1. SUMMARY

1.1. This procedure defines the requirements for the creation, review, approval, distribution, use and revision of Tishk International University quality management system documents.

1.2. This procedure applies only to documents which instruct Tishk International University staff on how to carry out activities and tasks; this includes: Handbooks,Manuals,Instructions,Policies,Regulations,Rules,Guidelines,Procedures,Descriptions,Forms,Booklets,Lists,Calendars,Organizational Charts, Standards, Plans . Documents outside of this scope do not require control.

2. REVISION AND APPROVAL

This procedure is released, checked and approved as follows.

Prepared by	Reviewed by	Approved by
Rasha Alkabbanie Coordinator of QMS	Dr. Mehmet Ozdemir Vice president of Academic Affairs	Dr. Idris Hadi Salih President of University

Revision History

#	Date of Revision	Ver.	Validity	Description of Change	Prepared by	Reviewed by	Approved by
1	15/05/2015	0	3 years	Original Release	Rasha Alkabbanie	Dr. Mehmet Ozdemir	Prof. Dr. Ahmet Oztas
2	01/12/2017	1	3 years	Some steps were eliminated, simplifying the text of the procedure, revision frequency was added, coding process and codes indicators were explained more	Rasha Alkabbanie	Dr. Mehmet Ozdemir	Dr. Idris Hadi

Definitions:

QMS Documents: all the documents which is under the scope of Quality Management System.

Controlled document: the document which was subjected to "Document Controlling Procedure" which is any document that is created, reviewed, approved , re-evaluated, changed or rejected to ensure that authorized users get the most recent updated version of it.

3. PROCEDURE

3.1. Creation of Documents

3.1.1. Documents are created by an appropriate subject matter expert.

3.1.2. All internal documents are created as soft files (MS Word®, etc.); it is recommended that files of a similar type follow the format of other documents in that type.

3.1.3. Draft versions must then be sent to the appropriate approver(s) for review and approval.

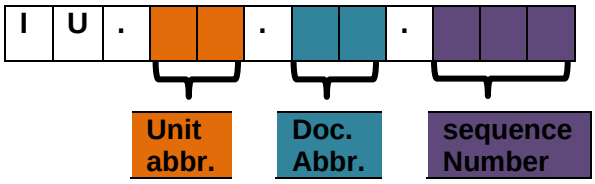
3.1.4. Original releases of documents are given a revision indicator of "0".

3.2. Coding and Formatting the document:

3.2.1. The QMS documentation of the university is as follows:

The coding starts with "IU", then with an abbreviation to show in which unit it is prepared, and then another abbreviation for the type of the document (regulation, form, etc.) follows number which shows the sequence of concerning type of document. Finally, there are letters as E, K, T, A…etc. shows the language of concerning document.

The Abbreviation of the Type of Document and the Abbreviation of the Unit shall by not more and not less than "2" digits for each, (Note: the "Unit" refers to the unit that the document is issued by or used in). Whereas the sequence number shall be a 3 digits number, as per the following illustration:



3.2.2. The Common Abbreviations used in Coding the Documents:

CODE	INDICATIONS
Document Type Code	
FR	Form
PR	Process, Procedure
LS	List
SC	Schedule

IN	**Instructions or Guidelines**
RG	**Regulations**
MM	**Meeting Minutes**
MA	**Manual, Handbook**
PY	**Policy**
JD	**Job Description**
PL	**Plan, Objectives, Goals**
CH	**Chart**
Units Codes	
QM	**Quality Management Unit**
IR	**International Relations Office**
AQ	**Academic Quality Assurance Committee**
CD	**Curriculum Development Committee**
XC	**Exam Committee**
PC	**Promotion Committee**
FA	**Faculties**
RC	**Rectorate Office**
General Secretary 'S Departments	
FN	**Financial Affairs**
GS	**General Secretary Office**
HR	**Human Recourses**
PT	**Procurement Department**
LB	**Library**
CP	**Copy Center**
SA	**Students Affairs**
IT	**Information Technology Services**
PB	**Public Relations**
AR	**Archiving Office**
DN	**Dining Services**
DS	**Deanery of Students**

Document Formatting:

Additionally to the Code, the document shall indicate the followings:

- Validity date.
- Revision number.
- Page number.
- The Logo of Tishk International University.
- The title of the document.
- The unit that the document is used in.

Also the document shall indicate the following tables:

a- Approval Table:

Prepared by	Reviewed by	Approved by
Name Position	Name Position	Name Position
Signature	Signature	Signature

b- Revision History Table:

#	Date of Issuance	Ver.	Validity	Description of Change	Prepared by	Reviewed by	Approved by

3.3. Review and Approval

3.3.1. The **[Quality Manual IU.QM]** may only be approved by the President of the University. Other documents are to be approved by the original author, an appropriate unit director or a Head of Department, deans or Vice-Presidents.

3.3.2. The reviewer will resolve any issues with the original author to achieve a satisfactory document.

3.3.3. The reviewer will indicate approval of the document by adding “REVIEWD-“ as wording to the name of the file.

3.3.4. The approved document shall then be forwarded to the QMS Coordinator.

3.3.5. Draft files may be sent to the approver(s) via hardcopy or e-mail who will approve it.

3.3.6. The QMS Coordinator will maintain a computer folder, on the University server, for the latest soft copy versions of document. This file set must be on a server subject to data backup. The QMS Coordinator will place new or revised documents into that folder, setting each file’s permission to READ ONLY, or converting the released versions to a non-editable file format.

