QUALITY ASSURANCE PLAN (2023-2028)

Republic of the Philippines
UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Tel. No. (064)572-2854
Email address: laudollente@usm.edu.ph
usm_qa@usm.edu.ph

UNIVERSITY QUALITY ASSURANCE OFFICE

I. Rationale

Excellence and reliability stand as the cornerstones of institutional success. In this context, the University Quality Assurance Center (UQAC) of the University of Southern Mindanao (USM) plays a central and vital role. Tasked with the mission of ensuring that every facet of the University's operations not only meets but consistently exceeds the highest standards of quality, the UQAC is committed to the relentless pursuit of excellence, precision, and continuous improvement. It serves as the bedrock upon which the University's reputation, progress, and long-term success are firmly established.

At USM, quality assurance is more than just a department—it is a guiding ethos, a deeply embedded culture, and an unwavering promise to its diverse stakeholders, including students, faculty, employees, partners, and the wider community. In today's dynamic and demanding environment, higher education institutions are expected not only to deliver services and outputs, but also to uphold the delivery of trust, confidence, and assurance. The Quality Assurance Office stands as the guardian of this promise, ensuring that every process, service, and engagement bearing the USM name is a hallmark of quality and excellence.

The University Quality Assurance Office is headed by Director Lawrence Anthony U. Dollente, who leads a dedicated team composed of five (5) permanent staff members and one (1) job order employee. In addition to the central office personnel, each academic college within the University has designated focal persons responsible for overseeing various quality assurance mandates. These include accreditation processes, ISO compliance, CHED-related concerns, Institutional Sustainability Assessment (ISA), and other areas essential to maintaining and enhancing institutional quality.

Each year, the UQAO meticulously develops and implements annual operational plans that are aligned with the University's overarching Strategic Plan. This alignment ensures that quality assurance efforts are not isolated initiatives but are instead integrated within the broader institutional goals, as mandated in the University Operational Plan. The Office plays a crucial role in monitoring, evaluating, and supporting the quality dimensions of academic programs, administrative services, and institutional policies.

In keeping with the evolving demands of the digital age and the need for greater efficiency and accessibility, the Quality Assurance Office has also begun the development of an online system for archiving and document requests. This initiative aims to streamline internal processes, facilitate faster access to essential documents, and ultimately enhance the quality of services delivered to all stakeholders.

Through its strategic leadership, strong institutional collaboration, and forward-thinking innovations, the University Quality Assurance Office continues to uphold its commitment to excellence, shaping a culture where quality is not just an expectation but a lived experience at USM.

II. Departments

Departments	Function
Document Control Center (DCC)	▪ Facilitate document control management system across USM-QMS implementation, specifically for identified core, support and outsource processes; ▪ Ensure documents comply to standard format and process of control to prevent duplication or uncontrolled changes; ▪ Manage document review and approval process including processing document change requests and updates; ▪ Ensure that documents are complete, accurate and compliant to the University policy standards and ISO ▪ 9001 standards; and ▪ Collect and dispose obsolete copies of documents;
Internal Audit	▪ Facilitate planning of internal audit process across USM-QMS scope of application for its defined frequency; ▪ Ensure timely conduct of internal audit based on established audit program; ▪ Report to the Corporate Management Representative objective findings during the process of audit; ▪ Submission of schedule and audit findings to the auditee; and ▪ Report to the top management during the management review the status of internal audit findings and submitted corrective actions.
AACCUP Accreditation	▪ Takes the lead role in the accreditation of the different academic programs in coordination with the academic deans of the units involved; ▪ Assists the college in its accreditation process; ▪ Orients the college and stakeholders on the accreditation standard/measures process; ▪ Schedules and facilitates regular meetings with the internal assessment committee; ▪ Maintains database of documents that demonstrate conformity to accreditation standards and measures; ▪ Identifies tasks and assignments for internal assessment committee to undertake standards review; and ▪ Acts as the primary point of contact for accreditation visit;
CHED Related Concerns Curriculum **Certificate of Program Compliance**	▪ Takes the primary mover for meeting the requirement on securing Certificate of Program Compliance both from CHED National for graduate school programs and no-CMO programs and CHED Regional Office for undergraduate programs ▪ Assist all programs in its RQAT ▪ Coordinate with CHED re visitation and assessment schedules

| Institutional Sustainability Assessment (ISA)	- Prepare and submit the Self-Evaluation Document (SED) for evaluation of CHEDRO XII and CHED - National Office - Coordinate with all units and offices in the University along with the external campuses on preparation of documents and exhibits needed for ISA - Maintains a database and repository of documents required for ISA - Ensure awareness and coordination among units and offices as well as external stakeholders on the preparation for the ISA visit by CHED - Facilitation of the activities during the ISA Visit.
Other Quality Assurance Certification **Philippine Quality Award**	- Serves as core office in the compliance or requirements of Philippine Quality Award - Facilitates the writing of the Application Report Monitor to the compliance to the recommendations of the assessors.

III. UQAO Processes

a. Facilitating Customer Satisfaction

Person in-charge	Process Flow	Procedure Details
	START Customer Transaction Hand Out Customer' Feedback Form Numbering Customer's Feedback Form Fill Out Dropping of filled out form Record the numbers of forms given every day Collection of forms for encoding and consolidation Consolidate and Analyze the result Results are sent back to the concerned office Presentation of feedbacks' summary result A	- The customer transacts in an office/unit at the University of Southern Mindanao. - After the customer has finished his/her transaction, assigned personnel from the unit shall give a Customer's Feedback Form (USM-SYS-F19) to each customer. - Each Customer's Feedback Form shall be numbered starting with the name of the unit followed by running number for ease of monitoring and traceability (e.g. REG-01 for Registrar's Office – Form 01). - Running number for each form shall be done monthly. - The customer shall fill out the Customer's Feedback Form. - The customer shall drop the filled out form on the Customer's Feedback Box placed inside the office. The Customer's Feedback Box shall always be locked for confidentiality purposes. It shall also be made visible and accessible to the customers. - The office's assigned personnel shall record the numbers of the forms given at the start and end of each day on a Record Book of Released Customer's Feedback Forms. - At the end of the month, the designated Document Control Officer of the office/unit shall submit the collected forms to the UQAC for encoding and consolidation. - The Customer Satisfaction In-charge shall consolidate and analyze the results on the 2nd Friday of the following month. - On the 3rd Friday of the month, the results of the consolidation

		A	(Customer Feedback Report) shall be sent back to the office concerned for reference & possible intervention if necessary. Immediately thereafter, post conferencing among concerned units as follow up of report submitted and actions to be undertaken.
		Corrective and preventive action plans shall be presented and implement	- The summary of results of all feedbacks shall be presented during the Management Review. Issues and/or concerns shall be realized based on feedback analysis.
		Check the status of actions	- Corrective and preventive action plans shall be implemented when applicable.
		END	- Follow-up on the status of actions shall be done by the UQAC a week after the Management Review.

b. Accreditation Management Procedure

Person in-charge	Process Flow	Procedure Details
	START Determining program accreditation and submission of program due Submit written request and intent to the accrediting Agency Approved? Submit written request and intent to the accrediting Agency Follow up the scheduled visit of accreditation Recommendation of Task Force Accreditation members Issuance of Special Order Preparation of pertinent documents Prepare logistics that will present the documents during the visit of Accrediting Agency A • Area 1 - Vision, Mission, Goals and Objectives of the University • Area 2 - Faculty • Area 3 - Curriculum & Instruction • Area 4 - Support to Students • Area 5 - Research • Area 6 - Extension and Community Involvement • Area 7 - Library • Area 8 - Physical Plant and Facilities • Area 9 - Laboratories • Area 10 - Administration	**Approval of Accreditation visit by the Accrediting Agency** - The UQAC Head shall determine the program for accreditation and shall submit to the President the programs due for accreditation stating the planned date of visit and the programs to be accredited. - The President shall submit a written request and intent to Accrediting Agency for accreditation visit. - The University shall wait or follow up the approved schedule of accreditation visit for proper dissemination to University Internal Accreditors and concerned colleges. **Creating of Working Committee's** - The Head of Accreditation shall recommend members of the Task Force Accreditation - The President shall issue a Special Order (SO) to the members of the Task Force. - The members of the Task Force shall initiate the preparation of pertinent documents for the ten (10) areas • Area 1 - Vision, Mission, Goals and Objectives of the University • Area 2 - Faculty • Area 3 - Curriculum & Instruction • Area 4 - Support to Students • Area 5 - Research • Area 6 - Extension and Community Involvement • Area 7 - Library • Area 8 - Physical Plant and Facilities • Area 9 - Laboratories • Area 10 - Administration - The members of the Task Force shall prepare the logistics needed during the Accreditation Visit of the Accrediting Agency such as: • Programs and Certificates
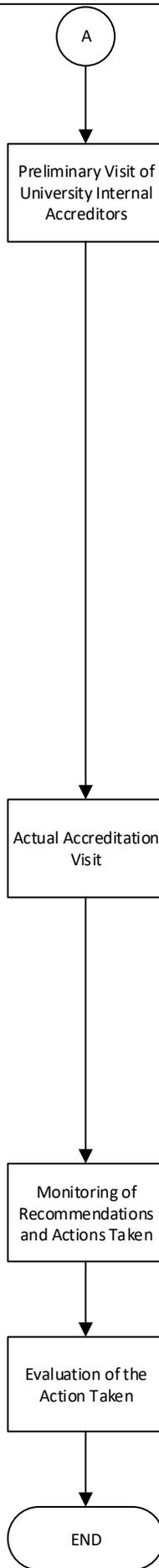
		(A)	• Leis, Token, Identification Card and Tarpaulins
		↓	• At least five encoders to assist the accreditors in the making of reports
		Preliminary Visit of University Internal Accreditors	• Food, accommodation and venue of the opening and closing program
		↓	• Transportation of accreditors (Note: The accrediting agency shall designate place of pickup of their accrediting team)
			• Prepares and performs other relevant documents and task required by accreditors
			Conduct of Preliminary Visit by the University Internal Accreditors
			- The head of Accreditation shall inform thru written letter of information the University Internal Accreditors and the Deans concerned of the preliminary visit of the members of the University Internal Accreditors to Colleges to generate maximum awareness, preparation, and participation. They shall see to it to the readiness and availability of the following:
		Actual Accreditation Visit	• The accreditation room provided with adequate amenities
		↓	• The necessary exhibits and other evidence in support of the self-survey report and compliance report are placed in the accreditation room
		Monitoring of Recommendations and Actions Taken	• The readiness of the local accreditation team, faculty, staff, students, and alumni of the school who may be interviewed by the accreditors and syllabi, class registers and seat plans for class visitation.
		↓	• The University Internal Accreditors shall schedule an ocular visit of facilities and examination of exhibits. They then prepare a report and submit the same to the Head of the Accreditation committee for proper action on the lapses and lacking documents.
		Evaluation of the Action Taken	
		↓	
		(END)	• The Head of the accreditation committee shall deliberate on the report and act on it.

		• In case of bigger concern like deficiency in facilities which requires decision and action of the President then reports shall be transmitted to the office of the President for proper action **Conduct of Accreditation Visit** - Actual accreditation composed of the following activities: • Courtesy Call of Accreditation Team to the University President • Opening meeting between Accreditation Team and Members of Administrative council • Dialogues with students, alumni and faculty representatives together with non-teaching staff • Examination of exhibits • Ocular visits of facilities • Class observation and interviews • Exit conference with members of Administrative Council **Monitoring of the Recommendations and Actions Taken** • Summary of Findings will be sent by the AACCUP the University addressed to the UQAC • The recommendations will be monitored through the Accreditation Monitoring Log (USM-SYS-F79) **Evaluation of the Action Taken** • The Internal Task Force shall conduct evaluation on the actions taken by each person and formulate and provide necessary assistance if needed.

c. Document Control Procedure

Person in-charge	Process Flow	Procedure Details
		Document Creation - When creating new or revising an existing document, the draft document shall show the word "DRAFT" watermarked in red. They are not official and shall not be used for current work purposes. The originator shall highlight changes to the document using red front color to aid the review process. - Standard Operating Procedure (SOP) documents shall contain the following parts. • Purpose • Scope • Definition of Terms • References • Responsibility • Procedure Details • Records Retention and Disposal • Forms and Records - Work Instruction (WRI) documents shall contain the following parts: • Process Name • Objective • Steps • Materials • Illustrations • Personal Sanitation and Personal Protective Equipment Required for this Process • Critical Parameters Required for this Process • Machine and Equipment Required - The originator shall forward the hard copy of the draft to the CDC who shall then assign a document code and attach the Document Origination/Revision Form (Procedure) (USM-SYS-F01-Rev.1.2020.02.17). - The document coding system sequence is as follows: • USM-QMS-XXX-Rev.No.Year.Month.Date – for mandatory procedures • USM-SYS-FXX-Rev.No.Year.Month.Date– for institutional form sheets • USM-EDU-XXX-Rev.No.Year.Month.Date– for core process (general)

| | | USM-EDU-FXX-Rev.No.Year.Month.Date – for core process (general)form sheets USM-EDF-XXX-Rev.No.Year.Month.Date– for core process USM-EDF-FXX-Rev.No.Year.Month.Date– for core process form sheets USM-EDL-XXX-Rev.No.Year.Month.Date– for core process USM-EDL-FXX-Rev.No.Year.Month.Date– for core process form sheets USM-EDS-XXX-Rev.No.Year.Month.Date– for core process USM-EDS-FXX-Rev.No.Year.Month.Date– for core process form sheets USM-EDR-XXX-Rev.No.Year.Month.Date– for core process USM-EDR-FXX-Rev.No.Year.Month.Date– for core process form sheets USM-WRI-XXX - Rev.No.Year.Month.Date– for work instruction USM-ABC-XXX-Rev.No.Year.Month.Date– for individual units' process USM-ABC-FXX-Rev.No.Year.Month.Date– for individual units' form sheets |
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- The table below shows the University, Department or Section/Unit Code

University, Department or Section/Unit Code	Name of Unit
USM	University of Southern Mindanao
QMS	Quality Management System
SYS	System
EDU	Education Processes (General)
EDF	Education Process (Faculty)

			EDL	Education Process (Laboratory)
			EDS	Education Process (Student)
			EDR	Education Process (Research)
			WRI	Work Instruction
			ACC	Accounting Office
			BRD	Office of the Board Secretary
			BUD	Budget Office
			CAA	Culture and Arts
			CAG	College of Agriculture
			CASS	College of Arts & Social Sciences
			CBD	College of Business Development, Economics and Management
			CCD	Counseling and Career Department
			CED	College of Education
			CEN	College of Engineering and Computing
			CFS	College of Human Ecology and Food Sciences
			CSM	College of Science and Mathematics
			CVM	College of Veterinary Medicine
			DIO	Director for Instruction Office
			EXT	University Extension Services
			FMC	Cashier's Office
			HOS	University Hospital
			HRD	Human Resource Management and Development Office
			ICT	Information and Communication Technology Center
			ISP	Institute of Sports, Physical Education, and Recreation

		LRC	University Learning Resources Center
		OAA	Office of the Vice-President for Academic Affairs
		OSA	Office of the Student Affairs
		OUP	Office of the University President
		PDO	Planning and Development Office
		PPD	Physical Plant Development Services
		PRO	Property and Supply Office
		REG	Office of the University Registrar
		RES	Research and Development
		SEC	Security Services
		SPO	Sports
		UCAS	University Catering and Accommodation Services
		UCS	University Canteen Services
		UPS	University Products and Services

- Type of Document

Code	Document
F	Forms

- The originator shall also enroll the form sheets to be used in the procedure or working instruction following the Work Instruction for Enrollment of Form Sheets (USM-WRI-001-Rev.0.2020.02.17)

Review and Approval
- Once the document is assigned with the corresponding document code, the originator shall submit the draft document to the CMR.
- The DCMR shall review the adequacy and accuracy of the information contained in the draft document. For documents with technical content, the DCMR and CMR shall both conduct the review.

		- Any alterations shall be coordinated with the originator. However, if the CMR decides that the document is acceptable, he/she shall approve it by signing the Document Origination/Revision Form (Procedure)(DORF-Procedure/USM-SYS-F01-Rev.1.2020.02.17) of the draft document. In some cases when the CMR and DCMR are not available, the CDC shall do the approval. **Registration of Documents** - After the DCMR reviewed and the CMR approved the procedure or the work instruction, the originator shall edit the hard copy of the draft document and forward the final printed and electronic copies to the DCC. The electronic copy of the procedure shall be sent to dcciso@usm.edu.ph. It is advisable that the originator properly files the softcopy of the draft document for future reference. - The DCC personnel shall enter the details of the document into the Master List of Registered Documents (USM-SYS-F04-Rev.1.2020.02.17) and shall save and keep the Master Copy (i.e. the finalized soft copy) in the DCC. **Issuance of Documents** - The FDC shall reproduce sufficient copies of the document. - The CDC shall sign the copy/ies as "CONTROLLED COPY" using blue ballpoint at the bottom of every page of each copy of the document. - The FDC shall then issue the new version to the authorized copyholders who shall sign on the Document Distribution/Retrieval Sheet (USM-SYS-F02-Rev.3.2020.02.17) to indicate receipt. This record shall be retained and filed by the FDC. - The CDC, with the approval of the CMR, shall control any request for a copy of the documents by using the Document Copy Request Form (USM-SYS-F55--Rev.1.2020.02.17). - The CDC shall write the copy number of the document being distributed at the front page and the bottom of every page of the document below the word "COPY". The copy number of the document shall be the

		same number as it appears in the Document Distribution/Retrieval Sheet (USM-SYS-F02-Rev.4.2021.04.05).
		• In the case of syllabi, the copy number shall only appear on the first page below the word "COPY".
		- The requestor of the document shall affix his/ her signature at the "Signature" column of the Document Distribution/Retrieval Sheet (USM-SYS-F02-Rev.4.2021.04.05). This will serve as evidence of receipt of the document.
		- Copies of approved documents in portable document format (pdf) shall be saved in a computer inside the Document Control Center. The FDC shall save the same copy in an external drive that shall serve as back-up copy.
		- Electronic copies of documents for release to external parties shall only be requested from the Office of the CDC. It shall bear the "UNCONTROLLED" diagonal watermark across the document pages and shall bear "ELECTRONICALLY RELEASED" and dated on the first page. A QR Code shall also be included in the electronic copy to be released. The release of electronic copies of procedures shall be reflected in the Uncontrolled Document distribution List-Procedures (USM-SYS-F98-Rev.0.2021.04.05).
		- In the case of syllabi, it shall bear the "UNCONTROLLED" diagonal watermark across the document pages and shall bear "ELECTRONICALLY RELEASED" and dated on the first page. The release of electronic copies of syllabi shall be reflected in the Uncontrolled Document Distribution List-Syllabi (USM-SYS-F99-Rev.0.2021.04.05).
		- The Corporate Document Controller shall authorize the Document Control Officers of the CORE Units to distribute controlled copies of procedures to their faculty provided that the same process on the distribution and retrieval of controlled documents are observed in their respective units. The unit's controlled copy from the DCC shall serve as their Master Copy.

		- The Corporate Document Controller shall authorize the Document Control Officers to strictly comply with the Work Instruction for Syllabus Enrolment (USM-WRI-002-Rev.0-2020.02.17). The DCOs shall also be authorized to issue/mass produce form sheets for distribution. The processing, keeping, and distribution of documents in the units shall conform to the procedure observed in the Document Control Center. **Document Review, Revision and Re-approval** - Controlled documents shall be reviewed annually every internal audit for adequacy and suitability and shall be carried out through the internal audit results. - In case of any change/s in the content of the controlled document or form, the originating department shall request for Document Origination/Revision Form for procedures (USM-SYS-F01-Rev.1.2020.02.17) and form sheets (USM-SYS-F84-Rev.0.2020.02.17) for review and re- approval by the same persons who performed the original review and approval, unless otherwise specifically designated in the document change notice. - A Document Origination/Revision Form for procedures (USM-SYS-F01-Rev.1.2020.02.17) and form sheets (USM-SYS-F84-Rev.0.2020.02.17) shall be attached to all revised documents to track its revision description history. **Cascading of Documents to Users** - The Deans, Department Heads, and ISO Coordinators shall coordinate through a formal letter with the CDC to arrange specific dates to inform the users of the documents regarding the proper use and purpose of the concerned document/s the users deemed necessary to use. The cascading activity shall be recorded using the Document Awareness Session Sheet (USM-SYS-F06-Rev.1.2020.02.17). **Filing, Availability and Storage** - All documents/records available in the department and unit shall be registered in the Master List of

| | | Records (USM-SYS-F91-Rev.2.2020.09.28).
- Every unit is responsible for proper filing and storing of their documents and records. These shall be filed accordingly in binders/ folders with proper labels for easy retrieval and to prevent damage, deterioration, and loss.
- All documents/records available at any time at identified locations.
- The Corporate Document Controller (CDC) and Deputy Corporate Document Controller (DCDC) shall randomly check annually each unit's Office of the Document Control Officer using the Document and Records Control Checklist (USM-SYS-F85-Rev.2.2021.04.05) to ensure the effective implementation of document control in the units.

