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### 1- Process Owner:

- General Secretariat
- Academic and administrative staff and students

### 2- Process Input:

- Law No. 5018 on Public Financial Management and Control
- Higher Education Law No. 2547
- YÖKAK Criteria
- University Strategic Plan and Performance Program
- Needs, suggestions, and reports from the units.
- Feedback from internal and external stakeholders
- Audit and internal audit reports
- Activity reports
- Satisfaction surveys
- Risk analyses
- ORVIX, CAVIS, etc. data systems

### 3- Sources of the Process:

- Human resources
- Financial resources
- Information sources
- Procedures, workflow diagrams, job descriptions

### 4- Process Outputs:

- Strategic Plan
- Quality manual and quality policy
- KİDR
- YGG meeting decisions
- Stakeholder satisfaction analysis reports
- Corporate development indicators
- Improvement and development results

### 5- Process Objectives:

- To increase the managerial efficiency of the organization.
- To implement participatory and transparent governance.
- Strengthening institutional capacity and quality assurance.
- To establish a culture of continuous improvement.

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### 6- Risks of the Process:

- Failure to achieve strategic plan objectives
- Limited stakeholder participation in management decision-making processes.
- Low sense of corporate belonging
- Bureaucratic culture

### 7- Opportunities of the Process:

- Institutionalization of a quality culture
- Rising in national and international rankings
- Reducing risks through effective internal audit and monitoring.
- Increasing corporate belonging through a participatory management approach.
- Innovative culture

### 8- Authority and Responsibilities Related to the Process:

- General Secretariat: To ensure the efficient conduct of administrative processes.
- Department of Strategy Development: Monitoring strategic plans and performance indicators.
- Quality Coordination: To coordinate the implementation of the quality assurance system.
- Internal Audit Unit: To conduct internal audits and provide suggestions for improvement.

### 9- Implementing the Process:

- Implementation of the strategic plan
- Monitoring annual performance and quality indicators.
- Holding YGG meetings and following up on their decisions.
- Implementing corrective actions
- Implementation of quality documentation such as processes, procedures,


### workflow diagrams, etc.10- Process Suitability Criteria:

- All administrative processes must be carried out in accordance with the relevant legislation.
- Operating processes according to the PDCA cycle.

## 11- Process Performance and Measurement Criteria:

- Number of in-service training courses organized for the professional development of academic and administrative staff (including online training courses) (Target for 2029: 75)
- Academic staff satisfaction level (%) (2029 target 90%)
- Administrative staff satisfaction level (%) (Target 75% for 2029)
- Number of standards for which reasonable assurance is given within the framework of the Internal Control Compliance Action Plan (2029 target: 53)

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## 12- Process Improvement

- Continuous monitoring, evaluation, and improvement within the framework of the PDCA cycle.
- The use of various feedback mechanisms (focus group meetings, workshops, etc.)
- Rate of achievement of targets
- Number of corrective actions

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