3.3.7. Any previous soft versions are then moved to a separate folder identified for obsolete documents which are kept for historical purposes.

3.3.8. The directory of official released documents shall act as a “master list” of documents, indicating the current versions of all documents. No other master list is required.

3.4. Distribution of Documents

3.4.1. Controlled documents will be available via the PBS System for all employees. Employees receive training on the file and folder locations for most current documents.

3.4.2. A notification letter shall be sent to the staff about the issuance of the new document.

3.4.3. The QMS Coordinator will maintain a list of where controlled hardcopy documents are to be distributed **(Document Distribution Chart (IU.QM.FR.008E))** . The QMS Coordinator will be responsible for distributing updated copies of such controlled hardcopies to proper locations. Controlled hardcopies shall be stamped CONTROLLED in red ink on the first page, to distinguish them from uncontrolled documents or photocopies.

3.4.4. Controlled hardcopies may not be altered or modified by users, and must remain legible and readily identifiable. This includes hand mark-ups by unauthorized personnel. The only exception to this rule is for Forms (see below.)

3.4.5. Controlled hardcopies may not be photocopied, unless for the purposes of sending to a recipient who is authorized to receive uncontrolled versions of Tishk International University documents (i.e., a vendor or student). The only exception to this rule is for Forms (see below.)

3.5. Re-Evaluation

3.5.1. Documents must be reviewed by the original author or another subject matter expert or top manager at least every three years to ensure the compatibility with the internal and external requirements, also to respond to the continues improvement needs of the quality system.

3.5.2. The QMS Coordinator will ensure re-evaluation is conducted and that documents are updated if required. The QMS Coordinator will maintain a record of document re-evaluations, to identify when documents are due for re-evaluation.

3.5.3. If a document is determined to require updating, the changes shall be made and a new version issued per the rules below.

3.5.4. A notification letter shall be sent to the staff about the issuance of the new version of the document.

3.5.5. For the Re-evaluated documents, the revision level is advanced upon approval.

Note: minor changes like spelling or grammatical mistakes are not considered as content change and so the version number will not be changed.

3.5.6. If a document is determined not to require updating, no action on the document is necessary.

3.6. Changing Documents

3.6.1. When there is a need for changing the documents (some additional data, wording, style, order , etc.) which can be caused by various inconsistencies in terms of performance, environmental impact or changes in the system and other factors; any subject matter expert can suggest a “Document Change” by filing a [Corrective Action Report (IU-QM-

FR-056E)] . Wherever possible, the document shall include a change history table within its text. Forms do not require a revision history table.

3.6.2. Changes to documents go through the same steps as original issue, except that their revision level is advanced upon approval. (Note: minor changes like spelling or grammatical mistakes are not considered as content change and so the version number will not be changed).

3.6.3. Any changes to documents that require authority review and approval shall be submitted accordingly, and not implemented until such approval is obtained.

3.6.4. If document changes require customer or regulatory approval prior to implementation, this will be obtained in writing. When processes are changed, the appropriate documentation shall be updated, with a change history updated to reflect the reason for the change.

3.6.5. A notification letter shall be sent to the staff about the issuance of the new version of the document.

3.7. Forms

3.7.1. Forms are a special kind of document that may be photocopied as needed. Furthermore, forms do not require an approval signature; department heads and units directors are responsible for creating and using forms in their areas.

3.7.2. A softcopy of each approved form must be sent to the QMS Coordinator for inclusion in the document control area on the PBS System, and for inclusion in the **[Document Master List (IU.QM.FR.004E)].**

3.8. Rejecting a document:

3.8.1. If there is a need for rejecting a document (i.e. if the process becomes redundant or it becomes a part of another process) any subject matter expert that notices a need for rejecting a document can ask for rejecting the document by filing and submitting a [Corrective Action Report (IU-QM-FR-056E)] from the QMS Coordinator who will forward it to the Document Author and Document Approver. If they accept, the QMS Coordinator will consider the document as an “Absolute Document” and will be controlled as per the chapter (3.9).

3.8.2. The document can be rejected also during the Re-evaluation Process (described in chapter (3.5)).

3.9. Absolute Document:

3.9.1. Absolute documents are the documents which are no longer valid or needed- or have been rejected/ replaced. They are the followings:

- The previous versions of the documents that were subjected to re-evaluation.
- The previous versions of the documents that were subjected to changing.
- The documents (and with all the versions) which were rejected.

3.9.2. All absolute documents shall be removed from PBS System and appropriately archived and to be accessible for evaluation. Absolute documents shall be listed in the "List of Absolute Documents IU.QM.FR.XXX).

3.10. Document Notification:

3.10.1. When any document is Created or when a new version of the document is issued –or when a document is rejected and considered as absolute document, the QMS Coordinator will notify the users through the Tishk International Email Account.

The email should contain the following information:

- Document Title:
- Related Unites/ Process:
- Document Code:
- Version:
- Issue Date:
- Location:
- Created by:
- Checked by:
- Approved by: