QUALITY MANUAL

ANNEX.001

Preface

This Quality Handbook (KEK) has been prepared within the framework of the legislation of the Council of Higher Education and TS EN ISO 9001:2015 Quality Management System Standard (QMSS) and the values of Doğuş University (DOU) in order for the academic/administrative staff of DOU to fulfil their duties, authorities and responsibilities in accordance with the working rules and conditions.

The DOU Quality Management System (QMS) has been established to fulfil the requirements of the TS EN ISO 9001:2015 standard. In order to guarantee the fulfilment and maintenance of these requirements, the system includes third-party certifications and periodic system audits.

 Achieving the quality targets set in line with the DOU Quality Policy and ensuring the continuity and improvement of the QMS is only possible with the participation of all employees. This QAP contains binding quality regulations for all employees at DOU and describes the quality principles and policies to achieve the university's goals.

Prepared by	Quality Approval	Enforcement Approval
Quality Specialist Aynur ŞAFAK	Quality Coordinator Prof. Dr Mesut KUMRU	Rector Prof. Dr Turgut ÖZKAN

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Prepared by	Quality Approval	Enforcement Approval
Quality Specialist Aynur ŞAFAK	Quality Coordinator Prof. Dr Mesut KUMRU	Rector Prof. Dr. Turgut ÖZKAN

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1. INTRODUCTION

1.1. Objective

The purpose of the KEK is to help present the QMS-related activities carried out at the DOU in a simple, easy and understandable manner.

QMS has been established in accordance with TS EN ISO 9001:2015 standard.

In KEK, reference is made to all kinds of documentation that will contribute to the ever-increasing level of service quality that our stakeholders expect from our university.

1.2. Scope

KEK's right of use,

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belongs to **DOGUS UNIVERSITY**, which operates at the addresses of **DOGUS UNIVERSITY.**

DOU QMS covers administrative and academic services. Processes related to the Directorate of Financial Affairs are out of scope.

1.3. Definitions

Explanations of some terms used in this KEK and TS EN ISO 9001:2015 QMSS version are as follows.

Quality Management System: Within the scope of TS EN ISO 9001:2015 QMSS, it is a system of defined activities covering the risk-based execution and control of the processes of the organisation.

Organisation's Context: The totality of internal and external issues that affect the development and achievement of the organisation's objectives.

Related Party : Persons or organisations that can affect the decisions or activities of the organisation, that can be affected by these decisions and activities, or that think that they may be affected.

Quality Manual: It is the document that determines the defined QMS of an organisation. *Process* :

Interrelated and interactive activities that transform inputs into outputs. *Documentation*: Records

used in the implementation of QMS.

External Supplier: A product/service provider that is not part of the organisation.

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Stakeholder: Those who provide, benefit from and are affected by the products and services offered.

Internal Stakeholder: Administrative and academic staff and students

External Stakeholders: Prospective students, other employees, professionals, cooperating private and public institutions, non-governmental organisations, professional associations, contracted universities, ministries, chambers, public institutions and organisations, associations, foundations, alumni, etc.

Stakeholder Satisfaction: The degree of satisfaction perceived by the stakeholder that the conditions have been fulfilled

Process Plans: While the processes fulfil their functions, in order to keep the functions under control, they are the procedures that define the stages at which they will be controlled according to which standard, the flow of the processes, their interaction with other processes, their input, output and resources.

Operating Procedures : These are the documents covering all functions related to the activities of the organisation, defining what is done in relation to them, responsible authorities and especially interdepartmental relations, determining the temporal requirements and other criteria related to the works where appropriate.

Work Instructions : These are documents prepared to explain in detail how at least one or more of the steps related to the work defined in the procedures to which they are attached are performed.

Quality Audit : It is the systematic examination of whether quality-related activities and results comply with the assessments and whether they are appropriate to achieve the purpose.

*Conformity***:** It is the fulfilment of a condition.

Non-conformity: Failure to fulfil a condition.

1.4. Abbreviations in the Quality Manual

DOU	Dogus University
EN	European Standard
ISO	International Standards Organisation
CAKE	Quality Manual
KKB	Quality Coordination Unit
QMS	Quality Management System
MH	Board of Trustees
TS	Turkish Standard
YGG	Management Review

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2. DESCRIPTION OF THE ORGANISATION

2.1. Organisation Identity

2.1.1. Name of Organisation

UNIVERSITY OF BIRTH

2.1.2. Organisation Logo

2.1.3. Used Name of the Organisation

Dogus University

2.1.4. Organisation Address

DUDULLU OSB MAH. NATO YOLU CAD. 265/ 1 UMRANİYE / ISTANBUL

ÇENGELKÖY CAMPUS/ DOĞUŞ UNIVERSITY, BAHÇELİEVLER MH. BOSNA BULVARI NO:140 ÇENGELKÖY-İSTANBUL

2.1.5. Date of Establishment

Dogus Education Foundation   09.07.1997

DOU is a foundation university with public legal personality, founded by Doğuş Education Foundation in 1997 with the law dated 09.07.1997 and numbered 4281.

2.1.6. Field of Activity

DOU provides education, research and social services, as well as administrative services.

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2.2. History

DOU started education and training in the 1997-1998 academic year in order to continue to offer world-class education quality to its students by growing day by day with years of experience in education.

Doğuş Education Foundation MH is the highest decision-making body of the university and represents the legal entity of DOU. MH consists of 7 members, excluding the rector, elected by the Foundation's governing body for a term of four years from among candidates who have the qualifications of civil servants, except for age restrictions.

The Rector is the top administrator of the University. The Rector is appointed for a period of four years by MH by taking the favourable opinion of the Higher Education Council. The Rector is responsible for maximising the academic success of the University and directs the academic and administrative staff in order to increase scientific production and improve education and service standards.

The governing bodies of the University are the Rector, the Senate and the University Administrative Board.

The administrative structure is headed by a Secretary General and there are various directorates under the Secretary General.

3. STRUCTURE AND CONTROL OF THE QUALITY MANUAL

3.1. General

DOU implements, documents and maintains a QMS that fulfils the relevant standards and stakeholder requirements. The QMS has been effectively established to identify and monitor the activities and objectives related to DOU's Quality Policy and has been made comprehensible throughout the university. The DOU QMS is the basic document explaining the structure of the QMS.

