16 credits.
15. The ratio of permanent teachers to the number of students is 1:30.
17. Non-permanent lecturer maximum 10%
18. Lecturer receives main salary and certification allowance.
19. Lecturer receives the result of the assessment of performance.

III. IQAS STANDARD

20. Lecturer receives a promotion.
21. Facilitate the lecturer to get certificate copyrights and patents.
22. Receives the chance to sabbatical leave.
23. Educational staff's qualification minimum is the associate degree and for administration staff, the minimum is senior high school.
24. Educational staff that required special skills are obligated to have competence certificates under the field of duty and skills.

Additional Performance Indicators
1. Recruitment of publication by the Government and YSU through e-recruitment.
2. Diploma is based on the degree of education, preferably doctor with <i>Cumlaude</i> index
3. The ratio of permanent lecturer towards the students is 1:25
4. Recruitment of lecturer with a doctoral,/ Applied Doctor and Profession certificate+level 9 on <i>KKNI</i> or Indonesia's National Qualification Framework in the amount of 30%
5. The lecturer's competencies plus the qualification and skills (SOFT SKILL and HARD SKILL) have the ability of human literation, technology, and digital.
6. Lecturer's competencies with the educator's certificate and profession/skill certificate.
7. Have the ability to conduct recognition of past learning based on the right procedure.
8. Besides andragogy, the lecturer also needs to implement learning with heautagogy principle.
9. Learning with an online system, blended learning, open distance learning, and teleconference.
10. The implementation using <i>e-assessment</i>
11. Academic supervising at least 4 times in one semester.
12. Learning material development research and community service-based.
13. Research and community service by the lecturer is based on the development of knowledge, socio-economy, socio-cultural politic.
14. Research is using the mix method

15. Lecturer involvement in several aspects of training/workshop/work lab/internship at least twice a year, seminar, conference, etc. at least 2 times a year.
16. Conduct research twice in a year
17. Conduct publication twice in a year
18. Conduct community service twice a year
19. Permanent lecturers are equipped with educator certificate 85%
20. 60% of the permanent lecturer has a doctoral degree
21. Permanent lecturer which have the position as Professor above 15%
22. Emphasizing the local wisdom values.
23. The availability of a handbook to create a kind of educational atmosphere which are interactive, holistic, integrative, scientific, contextual, thematic, effective, collaborative, and student-centered and also meaningful, fun, creative, dynamic, and dialogue-interactively.
24. The availability of policy, guidelines, mechanism, and value of the education service.

Additional Performance Indicators
25. Availability of policy, guidelines, mechanism from the lecturer in conducting planning, execution, and learning process control.
26. Doctor as the main supervisor: produce at least: 1 (one) scientific work on a national journal which accredited or international journal with a good reputation or 1 (one) another form that is recognized by the experts which determined as the college senate.
27. Lecturer gets recognition on additional duty in their structural position, consultant, position in national and international committee, and commissary board.
28. Lecturer gets recognition on their supporting duties in their local/national/international committee.
29. The workload for each semester in supervising the students is 8 students most.
30. The workload is 14 credits maximum.
31. The ratio for permanent students towards the number of students is 1:25
33. Non-permanent lecturer is 5% maximum

III. IQAS STANDARD

34. Lecturer receives the main salary and certification allowance and remuneration.
35. Lecturer receives the result of the research performance and achievement incentive under the available procedure.
36. Lecturer receives a promotion and able to get additional duty.
37. Facilitate the lecturer to get a certificate of copyrights and patent and give appreciation for achieving goal performance.
38. The availability of mechanism to enhancing the competencies and learning sources access for lecturer.
39. The availability of policy, handbook, and fund for the lecturer in doing academic freedom, academic pulpit, and knowledge development autonomy.
40. The availability of policy, guidelines, a mechanism for the lecture in doing activities in organization of profession/knowledge based on their interest according to the laws.
41. Received National day-off, sabbatical, and day-off due to urgent reason.
42. The chance to get sabbatical leave and produce monumental work or 3 national or international reputable publications.
43. Educator staff qualification minimum is Bachelor of Applied Sciences and the administration staff minimum is Diploma one.
44. Requirement is competitive and transparent.
45. Held setting-up exercises and spiritual exposure.
46. Conduct monitoring the report of performance and has the skills in accordance with the field of the duty.
47. Act based on the norm and religious value, law, social, and emphasizes the local wisdom value.
48. Show their self as an individual that is sincere, honest, fair, with dignity, and integrity.
49. Show loyalty to the institution, responsible, and high work ethic.
50. Has skill competency certificate on information technology.
51. Has a good procurement certificate.
52. University has more than 15% educational staff, librarian, laboratory assistant, technician, and accounting that has skill certificate of expertise.

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategy that is used to achieve lecturer and education staff standards are:

- a. Leader of university and faculty push and give a wide opportunity for the lecturer to continue their education up to doctoral over internal or external scholarship program;
- b. Leader of faculty commands new lecturer with a master education background to create a contract after one year working and commands to take doctoral study;
- c. Leader of university and faculty push and facilitate each lecturer to participate in scientific forum, both for national or international;
- d. Leader of university and faculty push and facilitate each lecturer to achieve chief lecturer and professor position;
- e. Leader of university and faculty push and facilitate each education staff to develop their competence through continuing study, seminar, workshop, training, or internship;
- f. Leader of university and faculty allocate funding to send education staff in order to join training and or certification under their expertise each year for one training and/or certification;
- g. Leader of university, faculty, and major actively monitor the performance of lecturer and education staff;

III. IQAS STANDARD

- h. Leader of university and faculty give strict penalty by to the regulation to lecturer and education staff who violate rules/ethics;
- i. Leader of university and faculty give appreciation for lecturer and education staff's achievement.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector, vice- rector for academic, vice- rector for general and finance;
- b. Postgraduate director, vice director for academic, vice director for general and finance;
- c. Dean, vice dean for academic and cooperation, vice dean for general and finance;
- d. Head of the institute;
- e. Head of the academic bureau, student affairs, and cooperation, and head of the general bureau, planning, and finance; and
- f. Head of program

A-6. LEARNING FACILITIES AND INFRASTRUCTURE STANDARDS

Standard of learning facilities is the minimum criteria regarding facilities and infrastructure needed in order to support the learning process that integrated research result and community service.

Main Performance Indicator
1. The availability of facilities and infrastructure to support learning activities include: a) Lecture room b) Lecturer room c) Administration room d) Library e) Lab/ workshop/studio f) Information system
2. The availability of sidewalk along the campus main road
3. The availability of document (<i>hard/soft file</i>) of students' final assignment that includes: a) Dissertation for doctoral students b) Thesis for master students c) Essay for bachelor students
4. The availability of learning facilities and infrastructure, learning sources center, partner school, and dormitory
5. The availability of the information system to facilitate learning process service and learning administration
6. Fulfilment of work safety, health, comfort, and security for learning facilities and infrastructure
7. Fulfillment of guest lecture facilities, visiting professor, transfer credit and double degree
8. The implementation of evaluation for sufficiency and accuracy of learning facilities and infrastructure
9. The implementation of maintenance and care for facilities and infrastructure
10. The implementation and supplementary of learning facilities and infrastructure

Additional Performance Indicators
1. The availability of teleconference room
2. The availability of digital library
3. The availability of central computer
4. sidewalk equipped with shelters
5. Document that can be accessed online
6. Learning equipped with <i>Open and Distance Learning</i>
7. The availability of internet access per student, lecturer, and staff
8. The availability of regulation and guide of K3 in YSU
9. Equipped with First Aid Kit in a reachable area
10. Have health care service
11. The availability of an international house in YSU campus area
12. Standardize laboratory/ workshop facilities
13. The availability of regulation and guide and maintenance and care SOP for facilities and infrastructure

III. IQAS STANDARD

1. STRATEGIES OF STANDARD ACHIEVEMENT

Strategy done by YSU to increase and achieve learning facilities and infrastructure standard are:

- a. Add facilities and infrastructure that have not been fulfilled, by using various funding sources to add and maintain the available facilities and infrastructure;
- b. Use and maintain the tools as good as possible.
- c. Plan the addition and maintenance using priority scale to fulfil the learning needs;
- d. Optimize the use of related supporting facilities;
- e. Optimize the implementation of monitoring and internal evaluation from quality and quantity improvement program for learning facilities and infrastructure, and to do an audit at the end of the program, both internal and external.

2. SUBJECT/PARTIES REQUIRED TO MEET STANDARD

- a. Rector;
- b. Vice-rector II;
- c. Head of *LPPM*;
- d. Dean
- e. Vice-dean II
- f. Head of program

A-7. LEARNING MANAGEMENT STANDARDS

Learning management is one of activities series that is done in order to fulfil certain goals that cover planning, implementation, controlling, monitoring, evaluating, and reporting of learning activities.

Main Performance Indicator
1. College has formal proofs as functional maintenance system and college operational that covers 5 aspects to be implemented consistently, effectively and efficiently.
2. College has a formal document and guidance that are specific and congruence among 11 aspects.
3. College has valid proofs regarding policy implementation and guidance of maintaining that is consistent, effective and efficient for 11 aspects.
4. College has strategic planning formal document and proof of drafting mechanism as well as consent and implementation of learning management that covers 5 aspects and there is a benchmark of college on the international level.

Additional Performance Indicators
1. Curriculum structure covers the linkages between course and graduate learning achievement that illustrated clearly on the curriculum map, graduate learning achievement is fulfilled by the whole course learning achievement, and no unsupported course learning achievement
2. Study program curriculum in YSU is being evaluated and developed at least for 4 years and monitored every semester
3. Syllabus documents include learning achievement target, lecture material, learning method, time and steps, learning achievement result assessment. RPS reviewed and customized continuously and it can be accessed by students, consistently
4. Learning achievement derived from graduate profiles, referring to result of the agreement with study program association and profession organization, and meet KKNi level, as well as in accordance to the development of science and technology and users' needs

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategy used in order to achieve learning management standard are:

III. IQAS STANDARD

a. Learning Management Planning Standards

- 1) YSU formulates policies, strategic plannings, and operational plannings related to the learning guidelines for learning management in accordance with the vision and mission of YSU.
- 2) YSU prepares learning guidelines related to the lecturer preparation in the learning process in vocational, bachelor, and/or profession programs.
- 3) YSU creates learning guidelines teams (lecturer and reviewer/validator).
- 4) YSU constructs learning guidelines that are arranged systematically and implement systematic approach theory.
- 5) YSU constructs learning guidelines that are referring to the set and applied curriculum.
- 6) YSU constructs learning management planning guidelines that cover; a) curriculum; b) syllabus; c) Semester Lecture Plan; d) Academic Regulation; d) Academic calendar; e) assignment of the lecturer to courses; f) schedule of learning facilities and infrastructure usage; and g) learning monitoring.

b. Learning Management Standards

- 1) YSU formulates learning management guidelines through the management of profession education program, study program, faculty, postgraduate and university program.
- 2) YSU formulates learning administration guidelines in accordance with the type and the learning achievement of the program.
- 3) YSU creates teams to control and develop the quality of profession education program and study program in administering the learning programs as provided on the vision and mission of YSU.
- 4) YSU formulates policies, strategic plannings, and regulations to create an academic atmosphere and quality of culture in learning.
- 5) YSU creates systems to monitor and evaluate periodically, continuously to enhance the learning quality.
- 6) YSU creates systems for monitoring result report and evaluation as information and consideration on decision making.

c. Learning Management Control Standards

- 1) YSU constructs policy formula to control, supervise, evaluate, report and follow up the monitoring result of the learning activity that is done by a person in charge/head of profession education program, study program, faculty, postgraduate program and university through the internal quality control system.

III. IQAS STANDARD

- 2) YSU creates systems to control all learning activities including controlling, supervising, evaluating, reporting, and following up the result in accordance with vision, mission of profession education program and study program.
- 3) YSU creates teams of monitoring, supervising, evaluating, reporting, and following up result that is done by information system and integrated technology.
- 4) Head of faculty is required to do Management Review Meeting at the beginning of semester to elaborate the result of learning questionnaire for 2 first weeks of lectures.
- 5) Head of faculty is required to do Management Review Meeting at the end of semester as the lecture evaluation.
- 6) Head of faculty is required to issue letter of notification for course meeting and final examination.

2. SUBJECTS/PARTIES IN CHARGE

- a. Rector
- b. Vice-Rector for Academic Affairs
- c. Dean
- d. Director of Postgraduate Program
- e. Chief of Program
- f. Vice-Dean for Academic Affairs

- g. Vice-Director for Academic Affairs
- h. Deputy of Program
- i. Quality Control and Education Development Institute
- j. Quality Control Unit
- k. Quality Control Group
- l. Head of Department
- m. Coordinator of Study Program

A-8. LEARNING FINANCING STANDARDS

Learning financing standard is the minimal criteria of component and the amount of investment and operational cost organized to fulfill the graduate learning outcomes.

Indikator Kinerja Utama	
a.	The availability of guidelines for usage and Budget Execution Content List.
b.	The availability of guidelines for YSU accounting and financial report.
a.	Accuracy and punctuality of time for disbursement of fund with <i>LS/GUP</i> are 100%.
b.	Accuracy and punctuality of time for tax payment to treasury fund are 100%.
c.	Compatibility of budget realization with the budget plan is 100%.
a.	The availability of integrated financial service system.
b.	The availability of YSU accounting and financial report guidelines.
The availability of YSU accounting and financial report guidelines.	
a.	The availability of web basis financial reporting system.
b.	The construct of budget realization report, balance sheet, cash flow statement, and notes to financial statement 100% punctual.
c.	The construct of <i>SAKIP</i> is punctual by March as maximal for the following year.
d.	The availability of YSU accounting and financial reporting guidelines.
The implementation of budget monitoring at the end of month, quarterly, and year.	

III. IQAS STANDARD

Additional Performance Indicators
The availability of Internal Supervisory Unit to ensure the financial control policies will run accordingly to the plan.
The availability of Strategic Plan, Operational Plan, Annual Budget Plan, Annual Performance Plan, Report of Government Institute Performance Accountability.
Annual Work Meeting that includes <i>Monev</i> team, <i>SPI</i> , and Supervisory Board.
The availability of Strategic Plan, Operational Plan, Annual Budget Plan, Annual Performance Plan, and Report of Government Institute Performance Accountability.

1. STRATEGIES OF STANDARD ACHIEVEMENT

Strategies used to fulfill this financing standard are:

- a. Rector determines the budgeting plan policies and featured univesity programs based on Restra and performance contract of Rector with Ministry of Research and Technology of the Republic of Indonesia /Public Services Boards.
- b. Rector and head of general and finance determine Integrated Activity and Plan Budgeting of YSU, by involving all management levels of college from top to bottom (collegial participatory).
- c. The utilization of facility and sources to improve income generating.
- d. The enhancement of effectiveness and efficiency of learning funding control.
- e. Strengthen the management and governance of college in order to support learning funding.
- f. Monitoring and evaluation (*monev*) and follow up management

are done periodically and continuously to control budget and program in many steps of management process and program implementation.

- g. Increase program control and budget through Internal Control Unit and information system support.
- h. Optimize report system and follow up management for a continuous improvement.

2. SUBJECT/PARTIES REQUIRED TO MEET THE STANDARDS

Subject/parties are required to meet the financing standards are:

- a. Rector
- b. Vice-Rector for General and Finance Affairs
- c. Vice-Rector for Planning and Cooperation Affairs
- d. Head of Research and Community Service Institute (*LPPM*)
- e. Director of Postgraduate Program
- f. Vice-Director for General and Finance Affairs
- g. Dean
- h. Vice-Dean for General and Finance Affairs
- i. Head of Department
- j. Head of General Bureau of Planning and Finance (*BUPK*)
- k. Head of Planning/Finance/Administration
- l. Head of Non-Tax State Revenue (*PNBP*)/Non PNBP/Aklap/Finance and Accounting/General.

III. IQAS STANDARD

B. RESEARCH GROUPS STANDARDS

B-1. RESEARCH RESULT STANDARDS

Research result standard is the research result organized based on scientific principles that is universal and legal, registered, documented and disseminated by national or international scientific forum, and can be accounted morally and ethically.

Main Performance Indicators
Quality of the lecturers' research result can be accounted academically, morally, and ethically.
Research result in university should be directed to the development of science and technology, as well as to enhance the public well-being and nation competitiveness.
Every research resulted in outcome as: <ol style="list-style-type: none"> a. scientific publication for national and international level, b. appropriate technology, social engineering, model, or policy, c. product that can be used for stakeholders, d. textbook or teaching materials, or e. intellectual property rights.
Researches done by lecturer are intended for scientific purpose and at least 75% of the research is published in proceeding, accredited publisher, or international scientific publisher.
Result of students' researches have to follow the graduate learning outcomes as well as college regulation.
<i>LPPM</i> provides scientific journals for lecturers to publish their researches.
<i>LPPM</i> encourages and facilitates researchers to obtain Intellectual Property Right covering copyright, brand, and other typical research result.
The lecturers' research result are disseminated at least at the department level.
<i>LPPM</i> arranges dissemination for research result at the national level annually.
Result of research is supported to be used for learning process improvement in YSU.
The report of research result should be comprehensive, detailed, relevant, up to date, and reported on time.

Additional Performance Indicatorss
The availability of research report writing guidelines.
The availability of specific page to upload the outcome of the lecturers' researches. The availability of scientific journal on national level. The availability of scientific journal on international level. The availability of proceeding to publish researches.
<i>LPPM</i> provides reputable scientific journal to publish the lecturers' researches.
Every research result of lecturer to be disseminated minimum at the Faculty level.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- b. Head of university, *LPPM*, faculty, and department socialize the Research Guideline and Research Master Plan to lecturers and students punctually;
- c. Head of university and *LPPM* strive for research funding at the beginning of research according to the proposed research schedule;
- d. University, *LPPM*, and faculty provide funding for training/workshop for research proposal writing, research methodology, and articles writing once a year;
- e. *LPPM* and faculty conduct monitoring based on research schedule.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARD

- a. Rector
- b. Vice-Rector for Academic Affairs,
- c. Head of Community Service Research Institute (*LPPM*);

III. IQAS STANDARD

- d. Director or Postgraduate Program
- e. Assistant Director for Academic Affairs
- f. Dean
- g. Vice-Dean for Academic Affairs
- h. Head of Department

B-2. RESEARCH CONTENT STANDARDS

Research Standardize is minimal criteria of the depth and wide of research materials.

Main Performance Indicator
1. The availability of formal document on Research Strategic Plan that covers development base, research roadmap, sources (internal funding allocation), strategic program target and performance indicator, as well as to be international competitive oriented.
2. The availability of good research guideline documents.
3. Survey on users' satisfaction for Research Guidelines.
4. Survey on stakeholders' understanding of the research guideline.
5. Number of research group equipped with the Dean's decree.
6. The availability of evaluation monitoring result of group involvement.
7. Number of research laboratory in faculty level.
8. Number of basic and applied research result.
9. The availability of monitoring and evaluation result for Basic Research.
10. The availability of monitoring and evaluation result for applied research.

Additional Performances Indicators
1. The total number of Leading Research groups equipped with a Rector's Decree
2. The availability of research products that are beneficial for the community and international competitiveness
3. The total number of leading research laboratories

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Institute of Research and Community Service (*LPPM*) YSU ensures that the preparation of the Research Master Plan of YSU has foundation of development, research roadmaps, resources, strategic program objectives, and performance indicators.
- b. Institute of Research and Community Service (*LPPM*) YSU and university/faculty/Graduate School/department leaders socialize Research Master Plan of YSU to lecturers and students by making it easier to access for stakeholders to be understood;
- c. The department forms a research group based on the expertise and competence of the lecturers which is then legalized by the Dean of the Faculty through a decree.
- d. The faculty leaders ensure the active involvement of research groups in national and international networks, and produces research products that are beneficial to society and internationally competitive.

III. IQAS STANDARD

- e. University and faculty leaders as well as Institute of Research and Community Service (*LPPM*) YSU ensures the development of research laboratories based on the priority fields of study from each faculty/department.
- f. Institute of Research and Community Service (*LPPM*) YSU offers basic research with internal and external funding from YSU that are output-oriented research in the form of explanations or discoveries to anticipate new symptoms, phenomena, rules, models, or postulates and
- g. Institute of Research and Community Service (*LPPM*) YSU ensures applied research with internal and external funds from YSU on research output are in the form of innovation and development of science and technology that is beneficial to society, the business world, and / or industry.
- h. Institute of Research and Community Service (*LPPM*) YSU ensures that basic and applied research must include special study material for the national interest
- i. Institute of Research and Community Service (*LPPM*) YSU ensures that basic and applied research must contain the principles of benefit, sophistication, and anticipate future needs.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice-Rector for Academic Affairs
- c. Chairperson and Secretary of the Institute of Research and Community Service (*LPPM*);
- d. Director and Assistant Directors for Academic Affairs of the Graduate School;
- e. Dean and Vice-Dean for Academic Affairs
- f. Head of Department

B-3. RESEARCH PROCESS STANDARDS

The research process standards are the minimum criteria for research activities including planning, implementation, and reporting.

Main Performance Indicators
1. The availability of official report about the results of monitoring and evaluation
2. The availability of documents about the procedures for assessment and review
3. The availability of documentation of research output
4. The availability of results of the research proposal assessment
5. The availability of legality of reviewer appointment
6. The availability of legality of research assignment/research collaboration

III. IQAS STANDARD

Additional Performance Indicatorss
1. The availability of the dissemination of research outputs documentation on sites
2. The total amount of collaborative research proposals
3. The total amount of research proposals funded by the Ministry
4. The total amount of research proposals funded by the institution
5. The availability of research facilities
6. The availability of research implementation monitoring system
7. There is a work contract for the assignment of researchers/research collaboration
8. The availability of academic guidance
9. The availability of review of the research process and follow-up
10. The availability of integrated Institute of Research and Community Service (<i>LPPM</i>) information system
11. The availability of competent / certified reviewers

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. The university leaders, Institute of Research and Community Service (*LPPM*), faculties, and departments disseminate the YSU Research Guidelines and Research Master Plan to lecturers and students on time;
- b. University leaders and Institute of Research and Community Service (*LPPM*) seek first-term research funds disbursed at the beginning of research activities according to the research implementation schedule proposed by the researchers;

- c. University, Institute of Research and Community Service (*LPPM*), and faculties, provide funds to organize training / workshops on research proposal writing, research methodology, and writing articles, regularly every year;
- d. Institute of Research and Community Service (*LPPM*) and the faculty carry out monitoring of research implementation according to schedule

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- e. Rector
- f. Vice-Rector for Academic Affairs
- g. Chairperson and Secretary of the Institute of Research and Community Service (*LPPM*);
- h. Director and Assistant Directors for Academic Affairs of the Graduate School;
- i. The Dean and The Vice-Dean of Academic Affairs
- j. Head of Study Program

B-4. RESEARCH ASSESSMENT STANDARDS

Research assessment standards are the minimum criteria for assessing the research process and results.

III. IQAS STANDARD

Main Performance Indicators
1. The availability of SOP Review
2. The availability of the legality of the appointment of reviewers,
3. The availability of the assessment of research proposals results.
4. The availability of the legality of the assignment of researchers / researcher collaboration
5. The availability of availability of official report on monitoring and evaluation results,
6. The availability of research output documentation.
7. The availability of evidence of conducting a review of the implementation of the research process (aspects 1 to 6) periodically
8. The availability of the evidence of review results follow-up
9. The availability of a research activity report document that fulfills 5 aspects, namely: <ul style="list-style-type: none"> a. comprehensive, b. detail, c. relevant, d. current and e. delivered on time and made by the research manager
10. The availability of the evidence of reporting to university leaders and partners / funders.

Additional Performance Indicatorss
1. Timeliness of the preparation of the report of research result
2. The availability of guidance on minimum criteria for the assessment of research process and results by lecturers.

3. The availability of methods and instruments that are relevant, accountable, and able to represent a measure of achievement of process performance and achievement of research results.

4. The availability of instruments on monitoring research process

5. The outputs are in the form of published journal articles at the local-national-international level.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. The university leaders, Institute of Research and Community Service (LPPM), faculties, and departments disseminate the YSU Research Guidelines and Research Master Plan (RIP) to lecturers and students on time;
- b. The university leaders and Institute of Research and Community Service (LPPM) seek first-term research funds disbursed at the beginning of research activities according to the research implementation schedule proposed by the researchers;
- c. University, Institute of Research and Community Service (LPPM), and faculties, provide funds to organize training / workshops on research proposal writing, research methodology, and writing articles, regularly once in a year;
- d. Institute of Research and Community Service (LPPM) and the faculty carry out monitoring of research implementation according to the schedule.

III. IQAS STANDARD

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice-Rector for Academic Affairs
- c. Chairperson and Secretary of the Institute of Research and Community Service (LPPM);
- d. Director and Assistant Directors for Academic Affairs of the Graduate School;
- e. The Dean and The Vice-Dean of Academic Affairs
- f. Head of Department

B-5. RESEARCHER STANDARDS

Researcher standards are the minimum criteria for the researcher's ability to conduct a research.

Main Performance Indicators
Fulfilling the ability of researchers regarding mastery of research methodologies in accordance with the fields of science, research object, as well as the level of complexity and the depth of the research (<i>SN DIKTI</i> Article 48 section 2)
The researcher should fulfill all of the academic qualification requirements

Additional Performance Indicatorss
The total number of lecturers whose proposals were successfully funded
The total number of lecturers whose articles are published in accredited journals
Research collaboration between lecturers and student

Researchers' competence must be relevant to their own fields of research
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Every lecturer who conduct a research should have a clear and relevant research roadmap

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Vice-Rector for Academic Affairs assisted by the Chair of the Institute of Research and Community Service (*LPPM*) prepares guidelines for determining research groups and research guidelines.
- b. The Head of Department together with the Head of Study Program determine and classify lecturers according to their areas of expertise to be included in the research group.
- c. The Dean sets up a research group.
- d. The Chair of Institute of Research and Community Service (*LPPM*) prepares a research guide which contains researcher criteria regarding: educational qualifications and positions, number of researchers, and fields of science.
- e. There is a reward mechanism for outstanding researchers and there is also punishment for researchers who violate the provisions
- f. Vice-Rector for Academic Affairs, assisted by the dean, hold a workshop: preparation of research proposals, conducting research, and preparing research financial reports.

III. IQAS STANDARD

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector, Vice-Rector for Academic Affairs, Vice-Rector for General Administration and Financial Affairs
- b. Director and Dean
- c. Vice Dean of Academic and Cooperation Affairs, Vice-Dean of General and Financial Affairs, Vice Director of Academic and Student Affairs, and Vice-Dean of General and Financial Affairs.
- d. Chairman of Institute of Research and Community Service (*LPPM*) and Institute of Educational Development and Quality Assurance (*LPPMP*);
- e. Head of bureau of academic, student affairs, and cooperation, and Head of bureau for general, planning and financial affairs;
- f. Head of Department.

B-6. RESEARCH FACILITIES AND INFRASTRUCTURE STANDARDS

The research facilities and infrastructure standards are the minimum criteria for facilities and infrastructure needed to support the needs of the content and research process in order to fulfill the research results. The standards for laboratory, workshop, field and studio are the measurement or benchmarks for certain places equipped with equipment and materials for conducting research.

Main Performance Indicators
The availability of facilities and infrastructure that are relevant and up to date for support research.
The realization of implementation for research services using an information system, including: <ol style="list-style-type: none"> 1. e-learning, library (e-journal, e-book, e-repository), 2. Accessibility 3. Periodic evaluation systems
The realization of implementation for research services by using an information system, including: <ol style="list-style-type: none"> 1. Academic services, finance, human resources, facilities and infrastructure (assets) 2. Accessibility 3. Completeness 4. Integrated 5. Periodic evaluation systems
The realization of implementation for evaluation activities related to the adequacy of facilities and infrastructure for research
The realization of implementation for treatment and maintenance activities of facilities and infrastructure for research needs
The realization of the implementation for efforts to improve facilities and infrastructure to encourage and facilitate lecturers

Additional Performance Indicatorss
It has an information system for research services, including: <ol style="list-style-type: none"> 1. Access to research results
Research facilities and infrastructure certification
There exist specification and manual documents for all facilities and research infrastructure.

III. IQAS STANDARD

1. There exist regulations and guidelines for the maintenance of facilities and infrastructure to support research activities
2. There exist facilities and infrastructure maintenance management to support research activities
The completeness of research facilities and infrastructure in each related unit
The number of facilities and infrastructure that meet the standards of quality, work safety, health, comfort and security

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies carried out by YSU to improve and achieve the standard of facilities and infrastructure for research are:

- a. Adding up facilities and infrastructure that has not available yet by using various sources of funds for the addition and maintenance of the existing infrastructure;
- b. Using and maintaining tools as best as possible;
- c. Planning the procurement and maintenance of tools with a priority scale to meet research needs;
- d. Optimizing laboratory use through related research;
- e. Optimizing the implementation of internal monitoring and evaluation (monev) of the program to improve the quality and quantity of facilities and infrastructure for research, and conduct audits at the end of the program both internally and externally.

