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ANKARA YILDIRIM BEYAZIT UNIVERSITY

QUALITY COORDINATION UNIT ACTIVITY REPORT

Quality Coordination

December 2025

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## **UNIT/SENIOR MANAGER PRESENTATION**

In accordance with the "Regulation on the Procedures and Principles Regarding Strategic Plans, Performance Programs and Activity Reports to be Prepared by Public Administrations," prepared based on Articles 9 and 41 of the Public Financial Management and Control Law No. 5018 and published in the Official Gazette No. 31462 dated April 22, 2021, I respectfully present to the public the "2025 Unit Activity Report," which reflects our activities, financial information, physical, technological and human resources for the year 2025.

**Prof. Dr. Ahmet Salih Yiğit**

**Quality Coordinator**

**Signature**

## **I. GENERAL INFORMATION**

## **MISSION AND VISION**

The Quality Coordination Office adopts the university's mission and vision as its own mission and vision:

### **Mission**

Ankara Yıldırım Beyazıt University, with its high-quality education provided in the light of universal values, individuals who are open to questioning and respectful of moral values in the fields of culture, sports, and art. to cultivate; to produce knowledge and technology through its research and offer it for the benefit of society; to possess With the entrepreneurial spirit he possesses, he aims to produce benefits for humanity through the knowledge and technology he develops; with the sense of social responsibility it feels, human capital at national and international levels It adopts contributing to its development as its mission.

### **Vision**

Ankara Yıldırım Beyazıt University contributes to building a better future through the education and training it provides. providing, and successfully carrying forward the vast accumulation of our scholarly tradition to the present day, research and academics who have gained international prestige and produced benefits for humanity through their projects. It adopts as its vision to be a university with administrative and financial autonomy.

## **B. AUTHORITY, DUTIES AND RESPONSIBILITIES**

### **Coordinator's Responsibilities**

- (1) The Quality Coordinator coordinates the activities of the quality commission working under the Quality Coordination Office.
- (2) The Quality Coordinator plans, organizes, leads, coordinates and controls the work of the members of the commission.
- (3) Preparing, revising, publishing, saving and distributing documents. (4) Preparing the internal quality audit plan and ensuring that audits are conducted. (5) Preparing inputs for the Management Review meeting, ensuring that the meeting is held, and communicating the decisions taken to the units.
- (6) To ensure the determination of quality objectives and the measurement of objective-based performance.
- (7) To carry out the necessary work related to measuring the performance of the processes.
- (8) To supervise third-party (surveillance, certification, etc.) audits conducted by the quality management system certification body and to inform the units of the audit results.
- (9) To lead the writing of the Quality Internal Assessment report, to collect and monitor the evidence.

### **Duties of the Assistant Coordinator(s)**

- (1) The assistant coordinator(s) are responsible for supporting the Coordinator in fulfilling the tasks assigned for the coordination.
- (2) The deputy coordinator(s) are ex officio members of the Commission. They assist the coordinator in carrying out the work of the Commission and the Coordination Office in harmony and coordination.

- (3) The deputy coordinator(s) assist the coordinator in carrying out their duties in cooperation with the Commission and the relevant academic and administrative units.
- (4) When the Coordinator is on official leave or on duty, the assistant he/she proposes will act as Coordinator.