It is the responsibility of the DOU management to execute the CEC and to implement the related tasks within the defined contents.

KEK has been created in accordance with TS EN ISO 9001:2015 QMSS requirements. In its current form, it is made available to all employees on the computer network, and controlled copies are distributed to places that do not have access to the computer network. Control of all copies is under the responsibility of KKB.

As a proof of the QMS, KEK can be given in controlled copy to stakeholders and other third parties outside the university upon request from KKB and with the approval of the Rector.

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KKB is responsible for publishing and updating the PEC.

3.2. Document List

A list of all documents referenced in the KEK is attached.

3.3. Process Interaction Diagram

DOU's service process is carried out in accordance with the requirements of TS EN ISO 9001:2015 QMSS, and the process steps, relationships and interactions are schematically illustrated below (see Figure 1).

4. CONTEXT OF THE ORGANISATION

4.1. Understanding the Organisation and its Context

In line with the DOU Quality Policy, a QMS has been established covering all staff members. The aim of the system is to achieve the best by continuously developing and improving the service production and the service provided, and by working to prevent defects.

DOU QMS is a "Documentation" system prepared in accordance with the requirements of TS EN ISO 9001:2015 QMSS, which determines the principles of ensuring the continuity of the service to meet the specified conditions, identifying non-conformities during the service and eliminating the causes that lead to their recurrence. The main objective is to satisfy the stakeholders.

4.2. Understanding the Needs and Expectations of the Related Parties

DOU analyses and monitors stakeholders' expectations and needs. The most important stakeholders are students and employees. The needs and expectations of students are identified and analysed based on the results of surveys and analyses of requests received by KKB/ and improvements are made accordingly. The needs and expectations of employees are measured through surveys.

4.3. Determination of Quality Management System Scope

The scope of the DOU QMS includes the design and delivery of associate, undergraduate and postgraduate education and training, as well as support/administrative and scientific research activities.

4.4. Quality Management System and Processes

4.4.1. General

DOU has established its QMS according to the requirements of TS EN ISO 9001:2015 QMSS.
DOU QMS is implemented, maintained and continuously improved in all faculties and administrative units.

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Figure 1. Process Interaction

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For the implementation of QMS;

- The processes, workflows, forms and job descriptions required by the QMS have been determined.
- The flow of processes, their interrelationships and the efficiency of operations were determined.
- Resources and information required to support the operation and monitoring of the processes are provided.
- Processes are monitored, measured and analysed where applicable, and activities are carried out for continuous improvement.
- In order to achieve the planned results, activities are carried out continuously on the basis of process targets and related quality targets.
- Risks and opportunities of the processes have been identified.
- Necessary changes are being implemented.
- Processes and QMS are continuously improved.

4.4.2. Documentation Structure

TS EN ISO 9001: 2015 Quality Policy, Quality Objectives and Quality Targets within the scope of QMSS commitments are identified and documented. In line with the requirements of this standard, the documentation structure is categorised and formed under five stages (see Figure 2).

Phase 1 - Quality Manual: This document describes the quality policy of the DOU, which is realised through specific regulations/guidelines, procedures and other quality elements.

Stage 2 - Regulations / Directives: These are the documents that guide the DOU Quality Policy, determine the academic practices at DOU, define the principles and rules related to them, or define the principles and rules for the main systems and processes implemented at DOU.

Stage 3 - Procedures: These documents will be used for the implementation of phases 1 and 2 at the DOU. It defines in detail the activities and responsibilities necessary for its realisation.

Stage 4 - Instructions: Describes in detail the activities of specific units or functions that are necessary to fulfil the requirements of stage 3.

Stage 5 - Quality Records: It is the proof of compliance with the established requirements and the effective implementation of the quality system.

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Figure 2. Doğuş University QMS Document Structure

Quality Policy: It is the basic document explaining the compliance of the organisation with its purpose, the commitment to comply with the requirements of the QMS and to continuously improve its effectiveness, and that the system is reviewed for continuous compliance.

Quality Objectives: Indicators that are established at the relevant functions and levels of the organisation, measurable and consistent with the quality policy, including the conditions necessary to meet the service requirements within the organisation.

Specifications: It is the document that explains the necessary activities of the service to be provided in line with stakeholder requests, taking into account stakeholder and company obligations.

5. LEADERSHIP

5.1. Leadership and Commitment

5.1.1. General

The management at DOU undertakes to fulfil the following requirements in order to ensure the quality of the services it provides to its stakeholders and to ensure the effective development and implementation of the QMS and, consequently, the realisation of continuous improvement;

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- In addition to legal and regulatory requirements, the importance of understanding the communicated and non- communicated requests and expectations of DOU stakeholders (students, academicians, administrative staff, student relatives, etc.) and carrying out activities to meet these requests and expectations is announced to the entire University through information meetings such as academic board meetings, opening lectures for students, etc.

- To establish a quality policy in line with the philosophy of continuous improvement in order to ensure that the principles adopted in the field of quality are communicated to employees within the DOU and to organisations outside the DOU.

- To establish Quality Objectives that are quantifiable, measurable and periodically evaluated in parallel with the main principles within the framework of the Quality Policy and reviewed in parallel with the development of the QMS.

- To organise a FGD meeting at least once a year to monitor and evaluate the appropriateness, effectiveness and continuity of the QMS in line with the principle of continuous improvement.

- To ensure the availability of resources for the effective operation of the QMS and to identify specific methods for measuring the defined effectiveness and efficiency. In addition, to identify approaches that will lead the organisation to continuous improvement by periodically and systematically monitoring and measuring the effectiveness and efficiency of this process.

5.1.2. Stakeholder Orientation

DOU Management undertakes to identify and fulfil stakeholder requests in order to improve stakeholder satisfaction. In order to ensure stakeholder satisfaction, demands for service are determined first. Prior to the service, the conditions for the intended application of the service and legal obligations, if any, are clarified.

In order to ensure stakeholder satisfaction, DOU attaches importance to the effective operation of communication channels with stakeholders. In this way, service-related elements are evaluated by taking into account stakeholder complaints and expectations. Appropriate measures are taken accordingly.