B-7. RESEARCH DATA MANAGEMENT STANDARDS

Main Performance Indicators
Higher education institutions have foundations or work units that are in charge of managing research according to their needs and applicable provision
Higher education institutions have formal Research Strategic Plan document which contains foundations of development, research roadmaps, resources (including internal research funding allocations), strategic program objectives and performance indicators, as well as oriented towards international competitiveness.
Higher education institutions have research guidelines that are socialized, easily accessible, in accordance with research strategic plans, as well as understood by stakeholders.
Higher education institutions have valid evidence of the implementation of the research process which includes 6 aspects (including the procedures of assessment and review, the legality of appointment as reviewers, the results of research proposals assessment, the legality of assigning researchers / researcher collaboration, official report of monitoring and evaluation results, and documentation of research output) and higher education institutions conduct a review of the implementation of the research process (aspects 1 to 6) regularly and followed up periodically
Higher education institutions have research groups and research laboratories that are functional as indicated by: 1) formal legal evidence of the existence of research groups and research laboratories, 2) active involvement of research groups in national and international networks, and 3) producing research products that are useful for solving problems in society, and 4) producing research products that are internationally competitive .

III. IQAS STANDARD

Higher education institute facilitates enhancement on the ability of researchers to carry out research, writing scientific articles, and acquisition of intellectual property
Higher education institutions facilitates the implementation of research;
Higher education institutions disseminate research results;
Higher education institutions give awards to researchers who are achievers

Additional Performance Indicatorss
One-stop funding solutions or management is intended so that research at YSU can be managed properly so that it is effective in achieving Strategic Plan targets
Institute of Research and Community Service (<i>LPPM</i>) YSU requires research activities to involve students as a form of learning that leads to fulfillment of graduate learning outcomes correspondingly with applicable rules and regulations.
Institute of Research and Community Service (<i>LPPM</i>) YSU requires that research results should be integrated into the learning process
The research results that are published in a reputable journal will get incentives.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Institute of Research and Community Service (*LPPM*) collaborates with the Vice-Rector for Academic Affairs and representatives of each fields of science to prepare and compile a Research Master Plan and Research Guidebook at Yogyakarta State University according to the time specified.

- b. The Chair, Secretary, and the Institute of Research and Community Service (*LPPM*) team must always be responsive in receiving input and suggestions from lecturers and users.
- c. The Chair of Institute of Research and Community Service (*LPPM*), the Dean, Vice-Dean of Academic Affairs, the Director of Graduate School, the Assistant Director at Graduate School for Academic Affairs, the Head of the Department, and the Head of Study Program conduct socialization and offer research activities in the YSU environment according to the predetermined time.
- d. Institute of Research and Community Service (*LPPM*) monitors the implementation of research and provides input on research development.
- e. Research lecturers carry out research activities in accordance with the design that has been compiled in the proposal.
- f. Institute of Research and Community Service (*LPPM*) in collaboration with *TIU TIK* creates an IT system for submission of proposals, reviews, and research reports that complete with deadlines for each stage.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice-Rector for Academic Affairs

III. IQAS STANDARD

- c. Vice-Rector for Students and Alumni Affairs
- d. Dean
- e. Vice-Dean of Academic Affairs
- f. Vice-Dean for Students and Alumni Affairs
- g. Director of Graduate School
- h. Assistant Director at Graduate School for Academic Affairs
- i. Vocational Program Coordinator
- j. Institute of Educational Development and Quality Assurance
(LPPMP)
- k. Quality Assurance Center (*Pusat Penjaminan Mutu*)
- l. Quality Control Groups (*Gugus Kendali Mutu*)
- m. Head of Department
- n. Head of Study Program
- o. Lecturer Academic Advisor

B-8. RESEARCH FUNDING STANDARDS

Research funding and financing standards are the minimum criteria for the sources and mechanisms of funding and financing research.

Main Performance Indicators
The amount of research with international costs each year must reach at least 10% of the total permanent lecturers.
The average research fund for lecturers / year is Rp. 15,000,000.00

Percentage of research funding compared to total budget university at least 10%.
Socialization of research proposals
Selection of research proposals
Signing of research contracts
Conduct internal audits on absorption of research funds
Carry out monitoring of research implementation
Analyzing absorption of research funds
The number of collaborations / research partners is increasing
The amount of research funding from collaboration / partners increases

Additional Performance Indicators
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Conduct an external audit on absorption of research funds

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to fulfill this financing standard are:

- a. Rector determines YSU's RKPT (Integrated Activity and Budgeting Plan), involving all levels of higher education management from top to bottom (collegial participatory).
- b. Rector sets a research budget plan.
- c. Rector makes a research offer through the Head of Institute of Research and Community Service (*LPPM*).
- d. Rector holds a selection of research proposals through the Head of Institute of Research and Community Service (*LPPM*).
- e. Rector conducts a research contract with a lecturer whose research proposal is accepted through the Head of Institute of Research and Community Service (*LPPM*).

III. IQAS STANDARD

- f. Rector conducts an internal audit of the absorption of research funds through the SPI.
- g. Rector conducts an audit of the absorption of research funds through an appointed external auditor.
- h. Rector monitors the implementation of the research through the Head of Institute of Research and Community Service (LPPM).
- i. Rector conducts an analysis of the absorption of research funds through the Head of Institute of Research and Community Service (LPPM).
- j. Rector is looking for research collaboration partners through the Head of Institute of Research and Community Service (LPPM)/Faculty/Graduate School / Lecturers.
- k. Rector seeks research funding from collaborative partners through the Head of Institute of Research and Community Service (LPPM) /Faculty/Graduate School/Lecturers.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

Subjects/parties responsible for the fulfillment of this financing standard are:

- a. Rector
- b. Vice-Rector for Administration and Finance

- c. Vice-Rector for Planning and Partnership
- d. Head of Research and Community Service Institute (*LPPM*)
- e. Director of the Graduate School Program
- f. Vice Director for Administration and Finance
- g. Dean
- h. Vice Dean for Administration and Finance
- i. Head of Department
- j. Head of General Bureau of Planning and Finance (*BUPK*)
- k. Head of Division of Planning/Finance/Administration
- l. Head of Subdivision of Non-Tax State Revenue (PNBP)/Tax-State Revenue (Non-PNBP)/Accounting and Reporting/Finance and Accounting/Administration

C. GROUPS STANDARDS OF COMMUNITY SERVICE

C-1. COMMUNITY SERVICE RESULT STANDARDS

The Standard of community service result can be defined as the minimum criteria of community service result in implementing, practicing, and cultivating science and technology to improve public welfare and educate the life of the people.

III. IQAS STANDARD

Main Performance Indicators
It is obvious based on the convergence standards.
Additional Performance Indicators
The number of Research and Community Service results for Science and Technology Development
The number of Research and Community Service results for the implementation, practice, and cultivation of science and technology.
The number of Research and Community Service results to solve the problem in the community.
The number of Research and Community Service results for the enrichment of teaching materials or training modules.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Head of Research and Community Service Institute (*LPPM*) prepares the material for determination of Standards of Community Service Result.
- b. Rector determines Standards of Community Service Result.
- c. Rector appoints Institute of Research and Community Service (*LPPM*) to socialize the Standards of Community Service Result.
- d. Dean, Director of Graduate School, and Head of Program ensure the availability of Standards of Community Service Result document and monitor the achievement of Community Service Result.
- e. The Center for Quality Assurance monitors the implementation of Community Service Result.
- f. Head of Department, Study Program, and Community Service Division evaluates the achievement of Community Service Result.

2. SUBJECTS/PARTIES IN CHARGE

The subjects/parties who are responsible for the fulfillment of community service result standards are as follows.

- a. Rector, Vice-Rector for Academic Affairs, and Head of LPPM;
- b. Director of Graduate School Program and Assistant Director for Academic;
- c. Dean and Vice Dean for Academic Affairs; and
- d. Head of Department and Study Program.

C-2. COMMUNITY SERVICE CONTENT STANDARDS

Standard of community service content is the minimum criteria related to the depth and wide of materials/issues in the community service.

Main Performance Indicators
The minimum criteria related to the depth and wide of materials/issues covered in community service is according to the roadmap underpinning the theme of community service for the lecture and students as well as the application of the scientific field of the study program.
The lecturers and students conduct the community service based on the roadmap which is oriented to solve the problem in the community
The depth and wide of materials/issues covered in community service are based on the research findings or science and technology development according to the community's needs.
Evaluating the relevance of lecturers and students' community service to the roadmap as the science and technology consideration.
Having the teaching materials or training modules for learning resource enrichment of the target community.
Utilizing the result of the evaluation to improve the relevance of community service and develop the scientific field of the study program.

III. IQAS STANDARD

Additional Performance Indicators
Embedding the content of character building as well as cultivating mental of nationalism, state defense, and anti-radicalism.
The community service materials are adjusted to the priority programs of partner regions.
The application of ICT for efficiency in the community service activities

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies employed to achieve the standards of community service content are as follows.

- a. Research and Community Service Institute (*LPPM*) has the community service guidelines to guide the lectures of the study program in compiling roadmaps, strategic program objectives, performance indicators, and competitiveness that has the depth and breadth of community service materials according to the field of expertise in order to participate in to improving public welfare and educating the life of the people.
- b. *LPPM* has the guidelines on the application of research/development results that is applicable and needed by the target community service.
- c. *LPPM* has guidelines on the implementation of research/development results that are technologically appropriate for the community service.
- d. *LPPM* has the guidelines on research findings-based community empowerment for community service.

- e. Academic advisers from each study program organize their students to participate in community service activities.
- f. Universities/Faculties in collaboration with LPPM facilitate the evaluation of community service relevance carried out by the lecturers and students with the pre-determined community service roadmaps for the lecturers.
- g. The lecturers of each study program assisted by the students develop teaching materials or training modules for the community service activities based on the research findings or the appropriate technology development.
- h. The lecturers of each study program assisted by the students identify a problem in the target community service to embed the character building, cultivate mental of nationality, state defense, and anti-radicalism.
- i. The lecturers of each study program conduct observation and problem case analysis to meet the material urgency or problem-solving through the community service which is in line with the priority programs of partner regions.

III. IQAS STANDARD

- j. The Board of Quality Assurance and Educational Development (*IQAED*) has standard operating procedures as the technical guidelines of community service planning, implementation, and evaluation.
- k. *IQAED* has the standard instrument to evaluate the process of community service planning, implementation, and evaluation.
- l. *IQAED* has the guidelines for ICT use to achieve the efficiency and effectiveness of community service implementation.