### **Tasks of the Coordinator**

- (1) To evaluate the education, research and development and social contribution activities and administrative services in line with the university's strategic plan and objectives and to improve quality, to establish an internal and external quality assurance system, key organization-specific to identify performance indicators and the work to be done within this scope, In accordance with the procedures and principles determined by the Higher Education Quality Board to execute.
- (2) Training, meetings, to develop and disseminate a quality culture within the organization. To participate in workshops and similar activities.
- (3) Institutional external evaluation approved by the Higher Education Quality Board and Principles and rules to be applied in accreditation processes, and indicators to be monitored. Inform your unit about it.
- (4) Establishment of a quality assurance system in line with the unit's strategic plan and objective. and to carry out the defined processes, ensuring the sustainability of the system.
- (5) Preparation of the Institutional Internal Evaluation Report (IIER) conducted annually by YÖKAK. during the process, to prepare the unit's internal evaluation report within the specified period of the relevant year and To present recommendations for improving quality to the unit's management board.
- (6) To prepare the Internal Institutional Evaluation Report (IIR) and submit it to the senate. and the report published on the YÖKAK website is available on the institution's main page on its website. to share with the public in an accessible way.
- (7) Training, meetings, workshops and for the development and dissemination of a quality culture. to engage in similar activities.
- (8) Regarding the quality self-assessment development studies carried out within the university To track operations within the relevant department.
- (9) Internal and external feedback to be generated that will contribute to the development of the university. measurement and evaluation tools (satisfaction) to gather feedback from stakeholders surveys, course evaluation surveys, employer opinion surveys, alumni surveys, etc.) development, implementation according to the defined schedule, and analysis and reporting. ensuring that their work is carried out in coordination and cooperation with the relevant units. to ensure.
- (10) Quality activities and quality development efforts carried out throughout the university To this end, we organize internal audit unit visits and prepare reports within this scope. Prepare the documents and then hold a Management Review (MR) meeting.
- (11) To guide the program accreditation processes within the unit.

## **Responsibilities of the Quality Administrative Unit Manager**

- (1) To guide accreditation initiatives within the unit.
- (2) Training, meetings, workshops and for the development and dissemination of a quality culture. to engage in similar activities.
- (3) Institutional external evaluation and accreditation approved by YÖKAK about the principles and rules to be applied in the processes and the indicators to be monitored Inform the units.
- (4) The work of the quality commission, including the internal evaluation report of the institution. other reports prepared in line with this and the corporate feedback report To submit studies aimed at improving quality to the coordination office.
- (5) Follow up on the procedures related to the quality improvement studies carried out within the university. to do.
- (6) To carry out the processes determined in the establishment of the quality assurance system, the system to ensure its sustainability.

## **C. INFORMATION REGARDING THE UNIT**

### **1. Physical Structure**

Our coordination office carries out its activities in a total of 3 offices with 70 m<sup>2</sup>.<sup>2</sup>It continues in the field of'

### **2. Organizational Structure**

Our coordination unit operates under the Rectorate of Ankara Yıldırım Beyazıt University and consists of the Quality Coordinator, Assistant Quality Coordinators, and the Quality Coordination Office, the details of which are specified below.

### 3. Information and Technological Resources

The information systems used in our coordination office are listed below.

- ✓ Electronic Document Management System (EDMS)
- ✓ Quality Management Processes System (QMPS)
- ✓ University Management Information System (UMIS)
- ✓ Fault Tracking System (FTS)
- ✓ Quality and Productivity Monitoring System (KAVIS)
- ✓ AVESİS

The information and technological resource status of our coordination office for the year 2025 is shown in the table below.

**Table 1. Information and Technological Resources**

Type/Variety	Piece
Desktop computer	3
Multifunctional Printer	1
<b>TOTAL</b>	<b>4</b>

### 4. Human Resources

Our coordination office will have 5 personnel in 2025, distributed according to their titles as shown in Table 2. The distribution of our coordination office personnel according to their titles is shown in Table 2.

**Table 2. Distribution of Quality Coordination Staff by Title.**

	Title	Number
Quality Coordinator	Prof. Dr.	1
Assistant Quality Coordinator	Prof. Dr.	1
Assistant Quality Coordinator	Doç. Dr.	1
Working Team	Lecturer and Computer Operator	2
<b>TOTAL</b>		<b>5</b>

**Table 3. Distribution of Academic Staff by Age**

	<b>24-30 years old</b>	<b>31-35 Years</b>	<b>36-40 years old</b>	<b>41-50 years old</b>	<b>51 and above</b>
Number of People	0	0	0	4	1
Percentage (%)	%0	%0	%20	%60	%20

## **5. Services Offered**

### *Internal Institutional Evaluation Report (IIDR)*

The Internal Institutional Evaluation Report (IIER) is a self-assessment report written to include governance processes related to the institution's mission and objectives, quality assurance mechanisms, and monitoring and improvement efforts. The IIER is prepared by the University's academic and administrative unit quality commission, while the Coordination Office provides support to this process.