At DOU, coordination between departments is ensured to continuously monitor and record stakeholder satisfaction. The degree of stakeholder satisfaction is determined through stakeholder satisfaction surveys and feedback from the established suggestion system. Based on the results of stakeholder satisfaction measurements, corrective and/or preventive actions are initiated and monitored when necessary.

Ref: PR.351 Stakeholder Complaint and Satisfaction Assessment Procedure

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5.2. Politics

5.2.1. Establishment of Quality Policy

DOU acts with the vision of becoming a world university that has achieved excellence in education, research and service to society. In this direction, DOU has undertaken the mission of educating well-equipped and versatile individuals who know their country and the world, perceive and respect differences, have a solution-oriented perspective, produce innovative ideas, adopt critical reasoning, think analytically, carry an intellectual identity, take a leading role in the developments of our country in the fields of science, technology, art and culture, and carry out studies for the benefit of society.

DOU Management has established a Quality Policy in accordance with the requirements of TS EN ISO 9001:2015 QMSS, the relevant objectives of DOU, stakeholder expectations and needs, and commitments to continuous improvement, and has communicated it to all employees.

The DOU Quality Policy provides a framework for the establishment of quality objectives that will be monitored and evaluated periodically. The Quality Policy has been adopted by all employees through widespread communication and training activities within the organisation. In parallel with the development of the QMS, the DOU Quality Policy is reviewed at FGD meetings.

QUALITY POLICY OF UNIVERSITY OF NATIVITY

DOU adopts a "total quality management" approach in education, research and all services provided to the society, based on the following principles

1. Carrying out activities within a quality-oriented culture
2. Strategic and systematic approach in achieving mission, vision and targets
3. Satisfaction of all internal and external stakeholders
4. Active participation of employees
5. Process orientated operation approach
6. Effective communication
7. Performance monitoring and evidence-based decision making
8. Continuous improvement

DOU bases all its internal and external strategic and operational efforts on quality education, research and service to society. Quality is ensured through high quality understanding and practices at all levels of the university. Quality is seen as the common work and responsibility of everyone in the institution, from the highest to the lowest level.

The student is considered as the focus of all the efforts of the University in a whole of processes starting with activities aimed at student recruitment and extending to post-graduation services. All units of the University see students as stakeholders and carry out their activities to meet their needs and satisfy their expectations.

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Academic units operate to realise qualified teaching and learning, to contribute to scientific developments and to meet the needs of the society.

DOU, activities

- Adhering to legal regulations and conditions
- With a sense of responsibility towards education, research and society
- By providing the best and safest service that is clear, measurable, accessible
- Based on the principle of continuous improvement
- By considering stakeholder satisfaction
- Quality orientated management system in services
- Contributing to the development of education on a global scale

It continues to do so.

DOU adopts the approach of continuous quality improvement in all processes with the participation of relevant stakeholders. In this context;

- Continuously evaluate strategic goals, objectives and performance indicators
- Continuous improvement based on national and international quality standards
- To be in an understanding that increasingly meets the needs and expectations of internal and external stakeholders in all processes
- To create a culture of continuous improvement, feedback and suggestion
- To maintain the quality management system with the participation of all employees and in accordance with internationally recognised quality systems and standards

is based on.

Quality Objectives

Activity targets are determined every year in line with the DOU Strategic Plan, and the targets are achieved through internal audits and monitoring of indicators determined in the units, measurement using scientific methods, risk-based assessment and continuous improvement.

The DOU Management establishes Quality Objectives in a measurable and consistent manner with the Quality Policy. These targets are determined by the management at the FGD meetings, taking into account the conditions of the service provided, the achievement status of the process targets, the results of internal audits, measurement-analysis and improvement activities. In parallel with the development of the QMS, Quality Targets are systematically reviewed and revised when necessary.

Responsibilities for the dissemination of Quality Objectives to the relevant units and functions within the organisation have been defined. Quality Objectives are communicated to the relevant process owners and process managers by the Quality Management Representative // Quality Coordinator through information meetings.

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The Quality Targets are announced and the achievement of the targets is continuously monitored by the process owners. Quality Targets are also announced to employees through internal communication and it is aimed that each employee contributes to the realisation of the targets through individual and unit-based efforts.

DOU Quality Goals are determined and monitored within the framework of the following objectives in the DOU Strategic Plan.

- To ensure sustainable quality in undergraduate and associate degree education
- To ensure sustainable quality in graduate education
- Qualified research and publication
- To increase national and international recognition
- To improve the services provided to the community
- To carry out studies to strengthen the ties of graduates with the University and to develop co-operation
- Improving Information Processing Services
- To improve corporate culture, identity, image and recognition
- To improve institutionalisation and increase employee satisfaction
- To adopt ethical principles

In this context, the DOU's activities are based on achieving the following objectives.

- To establish a quality management system that proves that the planned applications in all processes of the University are realised as targeted and on time, and to ensure that the system operates effectively,
- Implement quality control processes to meet the minimum requirements of all legal regulations and relevant quality standards,
- To fulfil duties and responsibilities in line with the Strategic Plan and Quality Policy,
- Linking the plans and objectives of all functional and organisational units and individual employees with the objectives and priorities of the University's Strategic Plan,
- To evaluate compliance with quality and standards through feedback from internal and external stakeholders
- Employees and from the service beneficiaries their satisfaction by measuring To ensure that satisfaction is increased,
- To support all students with an equal approach and to ensure that they benefit from the existing opportunities at the highest level,
- To update the training curricula in line with national and international standards and the needs of the sector by following the continuous improvement and development of education,
- To establish a management and organisation understanding that will enable administrative units to work in coordination and with high performance,
- To ensure that project management principles are adopted by all university employees,
- To develop the culture of project-oriented working, using the most advanced technologies effectively and efficiently in applications, completing projects completely and on time, and writing result reports,
- To establish project units capable of responding to R&D demands,
- To ensure that the units continuously improve their services and activities by using measurement, evaluation and improvement methods by considering the targeted results.

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- To identify suitably qualified team leaders in the units to take responsibility for the implementation of the University's quality system,
- On the basis of academic quality and integrity, to support every academic work and experience for professional development, financially, etc., according to the University's policy, procedures and relevant legislation,
- To provide units with adequate, secure and well-structured physical and electronic resources,

5.2.2 Publicising the Quality Policy

DOU announces the Quality Policy to all employees through in-service trainings, web page, publications, posters and notice boards, and ensures that the Quality Policy is understood. The appropriateness of the Quality Policy and the need for changes in the policy are discussed at the FGD meetings.

5.3. Organisational Duties, Authorities and Responsibilities

Believing in the contemporary understanding of quality, DOU endeavours to fulfil the requirements of this understanding and to ensure that it is adopted and implemented by all employees.

The duties, authorities and first degree responsibilities of managers and personnel who undertake tasks that directly affect quality are detailed and documented *in the Job Description Forms*.

It is ensured that the Quality Policy is explained and adopted by all employees through internal and external trainings.

Thus, in order to prevent the occurrence of non-conformity in the service, to identify and initiate the solution of possible problems, to keep appropriate quality records, organisational relationships are defined; it is ensured that all functions in the process from the first relationship established with the stakeholder to the delivery of the service to the stakeholder are controlled. The transmission of these authorities and responsibilities within the organisation is carried out with the help of Job Descriptions.

Horizontal and vertical relations at the University are indicated in the 'Academic and Administrative Organisation Charts' (see Figure 3).

Responsibility for the implementation of QMS and procedures and authorisations in these matters are given to the relevant Unit Quality Representatives. Unit Quality Representatives may delegate their authority to their direct reports when necessary, provided that the responsibility remains with them.

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MÜTEVELLİ HEYETİ

SENATO — — **REKTÖR** — — **ÜNİVERSİTE YÖNETİM KURULU**

REKTÖR YARDIMCISI — **REKTÖR DANIŞMANI**

AKADEMİK BİRİMLER — **REKTÖRLÜĞE BAĞLI BÖLÜMLER/BİRİMLER / MERKEZLER VD** — **İDARİ BİRİMLER**

FAKÜLTELER — **LİSANSÜSTÜ EĞİTİM ENSTİTÜSÜ** — **MESLEK YÜKSEKOKULU** — **SAĞLIK BİLİMLERİ YÜKSEKOKULU** — **GENEL SEKRETERLİK**

FAKÜLTELER

Fen Edebiyat Fakültesi
- İngiliz Dili ve Edebiyatı Bölümü
  - İngiliz Dili ve Edebiyatı Programı (İngilizce)
- İngilizce Mütercim ve Tercümanlık Bölümü
  - İngilizce Mütercim ve Tercümanlık Programı
- Psikoloji Bölümü
  - Psikoloji Programı (İngilizce)
  - Psikoloji Programı (Türkçe)
- İletişim Bilimleri Bölümü
  - İletişim Bilimleri Programı (Türkçe)
- Türk Dili ve Edebiyatı Bölümü
  - Türk Dili ve Edebiyatı Programı
- Sosyoloji Bölümü
  - Sosyoloji Programı (Türkçe)

İktisadi ve İdari Bilimler Fakültesi
- İşletme Bölümü
  - İşletme Programı (İngilizce)
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- İktisat Bölümü
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- Uluslararası Ticaret ve İşletmecilik Bölümü
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- Siyaset Bilimi ve Kamu Yönetimi Bölümü
  - Siyaset Bilimi ve Kamu Yönetimi Programı (Türkçe)
- Yönetim Bilişim Sistemleri Bölümü
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- Hukuk Bölümü

Mühendislik Fakültesi
- Bilgisayar Mühendisliği Bölümü
  - Bilgisayar Mühendisliği Programı (İngilizce)
- Endüstri Mühendisliği Bölümü
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- Mimarlık Bölümü
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- Tekstil ve Moda Tasarımı Bölümü
  - Tekstil ve Moda Tasarımı Programı (Türkçe)
- Gastronomi ve Mutfak Sanatları Bölümü
  - Gastronomi ve Mutfak Sanatları Programı (Türkçe)
- Oyunculuk Bölümü
  - Oyunculuk Programı (Türkçe)
- Dijital Oyun Tasarımı Bölümü
  - Dijital Oyun Tasarımı Programı (Türkçe)

LİSANSÜSTÜ EĞİTİM ENSTİTÜSÜ

Endüstri Mühendisliği Anabilim Dalı Bşk.
- Mühendislik ve Teknoloji Yönetimi (Türkçe) YL Programı (Tezli/Tezsiz)
- Lojistik ve Tedarik Zinciri Yönetimi (Türkçe) Doktora Programı

Bilgisayar Mühendisliği Anabilim Dalı Bşk.
- Bilgisayar ve Enformasyon Bilimleri (Türkçe) YL Programı (Tezli/Tezsiz)

Elektrik-Elektronik Mühendisliği Anabilim Dalı Bşk.
- Elektrik-Elektronik Mühendisliği (Türkçe) YL Programı (Tezli/Tezsiz)
- Elektrik-Elektronik Mühendisliği (Türkçe) Doktora Programı

Mimarlık Anabilim Dalı Başkanlığı
- Mimarlık (Türkçe) YL Programı (Tezli)

İşletme Anabilim Dalı Başkanlığı
- İşletme (Türkçe) YL Programı (Tezli/Tezsiz)
- İşletme (İngilizce) YL Programı (Tezli/Tezsiz)
- İşletme (Türkçe) Doktora Programı
- Bankacılık ve Finans (Türkçe) YL Programı (Tezli/Tezsiz)
- İnsan Kaynakları Yönetimi (Türkçe) YL Programı (Tezli/Tezsiz)

Finansal İktisat Anabilim Dalı Başkanlığı
- Finansal İktisat (Türkçe) YL Programı (Tezli/Tezsiz)
- Finansal İktisat (Türkçe) Doktora Programı

Psikoloji Anabilim Dalı Başkanlığı
- Psikoloji (Klinik) (Türkçe) YL Programı (Tezli/Tezsiz)

Hukuk Anabilim Dalı Başkanlığı
- Özel Hukuk (Türkçe) YL Programı (Tezli/Tezsiz)
- Kamu Hukuku (Türkçe) YL Programı (Tezli/Tezsiz)

İletişim Bilimleri Anabilim Dalı Başkanlığı
- İletişim Bilimleri (Türkçe) YL Programı (Tezli/Tezsiz)
- Halkla İlişkiler ve Tanıtım (Türkçe) YL Programı (Tezli/Tezsiz)