2. SUBJECTS/PARTIES IN CHARGE

The subjects/parties who are responsible for the fulfillment of community service standards are as follows.

- a. Rector, Vice-Rector for Academic, and Head of LPPM;
- b. Director of Graduate School and Chief Director for Academic;
- c. Dean and Chief Dean for Academics; and
- d. Head of Departments.
- e. All of the lecturers.

C-3. COMMUNITY SERVICE PROCESS STANDARDS

Standards of community service process are the minimum criteria of the community service implementation including the planning, organizing, and reporting activities.

Main Performance Indicators
<p>Community service activities include:</p> <ol style="list-style-type: none"> 1. Planning 2. Organizing, and 3. Reporting.
<p>Higher education institutions have the functional executive group for the community service which is indicated by:</p> <ol style="list-style-type: none"> 1. There is legal formal evidence of the functional executive group for the community service, 2. There are community service products to solve the problem in the community, 3. There are nationally competitive products of community service.
<ol style="list-style-type: none"> 1. <i>LPPM</i> has strategic planning of community service validated by Rector. 2. <i>LPPM</i> issues a scheme of community service as a reference for developing the proposal structure. 3. Planning activities include: <ol style="list-style-type: none"> a. Community and international student service; b. Science and technology application based on the field of expertise; c. Students' reasoning, skills, and arts development; d. Community capacity development; or e. Community empowerment-based on sustainable educational development.
<p>Yogyakarta State University provides funds for Community Service Activities through the following stages:</p> <ol style="list-style-type: none"> 1. proposal submission; 2. proposal selection; 3. proposal approval; 4. community service implementation; 5. monitoring and evaluation; 6. reporting results dissemination; and 7. publications.
<p><i>LPPM</i> has a reviewer board to select the community service proposal.</p>

Main Performance Indicators
<p>Lecturers</p> <ol style="list-style-type: none"> 1. <i>LPPM</i> presents the evaluation result of the community service proposal to the author/proposer via the <i>LPPM</i> website. 2. The selected community service proposal supports the realization of Yogyakarta State University's vision and mission.

III. IQAS STANDARD

<ol style="list-style-type: none"> 1. The service team disseminates the result of community service. 2. The service team submit the final report of community service results to faculty and/or <i>LPPM</i>. 3. The final report fulfills 5 aspects as follows: <ol style="list-style-type: none"> a. Comprehensive b. Detail c. Relevance d. Up-to-date/current e. Delivered on time. 4. The service team writes an article about the result of community service to be published. 5. <i>LPPM</i> has the report document of community service and presents it to the officials of higher education institutions and partner/funders in which the report fulfills the abovementioned 5 aspects.
<ol style="list-style-type: none"> 1. The service team considers the quality standard as well as ensures the work safety, health, comfort, and security of executor, community, and environment during the community service implementation. 2. <i>LPPM</i> has the standard of operation for the quality standard as well as ensures the work safety, health, comfort, and security of executor, community, and environment.

Additional Performance Indicatorss
Dissemination of Community Service result
<ol style="list-style-type: none"> 1. <i>LPPM</i> has the service team database based on the Rector Decree regarding Yogyakarta State University Budget Implementation List (<i>DIPA</i>) funds. 2. <i>LPPM</i> has the service team database based on the Dean Decree regarding the Faculty <i>DIPA</i> funds.
<ol style="list-style-type: none"> 1. <i>LPPM</i> conducts training on community service proposal writing. 2. The proposal is not the duplication of the submitted proposal to the other scheme.
Each faculty has a reviewer board to evaluate the lecturers' community service proposal.
<ol style="list-style-type: none"> 1. <i>LPPM</i> has a database of approved proposals to be implemented using YSU <i>DIPA</i> funds. 2. <i>LPPM</i> has the databases of approved proposals to be implemented using Faculty <i>DIPA</i> funds.
<ol style="list-style-type: none"> 1. <i>LPPM</i> maintains a database of Community Service activity reports with DIPAYSU funds 2. <i>LPPM</i> maintains a database of Community Service activity reports with <i>DIPA</i> Faculty funds

3. The faculty holds a poster exhibition of the results of lecturers' Community Service activity at the end of the year
4. The faculty carries out monitoring and dissemination of community service.

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to comply with the Standard of Community Service process are as follows.

- a. The Head of the *LPPM* prepares materials for determining the Standard of Community Service Process.
- b. The Rector sets the Standard of Community Service Process.
- c. The Head of the *LPPM* carries out the socialization of the Standard of Community Service Process.
- d. The Dean and Director of the Postgraduate Program ensure that the Standards of Community Service Process documents are available and need to monitor the achievement of the Community Service Process.
- e. The Quality Assurance Centre monitors the implementation of the Standards of Community Service Process.
- f. The Community Service groups evaluate the Community Service Process.
- g. The service process is reported to the Dean/Director of Postgraduate/Head of *LPPM* through *SIMPPM*.

III. IQAS STANDARD

2. SUBJECTS/PARTIES IN CHARGE

Subjects/parties who are responsible for the standards fulfillment of the community service process are:

- a. Rector, Vice-Rector for Academics, Head of LPPM;
- b. Director of Postgraduate and Assistant Director 1, Postgraduate Quality Assurance
- c. Dean and Vice Dean for Academics dan Cooperation, Faculty Quality Assurance.

C-4. COMMUNITY SERVICE ASSESSMENT STANDARDS

Standard of community service Assessment is the minimum criteria for assessing the process and result of community service.

Main Performance Indicators
<i>LPPM</i> has valid documents regarding the results of the Community Service assessment based on each of the minimum criteria that are easily accessible to those who need.
<i>LPPM</i> has an accountable Community Service assessment document and it can represent a measure of the achievement of the performance process and result.
<i>LPPM</i> has documents on the results of the assessment of the Community Service process and results based on the principles of educational, objective, accountable, transparent assessment and takes into account the conformity between the objectives and the achievements of the activities, which are accessible to parties who need.
There is a document on the results of the evaluation of the implementation of the assessment process and Community Service results.
There is a document for a follow-up decision made by <i>LPPM</i> There is a document for follow-up evidence.

Additional Performance Indicatorss
The reviewer team has a national certificate and Rector's Decree
There is a community service assessment instrument that is relevant, accountable, and represent the measurement of performance process achievement and performance results achievement.
There is a new technology-based information system for Community Service assessment and evaluation.

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to comply with the Standard of Community Service Assessment are as follows.

- a. The head of *LPPM* prepares materials for determining the Standard of Community Service Assessment.
- b. The Rector sets the Standard of Community Service Assessment.
- c. The head of *LPPM* carries out the socialization of the Standard of Community Service Assessment.
- d. The Dean and Director of Postgraduate Program ensure that the document of Standard of Community Service Assessment is available.
- e. The head of *LPPM* conducts an assessment of the implementation of Community Service activities.
- f. The Quality Assurance Unit at each level monitors the implementation of the Community Service Assessment according to the established standard.

III. IQAS STANDARD

2. SUBJECTS/PARTIES IN CHARGE

The subjects/parties who are responsible for the standards fulfillment of the community service assessment are:

- a. Rector, Vice-Rector for Academics, Head of *LPPM*;
- b. Director of Postgraduate and Assistant Director 1, Postgraduate Quality Assurance;
- c. Dean and Vice Dean for Academics dan Cooperation, Faculty Quality Assurance.

C-5. COMMUNITY SERVICE IMPLEMENTATION STANDARDS

Standard of community service Implementation is the minimum criteria to carry out the community service.

Main Performance Indicators
The university has a formal document of Community Service Strategic Plan which contains the basis for development, Community Service road maps, resources (including internal Community Service fund allocation), strategic program objectives and performance indicators, and is oriented towards international competitiveness.
The university has Community Service guidelines that are socialized, easily accessible, following Community Service Strategic Plan, and are understood by stakeholders.
The university has valid evidence of the implementation of the Community Service process which includes 6 aspects and reviews the implementation of the Community Service process (aspect 1 to 6) periodically and is followed up. <ol style="list-style-type: none"> 1) assessment and review procedures, 2) the legality of the appointment of reviewers, 3) the result of the assessment of Community Service proposal, 4) the legality of Community Service executor / Community Service cooperation assignments, 5) minutes of monitoring and evaluation results, and documentation of Community Service output.

The university has a document for reporting Community Service activities from Community Service managers to university management and related partners/funders that meet 5 aspects namely comprehensive, detailed, relevant, up-to-date, and delivered on time.

Additional Performance Indicatorss
The university has a functional Community Service implementing group which is indicated by: 1) formal legal evidence of the existence of Community Service implementing group, 2) the production of Community Service products that are useful for solving problems in the community, and 3) the production of Community Service products with national competitiveness.
The university has clear procedures and rules (qualifications, positions, and knowledge) to determine teams/groups in implementing Community Service.
The university has clear regulations regarding (technical, field, and objective) Community Service following the vision and mission of the university.

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. The Rector sets the standard for implementing community service.
- b. The Rector appoints the head of *LPPM* YSU to socialize the implementation standard of community service for lecturers at Yogyakarta State University regularly.
- c. The head of *LPPM* YSU conducts socialization of implementation standard of community service to lecturers in YSU regularly.
- d. The Rector issues a Rector's Decree for implementing community service.

III. IQAS STANDARD

- e. The head of *LPPM* YSU monitors and evaluates the process of implementing community service.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector, vice-rector for academics, vice-rector for general affairs and finance;
- b. Director and Dean
- c. Vice-dean for academics and cooperations, vice dean for general affairs and finances; vice director for academics and student affairs, vice director for general affairs and finances;
- d. The head of *LPPM, IQAED*;
- e. The head of the bureau of academic, student affairs, and cooperation, and head of the bureau of general, planning, and finance;
- f. The head of the program.

C-6. COMMUNITY SERVICE INFRASTRUCTURE STANDARDS

The standard of community service facilities and infrastructures is the minimum criterion regarding the facilities and infrastructures needed to support the community service process related to the application of the field of science, the learning process, and community service activities.