### *Fault Tracking System (FTS)*

A dedicated section has been created for our Coordination Office within the Fault Tracking System (ATS) established by our university. The opened sections are as follows: admin administrative operations, admin pending requests, admin closed requests. The purpose here is to perform a kind of Corrective Action (CA). Problems encountered in documents created by our university's academic and administrative units within the scope of the ISO 9001:2015 Quality Management System in the IKOS system are requested via the ATS, and after the necessary correction is made, the request is closed.

### *Program Accreditation Processes*

The AYBÜ Quality Coordination Office monitors the accreditation processes of the programs within the university, ensuring the complete completion of all stages. In the accreditation process, units first prepare their own self-assessment reports and submit them to the Quality Coordination Office. Additionally, units recommend a professor from another university, unrelated to AYBÜ, as a Peer Evaluator to our Coordination Office. After verifying the suitability of the Peer Evaluator, our Coordination Office contacts them and sends them the Self-Assessment report prepared by the relevant unit. The Peer Evaluator conducts the necessary review and then reports their evaluation to our Coordination Office. Based on the evaluation results, the relevant faculty selects an accreditation firm designated by YÖKAK (Council of Higher Education Accreditation and Coordination) for their department and applies to the firm for accreditation. The Quality Coordination Office acts as a liaison between the peer evaluator and the faculty, monitoring the process. According to the established Accreditation Roadmap, the progress of all units' accreditation efforts is reported and tracked.

### *Surveys*

In order to continuously improve the quality assurance system at our university, the Ankara Yıldırım Beyazıt University Measurement and Evaluation Commission conducts surveys including academic and administrative staff satisfaction surveys, student surveys, alumni surveys, alumni competency surveys, external stakeholder social contribution surveys, and student workload surveys. The results of the survey reports are evaluated by the relevant units and the Coordination Office.

#### *Academic Data Management System (AVESIS)*

AVESIS is a software system that includes an academic performance management model developed to inventory academic activities, measure and evaluate the performance of institutions, units, departments, and individuals, and to create a sustainable quality assurance system. This system, located within the Coordination Office, provides support to our university's academic units in the following areas: Articles, books, book chapters.

Numbers of presentations, congress and symposium participations, etc., academic, scientific and social contribution activities of researchers in the units, academic performance analysis.

#### *Rankings*

Our university conducts systematic studies in the fields of research, education, internationalization, and social contribution in line with the indicators used in world university rankings (THE, QS, ARWU, etc.). Within this scope, academic publication and citation performance is regularly monitored, program accreditations and student-centered education practices are being expanded, and international student and academic mobility is supported.

In addition, social contribution and sustainability activities are carried out to increase the university's national and international visibility; data used in world rankings are monitored through institutional information systems, and a continuous improvement approach is adopted. These efforts aim to increase the university's competitiveness on a global scale.

## **II. OBJECTIVES AND GOALS**

### **A. OBJECTIVES AND GOALS OF THE UNIT**

The aim of the Quality Coordination Office is to support the effective implementation and continuous improvement of quality assurance processes with the participation of stakeholders, in order to ensure that the quality culture is adopted, disseminated and internalized by all internal and external stakeholders, especially students, administrative and academic staff; in education, teaching, and research.

The goal is to collaboratively carry out awareness, information, and measurement and evaluation activities within the framework of national and international standards for the evaluation, monitoring, and improvement of development and social contribution processes.

### **B. BASIC POLICY AND PRIORITIES**

Our coordination office conducts its work within the framework of our University's Quality

Assurance Policy, which is outlined below.

Ankara Yıldırım Beyazıt University,

✓ In the field of education, our aim is to provide innovative, international and high-quality education and to train graduates. ✓ To be a research university on a national and international scale in the field of research, ✓ In the field of entrepreneurship, our aim is to strengthen the entrepreneurial culture throughout the university.

✓ In the field of social contribution, to effectively utilize the scientific capacity of the university in collaboration with stakeholders in line with the needs of society.

✓ In the field of corporate development, it aims to improve corporate capacity and efficiency, thereby enhancing the corporate and quality culture.

In this context, Ankara Yıldırım Beyazıt University is committed to implementing the TS EN ISO 9001:2015 quality management system requirements and the YÖKAK evaluation criteria, and to continuous improvement in a stakeholder-oriented manner.

## **II. INFORMATION AND ASSESSMENTS REGARDING ACTIVITIES**

### **A. PERFORMANCE INFORMATION**

#### **Activity and Project Information**

#### **Services Offered Under the Quality Framework:**

##### **Management Review (MR)**

In order to demonstrate that the Quality Assurance System is functioning, to understand the level of involvement of senior management in the process, and to show whether the processes are being continuously improved, the Management Review (MR) Report prepared by our Quality Coordination Office in accordance with the Management Review Procedure was submitted to the Senate on May 28, 2025. The report mentions the following issues;

- ❖ Quality documents (Quality Manual, Quality Policy, procedures) have been updated, internal audits have been conducted, and 45 units have been visited.
- ❖ The aim was to disseminate a culture of quality and institutionalize the PDCA cycle through trainings and workshops.
- ❖ Accreditation efforts have been largely successful, with some programs accredited and others in the application phase.
- ❖ Stakeholder satisfaction surveys indicate relatively high satisfaction among academic staff, and moderate satisfaction among administrative staff, students, and

alumni. Social areas, infrastructure, and the alumni tracking system are open to improvement.

- ❖ Corrective actions have been initiated for the nonconformities identified as a result of internal audits, and most of them have been completed.

### **Accreditation Studies**

The Business Programme's self-assessment report has been approved by a peer evaluator, and they have applied to the STAR accreditation body. The site visit has been completed, and they are awaiting the results.

A self-assessment report was prepared for the Nursing Program, an application was submitted to the HEPDAK organization, the organization conducted a site visit, and the results are awaited.

The Theology Program has prepared a self-assessment report and given a positive response to the peer review report. An application has been submitted to the Theology Accreditation Agency (IAA), and we are awaiting a site visit.

Faculty of Humanities and Social Sciences; Arabic Translation and Interpreting Program, English Translation and Interpreting Program, Information and Document Management Program, Philosophy Program, Turkish Language and Literature Program, History Program, Sociology Program. (Self and peer)

An evaluation report has been prepared. An application has been submitted to the FEDEK accreditation body. The organization has conducted a site visit. The results are awaited.

The Central Research Laboratory (Mer-Lab) has reached the final stage in preparing its application for Laboratory Accreditation No. 17025. In this regard, the life sciences and engineering units have successfully passed external Interlaboratory Comparison (ILC) tests related to pH and DSC testing. Two instruments were found to be SUCCESSFUL.

### **University Rankings**

Since 2020, the Quality Coordination Office has been submitting data annually to Times Higher Education (THE), considered the most reliable ranking list of the world's best universities, as well as to Quacquarelli Symonds (QS), Clarivate, and Round University Ranking (RUR), which are among the world's most respected ranking organizations, in order to be included in rankings in various fields (Regional and World rankings, field rankings, Impact, and sustainability, etc.). This data is provided by the relevant organizations. These data were requested from all units within our University based on the topics and indicators they determined, and were subsequently reviewed and evaluated by the Quality Coordination Office. Afterwards, the data for 2025 was uploaded to the systems of the relevant organizations. The achievements of our University in 2025 are as follows:

	2025
WEBOMETRICS	2277
SCIMAGO	2534
QS: Europe	601
QS: Western Asia	61
QS SUSTANIABILITY	1201-1250
RUR;	
World Rank	1014
Country Rank	46
THE Disiplinler arası Araştırma	601+
THE Dünya Üniversitesi Sıralaması	1501+
THE Subject Rankings:	
-Mühendislik	1001-1250+
-Sosyal Bilimler	801-1000
-İşletme ve Ekonomi	601-800
-Tıp ve Sağlık Bilimleri	1001+
URAP	TR:36
URAP 2000'den sonra kurulan üniversite sıralaması	7

## Internal Institutional Evaluation Report (IIDR)

Quality improvement efforts are carried out at our university within the framework of the Higher Education Quality Assurance and Higher Education Quality Council (YÖKAK) Regulations.

In accordance with the 2024 Internal Institutional Evaluation Report Preparation Guide (Version 3.2) prepared by YÖKAK (Council of Higher Education Quality Assurance), our University's activities in 2024 under the headings of Leadership, Management and Quality, Education and Training, Research and Development, and Social Contribution were evaluated using a total of 4 main headings, 14 criteria, and 46 sub-criteria.

Since the Internal Institutional Evaluation Report is the most important outcome of our self-evaluation efforts, it is of great importance that all the work carried out in our academic and administrative units is included in the report to be prepared on behalf of our University.

The Quality Management System was defined by considering the maturity levels of the planning, implementation, control, and corrective action (PDCA) steps, along with the information and evidence of 46 sub-criteria, and was rated on a scale of 1-5. It was updated to ensure the most reliable determination of the 310 performance indicators with 2024 data and evidence, and all our units were enabled to enter information, evidence, and data. The data received from our units was reviewed and evaluated by the Quality Coordination Office and

uploaded to the YÖKAK “University Monitoring Criteria” module in May 2025.

### **Review of the Institutional Internal Evaluation Report (IIDR)**

Our coordination office initiated the preparation of the 2024 Internal Institutional Evaluation Report (IIER) on January 6, 2025. Correspondence was conducted with the academic and administrative units and research centers of our university to obtain the necessary data; the relevant units were requested to enter data into the Internal Control, Quality and Information Management System (IKOS) and upload evidence related to the data under the headings of Leadership, Governance and Quality, Education and Training, Research and Development and Social Contribution, as specified in version 3.2.1 of the Higher Education Quality Council's (YÖKAK) IIER preparation guide. The IIER report writing team was updated with the members of the Quality Commission. The newly formed writing team reviewed the documents and evidence uploaded to the IKOS system and then submitted the final version of the report to the Senate for approval. Following the Senate's decision, the writing team uploaded the report to the YÖKAK Quality Assurance Information Management System.

### **Quality Commission and Coordination Meetings**

Within the scope of the quality assurance processes carried out in our unit, regular meetings are held to monitor the effectiveness of quality processes and to ensure continuous improvement in order to operate the planning, implementation, monitoring and improvement (PDCA) cycle. During 2025, six (6) Coordinator meetings, four (4) Quality Commission meetings and one (1) University Advisory Board meeting were organized by the Quality Coordinator.

### **Preparations for the Corporate Accreditation Program (CAP)**

According to YÖKAK regulations, universities included in the Institutional External Evaluation Program are placed under monitoring within a maximum of five years, and upon completion of the monitoring process, they gain the right to apply to the Institutional Accreditation Program (KAP).

Our university submitted its Public Disclosure Platform (KAP) application in February 2025, following a letter of intent approved by the University Senate through our Coordination Office. The KAP agreement was signed by YÖKAK (Council of Higher Education Accreditation and Coordination) and our university in July.

Prior to the evaluation visit conducted within the scope of the YÖKAK Institutional External Evaluation Program, the following activities were carried out by our Coordination Office:

#### **Unit Visits**

Prior to the evaluation team visit to be conducted within the scope of the Institutional Accreditation Program (KAP), information meetings were organized for the units to inform them about the process, increase awareness of the YÖKAK criteria, and ensure the preparation process is carried out effectively.

On October 9, 2025, our University's Faculty of Engineering and Natural Sciences and Faculty of Medicine will be established, and on November 10, 2025...Our University's Institute of

Science and Research Centers and to the Coordinators and on November 11, 2025 An information meeting was held with the Dean's Office of the Faculty of Humanities and Social Sciences, the Directorate of the Institute of Social Sciences, the Directorate of the Vocational School of Technical Sciences, and the Dean's Office of the Faculty of Health Sciences. The meeting covered the general framework of the Public Procurement Process (KAP), the basic principles of evaluation, the field visit program, and the responsibilities that our university will undertake within the scope of the process in detail.

### **Expectations from academic units during the KAP field visit;**

- ❖ The faculty's senior management and the quality unit commission will conduct a field visit to the department's academic and administrative units between November 17-18, 2025, and necessary arrangements will be made according to the program determined by our Coordination Office.
- ❖ Keeping course information packages up-to-date,
- ❖ A thorough review of our university's 2024 KİDR report and informing students about the KAP (Credit Bureau of Turkey) issue,
- ❖ Creating an evidence file with the dean's office, department heads, and unit quality committee members.
- ❖ Unit websites must be up-to-date.

### **Expectations from administrative units during the KAP field visit;**

- ❖ Administrative unit heads should inform administrative staff about the Public Disclosure Platform (KAP) process.
- ❖ Arranging transportation and accommodation services for the evaluators who will be coming for the site visit.
- ❖ Keeping web pages up-to-date,
- ❖ The necessary preparations for the Public Disclosure Platform (KAP) should be made and the evidence should be kept in a separate file.
- ❖ Having knowledge of the unit's activity report.

## **Institutional Visit Program**

### **Preliminary Visit Meeting**

As part of the 2025 Public Disclosure Platform (KAP) process, an online preliminary visit meeting was held on October 31, 2025, with the evaluation team members appointed by YÖKAK (Council of Higher Education Quality Assurance). The meeting was attended by the university's senior management, including the Rector, Vice Rectors, General Secretary, Quality Coordinator, and their assistants. The program and process expectations for the field visit to be conducted by the evaluation team between November 16-19, 2025, were presented to the university's Rector, Prof. Dr. Ali Cengiz KÖSEOĞLU. General information about the institution, its strategic aims and objectives were also discussed during the meeting.

### **Field Visit**

Between November 16-19, 2025, the evaluation team members met with the University's Senior Management and the Quality Commission, and conducted on-site inspections of quality

assurance practices in academic and administrative units and research center directors. They also carried out comprehensive evaluations of managerial processes, educational activities, research and development studies, and institutional improvement mechanisms.

### **Exit Announcement Meeting**

The closing speech of the meeting was given by our Rector, Prof. Dr. Ali Cengiz KÖSEOĞLU. In his speech, our Rector emphasized the importance given to quality assurance processes, stating that our University operates in line with the understanding of continuous improvement and that future planning will be pursued with determination. The Head of the Evaluation Team discussed the strengths and areas for improvement of our institution under the headings of Leadership, Governance and Quality, Education and Training, Research and Development, and Community Contribution.

## **IV. ASSESSMENT OF INSTITUTIONAL CAPABILITY AND CAPACITY**

### **A. STRENGTHS**

1. *Commitment and Support from Senior Management*The university administration's commitment to and support for quality processes plays a critical role in developing and sustaining a quality culture.
2. *Strategic Management, Integration of ISO 9001:2015 and YÖKAK Accreditation Processes*Strategic management, ISO 9001, and YÖKAK accreditation processes are implemented with a holistic approach to ensure compliance with quality standards.
3. *Effective Data Management Through Academic and Administrative Collaboration*Collaboration between academic and administrative units ensures that the necessary data for quality processes are collected and analyzed quickly and accurately.
4. *Use of Integrated Information and Technology Infrastructure*Digital infrastructures such as Electronic Document Management Systems (EDMS) and Internal Control Automation Systems (ICOS) enable processes to be managed more efficiently and transparently.
5. The systematic execution of program accreditation and KAP (Corporate Quality Assurance Platform) preparations demonstrates the development of institutional quality maturity.