Makine Mühendisliği Anabilim Dalı Başkanlığı
- Makine Mühendisliği (Türkçe) YL Programı (Tezli/Tezsiz)

İnşaat Mühendisliği Anabilim Dalı Başkanlığı
- İnşaat Mühendisliği (Türkçe) YL Programı (Tezli/Tezsiz)

Grafik Anabilim Dalı Başkanlığı
- Grafik Tasarım (Türkçe) YL Programı (Tezli/Tezsiz)

Hemşirelik Anabilim Dalı Başkanlığı
- Cerrahi Hastalıklar Hemşireliği (Türkçe) YL Programı (Tezli/Tezsiz)

Uluslararası İlişkiler Anabilim Dalı Başkanlığı
- Uluslararası İlişkiler (Türkçe) YL Programı (Tezli/Tezsiz)

MESLEK YÜKSEKOKULU
- Adalet Programı (Türkçe)
- Ağız ve Diş Sağlığı Programı (Türkçe)
- Anestezi Programı (Türkçe)
- Aşçılık Programı (Türkçe)
- Aşçılık II. Öğretim Programı (Türkçe)
- Bankacılık ve Sigortacılık Programı (Türkçe)
- Bilgisayar Programcılığı Programı (Türkçe)
- Bilişim Güvenliği Teknolojisi Programı (Türkçe)
- Bilgisayar Teknolojisi (Türkçe)
- Çocuk Gelişimi Programı (Türkçe)
- Dış Ticaret I. Öğretim Programı (Türkçe)
- Dış Ticaret II. Öğretim Programı (Türkçe)
- Dış Ticaret Programı (İngilizce)
- Eczane Hizmetleri Programı (Türkçe)
- Elektronörofizyoloji Programı (Türkçe)
- Elektrik Programı (Türkçe)
- Fizyoloji Programı (Türkçe)
- Grafik Tasarımı Programı (Türkçe)
- Halkla İlişkiler ve Tanıtım Programı (Türkçe)
- İç Mekan Tasarımı Programı (Türkçe)
- İnsan Kaynakları Yönetimi Programı (Türkçe)
- İnşaat Teknolojisi Programı (Türkçe)
- İş Sağlığı ve Güvenliği Programı (Türkçe)
- İlk ve Acil Yardım Programı (Türkçe)
- Mekatronik Programı (Türkçe)
- Makine Programı (Türkçe)
- Odyometri Programı (Türkçe)
- Optisyenlik Programı (Türkçe)
- Otopsi Yardımcılığı Programı (Türkçe)
- Patoloji Laboratuvar Teknikleri Programı (Türkçe)
- Sosyal Hizmetler Programı (Türkçe)
- Sivil Havacılık Kabin Hizmetleri Programı (Türkçe)
- Tıbbi Dokümantasyon ve Sekreterliği Programı (Türkçe)
- Tıbbi Görüntüleme Teknikleri Programı (Türkçe)
- Tıbbi Laboratuvar Teknikleri Programı (Türkçe)
- Turizm ve Otel İşletmeciliği Programı (Türkçe)

SAĞLIK BİLİMLERİ YÜKSEKOKULU
- Hemşirelik Bölümü
  - Hemşirelik Programı

REKTÖRLÜĞE BAĞLI BÖLÜMLER/BİRİMLER / MERKEZLER VD
- Kalite Koordinatörlüğü
- Türk Dili ve İnkılap Tarihi Birimi
- Yabancı Diller Birimi
  - İngilizce Hazırlık Sonrası Alt-Birimi
  - İngilizce Hazırlık Programı
  - İkinci Yabancı Dil Dersleri Alt-Birimi
- DOÜ Dergisi Yayın Kurulu Başkanlığı
- Engelli Birimi
- Uzaktan Eğitim Uygulama ve Araştırma Merkezi (DOÜZEM)
- Kadın Çalışmaları Uygulama ve Araştırma Merkezi
- Araştırma, İnovasyon, Uygulama ve İleri Teknoloji Uygulama ve Araştırma Merkezi
- Sürekli Eğitim Uygulama ve Araştırma Merkezi (DOÜSEM)

GENEL SEKRETERLİK
- Hukuk Müşavirliği
- İdari İşler Müdürlüğü
- Personel Müdürlüğü
- Muhasebe Müdürlüğü
- Öğrenci İşleri Müdürlüğü
- Yazı İşleri Müdürlüğü
- Kütüphane ve Dokümantasyon Merkezi Müdürlüğü
- Bilgi İşlem Müdürlüğü
- Satın Alma Müdürlüğü
- Sağlık Hizmetleri Birimi
- Sağlık, Kültür ve Spor Hizmetleri Müdürlüğü
  - Öğrenci Kulüpleri
  - Mezunlar Ofisi
  - Kariyer Planlama Merkezi
  - Spor Koordinatörlüğü
  - Sosyal Kültürel Etkinlikler
- Uluslararası İlişkiler ve Erasmus Ofisi
- Tanıtım ve Halkla İlişkiler Birimi
- Otomasyon Sistemleri Birimi
- Sekreterlikler ve Özel Kalemler
- YÖK Süreçleri Raporlama ve Planlama Koordinatörlüğü

In order to prevent the occurrence of non-conformity in the service, to identify and initiate the solution of potential problems, to keep appropriate quality records, organisational relationships have been defined, and all functions in the process from the first relationship established with the stakeholder to the delivery of the service to the stakeholder have been ensured to be controlled. The transmission of these authorities and responsibilities within the organisation is ensured with the help of Organisation Chart and Job Descriptions.

Quality system audits are carried out by independent auditor personnel outside the audited unit.

Ref: PR.313 Document and Data Control Procedure FR.001
Job Description Form

6. PLANNING

6.1. Risk and Opportunity Identification Activities

Each unit, while planning for the QMS, should be aware of internal and external issues, relevant parties
By taking into account the requirements and expectations; it identifies risks and opportunities to increase positive effects, prevent or reduce undesirable effects and realise improvement in a way that will provide assurance for the QMS to achieve the desired results.