Main Performance Indicators
The availability of facilities and infrastructure that are relevant and up-to-date for supporting the community service.
The implementation of community service using information systems including: <ol style="list-style-type: none"> 1. e-learning, library (e-journal, e-book,e-repository), 2. Accessibility 3. Periodic evaluation of the system
The implementation of community service using information systems including: <ol style="list-style-type: none"> 1. Academic services, finance, human resources, and facilities and infrastructure (assets) 2. Accessibility 3. Completeness 4. Integrated 5. Periodic evaluation of the system
The implementation of evaluation activities related to the adequacy of facilities and infrastructures for community service.
The implementation of maintenance facilities and infrastructure activities for community service needs.
The implementation of improving facilities and infrastructure to encourage and facilitate the lecturers.

Additional Performance Indicators
Has an information system for community service, including access to the results of community service.
<ol style="list-style-type: none"> 1. The availability of regulations and guidelines for the maintenance of facilities and infrastructure to support community service activities. 2. The availability of maintenance facilities and infrastructure to support community service activities.

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategy carried out by YSU to improve and to achieve standard facilities and infrastructure for community service are:

III. IQAS STANDARD

- a. Adding facilities and infrastructure that have not been fulfilled, by using various sources of funds for the addition and maintenance of existing infrastructure;
- b. Using and taking care of the tools as best as possible;
- c. Planning the procurement and maintenance of equipment on a priority scale to meet the needs of community service;
- d. Optimizing the use of laboratories through related community service activities;
- e. Optimizing internal monitoring and evaluation implementation in improving the quantity and quality of facilities and infrastructures for community services, and conducting both internal and external audit in the final program.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

The subjects/parties who are required to meet facilities and infrastructure standards for community service are:

- a. Rector;
- b. Vice-Rector for General Administration and Finance;
- c. Head of the Institute of Research and Community Services (LPPM)
- d. Dean
- e. Vice-Dean for General Administration and Finance

- f. Head of Department

C-7 COMMUNITY SERVICE MANAGEMENT STANDARDS

Main Performance Indicators
The university creates Institute of Research and Community Services) along with one of the tasks is to manage the program.
The university has a formal document of community services which contains developmental foundation, community services mapping, resources (includes internal funding allocation for student creativity program), strategic program objectives, performance indicators, and international competitiveness oriented.
The university has published a community services document that is accessible and understandable for the users

Main Performance Indicators
Understood by the users
The university manages community services funding integrating various sources
The university establishes strategic planning for community services
The university arranges a handbook for community services
The university has valid evidences of community services implementation covering 6 aspects: (1) assessment and review procedure, (2) reviewer appointment legality, (3) assessment result of community services proposal, (4) community services executors legality/community services corporation (5) record of monitoring and evaluation result (6) community services output document, and review community services implementation (aspect 1 until 6) periodically and followed up.
The university has a community services report document from community service managers to the head of the higher institution and parties/funder to complete 5 aspects in a comprehensive, detail, relevant, sophisticated, and punctual manner.
Study program arranges community services group that is required to do community services once a year

III. IQAS STANDARD

<p>The university has community services groups that have functional responsibility for:</p> <ol style="list-style-type: none"> 1) Formal legal evidence of community services implementation groups 2) Community services products that are beneficial to cope the problems in society, and 3) Community services products in an national competitiveness standard
<p>The university conducts training/workshops periodically to improve the quality of the community services</p>
<p>The university gives appreciation to the community services conductors that successfully publish the articles in reputable journals</p>
<p>The university and the community services conductors cooperate with community services partners.</p>

Additional Performance Indicators
<p>YSU establishes an international accreditation ISO: 90001 so that the management is arranged regarding the objective and goals of the research</p>
<p>YSU establishes an information technology in community services management in form of <i>Simlibtamas</i> (Ministry of Education and Cluture) and <i>SimPPM</i> (YSU).</p>

1. STRATEGIES OF STANDARD ACHIEVEMENT

- a. Head of Institute of Research and Community Service (*LPPM*) prepares and arranges strategic planning and a guideline book of community services in collaboration with stake holders and the community services parties, then officially established by the rector.
- b. Socializing a strategic planning and a guideline book of community services then offer it through a circular letter to study program level via online in predetermined time.

III. IQAS STANDARD

- c. The head of Institute of Research and Community Services (*LPPM*) facilitates plans, monitors, and reports community services activities
- d. The head of Institute of Research and Community Services (*LPPM*) monitors the quality management system.
- e. The head of Institute of Research and Community Services (*LPPM*) determines staffs of Information technology based community services
- f. The head of Institute of Research and Community Services (*LPPM*) determines requirement and criteria of proposal approval reviewers, proposal seminars, and seminar of reports.
- g. Institute of Research and Community Services (*LPPM*) conducts trainings for the community services executors periodically.
- h. Institute of Research and Community Services (*LPPM*) facilitates the corporation between the community services executors and the parties.
- i. Institute of Research and Community Services (*LPPM*) must be responsive to accept feedback and suggestions from the lecturers and users.
- j. Quality Assurance center is required to monitor community services implementation and provide feedback for the development.
- k. Institute of Research and Community Services (*LPPM*) encourages community services team establishment, both at a study program level and among other study programs.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice-rector for Academic Affairs
- c. Head of Institute of Research and Community Service (*LPPM*)
- d. Dean
- e. Vice-Dean for Academic Affairs
- f. Director of Graduate School Program
- g. Vice-Director for Academic Affairs
- h. Coordinator of Vocational Program
- i. Institute of Quality Assurance and Education Development (*IQAED*)
- j. Quality Assurance Center
- k. Quality Control Group
- l. Head of Department
- m. Head of Study Program
- n. Lecturers

C-8 COMMUNITY SERVICE FUNDING

Community services funding and financing standards are minimum criteria resources and funding and financing mechanism for community services.

III. IQAS STANDARD

Main Performance Indicators
Funding average for lecturers' community services is IDR 5 Million per year
Percentage of community services compared to the university total budget is 1% as its minimum
Percentage of community services budget from university is 1% as its minimum
Socializing community service proposal
Selecting community service proposal
Contract signing of community services
Conducting internal audit of community services funding usage
Monitoring community services implementation
Analyzing community services funding usage
Controlling the increased number of collaborations/community services partners
Controlling the increased amount of community services funding from collaboration/partner
Additional Performance Indicators
External auditing of community services funding usage

1. STRATEGIES OF STANDARD ACHIEVEMENT

Strategies used to fill the funding standard are:

- a. Rector determines YSU's *RKPT* (Integrated Activity and Budgeting Plan), involving all levels of higher education management from top to bottom (collegial participatory).
- b. Rector sets a research budget plan.
- c. Rector makes a research offer through the Head of Institute of Research and Community Service (*LPPM*).

- d. Rector holds a selection of research proposals through the Head of Institute of Research and Community Service (*LPPM*).
- e. Rector conducts a research contract with a lecturer whose research proposal is accepted through the Head of Institute of Research and Community Service (*LPPM*).
- f. Rector conducts an internal audit of the absorption of research funds through the SPI.
- g. Rector conducts an audit of the absorption of research funds through an appointed external auditor.
- h. Rector monitors the implementation of the research through the Head of Institute of Research and Community Service (*LPPM*).
- i. Rector conducts an analysis of the absorption of research funds through the Head of Institute of Research and Community Service (*LPPM*).
- j. Rector is looking for research collaboration partners through the Head of Institute of Research and Community Service (*LPPM*)/Faculty/ Graduate School /Lecturers.
- k. Rector seeks research funding from collaborative partners through the Head of Institute of Research and Community Service (*LPPM*) /Faculty /Graduate School/Lecturers.

III. IQAS STANDARD

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

The subjects/parties who are responsible for the fulfillment of the finance standards are:

- a. Rector
- b. Vice-Rector for General Administration and Finance
- c. Vice-Rector for Planning and Corporation Affairs
- d. Head of Institute of Research and Community Services (*LPPM*)
- e. Director of Graduate School Program
- f. Vice-Director for General Administration and Finance
- g. Dean
- h. Vice-Dean for General Administration and Finance
- i. Head of Department
- j. Head of General Bureau of Planning and Finance (*BUPK*)
- k. Head of planning/finance/administration services
- l. Head of subdivision of non-tax receipt/tax receipt/accounting and report/finance and accounting/administration/public
- m. Lecturers

D. STUDENTS AND ALUMNI STANDARDS

Students' standards include: a) freshmen admission standards; b) students' coaching standards; c) students' organization standards; d) students' services standards; e) alumni organization development standards; and f) alumni empowerment standards.

Main Indicators of Performances
1. Guidelines for creating a recruitment method and selection system to identify student candidates' competences and potentials to carry out the success of teaching process and achieve the determined program learning outcomes
2. The ratio number of applicants who pass undergraduate and postgraduate programs selection (ratio ≥ 5)
3. The percentage number of candidates who register towards the applicants who pass undergraduate and graduate program selection (Percentage of registrant $\geq 96\%$)
4. The project management unit makes efforts to increase the applicant interest showed by significant applicant improvement ($> 11\%$) within last 3 years.
5. The university provides some students' services in terms of students' guidance and improvement of passions and talents in reasoning, arts, sports, and well-being and specific interests, and physical and mental health services.
6. Providing training program for career development guidance and entrepreneurship periodically at least four times a year.
7. Having guidelines for reasoning, passion, talent, and well-being development, scholarship services, health services, career development, entrepreneurship guidance, consultation and counselling services and soft skills development.

Additional Indicators of Performance
1. Monitoring and evaluating scholarship programs every year

2. Providing information system to report students' achievements and grants appreciation every year
3. Auditing and evaluating students' organization performances at university, faculty, and study program levels
4. Empowering alumni for university development by giving contribution in terms of money after graduation and facilitating alumni meeting for network development
5. Organizing evaluation and follow-up activities for alumni development

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to achieve students and alumni standard are:

- a. Freshmen admission standards
 - 1) The university is required to create a project management unit for freshmen admission standards.
 - 2) The university is required to arrange a guideline for freshmen admission which covers: a) registration system and procedure; b) tuition fee; c) freshmen selection schedule; d) ratio number of applicants (regular, scholarship, local and foreign cooperation); e) freshmen registration; f) socialization; and g) recruitment method and selection system to identify college student candidates' competences and potentials in carrying out the teaching and learning process and to achieve program learning outcomes.