### **B. WEAKNESSES**

1. *Limited Human Resources*2. A small number of personnel can hinder the effective execution of quality processes under heavy workloads.*Challenges in Data Collection and Performance Management Processes*Time and resource constraints encountered in the processes of collecting data from units and updating performance indicators can lead to disruptions in the process.
3. *The Quality Culture Is Not Spreading Equally Across All Units*While quality awareness has been adopted to a high degree in some units, it has not yet been sufficiently

established in others.

## C. EVALUATION

The Quality Coordination Office demonstrates several advantages in the effective implementation of quality processes throughout the university. The strong support and commitment of senior management to quality processes constitutes a fundamental driving force in developing a quality culture and ensuring the sustainability of these processes. The integration of strategic management, ISO 9001:2015, and YÖKAK accreditation processes offers a holistic approach to compliance with quality standards, thereby strengthening institutional performance. Furthermore, effective data management through collaboration between academic and administrative units, and the use of integrated information technology infrastructures such as EBYS and İKOS, enable the efficient and transparent execution of processes.

However, limited human resources can make it difficult to manage quality processes more effectively under heavy workloads. Difficulties in data collection and performance management processes can lead to wasted time and resources. Furthermore, the uneven distribution of quality awareness across all units and the inefficiency created by duplicated workloads highlight the need for improvement in processes within the organization.

## V. RECOMMENDATIONS AND MEASURES

To improve the effectiveness of the Quality Coordination Office and address existing weaknesses, the following suggestions and measures can be developed:

1. *Strengthening Human Resources* To effectively implement quality processes, human resources capacity must be increased. In this context, new personnel should be hired according to their areas of expertise, and existing personnel should be provided with opportunities to participate in advanced training programs to support their professional development.  
It is recommended.
2. *Developing the Technological Infrastructure to Enable Standardized Reporting and Real-Time Data Entry*: To reduce the redundant workload caused by requesting multiple reports from different units throughout the year and repeatedly requesting the same data, an integrated system should be developed that enables uniform reporting and real-time data entry. This system should ensure that activities are regularly recorded throughout the year and that nothing is overlooked.

This will help prevent risks and make data collection and analysis processes more efficient.

3. *Promoting a Culture of Quality* To ensure quality awareness is equally disseminated across all academic and administrative units, regular information meetings, workshops, and seminars should be organized. Active participation from all stakeholders, not just

management, should be encouraged in these events.

4. *Strengthening Stakeholder Engagement* To ensure more effective participation of internal and external stakeholders in quality processes, surveys and feedback tools should be regularly implemented, and this data should be analyzed in detail. Improvement practices based on the results should then be implemented and reported. This process will increase stakeholder trust in the process and contribute to the development of a quality culture.

## INTERNAL CONTROL ASSURANCE STATEMENT

I declare that the information contained in this report is reliable, complete, and accurate. I also declare that the resources allocated to our spending unit from the administration budget for the activities described in this report have been used effectively, economically, and efficiently; that within my scope of duties and responsibilities, the internal control system provides sufficient assurance regarding the legality and regularity of administrative and financial decisions and related transactions; and that process control is effectively implemented in our spending unit.

This assurance is based on my knowledge and assessments as a spending authority, internal controls, internal auditor reports, and information within my knowledge, including reports from the Court of Accounts.

I declare that I have no knowledge of any matter not reported here that would be detrimental to the interests of the administration. (Ankara, January 31, 2025)

**Prof. Dr. Ahmet Salih Yiğit**  
**Quality Coordinator**  
**Signature**