The units shall evaluate the activities to address risks and opportunities based on their assessment of the appropriateness of the service.
They deal with it in proportion to its potential impact. Options such as avoiding risk, taking risk to pursue an opportunity, eliminating the source of risk, changing the consequences or probability, sharing risk, viewing risk as a conscious decision are favoured in proportion to the potential impact. Besides this,
opportunities are also assessed in terms of adopting new practices, finding new stakeholders, establishing partnerships, utilising new technology, etc.

6.2. Quality Objectives and Planning to Achieve Them

6.2.1. Source Supply

All necessary resources are provided for the continuous development and effective operation of the QMS established at DOU. Resource needs are discussed at the FGD meeting. The following points are taken into consideration in determining the resource needs;

- Human resources needed to realise the required product/service quality level, taking into account the level of qualification,
- Increasing stakeholder satisfaction by meeting stakeholder needs,
- Adequate infrastructure and a suitable working environment for the operation of processes at the desired level.

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Taking into account the above-mentioned issues, the DOU determines the necessary resource requirements and provides these resources. These resources include personnel, information, tools, technological and financial resources. Definitions related to resource management are specified in directives, procedures and instructions and their continuity is ensured.

6.2.2. General Planning

All academic and administrative units of the DOU are responsible for determining how to achieve quality objectives.
In planning, it determines what will be done, what resources will be required, who will be responsible, when the activities will be completed and how the results will be evaluated.

6.3. Change Planning

When the need for changes in the QMS arises, these changes are made in a planned manner. After the purpose and potential consequences of the changes are determined, integration with the QMS, availability of resources, distribution of responsibilities and authorisations are taken into consideration.

7. SUPPORT

7.1. Sources

7.1.1. General

DOU employs personnel within the framework of Laws No. 2547 and 4857. Personnel who perform work that may affect the service quality of the University are provided with the qualifications that will be sufficient in terms of appropriate education, training, skills and experience, taking into account the level of quality required by the work performed. Personnel qualifications are evaluated by considering the criteria required by the positions. The recruitment of human resources is defined in the Recruitment Procedure. With the recruitment of the personnel, the procedures carried out within the organisation and before the official institutions are carried out.

Ref: PR.330 Recruitment Procedure

7.1.2. Contacts

Necessary arrangements have been made to ensure that the personnel performing the works affecting service quality have appropriate education, training and skills. In this context, service procurement methods are used for the works that cannot be done with the personnel of the institution. For this reason, job descriptions have been created and all requirements and competences have been defined

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7.1.3. Infrastructure

The DOU has established the necessary and sufficient infrastructure to ensure that the service meets the requirements of the specified technical specifications and stakeholder needs and expectations, and has taken into account the adequacy of the following aspects to ensure its continuity and development.

- Office tools and equipment
- Computer hardware and network
- All kinds of infrastructure related to means of communication and their effectiveness
- Classrooms and Laboratories
- Information Resources and Library

Ref: YÖ.305 Inventory Directive
PR.309 Durable Movables Procedure

7.1.4. Environment for the Operation of Processes

DOU has determined the conditions of the working environment necessary to ensure that the services provided comply with the required conditions and that the QMS is operated effectively and efficiently, and has ensured its continuity in this direction. The following issues have been taken into consideration for the existence of a suitable working environment:

- Providing opportunities for employees in the organisation to reveal their potential, determining creative working methods,
- Compliance of the working environment with the necessary ergonomic conditions, including temperature, noise and lighting,
- Order and harmony in social relations,
- All kinds of facilities available to the employees of the organisation.

7.1.5. Monitoring and Measurement of Resources

7.1.5.1. General

DOU defines and documents all services provided to students from the time of enrolment until graduation. Associate's/undergraduate placement results reported by OSYM are entered into the electronic database and the documents that are the basis for the student's entry are placed in the student's individual file. End-of-semester student performance evaluations are processed electronically. Diplomas of students who successfully complete associate, undergraduate and graduate education programmes are prepared.

Each student is traced backwards according to the determined systematics (codes). Records are backed up electronically at the Directorate of Information Technologies and checked separately.

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Ref:: PR.119 Student Affairs Procedure

7.1.5.2. Measurement Traceability

The administrators responsible for education/training review the syllabus/lecturer evaluations made by the students, take the necessary measures and keep the documents**.**

Under the chairmanship of the Rector of the University, the results of the curriculum and student performance determination, monitoring and control carried out within the education/training process are evaluated by the competent board of the university. Correction and verification suggestions are developed, planned and implemented, and necessary improvements are made

7.1.6. Corporate Information

The DOU has ensured the sustainability of the information needed for the operation of its service processes and the compliance of its services. To this end, the information gained through experience specific to DOU is backed up by the systems used and can be accessed by authorised personnel.

7.2. Qualification

DOU has determined the necessary competences for its employees who affect the performance and effectiveness of the QMS, and has ensured their competences by taking into account their appropriate education, training and experience. In case of need, necessary activities are carried out for employees to acquire the relevant competence and the effectiveness of these activities is evaluated. These activities are organised by the relevant units of the university according to their content.

7.3. Awareness

In-service trainings are organised by DOU to ensure that all employees are aware of the Quality Policy, related Quality Objectives, contributions to the effectiveness of the QMS and the consequences that may occur if the QMS requirements are not met. Employees are informed via e-mail, events are published in the event calendar, and quality management system documents are shared with employees on *www.dogus.edu.tr* (*kalite.dogus.edu.tr*).

7.4. Contact

While determining the internal and external communication needs related to the QMS, the subject of communication, when to communicate, with whom to communicate, how to make announcements and who will communicate are taken into consideration. In order to ensure the effectiveness of the QMS, from time to time in line with the organisational structure

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Internal communication is carried out vertically, depending on the nature of the work, and sometimes horizontally between different functions and levels. Written, oral or electronic media are used in the realisation of communication.

7.5. Documented Information

7.5.1. General

DOU has defined and established a QMS in accordance with risk-based process management in compliance with TS EN ISO 9001:2015 QMSS and Higher Education Law No. 2547. The aim of the system is to continuously develop and improve the quality of the products/services provided by the institution, and to optimise the quality level through efforts to prevent defects. In this context, the suitability of the defined system and its effectiveness in fulfilling its requirements are closely monitored.