3) The university is required to create a team to develop, operate, and manage information system of freshmen admission, selection and registration systems.

4) The university prepares facilities and infrastructures to support freshmen admission.

b. Students' Guidance Standards

1) The university arranges guidelines for students' organization, Standard Operational Procedure, and students' passions and talents encouragement in reasoning, arts, sports, and well-being, and specific interests comprehensively and systemically according to the main tasks and functions.

2) The university arranges character building, nationalism, and soft skills development coaching for students who conduct some activities as follows:

a) Conducting students' character building and soft skills development coaching

b) Conducting students' leadership training

c) Conducting educational activities regarding state defense/entrepreneurship/archipelago insights.

d) Conducting educational activities or anti-corruption program

e) Conducting educational activities or anti-drug program

- f) Conducting educational activities or anti-radicalism program
- 3) The university assigns lecturers as the coach, supervisor, and advisor of students' activity to facilitate students' passions and interest development in reasoning, arts, sports, well-being and specific interests.
 - 4) The university arranges guidelines for giving appreciation to students' achievements, and provides information system to report the students' achievements in reasoning, arts, sports, and well-being and specific interests, in a complete report containing:
 - a) Scan of certificate/trophy/medal published by the organizer
 - b) URL websites of the organizer, URL social media of the organizer, or URL news
 - c) Letter of assignment/invitation letter/championship invitation letter
 - 5) The university arranges application, distribution, and provision of information system to manage scholarship for students
 - 6) The university arranges some guidelines for students' well-being services which include:
 - a. Schemes and procedures of students' well-being services
 - b. Guidelines and procedures of clinic/health services center

117

- c. Guidelines and procedures of ambulance/mobilization activities transportation/emergency condition services
 - d. Management guidelines and students' structured development program
 - e. Guidelines of building/counselling room usage
 - f. Standard Operational Procedures of counselling
 - g. Guidelines of information system usage in counselling services for students
 - h. Future opportunities programs and/or career development programs to prepare the career path for students and alumni
 - i. Guidelines of information systems to manage and to tract students' and/or alumni career.
- 7) The university arranges guidelines to audit and evaluate students' organization performances, activities, and achievements periodically and comprehensively
- c) Students' Organization Standards
- 1) The university arranges guidelines for students' organization to guide students' passions and interests, spiritual mental, and soft skills
 - 2) The university provides facilities and infrastructure services for students' organization by obeying the students' organization guidelines

- 3) The university provides facilities for students' organization for doing accountability report, outcomes, monitoring and evaluation activities in accordance to the established standard operational systems.

d) Students' Services Standards

- 1) The university arranges guidelines for reason, passion, and interest development, well-being improvement, scholarship service, health service, entrepreneurship guidance, guidance and counselling, soft skills development, and students' internet access services (wired internet, WI-Fi, and video streaming services).
- 2) The university provides facilities and infrastructures to give supporting services for reasoning development, well-being improvement, scholarship service, health service, entrepreneurship guidance, guidance and counselling, soft skills development, and students' internet access services (wired internet, WI-Fi, and video streaming services).

e) Alumni Organization Development Standards

- 1) The university arranges guidelines for alumni organization development.
- 2) The university coordinates with *DPP IKA* YSU to facilitate alumni organization in improving their roles in society

- 3) The university manages *DPP IKA* YSU to arrange alumni guidance program to synergize with the alma mater to develop alma mater.

f) Alumni Empowerment Standards

- 1) The university arranges alumni empowerment program through activities in alumni organization (*IKA*) YSU
- 2) The university arranges alumni empowerment program in the university development programs which contain:
 - a) Finance
 - b) Facility
 - c) Network
- 3) The university arranges activities conducted by students' Affairs staffs and alumni along with YSU alumni organization which contain:
 - a) Organizing YSU alumni to develop students' global competitiveness
 - b) Conducting programs to support YSU and alumni development
 - c) Conducting society-needs relevant activities as YSU participations and roles
 - d) Evaluating and following up alumni development
 - e) Organizing alumni meeting at least four times a year

III. IQAS STANDARD

120

- 4) The university arranges programs to support alumni career development

2. **SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS**

The subjects/parties that are responsible to meet the standards of students and alumni are:

- a) Rector and Vice-Rector
- b) Dean and Vice-Dean
- c) Study Program Coordinator and the lecturers of students' supervisor/advisor
- d) DPP IKA YSU organizers
- e) Chief of Bureau
- f) Chairman of Career Development Center and Counseling Guidance Services
- g) Student admission management unit
- h) Head of Student Affairs
- i) Head of Sub Division of Academic, Student Affairs, and Alumni.
- j) Students
- k) Alumni.

121

E. AFFILIATION STANDARDS

The scope of cooperation standards includes the standards of objectives, principles and forms of cooperation; and the standards of implementation and cooperation outcomes.

Main Performance Indicators
Availability of formal documents of policies and procedures, which are comprehensive, detailed, current, and easily accessible to stakeholders, regarding the development of networks and partnerships (domestic and foreign) including how to monitor and evaluate the satisfaction of cooperation partners.
A valid and targeted network and partnership development planning document is available in order to achieve the institution's vision, mission and strategic objectives.
The number of networks and cooperation partners is relevant to vision, mission and strategic objectives; and is beneficial for the development of three pillars of institutions which include cooperation: <ol style="list-style-type: none"> a. local / region b. national c. international
The ratio of the number of collaborations in the fields of education, research and <i>PkM</i> in the last 3 years of international cooperation compared to the total number of lecturers.
There are measurement results of the level of satisfaction of partnerships as measured by valid instruments.
There is evidence of monitoring and evaluation of the implementation of the partnership program.
There are documents showing the evidence of continuous network and partnerships quality improvement, to ensure the realization of the vision, the implementation of the mission and the achievement of strategic objectives.
Additional Performance Indicators
Increasing number of industrial partners.

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to achieve the cooperation standard are as follows.

- a. University Rector plans, decides, and agrees on domestic and foreign cooperation in the form of a memorandum of understanding (MoU) document.
- b. University Rector through the Heads of faculty/Graduate School/institution actively encourages networking of partnerships and cooperation.
- c. Heads of institutions, Technical Implementation Unit, faculties, departments, study programs, or units actively develop networking of partnerships and cooperation in various local, national and international forums.
- d. Heads of institutions, Technical Implementation Unit, faculties, departments, study programs, or related units perform operationalization of cooperation in accordance with the agreed memorandum of understanding.
- e. Institute of Educational Development and Quality Assurance (IEDQA) collaborates with the leaders or executives of cooperation to monitor and evaluate the implementation of cooperation both in

quantity and quality.

GUIDEBOOK FOR IQAS IMPLEMENTATION YSU 2020

123

- f. The leaders or executives of cooperation follow up on the evaluation findings.
- g. Institute of Educational Development and Quality Assurance (IEDQA) collaborates with the leaders or executives of cooperation to publish the evaluation results of partnership satisfaction on the implemented cooperation.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rector
- b. Vice Rector for Academic Affairs
- c. Vice Rector for General Administration and Finance
- d. Vice Rector for Student Affairs and Alumni
- e. Vice Rector for Planning and Cooperation Affairs
- f. Dean / Director / Head of Programs
- g. Deputy Dean for Academic Affairs and Cooperation
- h. Deputy Dean for Student Affairs and Alumni
- i. Director of Graduate School
- j. Deputy Director for Academic Affairs and Cooperation
- k. Institute of Educational Development and Quality Assurance (IEDQA)
- l. Quality Assurance Unit

m. Head of Department

n. Head of Study Program

III. IQAS STANDARD

124

F. HUMAN RESOURCES MANAGEMENT STANDARDS

Scope of human resource management standards include standards of objectives, principles, and forms of human resource management; and standards of implementation and results of human resource management.

Main Performance Indicators
Availability of formal documents of policies and procedures, which are comprehensive, detailed, current, and easily accessible to stakeholders, regarding human resources management including how to monitor and evaluate the satisfaction of human resource management.
A valid and directed human resource management development planning document is available in order to achieve the institution's vision, mission and strategic objectives.
The number of human resources is relevant to vision, mission and strategic objectives; and is beneficial for the development of three pillars of institutions.
There are documents on the evaluation results of the implementation of human resource management.
There are documents of evidence of continuous improvement of the quality of human resources, to ensure the realization of the vision, the implementation of the mission and the achievement of strategic objectives.

Additional Performance Indicators
Increasing number of reliable human resources

1. STRATEGIES OF STANDARD ACHIEVEMENT

The strategies used to achieve the cooperation standard are as follows.

- b. University Rector plans, decides, and agrees on human resource management and development system including planning,

orientation and placement, career development, remuneration, rewards and sanctions, and termination of employment.

GUIDEBOOK FOR IQAS IMPLEMENTATION YSU 2020

125

- c. University Rector through the Heads of faculty/Graduate School/institution actively encourages the management of human resources to be carried out in a complete, transparent and accountable manner based on meritocracy.
- d. Heads of institutions, Technical Implementation Unit, faculties, departments, study programs, or units actively perform monitoring and evaluation system as well as a complete, periodic and consistent track record of the performance of lecturers and educational staffs.
- e. Heads of institutions, Technical Implementation Unit, faculties, departments, study programs, or related units implement monitoring and evaluation system for the performance of lecturers in the fields of education, research and community service.
- f. Heads of institutions, Technical Implementation Unit, faculties, departments, study programs, or related units implement monitoring and evaluation system for the performance of educational staffs in accordance with the main tasks and functions.