Legibility
- Legibility of all documents and records shall be ensured.
- Thermal or fax paper shall not be used for controlled documents and records.
- The use of pencil in all documents is not permitted.
- To correct documents, the originator or the authorized person shall draw a straight line across the entire word/s, number or alphanumeric series, and write his/her name, initial or signature.

Control of Documents of External Origin
- Received external documents shall be stamped "REFERENCE" on all pages and shall be affixed with date of receipt/signature of the recipient on the first page except for equipment manuals/ books which shall be stamped "REFERENCE" on the cover page only.
- The process owner/recipient shall review all received external documents for adequacy and accuracy prior to submission to the CDC or the DCO. This shall be registered in the Master List of External Documents (Calibration Certificates) (USM-SYS-F05-Rev.1.2020.02.17), Master List of External Documents (Communications) (USM-SYS-F87-Rev.0.2020.02.17), Master List of |

		External Documents (Manuals) (USM-SYS-F88-Rev.0.2020.02.17), Master List of External Documents (Regulatory & Statutory Bodies) (USM-SYS-F89-Rev.0.2020.02.17), and Master List of External Documents (CHED Memorandum Orders) (USM-SYS-F90-Rev.0.2020.02.17) by the CDC or the DCO.
		- The process owner/recipient shall identify the unit/s which will need and/or utilize the document for its distribution, which shall be done by the FDC. The receipt shall be acknowledged by the recipient on the External Documents Distribution Sheet (USM-SYS-F86-Rev.0.2020.02.17).
		- Date of issuance shall be indicated by the CDC or the DCO on the document.
		Obsolete Documents and Retrieval
		- All obsolete documents shall be retrieved or recalled by the document controller officers upon issuance of the newly revised or updated documents and shall be stamped "OBSOLETE" on each page and shall be affixed with date of receipt and signature of the DCO on the first page. For syllabi, the whole document shall be retrieved but only the first and monitoring pages shall be stamped "OBSOLETE". The policy of NO RETRIEVAL- NO ISSUANCE shall be implemented.
		- All obsolete documents shall be recorded in the Master List of Obsolete Documents (USM-SYS-F76-Rev.3.2020.08.04). The department/unit owner shall endorse documents/ records for archive to their Document Control Officer. It shall be properly labeled such as name of records and date covered (month and year), and are placed in the cabinets to ensure easy retrieval and protection from damage, deterioration, and loss.
		- Obsolete recycled records shall have the stamp, date of receipt, signature of the DCO, and a diagonal line for proper identification as obsolete.

		Discontinuance of Documents, Forms
		- All inactive documents shall be retrieved or recalled by the document control officers upon surrender by the process owners and shall be stamped "INACTIVE". The policy of NO RETRIEVAL, NO ISSUANCE shall be implemented.
		- All inactive documents shall be recorded in the Master List of Inactive Documents (USM-SYS-F83-Rev.1.2020.02.17).
		- Inactive recycled records shall be stamped and diagonally marked for proper identification.

d. Records control procedure

Person in-charge	Process Flow	Procedure Details
		Preparation of Records - The Department/s Unit's Designated personnel shall be responsible for the proper preparation and accomplishment of records according to the documented procedures. **Registration and Approval** - All concerned Unit Heads/ Office Heads are responsible for registering the list of their records. - The Document Control Officers (DCOs) are responsible for controlling the Master List of Records (USM-SYS-F91-Rev.1.2020.02.17) to check the status of the records. - The CMR is responsible for the approval of records submitted by the concerned Department for registration to DCC. - Updating of Master List of Records (USM-SYS-F91-Rev.2.2020.09.28) and Document Control Center Monitoring Log (USM-SYS-F92-Rev.2.2020.08.17) shall be facilitated quarterly to ensure alignment of records of the process owner's department and the DCC. In this case, the responsibility for monitoring the master list on the timely basis rests with the process owner. **Storage** - Each department/unit shall be responsible for the storage and keeping of their records. - Filing cabinets, box files, folders, dividers, envelopes, etc. shall be provided to organize records. **Protection** - Records shall be kept in a place where they can be protected from physical deterioration, damage, and loss. - Each department/unit shall ensure that records are kept in a place that is fire-proof. Records shall be kept in a dry place to prevent them from absorbing liquids (i.e. water, oil, chemicals).

| | | - Records shall be kept in a place where it can be protected from data tampering.
- Documents, forms shall be organized in plastic sheets placed in binders to ensure safety.
- Each department/ unit shall ensure that releasing of records to appropriate personnel is being tracked. To prevent unauthorized amendments on the recorded data, the following shall be implemented:
• Only permanent blue or black ink pens shall be used to fill out forms;
• Pens shall only be used to correct wrong data; and,
• All corrected data shall be countersigned indicating the identity of the corrector.

Retrieval
- For easy retrieval, cabinets, shelves, box files, folders, envelopes, etc. shall be properly labeled.
- Each unit/ department shall keep a listing of all records being kept within their area. The list specifies the document name, location, and retention period of records located at their respective areas.

Retention Period
- Records' retention period, aside from the specified records below, shall be indicated on the list of records specified in 6.5.2.
- Records of internal audits and management review shall be retained for five (5) years.
- Records shall remain active for a period of six (6) months.
- An archival record that has permanent or historic value is inactive and is not required to be retained in the DCC after three (3) years.

Disposition
- For economic and environmental purposes, disposal of non-confidential documents shall be used as scratch papers and shall be marked with a slashed or diagonal line on the original.
- Critical and /or confidential documents shall be disposed by means of shredding/tearing.
- Disposal shall be done after a period of three (3) years. |

e. Management Review Procedure

Person in-charge	Process Flow	Procedure Details
		Management Review of the quality system is held every six (6) months. The agenda shall include but will not be limited to the following: - Status of actions from previous management reviews - Changes in external and internal issues that are relevant to the Quality Management System -Information on the performance and effectiveness of the Quality Management System • Customer satisfaction and feedback from interested parties • Extent to which quality objectives have been met • Process Performance and conformity of products and services • Nonconformities and corrective actions • Result of Monitoring and Measurement • Audit Results (Internal Audit and External Audit Results) • Performance of external providers - Effectiveness of actions taken to address risks and opportunities - Opportunities for improvement **Initiating the Management Review** - The President shall discuss the agenda with the Corporate Management Representative (CMR) and Deputy Corporate Management Representative (DCMR) - The CMR shall circulate the memorandum informing the Top Management Committee of the management review - Notification of the Management Review is done at least two (2) working days **Conduct of Management Review** - Before the conduct of the Management Review, the CMR shall preside over the cellular management review of the core process units while the DCMR does the same with the support units.

		The said cellular management review shall be done at least three days before the Management Review
		- The DCO of each core process unit and support unit shall take down the minutes of cellular meeting
		- Results of cellular management review of the core process and support units shall be inputted during the Management Review of the Top Management Committee
		- The President and CMR shall convene the management review
		- The CMR shall state the agenda and shall read the concerned sections' reports from the cellular meeting conducted three days before the Management Review
		- Discussion of the evaluated quality management system shall follow
		-The Top Management Committee shall determine agreements on proposed actions.
		-Approval of proposed actions shall be decided in a form of resolution/s The Top Management Committee and the CMR may adjourn the Management Review
		Documentation of Management Review
		- The DCO of each core process unit shall record the minutes of the cellular management review and shall use Minutes of Management Review (USM-SYS-F23-Rev.1.2020.02.18)
		- The ISO Core Secretary shall take down the minutes of the meeting using the Management Review Minutes Form. The results of the Management Review shall be recorded in the Management Review Results
		Management Review Outputs
		- The Outputs of the Management Review shall include decisions and actions related to:
		• Opportunities for improvement
		• Any need for changes to the Quality Management System
		• Resource needs

		Implementation of Approved Resolutions - Resolutions may cause revision of the work procedures. In such cases, all relevant manuals and procedures pertaining to a particular activity considered not effective, may be changed, or developed. - An unscheduled audit may be made by the CMR to be able to pinpoint the real root of the problem for identified problems which cause cannot be determined -A corresponding Corrective Action Request shall be issued to a department/section not implanting the necessary agreed/approved resolutions of the Management Review. **Monitoring of Approved Resolutions** - The CMR exercises overall authority with regards to the implementation and monitoring of the Quality Management System. All procedures for implementation in each section/department shall be initiated by the CMR but proper monitoring shall be noted in the same.

f. Corrective Action Procedure

Person in-charge	Process Flow	Procedure Details
		Identification of Non-Conformity - Originator shall identify non-conformity based on the following source: • Complaints • Key Performance Indicators requiring remedial actions • Non-conformities from Audit findings, either internal or external audits • Results of compliance to legal requirements • Discrepancy noted for Supplies/Outsource performance • Request for Actions on Process/Product non-conformance - The University of Southern Mindanao shall ensure that determination of non-conformities is derived from objective processes utilizing established tools and techniques such as, but not limited to: • Process observation • Monitoring and measurement of course syllabus and service delivery: • Data analysis of Key Process Performance **Stating and Accomplishing Supplier/Corrective Action Request (S/CAR)** - Supplier/Corrective Action Request (S/CAR) shall be stated in a clear and objective manner, citing non-conformity using the S/CAR form (USM-SYS-F11-Rev.4.2021.11.05) - Interested personnel/department/internal audit process which intends to issue S/CAR shall enroll it with the University Quality Assurance Center (UQAC) who in turn, assigns S/CAR control number stating the incident or details leading to nonconformity along with the complete details and time of occurrence. A separate log, the Supplier/Corrective Action Request Log Sheet (USM-SYS-F17-Rev.3.2020.02.18), shall be maintained for Internal Audit Process.

		- For CARs issued to Suppliers, UQAC shall forward the S/CAR to the Purchasing for acknowledgement. The Purchaser shall ensure that the supplier receives and responds to the S/CAR -The Originator's Immediate Supervisor shall acknowledge the receipt of the S/CAR prior to issuance to Addressee - UQAC personnel shall log CAR number and nature of nonconformity on the Logbook for S/CAR Issuance for monitoring. **Analysis and Investigation of Nonconformity** - Addressee's Immediate Supervisor shall acknowledge the S/CAR by signing in the issues on the S/CAR - Concerned section shall conduct brainstorming to derive the root cause of nonconformities - The addressee shall document process of analysis and investigation and where appropriate, discussion of decisions and actions among attendees - Tools and techniques shall be utilized to determine objective action plan; such tools shall be of industry standards, namely: • 5-Why Analysis • Cause and Effect Analysis • Hazard and Risk Assessment • Histogram • Pareto Diagram • Process Effect Analysis • Statistical Process Control **Formulation of Corrective Action Plan** - Root cause analyses and corrective action requests for internal processes shall be accomplished within three (3) working days, while CARs issued to the suppliers are expected to arrive within five (5) working days for appropriate actions. The corrective actions shall be written following the PDCA cycle as framework.

| | | **Review of Formulated Action Plan**
- The addressee's immediate superior shall review the adequacy of the corrective action and, where appropriate, shall apply the necessary action to prevent the recurrence of the problem or issue.

Implementation and Monitoring of Corrective Action Plan
- A follow-up audit shall be conducted, with a minimum of three (3) working days after implementation of the corrective action even without prior announcements, to verify if the committed action is implemented. Results of action taken are assessed, if there are no recurring issues pertaining to issued S/CAR, then action items are considered closed; continuous monitoring of implementation shall be made for effectiveness. Preferably a minimum of 10 working days after, another follow-up audit shall be done to verify the effectiveness of the implemented action.
 a. In case the nonconformity recurred within five (5) working days after S/CAR was submitted, another S/CAR with a unique tracking number, shall be issued.

Standardization of the Action Plan
- Addressee shall standardize the action item (e.g., revised affected Standard Operating Procedure or even specifications). In case of revisions in the documented procedure, Addressee may not recommend anymore S/CAR closure unless affected documents have been revised. Submission of S/CAR closure recommendation attached with justifications to the UQAO.
- Analyze data and trends (machine or process history is a good input) to project performance of the product/ material and the causes of failure. |

		Closure of Action Item - Originator shall validate and acknowledge closure justification of issues by affixing signature on the CAR. - All evidence of S/CAR implementation shall be verified on the conduct of follow- up audit. - Schedule for verification on effective implementation of action shall be set. **Verification of Effectiveness** **-** Evaluation on the effectiveness of action taken shall be performed based in the agreed schedule with the Addressee and the department concerned. - All results from implementation shall form part of the evidence presented by the addressee and the department concerned. - Results of verification shall be an input for the discussion of possible application of the same corrective action to relevant departments, areas, and/ or suppliers.

g. Internal Audit Procedure

Person in-charge	Process Flow	Procedure Details
		Planning, Scheduling and Preparation - All system process elements shall be audited twice a year, which shall be approved by the University President and four Vice-Presidents. In the planning stage, the risks associated with the conduct of the audit process shall be identified such as any interference in the conduct of internal audit process, the conflict of schedule between the auditor and auditee and the absence of the process owners. The schedule shall be formulated on the basis of the status and importance of the activity. However, a particular area of the entire quality system may be audited more frequently, when deemed necessary. The Internal Audit Program (USM-SYS-F16-Rev.3.2020.02.18) shall be prepared by the Internal Audit Chair to assess and determine the effectiveness of the quality management system. During planning, the auditor shall identify key areas of risk and areas of concern. In case the on-site audit is not feasible, the remote audit will be adopted. During the planning, the technology available must be identified and determine whether the auditors and auditees possess the required competencies and resources required during the remote audit. Related to the use of ICT in the audit, all legal and customer requirements related to confidentiality, security, and data protection (CSDP) shall be identified and actions are taken to ensure the effective implementation of the CSDP. - The Internal Audit Chair, in coordination with the USM top management, shall determine the objectives and scope of the audit, the selected names of the team members, and the colleges and support services to be audited to ensure the effectiveness of the audit. The Internal Audit Chair shall notify the process owners on the conduct of the internal audit by

		issuing the Internal Audit Notice (USM-SYS-F12-Rev.3.2020.02.18), and the Internal Audit Plan (USM-SYS-F15-Rev.3.2020.02.18). - The Internal Audit Plan (USM-SYS-F15-Rev.3.2020.02.18) shall include but shall not be limited to the audit date, audit scope, audit objectives, criteria, audit team, time of audit, elements and areas to be audited and the auditees. - The Internal Audit Chair shall ensure that all copies of the necessary documents such as quality manual, procedures, previous audit results and all other relevant documents are available. - The audit team with the aid of the necessary internal audit checklists (USM-SYS-F18-Rev.3.2020.02.18), shall ensure that all the important items/ elements are covered. - The internal audit checklist (USM-SYS-F18-Rev.3.2020.02.18) shall be referenced to the standards set beforehand, the quality manual, quality procedures, and necessary work instructions, where applicable. - The Internal Audit Chair shall discuss the necessary preparations, formulations of the audit plan and other audit activities, timetable, preparation, and review of the audit checklist. - In case of a remote audit, the Internal Audit Chair, in consultation with the Corporate Management Representative shall determine the extent of involvement between the auditor and the auditee, i.e., with human interaction or no human interaction. - The remote audit option should be agreed upon with the auditee and confirmed at the time of approval of the audit plan. The auditee must agree to provide all requested information required for the audit process. - The audit plan must include the preparation required by the auditor and the auditee, the sampling processes, and a description of

		how the meeting will be conducted. - The audit plan must describe which criteria/processes will be audited remotely and which will be part of the on-site audit. - Once the audit plan is finalized, the Internal Audit Chair shall inform the process owners of: **a**. The list of documents required for remote internal audit verification. **b.** The sampling methods applied to all relevant processes so that the auditees can prepare accordingly. **c.** The date by when all the documentary evidence needs to be sent or posted on the landing page. **d.** A landing page designed for the ISO 9001:2015 Internal Audit shall be put up on the Official University of Southern Mindanao website. The Core Processes and Support Units will have their links where objective evidence shall be made accessible through sub-links to a Google Drive account created by each process owner. **e.** Only auditors assigned to specific units shall have access to the documents. They shall be required to sign a non-disclosure agreement (USM-SYS-F95-Rev.0.2020.10.09) to ensure that the uploaded documents shall be used only for audit purposes. The access to documents shall be removed only after the closing meeting to allow auditors to validate audit findings before the submission of audit reports. **f.** All documents shall be scanned and uploaded in PDF format for protection from tampering or editing **Selection of Auditors/Audit Team** - Selection of Internal Audit Chair and auditors shall be based on the competence of the auditors from the "List of Qualified Auditors". Independence in conducting of audits shall be ensured by the CMR and the Internal Audit Chair for objectivity, impartiality, and to

		avoid conflict of interest and bias in opinion.
		- The CMR and/or DCMR shall nominate the Internal Audit Chair and shall maintain the integrity of the audit by ensuring that neither the Internal Audit Chair nor any member of the audit team is/ are member/s of the department/unit or function to be audited. They shall have no direct responsibility on the activity being audited.
		- The audit team shall be composed of qualified and trained internal auditors.
		- The minimum qualification for the internal quality auditors shall be composed of the following:
		a. An employee of the university with a minimum tenure in USM for a period of six (6) months
		b. And in support of (a) a person who has participated in internal audits from previous employment; and
		c. Attended and Internal Audit training/seminar of at least sixteen (16) hours
		- Any personnel who intend to become an internal auditor and have not satisfied the requirements stated in 6.2.4 shall undergo the necessary training and shall act as auditor trainee to witness at least one (1) internal audit cycle duly guided by the Internal Audit Chairman and/ or the CMR.
		- The evaluation shall be performed for auditor trainee every conduct of audit to ensure that the required competencies are fully satisfied.
		Opening Meeting
		- An opening meeting shall be presided by the Internal Audit Chair before proceeding with the audit; to be participated by the audit team, auditees, and the involved units/departments, if necessary. The objective of the meeting is for familiarization and awareness of the participants on the mechanics of the entire audit process. In the remote audit, the opening meeting can be held through a video connection

		detailing how the audit will be conducted and shall be attended by the auditees that will be audited remotely.

		Conducting Audit
		- Using the applicable documents and the prepared internal audit checklist (USM-SYS-F18-Rev.3.2020.02.18), the Internal Audit Chair and the members shall conduct the audit. The audit shall be conducted by interviewing the auditee and the area being audited or desk audit (review of the applicable documents), and/or checking of actual implementation against documented information. A risk-based approach can also be adopted where the internal audit activities focus on areas with higher significance.
		- The remote audit will be conducted using a combination of documentary review and/or virtual meetings and interviews.
		- Objective evidence of the remote audit will be provided by conclusions from the interviews and/or document review.
		- The auditor shall note down on the checklist all the necessary findings during the time of the audit, including the objective evidence of conformity and/ or nonconformity.
		- The USM top management shall monitor and review the internal audit program (USM-SYS-F16-Rev.3.2020.02.18) for evaluation of timing and frequency.
		- Findings shall be classified as Non-conformance (NC) and Opportunities for Improvements (OFI) through Internal Audit Report (USM-SYS-F60-Rev.3.2020.02.18) and Supplier/Corrective Action Request (USM-SYS-F11-Rev.4.2021.11.05).
		  a. The following are classified as NC:
		    • Absence of a procedure required by the standard. Non closure of a previously raised nonconformity, or a number of lapses against one requirement of a standard

			that would represent total breakdown of the system
			• Non-implementation of a procedure required by the standard
			• A lapse in the implementation of the management system or and isolated lapse in an otherwise implemented management system requirement
			• Existence of required documents but lacks certain requisites or minor inconsistencies with actual practice, the objective evidence does not raise doubt to the quality of the product or service the organization is providing, and no implementation of health and safety requirements
			• These items are recorded into Supplier/Corrective Actions Request (USM-SYS-F11-Rev.4.2021.11.05)
			b. Opportunities for improvements (OFI) are:
			• Any matter/issue noted by the auditor/auditee in the procedure being audited that may lead to improvement where the evidence show that indicated procedure are followed. However, as per knowledge and analysis of auditor, the organization can benefit from through modified approach. It is an "opportunity" that will lead to a future nonconformance if not addressed.
			• These items are recorded into Internal Audit Report (USM-SYS-F60-Rev.3.2020.02.18)
			- The audit checklist shall be referenced on the standards set beforehand, the quality manual, quality procedures, and necessary work instructions, where applicable.
			- The Internal Audit Team shall discuss with the auditee the results of the audit.
			- The audit team shall evaluate their findings and deliberate on the non-conformance found during the audit. Final decision, as agreed

		upon by the audit team, shall be reflected on the Supplier/Corrective Action Request (USM-SYS-F11-Rev.4.2021.11.05). The CMR, DCMR, and Internal Audit Chair shall decide unresolved issues by the team.

Close Meeting
- Closing meeting shall be conducted after the conduct of audit. Similar participants during the opening meeting are expected to attend the closing meeting.
- The Internal Audit Chair shall discuss the summarized results of the audit. For the findings called-out during the audit, corrective action requests are issued to the concerned unit/department. Unresolved issues with the auditee are elevated to the unit/department head. They shall likewise agree to the follow-up action to be taken as scheduled.

Reporting
- The final basis for the results of the audit shall be formalized through internal audit summary sheet (USM-SYS-F09-Rev. 4.2021.11.05).
- The Internal Audit Chair shall prepare the internal audit summary sheet (USM-SYS-F09-Rev.4.2021.11.05) and submit it to the CMR and DCMR for review and approval.
- All auditees with findings shall be issued with a Supplier/Corrective Action Request. The Internal Audit Report (USM-SYS-F60-Rev.3.2020.02.18) shall bear other details of follow-up from previous findings; possible improvement opportunities, and direct observations of the process during the audit.
- Correction as necessary, corrective and/or continual improvement shall be initiated and implemented by the auditee/department head to be documented through the Internal Audit Report (USM-SYS-F60-Rev.3.2020.02.18), Supplier/Corrective Action Request (USM-SYS-F11-

		Rev.4.2021.11.05), Continual Improvement Plan and Continual Improvement Sheet (USM-SYS-F27-Rev.3.2020.02.18); duly coordinated with the Internal Audit Chair. For details on the investigation, refer to Corrective Action Procedure (USM-QMS-017-Rev.3.2020.02.18) and/or Continual Improvement Procedure (USM-QMS-020-Rev.2.2020.02.18). - All results of the internal audit shall be an input to the Cellular Management Review and Institutional Management Review meeting for continual improvement. The auditee may consider relevant actions to address the improvement opportunities and take actions as appropriate. **Follow-up Audit** - A follow-up audit shall be conducted with a minimum of three (3) working days after implementation of the corrective action even without prior announcements to verify if the committed action is implemented. Preferably a minimum of 10 working days after, another follow-up audit shall be done to verify the effectiveness of the implemented action. This shall be recorded in the Corrective Action Monitoring Log in the Supplier/Corrective Action Request form (USM-SYS-F11-Rev.4.2021.11.05). - The same audit team shall be assigned to do the follow-up audit, if necessary, to maintain the continuity of audit. - Corrective actions not implemented on the committed date shall be elevated to the CMR for further disposition. - Corrective actions are then declared "closed" once verified to be effective upon approval of the CMR. - A corresponding Supplier/Corrective Action Request (USM-SYS-F11-Rev.4.2021.11.05) shall be generated for absence of implementation from the committed actions of the auditee

IV. Table of Organization

UNIVERSITY QUALITY ASSURANCE OFFICE (UQAO)
Table of Organization

LAWRENCE ANTHONY U. DOLLENTE, PhD
Director

JUSTINE MAE B. MOLINA
Administrative Aide VI

GAUVIN ADLAON
Quality Assurance Staff

Document Control Center (DCC)	Committee on Anti-Red Tape (CART)	International Standards Organization (ISO)	AACCUP Accreditation	COPC and other CHED-Related Matters	Internal Audit
LAKSNI E. CATUBAY Corporate Document Controller	**LAWRENCE ANTHONY U. DOLLENTE, PhD** Chairperson	**LAWRENCE ANTHONY U. DOLLENTE, PhD** Corporate Management Representative	**HAIDY H. MALACAD** Administrative Officer I	**RENANTE P. MONTERO** Administrative Officer I	**BRYAN LLOYD P. BRETAÑA** Internal Audit Chair
JUSTINE MAE B. MOLINA Deputy Corporate Document Controller	**Committee on Anti-Red Tape Members**	**CONCEPCION E. MAGALLON** Deputy Corporate Management Representative	**Trained Accreditors**		**SUSAN S. MARTINEZ** Deputy Internal Audit Chair
PETCHE P. QUIAQUE Functional Document Controller	**Secretariat**	**Deputy Management Representative (Deans)**	**Internal Accreditors**		**Internal Auditors**
College Document Control Officers /Support Unit Document Controllers		**ISO Coordinators**			

V. Quality Assurance Plan

ACCREDITATION LEVEL STATUS and PLAN OF ACCREDITATION VISIT

No.	CAMPUS(ES) /PROGRAM(S)	LEVEL (ACCREDITATION STATUS)	DATE OF VALIDITY OF ACCREDITATION STATUS	PLAN OF ACCREDITATION VISIT
1.	Bachelor of Science in Industrial Technology (major in Automotive Technology, Architectural Drafting Technology, Electrical Technology, Electronics Technology)	Level III, Re-accredited Assessment on-going in Phase of the 4th Survey Visit (Revisit Areas V, VI, IX)	September 1, 2024 – August 31, 2025	September 2-4, 2025
2.	Bachelor of Science in Business Administration	Level II, Re-accredited Must comply w/mandatory recommendations	July 1, 2023 – June 30, 2024	Submitted mandatory recommendations
3	Bachelor of Science in Agricultural Economics	Level III, Re-accredited (must comply with mandatory recommendations	April 01, 2025 – March 31, 2030	
4	Bachelor of Science in Agribusiness	Level IV, Re-accredited (must comply with mandatory recommendations)	AUGUST 2022 – JULY 2023	June 18-20, 2025
5	Bachelor of Science in Accountancy	Level II, Re-accredited (must comply w/mandatory recommendations (Revisit Extension)	July 1, 2023 – June 30, 2024	June 18-20, 2025
6	Bachelor of Science in Electronics Engineering	Level II Re- accredited	December 16, 2021 – December 15, 2025	September 2-4, 2025
7	BS in Computer Engineering	Level II Re- Accredited	December 16, 2021 – December 15, 2025	September 2-4, 2025

8	BS in Civil Engineering (Structural Engineering)	Level II Re-Accredited Assessment on-going in Phase 1 of the 3rd Survey Visit (Revisit ALL AREAS)	September 1, 2023 – August 31, 2027	May 2027
9	Bachelor of Science in Computer Science	Level III Re-accredited (must comply with mandatory recommendations) subject to another revisits in ALL AREAS	JULY 2022 – JUNE 2023	June 18-20, 2025
10	Bachelor of Science in Information Systems	Level III Re-accredited (must comply with mandatory recommendations)	JULY 2022 – JUNE 2023	Comply w/mandatory recommendations
11	BS in Library Information Science	Level III Re-accredited (must comply with mandatory recommendations)	JULY 2022 – JUNE 2023	Comply w/mandatory recommendations
12	BS in Agricultural Engineering (BS IN AGRICULTURAL AND BIOSYSTEMS ENGINEERING)	Level III Re-accredited (The program is level III. Assessment ongoing in Phase 2 evaluation in the 4th survey visit. Must comply with mandatory recommendations.	September 1, 2024 – August 31, 2025	Submit compliance report 2025
13	Bachelor of Science in Hotel & Restaurant Management	Level II Re-Accredited (must comply w/mandatory recommendations)	July 1, 2023 – June 30, 2024	Waiting for result
14	Bachelor of Science in Tourism Management	Level II Re-Accredited (must comply w/mandatory recommendations)	July 1, 2023 – June 30, 2024	Comply w/mandatory recommendations

15	Bachelor of Science in Nutrition Dietetics	Level III Re-accredited (must comply with mandatory recommendations) Revisit ALL Areas	December 1, 2023 – November 30, 2025	September 2-4, 2025
16	Bachelor of Science in Food Technology	Level III Re-accredited (must comply with mandatory recommendations)	JULY 2022 – JUNE 2023	Comply w/mandatory recommendations
17	Bachelor of Science in Physical Education	Level II Re-Accredited	JULY 16, 2022 – JULY 15, 2026	April 2026
18	Bachelor of Arts in Islamic Studies	Level I Accredited	APRIL 2022 - MARCH 2026	April 2026
19	Bachelor of Science in International Relations	Level II Re-accredited	APRIL 16, 2023 – APRIL 15, 2027	April 2027
20	Bachelor of Elementary Education	Level III Re-accredited (must comply with mandatory recommendations) Revisit Area of Community Service and International Linkages & Consortia	December 1, 2023 – November 30, 2024	June 18 -20, 2025
21	Bachelor of Secondary Education (major in Science, Math, Filipino, English & Social Studies)	Level III Re-accredited (must comply with mandatory recommendations) Revisit Area of Community Service and International Linkages & Consortia	December 1, 2023 – November 30, 2024	June 18 -20, 2025

22	Doctor of Veterinary Medicine	Level IV Re-accredited (must comply with mandatory recommendations)	AUGUST 2022 – JULY 2023	comply with mandatory recommendations
23	Bachelor of Arts in Psychology (AB Psychology)	Level III – Reaccredited (The program is Level III. Passed the Phase I of two (2) phases of evaluation in the 4th survey visit)	September 01, 2024 – August 31, 2025	September 2-4, 2025
24	Bachelor of Science in Development Communication	Level IV Re-accredited (must comply with mandatory recommendations)	AUGUST 2022 – JULY 2023	June 18 -20, 2025
25	Bachelor of Science in Chemistry	Level III Re-accredited	MAY 2022 – APRIL 2023	
26	Bachelor of Science in Biology	Level IV Re-accredited	March 1, 2020 – Feb. 28, 2025	June 18 -20, 2025
27	Bachelor of Arts in English	Level III Re-accredited	JULY 1, 2022 – JUNE 30, 2026	April 2026
28	Bachelor of Science in Criminology	Level I Accredited	APRIL 16, 2023 – APRIL 15, 2026	April 2026
29	Arts and Social Science (Political Science)	Level II Re-Accredited	May 1, 2024 – April 30, 2028	June 2028
30	Bachelor of Science in Nursing	Level I - Accredited	December 16, 2024 – December 15, 2028	June 2028
31	Bachelor of Science in Agriculture	Level IV Re-accredited (must comply with mandatory recommendations)	MAY 2022 – APRIL 2023	comply with mandatory recommendations
32	Bachelor of Science in Fisheries	Level I Accredited	May 1, 2024 – April 30, 2027	April 2027

No.	Kidapawan City Campus	LEVEL (ACCREDITATION STATUS)	DATE OF VALIDITY OF ACCREDITATION STATUS	PLAN OF ACCREDITATION VISIT
1.	Bachelor of Science in Industrial Engineering	Level III, Re-accredited Assessment on-going in Phase 1 of the 4th Survey Visit (Revisit ALL AREAS)	July 1, 2023 – June 30, 2028	June 2028
2.	Bachelor of Science in Mechanical Engineering	Level II, Re-accredited Assessment on-going in Phase 1 of the 3rd Survey Visit (Revisit ALL AREAS)	July 1, 2023 – June 30, 2027	April 2027
3.	Bachelor of Technology (Majors: Automotive Technology, Civil Technology, Electrical Technology, Electronic Technology, Mechanical Technology, refrigeration and Air-conditioning Technology)	Level III Re-accredited (assessment on-going in Phase 1 of the 4th Survey Visit (Revisit ALL AREAS)	July 1, 2023 – June 30, 2028	June 2028
4.	Bachelor of Secondary Education (majors: English, Filipino, Mathematics, Social Studies)	Level I Accredited Revisit All Areas)	January 1, 2025 – December 2028	June 2028
5.	Bachelor of Technical and Vocational Teacher Education (majors: Automotive Technology, Electronics Technology, Food Service and Management Technology, Garments, Fashion and Design Technology)	Level I Accredited Revisit All Areas)	January 1, 2025 – December 2028	June 2028
6.	Bachelor of Science in Electrical Engineering	Level I Accredited	JULY 16, 2022 – JULY 15, 2025	July 14-18, 2025
7.	Bachelor of Industrial Technology (major: Food and Beverage	Level II Re-accredited	December 16, 2024 – December 15, 2028	

	Preparation and Service Management)		
8.	**Master of Technology Education**	**Level I Accredited**	**September 1, 2023 – August 31, 2026**

No.	Kabacan Campus: (GRADUATE PROGRAMS)	LEVEL (ACCREDITATION STATUS)	DATE OF VALIDITY OF ACCREDITATION STATUS	PLAN OF ACCREDITATION VISIT
1.	**Doctor of Philosophy in Extension Education**	**Level III- Re-accredited**	**MAY 2022 – APRIL 2023**	comply with mandatory recommendations
2.	**Ph.D. - Agricultural Science (Doctor of Philosophy in Agricultural Science) majors: Animal Science, Crop Protection, and Crop Production and Management**	**Level III Re-accredited (must comply with mandatory recommendations) Revisit ALL Areas**	**December 1, 2023 – November 30, 2025**	**September 2-4, 2025**
3.	**Master of Science in Biology**	**Level IV Re-accredited (must comply with mandatory recommendations)**	**AUGUST 2022 – JULY 2023**	**June 18 – 20, 2025**
4.	**Doctoral of Education in Educational Management**	**Level III Re-accredited (must comply with mandatory recommendations) Revisit Area of Community Service and International Linkages and Consortia**	**December 1, 2023 – November 30, 2024**	**June 18 – 20, 2025**
5.	**Master of Science in Agronomy**	**Level III Re-accredited (Revisit ALL AREAS)**	**September 01, 2024 – August 31, 2026**	**2026**

6.	Master of Science in Crop Science	Level III Re-accredited (Revisit ALL AREAS)	September 01, 2024 – August 31, 2026	2026
7.	Master of Science in Horticulture	Level III Re-accredited (Revisit ALL AREAS)	September 01, 2024 – August 31, 2026	2026
8.	Master of Arts in Education in Educational Management	Level III Re-accredited (must comply with mandatory recommendations) Revisit Area of Community Service, International Linkages and Consortia	December 1, 2023 – November 30, 2024	June 18 – 20, 2025
9.	Master of Science in Teaching - Physics	Level I – Accredited (Revisit ALL AREAS)	May 1, 2024 – April 30, 2028	2028
10.	Master of Science in Teaching – Mathematics	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
11.	Master of Science in Teaching - Chemistry	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
12.	Master of Science in Teaching-Biology	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
13.	Master of Science in Extension Education	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
14.	Master of Science in Plant Breeding	Level II Re- Accredited	May 1, 2024 – April 30, 2028	2028
15.	Master of Science in Agricultural and Biosystems Engineering	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
16.	Master of Public Administration	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
17.	Master of Engineering in Rural Infrastructure Engineering	Level I – Accredited (Revisit ALL AREAS)	September 1, 2023 – August 31, 2027	2027
18.	Master of Arts in Teaching Industrial Arts	Level I Accredited	APRIL 1, 2022 – MARCH 31, 2025	July 14 – 18, 2025

19.	Master of Arts in Language Teaching-Filipino	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
20.	Master of Arts in Language Teaching-English	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
21.	Master in Information Systems	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
22	Doctor of Philosophy in Rural Development	Level II Re-accredited	September 1, 2023 – August 31, 2027	2027
23	Master of Science in Animal Science	Level I Accredited	APRIL 16, 2023 – APRIL 15, 2026	2026

CERTIFICATE OF PROGRAM COMPLIANCE STATUS

Undergraduate Programs Main Campus

CAMPUS(ES)/PROGRAM(S) WITH COPC	NUMBER OF PROGRAMS
UNDERGRADUATE PROGRAMS	
College of Agriculture - **Bachelor of Science in Agriculture** - **Bachelor of Science in Fisheries**	**2**
College of Arts and Social Sciences - **Bachelor of Science in Criminology** - **Bachelor of Arts in English** - **Bachelor of Science in Development Communication (major in Development Journalism, Educational Communication and Community Broadcasting)** - **Bachelor of Arts in Political Science** - **Bachelor of Arts in Psychology** - **AB Philosophy (NEW)**	**6**
College of Science and Mathematics - **Bachelor of Science in Chemistry** - **Bachelor of Science in Biology** - **BS Applied Mathematics (NEW)** - **BS Applied Physics (NEW)** - **BS Environmental Science (NEW)**	**5**
College of Business Development and Economics Management - **Bachelor of Science in Accountancy** - **Bachelor of Science in Business Administration (major in Marketing Management)**	**7**

- **Bachelor of Science in Accounting Technology** - **Bachelor of Science in Agribusiness** - **Bachelor of Science in Agricultural Economics** - **Bachelor of Public Administration (NEW)** - **Bachelor of Science in Management Accounting (NEW)**	
College of Education - **Bachelor of Elementary Education** - **Bachelor of Secondary Education**	**2**
College of Engineering & Computing - **Bachelor of Science in Agricultural Engineering** - **Bachelor of Science in Electronics Engineering** - **Bachelor of Science in Civil Engineering** - **Bachelor of Science in Computer Engineering** - **Bachelor of Science in Information System** - **Bachelor of Science in Computer Science** - **Bachelor of Library and Information Science**	**7**
College of Human Ecology & Food Sciences - **Bachelor of Science in Food Technology** - **Bachelor of Science in Nutrition and Dietetics** - **Bachelor of Science in Hotel & Restaurant Management** - **Bachelor of Science in Travel Management** - **Bachelor of Science in Tourism Management**	**5**
College of Veterinary Medicine - **Doctor in Veterinary Medicine**	**1**
College of Health Sciences - **Diploma in Midwifery** - **Bachelor of Science in Nursing**	**2**

Institute in Middle East Asian Studies (IMEAS) - **Bachelor of Arts in Islamic Studies (major in Political Economy, Shari'ah Law, Halal Food Management and Technology, Islamic History, Islamic Values Education, and Arabic Language)** - **Bachelor of Arts in International Relations**	**2**
ISPEAR - **Bachelor of Physical Education (NEW)** - **Bachelor of Science in Sports Science (2 major) (NEW)**	**2**
College of Industrial Technology - **Bachelor of Industrial Technology (4 Major) (NEW)** - **Bachelor of Technical – Vocational Teacher Education (4 Major) (NEW)**	**2**
CITY OF KIDAPAWAN CAMPUS WITH COPC - **Bachelor of Technology (majors: Automotive Technology, Civil Technology, Electrical Technology, Electronic Technology, Mechanical Technology, Refrigeration and Air-conditioning Technology)** - **BS in Industrial Engineering** - **BS in Mechanical Engineering** - **Bachelor of Science in in Electrical Engineering** - **Bachelor of Secondary Education** - **Bachelor of Technical Teacher Education** **Bachelor of Industrial Technology**	**7**

Pending COPC

PROGRAM	STATUS	REMARKS
Bachelor of Science in Veterinary Technology	Visited July 2024, NQAT	Waiting for issuance of COPC
Bachelor of Science in Microbiology	Visited April 2024	Waiting for Issuance of COPC
Bachelor of Science in Midwifery	Visited February 2025	
Bachelor of Science in Pharmacy	Visited February 2025	

NO.	PALMA	Status	REMARKS
1.	Bachelor of Elementary Education (Alamada/Aleosan)	Visited (February 22, 2024)	Waiting for issuance of COPC
2.	Bachelor of Secondary Education (Libungan)	Visited (February 22, 2024)	Waiting for issuance of COPC
3.	Bachelor of Science in Business Administration	Visited (February 22, 2024)	Waiting for issuance of COPC
4.	Bachelor of Science in Agriculture (Libungan)	For Application	New Program 2019
5.	Bachelor of Science in Criminology (Libungan)	For Application	New Program 2020

NO.		Status	REMARKS
6.	Bachelor of Science in Hospitality Management (Libungan)	For Application	New Program 2020
7.	Bachelor of Science in Veterinary Technology (Aleosan)	For Application	New Program 2019
NO.	Mlang Campus	Status	REMARKS
1.	Bachelor of Science in Criminology	For Application	New Program 2021

CERTIFICATE OF COMPLIANCE (COPC) as of January 2025
GRADUATE SCHOOL
(Master's Program)

NO.	PROGRAMS with COPC	DATE ISSUED	Remarks
1.	Master of Science in Biology	September 18, 2020	with COPC
2.	Master of Science in Rural and Economic Development	November 24, 2020	with COPC
3.	Master of Science in Agronomy	November 24, 2020	with COPC
4.	Master of Science in Animal Science	November 24, 2020	with COPC
5.	Master of Science in Horticulture	November 24, 2020	with COPC
6.	Master of Science in Plant Breeding	November 24, 2020	with COPC
7.	Master of Engineering in Rural Infrastructure Engineering	May 31, 2023	with COPC

8.	Master of Science in Crop Science	November 24, 2020	with COPC
9	Master of Science in Education in Educational Management	169-2024 January 24,2025	with COPC
10	Master of Science in Teaching Mathematics	166-2024 January 24,2025	with COPC
11	MA in Language Teaching – Filipino	165-2024 January 24,2025	with COPC
12	Master of Science in Teaching Biology	167-2024 January 24,2025	with COPC
13	Master of Science in Information System		
14	Master of Science in Extension Education	168-2024 January 24,2025	with COPC

NO.	NO COPC	Remarks
1.	MST Chemistry	Visited (July 2018)
2.	Master of Science in Teaching – Physics	Visited (July 2018)
3.	MA in Language Teaching - English	Visited (July 2018)
4.	MA in Teaching industrial Arts	Visited (July 2018)
5.	MAED- Elementary Education	APPLIED
6.	MAED – Science	APPLIED
7.	MAED – Social Sciences	APPLIED
8.	Master in Public Administration	APPLIED
9.	MS Agricultural Economics	For Application

CERTIFICATE OF COMPLIANCE (COPC) as of January 2025
GRADUATE SCHOOL
(Doctorate Program)

No.	Programs With COPC	Date
1.	Doctor of Philosophy in Agricultural Science (major in animal science, & crop protection)	November 24, 2020
2.	Doctor of Philosophy in Agricultural Science (major in crop protection)	November 24, 2020
3.	Doctor of Philosophy in Rural Development	November 24, 2020
4.	PhD in Education Major in Mathematics	172-2024 January 24,2025
5.	PhD in Education Major in Biology	170-2024 January 24,2025
6.	PhD in Education Major in Applied Linguistics	173-2024 January 24,2025
7.	PhD in Education Major in Filipino	171-2024 January 24,2025
8.	EdD Major in Educational Management	174-2024 January 24,2025

No.	Programs Without COPC	Date
1.	PhD. In Extension Education	Visited (July 2018)

BOARD OF REGENTS

AN EXCERPT FROM THE MINUTES OF THE 153rd REGULAR MEETING OF THE USM GOVERNING BOARD ON 26 OCTOBER 2023 AT THE CHED-HEDC BUILDING, DILIMAN, QUEZON CITY AND VIA ZOOM TELECONFERENCE

Resolution No. 59
Series of 2023

USM ACTION PLAN FOR ISSUANCE OF CERTIFICATE OF PROGRAM COMPLIANCE (COPC)

Approving the USM Action Plan for the Issuance of Certificate of Program Compliance (COPC) for its curricular offerings.

X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X

CERTIFIED TRUE AND CORRECT:

JENNIFER E. SINCO
Board Secretary V

ATTESTED BY:

FRANCISCO GIL N. GARCIA, PhD
Vice-Chair, USM Board of Regents
SUC President IV

CERTIFIED TRUE COPY:

LAKSMI E. CATUBAY
Board Secretary I
USM, Kabacan, Cotabato

"UNITY IN DIVERSITY AND SUSTAINABLE DEVELOPMENT IN MINDANAO THROUGH QUALITY AND RELEVANT EDUCATION."

List of Procedures Under Quality Management System of the University

Samples

<table>
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Kabacan, Cotabato
Philippines</td></tr>
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<tr><td>1</td><td>USM-QMS-002-Rev.8.2024.09.02</td><td>USM QUALITY MANAGEMENT SYSTEM MANUAL</td><td>CABINET 4, 01 QMS</td><td>LAWRENCE ANTHONY U. DOLLENTE</td></tr>
<tr><td>2</td><td>USM-QMS-007-Rev.2.2020.02.18</td><td>USM QUALITY POLICY STATEMENT</td><td>CABINET 4, 01 QMS</td><td>JENNIFER E. SINCO</td></tr>
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<tr><td>4</td><td>USM-QMS-014-Rev.7.2024.06.03</td><td>RECORDS CONTROL PROCEDURE</td><td>CABINET 4, 01 QMS</td><td>SOFIA LOREN B. DELA CRUZ</td></tr>
<tr><td>5</td><td>USM-QMS-015-Rev.8.2024.06.11</td><td>INTERNAL AUDIT PROCEDURE</td><td>CABINET 4, 01 QMS</td><td>BRYAN LLOYD P. BRETAÑA</td></tr>
<tr><td>6</td><td>USM-QMS-016-Rev.5.2024.09.02</td><td>CONTROL OF NON-CONFORMING PRODUCT AND SERVICES DELIVERY</td><td>CABINET 4, 01 QMS</td><td>LAWRENCE ANTHONY U. DOLLENTE</td></tr>
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URDUJA G. NACAR</td></tr>
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USM-SYS-F04 Rev.2.2022.10.14

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

MASTER LIST OF REGISTERED DOCUMENTS

NO.	DOCUMENT CODE	TITLE	STORAGE AREA/Locator	ORIGINATOR
17	USM-EDU-007-Rev.3.2021.06.14	FACILITATING INITIATIVES FOR POOR ACADEMIC PERFORMANCE PROCEDURE	CABINET 4, 01 CORE	ANITA C. SORNITO MARK-ALJAIME J. MAYYULANI NORQUEZ M. MANGINDRA
18	USM-EDU-008-Rev.3.2013.01.13	EVALUATING LEARNING OUTCOMES, TEST CONSTRUCTION AND ADMINISTRATION	CABINET 4, 01 CORE	ELSA A. GONZAGA JOHARLO J. SUBIRO
19	USM-EDU-009-Rev.3.2021.06.14	PROCEDURE FOR DELIVERY OF INSTRUCTION	CABINET 4, 01 CORE	CHERYL Y. DULAY MARLENE E. ORFRECIO MARLYN A. RESURRECCION ARLENE P. RIOGELON
20	USM-EDU-010-Rev.3.2021.06.10	PROCEDURE FOR COURSE SYLLABUS PREPARATION AND REVISION	CABINET 4, 01 CORE	CHERYL Y. DULAY MARLENE E. ORFRECIO MARLYN A. RESURRECCION ARLENE P. RIOGELON
21	USM-EDU-011-Rev.3.2021.06.14	DISTRIBUTION OF FACULTY WORKLOAD PROCEDURE	CABINET 4, 01 CORE	ELSA A. GONZAGA JOHARLO J. SUBIRO
22	USM-EDU-012-Rev.3.2021.06.14	PROCEDURE FOR FACILITATION OF EXAMINATIONS	CABINET 4, 01 CORE	CHERYL Y. DULAY MARLENE E. ORFRECIO MARLYN A. RESURRECCION ARLENE P. RIOGELON
23	USM-EDU-014-Rev.3.2021.06.10	USE OF FACILITIES AND BORROWING OF COLLEGE EQUIPMENT	CABINET 4, 01 CORE	LILIAN A. LUMBAO CARLO JASON S. DELA CRUZ QUEENNIE L. RUFINO MELCHIE G. PALAPAR
24	USM-EDU-015-Rev.3.2021.01.13	PRACTICE TEACHING PROCEDURE	CABINET 4, 01 CORE	ANITA C. SORNITO MARK-ALJAIME J. MAYYULANI NORQUEZ M. MANGINDRA
25	USM-EDU-016-Rev.3.2013.01.13	PROCEDURE FOR DELIVERY OF INSTRUCTION (FACE-TO-FACE)	CABINET 4, 01 CORE	ELSA A. GONZAGA
26	USM-ACC-001-Rev.3.2020.03.01	DISBURSEMENT PROCEDURE	CABINET 4, 03 ACC	BERNABE B. MONDIA
27	USM-ACC-002-Rev.3.2020.03.00	REFUND OF SCHOOL FEES, SCHOLARSHIP GRANTS AND OTHER FEES PROCEDURE	CABINET 4, 03 ACC	BERNABE B. MONDIA

USM-SYS-F04-Rev.2.2021.10.14

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

MASTER LIST OF REGISTERED DOCUMENTS

NO.	DOCUMENT CODE	TITLE	STORAGE AREA/Locator	ORIGINATOR
38	USM-ACC-003-Rev.3.2020.03.01	WITHHOLDING OF TAXES & PREPARATION OF CERTIFICATES AND RETURNS OF TAXES WITHHELD PROCEDURE	CABINET 4, 03 ACC	BERNABE B. MONDIA
39	USM-BRO-001-Rev.3.2019.04.05	BOARD OF REGENTS MEETING PROCESS	CABINET 4, 04 BUD	JENNIFER E. SINCO
40	USM-BUD-001-Rev.3.2021.10.11	PROCEDURE FOR CERTIFICATION OF BUDGET OBLIGATION FOR ALL FUNDS	CABINET 4, 03 BUD	CHARISSE ANGELA S. OUBAMBAO
41	USM-DIO-001-Rev.2.2014.02.11	PROCEDURE FOR FACILITATION OF INSTRUCTION-RELATED REQUESTS	CABINET 4, 06 DIO	ELSA A. GONZAGA
42	USM-DIO-004-Rev.3.2011.11.18	MAKE-UP CLASS PROCEDURE	CABINET 4, 06 DIO	ELSA A. GONZAGA
43	USM-DIO-006-Rev.3.2014.01.13	ON-THE-JOB TRAINING PROCEDURE	06 DIO	HAZEL ANN S. SORIANO
44	USM-EXT-001-Rev.3.2021.01.18	COMMUNITY ENGAGEMENT PROCEDURE	CABINET 4, 07 EXT	AIRENEL A. BALADJAY JANICE M. BANGOY
45	USM-FMC-001-Rev.3.2021.11.18	CHECK AND CASH PAYMENT PROCEDURE	CABINET 4, 08 FMC	HELEN B. EDAÑO
46	USM-FMC-002-Rev.3.2021.11.18	COLLECTION AND DEPOSIT PROCESS	CABINET 4, 08 FMC	HELEN B. EDAÑO
47	USM-HRD-001-Rev.3.2021.10.15	COMPETENCE, AWARENESS AND TRAINING PROCEDURE	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
48	USM-HRD-002-Rev.3.2020.03.12	PROCEDURES ON RECRUITMENT, SELECTION AND APPOINTMENT OF NON-TEACHING PERSONNEL	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
49	USM-HRD-003-Rev.3.2020.03.13	PROCEDURE ON TURNING-OVER OF DUTIES AND RESPONSIBILITIES	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
50	USM-HRD-004-Rev.3.2021.06.08	PROCEDURE ON ADMINISTRATION OF LEAVE OF ABSENCE	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
51	USM-HRD-005-Rev.3.2020.03.13	PROCEDURE ON SALARY OF PERMANENT AND CASUAL EMPLOYEES	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
52	USM-HRD-006-Rev.3.2020.03.13	PROCEDURE ON WAGES FOR CONTRACT OF SERVICE AND JOB ORDERS	CABINET 4, 09 HRD	WILLIE JONES B. SALILING
53	USM-HRD-007-Rev.3.2020.03.13	PROCEDURE ON ISSUANCE OF TRAINING / SEMINAR / ORIENTATION CERTIFICATES	CABINET 4, 09 HRD	RALPH-BUTCH S. GARDAN WILLIE JONES B. SALILING

USM-SYS-F04-Rev.2.2021.10.14

Present Status of the USM Quality Assurance Office

The University of Southern Mindanao (USM) continues to uphold its commitment to quality and excellence through the proactive efforts of the University Quality Assurance Office (UQAO). As the institution's central body for quality assurance, the UQAO has achieved significant milestones that reflect the University's dedication to continuous improvement, institutional excellence, and stakeholder satisfaction.

Foremost among its accomplishments, USM is ISO 9001:2015 certified for its Quality Management System. This certification was awarded on February 13, 2023, and remains valid until February 12, 2026. The ISO 9001:2015 certification is a globally recognized standard that affirms USM's compliance with international quality management principles, including a strong customer focus, process-based approaches, and continuous improvement.

In recognition of its exemplary performance in quality management and institutional governance, USM was also awarded the Philippine Quality Award (PQA) Level II. The PQA is the highest national recognition for performance excellence and organizational effectiveness in the Philippines, and the Level II distinction signifies the University's well-deployed quality systems and approaches that are yielding positive results across functions and programs.

Additionally, USM has made remarkable progress in program accreditation. Currently, 87.5% of the University's academic programs are accredited by the Accrediting Agency of Chartered Colleges and Universities in the Philippines (AACCUP), covering all levels of higher education. The remaining programs that are eligible for accreditation have already been scheduled for upcoming evaluations, affirming the University's commitment to full compliance and academic excellence.

In terms of government compliance, all academic programs of USM—except for newly opened ones—have undergone evaluation and were granted Certificates of Program Compliance (COPCs) by the Commission on Higher Education (CHED). The issuance of COPCs indicates that USM's programs meet the minimum requirements set by CHED, including standards in curriculum, faculty qualifications, facilities, and administrative support.

With these achievements, the University Quality Assurance Office continues to lead with strategic direction, ensuring that USM remains a model of quality and integrity in the higher education landscape. These efforts not only validate the University's current standing but also position USM for sustained excellence in the years to come.

Status of USM Internationalization

The University of Southern Mindanao (USM) has significantly advanced its internationalization efforts through structured programs and global engagements. By institutionalizing its Office of International Affairs, USM has systematically strengthened its international presence, forging partnerships with higher education institutions (HEIs) and research organizations worldwide. The university supports faculty development through scholarships for graduate studies in international universities, while also facilitating international trainings, speakerships, and the Balik-Scientist Program to enhance research and academic collaboration. USM promotes student mobility by admitting international students and hosting internship programs, alongside active participation in cultural exchanges.

Its growing global reputation is reflected in its inclusion in QS Asia, Times Higher Ed Impact Rankings, WURI, EduRank, and Webometrics, as well as through awards recognizing its internationalization initiatives. As a leader in regional cooperation, USM serves as the lead institution in Region XII and a key member of the BIMP-EAGA HEI Consortium, reinforcing its role in fostering academic and research collaboration across Southeast Asia. These efforts collectively underscore USM's commitment to global academic excellence, cross-border innovation, and sustainable international partnerships.

UNIVERSITY OF SOUTHERN MINDANAO
KABACAN, COTABATO

REGION XII
1ST
5968TH IN THE WORLD

6118TH
PREVIOUSLY RANKED IN 2024

Webometrics
RANKING WEB
OF UNIVERSITIES

The **Ranking Web or Webometrics** is the largest academic ranking of higher Education institutions offering every six months an independent, objective, free, open scientific exercise for providing reliable, multidimensional, updated and useful information about the performance of universities from all over the world.

CONGRATULATIONS!

University of Southern Mindanao

WURI
The WORLD UNIVERSITY RANKINGS for INNOVATION

Rank 50
in the World University Rankings for Innovation (WURI)
CRISIS MANAGEMENT CATEGORY

#GREATUSM

Newly ranked
in the Impact
Rankings 2024

UNIVERSITY OF
SOUTHERN MINDANAO

Times Higher Education
Impact Rankings 2024

Further, the UQAC, in coordination with the University Information Communication Technology Office, launched the University Quality Assurance Center website (https://uqac.usm.edu.ph) which serves as the landing page for AACCUP accreditation and ISO Audit.
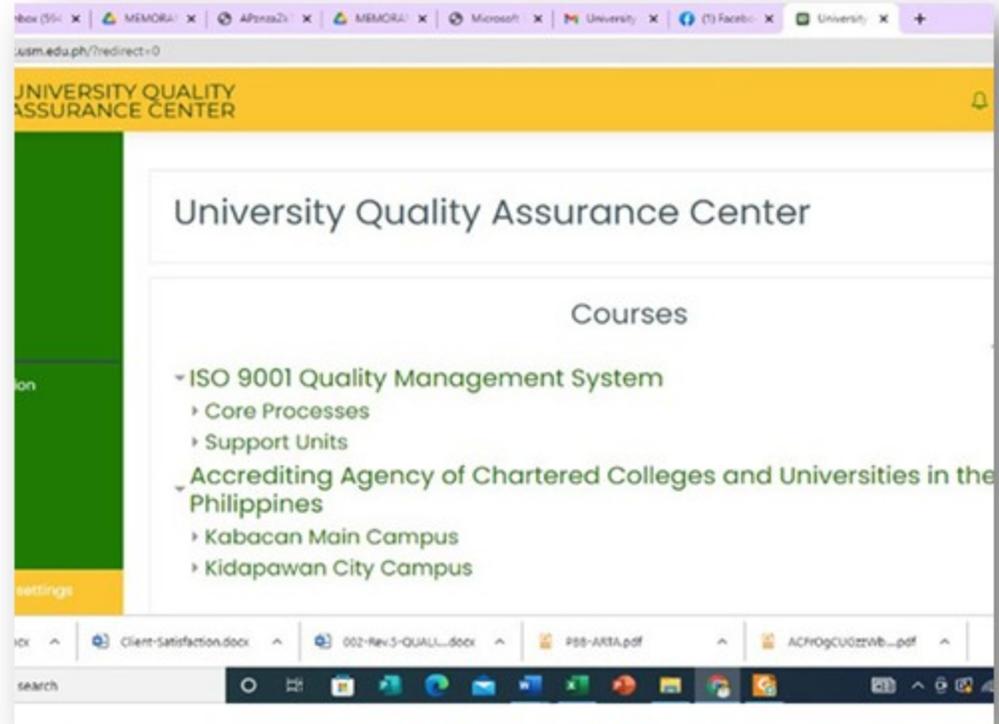
Quality Assurance Targets and Accomplishment for 2024

a. Communication/Coordination	10%							
a. Number of meetings conducted	100%	conduct 4 meetings	Conducted 8 meetings with UGAC staff	5.00			5.00	
b. Action to communications	100%	act to all communications	act to all communications	5.00			5.00	
c. Other Committee Membership	100%	2 committee membership	4 committee membership	5.00			5.00	
d. Adviser/Trainor/Coach/ Coordinator/Facilitator/Judge/ Performer/Panelist and the likes.	100%	at least 3 Adviser/Trainor/Coach/ Coordinator/Facilitator/Judge/ Performer/Panelist and the likes.	10 Adviser/coordinator/panel membership	5.00			5.00	
b. Commitment & Purpose	5%					-	0.23	
a. Attendance to University-wide activities (as defined)	100%	Attend all mandated University activities	Attended all mandated University activities	5.00			5.00	
b. Attendance to Unit Convocations & activities	100%	Attend all unit convocation and activities	Attended all unit convocation and activities	5.00			5.00	
c. Attendance to Unit meetings	100%	Attend to all unit meetings	Attended to all unit meetings	5.00			5.00	
d. Submission of required Documents (FDTR, OPCR, SALN, TOR, Training Certificates, PDS, training accomplishment report, CA Liquidation report, etc.)	100%	submit all required Documents (FDTR, OPCR, SALN, TOR, Training Certificates, PDS, training accomplishment report, CA Liquidation report, etc.)	submitted all required Documents (FDTR, OPCR, SALN, TOR, Training Certificates, PDS, training accomplishment report, CA Liquidation report, etc.)	3.00			3.00	
e. Observance to basic health protocols based on DOH and IATF protocols	100%	Observance to basic health protocols based on DOH and IATF protocols	Observance to basic health protocols based on DOH and IATF protocols	5.00			5.00	
c. Professional Development	5%					-	3.80	
a. Attendance to seminars	100%	Attend at least 2 seminars and trainings	Attended 4 trainings	5.00	5.00		5.00	
b. Membership to professional organization	100%	atleast 1 membership to professional organization	1 membership	5.00			5.00	
d. Other Accomplishments	__%			-	-	-	-	
							-	
							-	
Final Average Rating	100%						4.75	
Category								
Supervision in the Implementation of Mandated Functions	60%						3.80	
Administrative Management	20%						0.96	
Support and Other Functions	20%						-	
Communication/Coordination							0.00	
Commitment & Purpose							3.80	
Other Accomplishments							-	

Total Overall Rating	100%						4.75	
Final Average Rating							4.75	
Adjectival Rating							*Very Satisfactory*	
Recommending Approval		Date				Approved by:		Date
EIMER M. ESTILLOSO						**JONALD L. PIMENTEL, PhD**		
Chairperson, Performance Management Team						SUC IV President		
Legend:	1 - Quality		2 - Efficiency		3 - Timeliness		4 - Average	

3. ISO 9001: 2015

Activities	2023	2024	2025	2026	2027	2028
Internal Audit	June	June	June	June	June	June
	December	December	December	December	December	December
7S Audit	June	June	June	June	June	June
	December	December	December	December	December	December
Surveillance Audit	December	November		December	December	
Re-certification			December			
Recertification with upgrade						December
Management Performance Review	November	November	November	November	November	November

4. Philippine Quality Award

The University targets Philippine Quality Award (PQA) for Performance Excellence (Level 4) in 2028.

Prepared by:

LAWRENCE ANTHONY U. DOLLENTE
Director