All information management related to production / service quality, which is designed and put into action based on the strategic plan of the university, has been automated, thus the quality and performance management information system application has been activated. An evaluation structure for the measurement of targeted activities has been created from the data in the process and performance analysis and reporting system pool, which forms the backbone of the strategic information system.

The duties, authorities and responsibilities of the persons who manage, implement and verify the works affecting quality in the QMS are specified in the Document and Data Control Procedure.

In order to improve QMS activities, a systematic and continuous training programme is applied for all staff at the university. The responsibility for the organisation and implementation of this training programme lies with the relevant units of the university according to its content. KKB provides active support in this regard.

DOU QMS consists of the following elements:

- Quality Manual
- Quality Policy
- Responsibilities and Authorisations (Job Descriptions)
- Regulations, directives and procedures
- Instructions
- Process Tags
- Quality Plans
- Forms and Annexes
- External Documents (Standards, Laws, Regulations, Bylaws, Statutes, Stakeholder Specifications)

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QMS has adopted the principle of effective operation of the aforementioned documents. Preparation, approval, distribution and revision of system documents are described in the Document and Data Control Procedure. No document in the system may be reproduced or given to third parties without the approval of the University Rectorate and KKB.

Ref: PR.313 Document and Data Control Procedure

7.5.2. Create and Update

DOU QMS documents are published and updated in the QDMS Quality Document Management System and on KKB's website (*kalite.dogus.edu.tr*).

It is the responsibility of the relevant units to prepare document proposals such as process plans, directives, procedures, quality plans, instructions, job descriptions, etc. defined within the DOU QMS in standard forms.

7.5.3. Control of Documented Information

Unit Quality Representative, document and data control in line with the conditions specified in the QMS ensures the execution of the applications. It is the responsibility of the unit to maintain the forms formed in line with the definitions in the units and the system. Document and data changes are requested through the employees in the units and realised after the approval of the unit manager.

Although some general information on QDMS and ENSEMBLE pages can be viewed by all users, only units can upload their own files to the system and make changes and updates.

Ref: KL.001 Quality Management Information System User Manual

8. OPERATION

8.1. Operational Planning and Control

In order to realise education/training service delivery, DOU has ensured that all processes comply with planning and service delivery requirements. By determining the quality objectives for the service, it has ensured the conditions of the service, procurement of resources, evaluated their performance, identified service-specific resources, created process documents and explained all relevant criteria.

In the provision of education/training services, in order to meet the knowledge/skills needs in the fields of science they have chosen, the admission requirements for students enrolled at DOU, the criteria determined in the recruitment of Academic, Administrative and Support Unit personnel, and the contract conditions made with the relevant parties within the scope of the university's research/development activities are applied. These

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The scope of the contract includes the transactions of the academic/administrative units included in the DOU Catalogue from the student's final registration until graduation, as well as contracts for educational services requested by institutions outside DOU. In the contracts, the adequacy of the institutions and companies to meet the specified conditions is reviewed. Before accepting the contract, the DOU senior management examines the issues of verifying that the quality requirements are clearly defined and documented. All regulations and directives related to education/training published in the YÖK Legislation and the DOU Catalogue are considered as an educational contract between the student and the university.

8.2. Terms and Conditions for Products and Services

8.2.1 Communication with Stakeholders

By listening to and understanding the current and future views, opinions and expectations of stakeholders, and
The management utilises these as data for communication by formulating future plans and strategies. Whenever the functioning of the services provided at DOU changes, the management notifies internal and external stakeholders in writing or verbally.

In cases where corrective and preventive actions cover general service issues, the results of these actions are announced on notice boards and/or electronically. Feedback is given to the stakeholder verbally or in writing for suggestions on individual issues

Ref: *PR.351* Stakeholder *Complaint and Satisfaction Assessment Procedure*

8.2.2. Determination of Conditions for Products and Services

At the stage of determining the conditions of service at the DOU;

- Requirements for the designated or planned use, if known but not specified by the stakeholder,
- Legal and regulatory requirements for the service,
- Other additional conditions determined by

the DOU are secured.

8.2.3. Review of Terms and Conditions for Products and Services

While reviewing the service-related conditions, DOU also takes into account the demands and expectations of stakeholders regarding the service.

DOU takes into account the information received from the university units and stakeholders and ensures that it is continuously accessible.

At the DOU, a review of service-related requirements is undertaken prior to the University's commitment to provide a service to the stakeholder and ensures that

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- Defining the terms of service,
- Elimination of discrepancies between the terms of the contract or order and the previously determined terms,
- To be capable of meeting the service conditions of the institution.

At the DOU, records of the results of the review and the actions resulting from the review are maintained.

The DOU monitors the definition of service requirements and the ability to meet the defined requirements. Records of the review and the activities resulting from this process are maintained.

All review data and results related to the service request are recorded. Any unwritten stakeholder requirements are confirmed with the stakeholder prior to acceptance.

Changes related to stakeholder demands related to the service are announced to all departments by the relevant departments.

8.2.4. Changing Conditions for Products and Services

The senior management of the DOU ensures that information is changed when the conditions of service change and that the relevant personnel are informed of the changed conditions.

8.3. Design and Development of Products and Services

8.3.1 General

In the provision of education and training services and the functioning of support and administrative units, DOU initiates the necessary improvement activities as design in the event of a request for the development or change of new or existing service provision in accordance with the conditions of the day to meet the changing needs in line with the changes in science and technology. Design starts with the evaluation of expectations and approval of the necessity by the management as a demand and covers all processes until the implementation of the service. Programme Opening and Development Activities are included in the scope as a design and development activity.

8.3.2 Design and Development Planning

Upon the approval of the proposed change by the Rectorate, the relevant unit official is given written authorisation and responsibility for planning the design development process and initiating the studies. The responsible persons of the academic and/or administrative unit where the design will be initiated define the design, inputs and outputs of the design. They prepare a work plan identifying the activities, responsible persons and review dates. The timetable is set and the requirements a r e r e v i e w e d by management. Within the scope of this framework, Design and

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The Development Plan is finalised and work is initiated. In cases where more than one unit of the university may contribute to the design process, the type of information exchange between the units, by whom (responsible persons) and how the information exchange between the units will be carried out, the records to be kept, the methods of reviewing and evaluating the records are determined by the senior management and the relevant unit managers.