III. IQAS STANDARD

126

- g. University/Faculties/Institutions must follow up the results of monitoring and evaluation systemically by developing education and training programs as well as a clear and consistent reward and punishment system.
- h. University/Faculties/Institutions must rotate regularly to refresh educational staffs.
- i. Lecturer development must refer to the needs of science and technology development.
- j. The composition of the lecturers must be in accordance with the needs of the curriculum in terms of staff qualifications, experience, talent, age, status and have at least an academic level equivalent to a master's degree.
- k. Staff development should be identified systematically according to individual aspirations, curriculum and institutional needs.
- l. Lecturer performance must be evaluated periodically.
- m. Lecturers and education personnel must be given the opportunity and facilitated to carry out activities for the benefit of self-development according to existing needs.
- n. University must conduct a survey of human resource

management satisfaction systematically using valid and reliable instruments.

GUIDEBOOK FOR IQAS IMPLEMENTATION YSU 2020

127

- o. University must ensure that the implementation of management satisfaction surveys is clear, comprehensive, and easily accessible to stakeholders.
- p. University must ensure that the results of management satisfaction survey are analyzed and followed up systemically to improve the quality of human resource management and evaluation systems.

2. SUBJECTS/PARTIES REQUIRED TO MEET THE STANDARDS

- a. Rektor
- b. Vice Rector for Academic Affairs
- c. Vice Rector for General Affairs and Finance
- d. Vice Rector for Student Affairs and Alumni
- e. Vice Rector for Planning and Cooperation Affairs
- f. Dean/Director/Head of Programs
- g. Deputy Dean for Academic Affairs and Cooperation
- h. Director of Graduate School
- i. Deputy Director for General Affairs and Finance
- j. Institute of Educational Development and Quality Assurance
(IEDQA)

k. Quality Assurance Unit

l. Head of Department

III. IQAS STANDARD

128

m. Head of Study Program

GUIDEBOOK FOR IQAS IMPLEMENTATION YSU 2020



IV. INTERNAL QUALITY AUDIT (IQA)

A. Background

Yogyakarta State University Rector Regulation number 41 year 2019 concerning Internal Quality Assurance System (IQAS) dictates systemic activities of higher education quality assurance in controlling and improving the implementation of higher education at YSU to fulfill the satisfaction of internal and external stakeholders. YSU Internal Quality Assurance System is carried out consistently, systemically, and continuously, through the cycle stages of Establishment, Implementation, Evaluation, Control and Standards Improvement. Internal Quality Audit (IQA) is a systematic, independent, and documented process to obtain audit evidence and evaluate it objectively to determine or to ensure that the implementation of activities at YSU is in accordance with the procedures and the results are in accordance with YSU IQAS standards. IQA is not an assessment/evaluation but a coordination between implementation and planning of an activity/program. In addition to taking a role in the implementation of IQAS standards, IQA is one of the risk-based internal audit methods requested in international accreditation process as well as in accordance with the attachment of *BAN-PT* Regulation number 59 year 2018 concerning Guidelines for Preparing Self-Evaluation Reports, Guidelines for Preparation of Higher Education Performance Reports, and Assessment Matrix in Higher Education Accreditation Instruments, element C.2.4.d) concerning Quality Assurance System.

IV. INTERNAL QUALITY AUDIT (IQA)

The regulation states that getting a score of 4 requires a risk-based audit or other innovations to provide assurance that the risk at an institution has been managed in accordance with the risk appetite set by the institution.

B. Important terms in the Internal Quality Audit (IQA)

- *Audit*: a systematic, independent, and documented testing process to ensure that the implementation of activities is in accordance with procedures and the results are in accordance with standards to achieve objectives.
- Internal Quality Audit (IQA): Audit conducted in academic field to find out the root of the problem and to explore opportunities for improvement and enhancement of the quality of education for university and work units in accordance with YSU Internal Quality Assurance System (IQAS) standards.
- Person in charge: Head of Institute of Educational Development and Quality Assurance (IEDQA) in coordinating the implementation of IQA at YSU.
- Audit Coordinator: Audit is coordinated by Center for Academic Audit, Monitoring and Evaluation (*PAMEA*) of IEDQA, and is held once a year.
- Audit Period: IQA implementation period / time

- Auditee: A work unit within YSU
- Auditor: A person who has the ability to audit and is certified. The number of auditors in conducting audits in each work unit is determined by the Head of IEDQA.
- Lead Auditor: Person in charge of leading the process / managing the audit with the help of other auditors.
- Audit Criteria: Policies, procedures, regulations, or requirements used as references in IQA including YSU Statute, YSU Organization and Working Procedures, Higher Education Accreditation 3.0, Study Program Accreditation 4.0.
- Audit Information System called SI-Audi: A set of tools/ways to obtain audit evidence which can be accessed in link: <http://audit.YSU.ac.id/>
- Audit Evidence: Records, statements, facts or other information relevant to the audit criteria and can be checked. Audit evidence can be of a quality or a quantity.
- Checklist: List of questions compiled based on the results of Document Audit for further verification in the Audit of Field/Visitation/Compliance.
- Audit Findings: Results of evaluating collected audit evidence against audit criteria.

IV. INTERNAL QUALITY AUDIT (IQA)

- Quality Review Meeting: Follow-up on IQA results scheduled periodically at each management level at YSU which formulates follow-up corrective actions and improvement priority to be selected. QRM is conducted in order to guarantee the quality and performance of institutional services to ensure sustainability, suitability, adequacy and effectiveness of the quality assurance system and service system of YSU during the planned period of time.
- Implementation of QRM at Management Level of YSU
 1. QRM is held by department level management to determine follow-up and improvement plans for study program audit results.
 2. QRM in Study Program Management Unit (SPMU) is conducted if there are findings which cannot be resolved in QRM of the units under SPMU.
 3. If QRM at SPMU level cannot be concluded then it will be discussed at QRM at University level.
- QRM at Bureau/Technical Implementation Unit/Institution level is conducted to discuss the results of the audit of the units under its coordination. QRM meeting discussion agenda: Seven kinds of discussion elements which are:
 1. YSU Internal Quality Audit results (audit results/findings).

2. Feedback from stakeholders, for example stakeholder complaints, survey results of stakeholder satisfaction with YSU services.
3. Achievement of quality objectives/performance indicators covering service performance, lecturers performance at YSU.
4. Status of corrective and preventive actions taken or follow-up of Corrective Action Request (CAR) which have been made.
5. Follow-up status of QRM results at levels below or the previous period.
6. Changes which can affect the quality management system or quality system improvement.
7. Improvement recommendations.

C. The roles of related parties in IQA

1. Rector establishes Internal Quality Assurance System (IQAS)
2. Head of Institute of Educational Development and Quality Assurance (IEDQA) is responsible for implementing Internal Quality Audit (IQA) at university level
3. Higher Education Audit, Monitoring and Evaluation Center organizes the implementation of IQA at university level and is responsible to the Head of IEDQA.

IV. INTERNAL QUALITY AUDIT (IQA)

4. Head of faculty/graduate school/vocational programs/institutions/professional programs/units are responsible for implementing IQA at their level and implementing QRM.
5. Quality Assurance Unit (QA Unit) organizes the implementation of IQA and is responsible to the Head of faculty/graduate school/vocational programs/professional programs level and reports IQA process and results to IEDQA Higher Education Audit, Monitoring and Evaluation Center.
6. Quality Assurance Group organizes the implementation of IQA and is responsible to the Head of departments/study programs and reports IQA process and results to Quality Assurance Unit (QA Unit) at faculty/graduate school/vocational programs/professional programs level.
7. Admin of Higher Education Audit, Monitoring and Evaluation Center is in charge of managing audit information system during IQA process in accordance with the authority assigned by the Head of Higher Education Audit, Monitoring and Evaluation Center.
8. Admin of QA Unit is in charge of managing audit information system during IQA process according to the authority given by the Head of QA Unit.
9. Auditors perform their duties and authorities.

10. Auditee provides notes, statements, facts or other information relevant to the audit criteria and can be checked on the audit system. Audit evidence can be of a quality or a quantity. Auditee provides confirmation and clarification on the implementation of further verification of the audit.

D. Implementation Time

Internal Quality Audit is carried out in two forms.

1. Regular audit period is in accordance with the evaluation stage in the *EIECD* cycle starting from May to September each year. In this audit period, all work units in YSU will be audited.
2. Incidental audits are held if there is audit request from the work unit or YSU policy for specific purpose. The execution time is adjusted to the request. This audit period is only conducted in certain work units.

E. The Standard Operating Procedure of IQA

No	Procedure Description	How LP/MPF	Auditor	Auditee	Completeness	Time (days)	Output	Note
1	Start							
2	AME IQQA Center forms Auditor Team				Meeting minutes		Auditor team decree	
3	AME IQQA center and auditors prepare audit instruments				Quality standard document		Audit instruments	
4	Distribution of audit instruments to auditors				Distribution materials			
5	IQQA notifies Auditee regarding implementation of Audit				Notification letter form		Notification letter attached with auditor team decree	
6	Auditors coordinate with Auditee regarding technical implementation of Audit				Minutes of audit implementation agreement		Time agreement	
7	Auditor Team Meeting to perform desk evaluation (DE)				Desk evaluation results inspection form		Desk evaluation inspection results	
8	Auditor Team informs the need of respondent's availability and physical evidence				Respondent's request form and physical evidence		Respondent's request letter and physical evidence	
9	Implementation of Visitation to Auditee				- Audit minutes - Corrective action request form (previous FTK and IQA) - Checklist - Quality standard document - Finding notes form		Report on visitation results	
10	Auditor Team Meeting to prepare reports on audit results and formulate recommendations on audit results				Formulation form of audit results and recommendations		Report on audit results and recommendations (FTK)	
11	Auditor Team meets with Auditee to discuss audit results and audit recommendations as well as request approval from Auditee				FTK agreement form		FTK formulation list	
12	Auditor Team Meeting to prepare a final report on the results of audit and FTK				IQA Final Report Form		IQA Final Report	
13	Auditor Team submits audit report to Quality Assurance Center				IQA Final Report		IQA Final Report	
14	Submission of audit results validated by Auditee to Client (Rector/Dean/Graduate School Director/Head of Unit) and Head of QRM				Evidence form of submitting and receiving IQA reports, as well as request form for QRM plans		Evidence of submitting and receiving IQA reports, as well as request form	
15	Finish							



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