8.3.3 Design and Development Inputs

In the activities determined as design, inputs are determined from the planning stage. Purchases budgeted according to the nature of the design are realised by the purchasing directorate. When necessary, contracts with suppliers are made and reviewed. In design inputs; cost, efficiency, applicability, safety and meeting stakeholder needs are checked and recorded at appropriate intervals.

8.3.4 Control of Design and Development

The design is reviewed with the contributions of senior management and design responsible or specialised staff and records are kept. In the review activities, it is checked whether it covers the conditions determined in the service, whether it meets the needs and its suitability. In case of non-conformity, the Design and Development Plan is prepared again. In addition to design review, design verification is carried out at appropriate stages of the design. Alternative evaluations of the implementation phases are made. If necessary, it is compared with the design in similar units tested in the organisation. At each stage before service delivery, the design stages described above are revisited, the validity of the design is checked again before it is incorporated into university education/training services, and it is decided whether it can be used differently. Designs for the renewal of education programmes are put into practice by making comparisons based on the literature without pilot studies when necessary.

8.3.5 Design and Development Outputs

The appropriateness of design activities is emphasised. The activities created during the design phases are periodically reviewed and care is taken to ensure that the design outputs meet the design and development inputs.

8.3.6 Design and Development Changes

Requests for changes in programmes and processes are submitted for the approval of the Rectorate by filling out the Design Change Request Form by the relevant unit after the necessary examinations. If the request is approved, the necessary design changes are made and the studies are continued.

Ref: FR.333 Design Change Request Form

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8.4. **Control of Outsourced Products and Services**

8.4.1. **General**

All procurement activities at DOU are carried out in accordance with the DOU Procurement and Tender Regulations in order to ensure that services are not interrupted and losses arising from procurement activities are prevented.

The purchasing process of DOU is carried out under the responsibility of the Purchasing Directorate. Employees who are authorised to make a purchase request make a purchase request. After the request is approved by the university administration, the Purchasing Directorate follows the purchasing process by contacting the suppliers.

Ref: YN.331 DOU Procurement and Tender Regulation PR.349
Procurement Procedure

8.4.2. **Type and Size of Control**

The DOU establishes and implements the necessary arrangements for inspection and control activities to ensure that the purchased product meets the specified procurement requirements.

The Purchasing Directorate, which is responsible for purchasing, uses a systematic system to maintain a programme for the selection and evaluation of suppliers/contractors, to ensure that the demands that the supplier/contractor is expected to meet are clearly defined and understood by the supplier/contractor, to select suppliers/contractors and to include them in the list of suppliers/contractors, and the purchasing process is carried out accordingly. Within the scope of the DOU Procurement and Tender Regulation, the verification of the purchased product is carried out by a commission.

Ref: YN.331 DOU Procurement and Tender Regulation

8.4.3. **Information for External Suppliers**

DOU monitors and audits its suppliers periodically to monitor and improve its quality system and quality performance.

The specifications, documents, inspection conditions, etc. to be created before placing an order with approved suppliers, and the documents defining the purchased product are under the responsibility of the managers of the relevant units making the request and the Purchasing Manager. Regulations regarding the verification of purchased materials are specified in the Material / Service Procurement Contracts.

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8.5. Production and Delivery of Services

8.5.1. Control of Production and Service Delivery

DOU defines, plans and implements the activities directly affecting quality in the necessary procedures in order to ensure that they are implemented under controlled conditions.

The DOU regularly plans and implements the provision of services under controlled conditions. When controlled conditions are feasible;

- Availability of information describing service characteristics,
- Availability of documents describing the way of doing business,
- Use of appropriate equipment,
- Ensures the implementation of monitoring and measurement.

8.5.2. Identification and Traceability

DOU ensures the traceability of the services it provides through the records it creates. At DOU, the

definition and traceability of the service is based on the following items:

- The student is accepted and defined in the associate, undergraduate and graduate education and training programme according to the relevant articles of the Higher Education Law No. 2547.

- The traceability of the student is ensured by the student number given. This process is carried out within the scope of the Student Affairs Procedure.

The purpose of service definition and traceability at DOU is to ensure the backward traceability of the service. All records related to service traceability are kept as "Quality Records".

Ref: PR.119 Student Affairs Procedure

8.5.3. Property Owned by Stakeholders or External Supplier

The personal information and documents of DOU students are internal stakeholder values. Their provision and storage are carried out in accordance with the relevant laws, regulations and codes of practice. All information/documents/materials belonging to the stakeholder that are lost, damaged or otherwise rendered unusable are recorded and notified to the stakeholder.

8.5.4. Containment

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During the archiving/storage or transmission/shipment of stakeholder information/documents/materials, the DOU carries out its activities in a manner that does not damage the product/service and takes relevant preservation measures.

Ref: PR.337 Corporate Archive Procedure

8.5.5. Post Delivery Activities

The follow-up of graduates is carried out by the DOU Directorate of Health, Culture and Sports Services and the Alumni Office in cooperation with academic units.

8.5.6. Control of Changes

The control of changes is carried out within the scope of the Quality System and Document Control / Update Process. Changes related to service delivery and scope other than documentation changes are decided by the Board of Directors.

Ref: IA.232 Quality System and Document Control / Update Process

8.6. Product and Service Provision

Within the scope of service provision, evidence of the suitability of the service according to accepted criteria and traceability of the persons approving the provision have been established. Reports and authorisations in the software used in this context provide evidence of service provision and authorisation information. For transactions carried out on paper other than a database or software, evidence can be collected and authorisation traceability can be realised with the help of archives.

8.7. Control of Inappropriate Output

In the DOU QMS, "Non-Compliant Service" is defined as a situation where the service provided does not meet any of the specified conditions or national/international standards, and is found to be faulty as a result of the controls performed.

At DOU, responsibilities and authorisations related to non-conforming service audits are defined and executed in the Corrective and Preventive Action Procedure and the necessary records are maintained. Non-conforming services are outputs and processes that do not comply with the service characteristics specified in quality plans. These are

- Student suggestions and complaints
- Non-conformity of documents
- Teaching   staff   and   personnel   Quality   system   with Related Detectionthat

non-compliance.

When the non-conforming service is corrected, the service is subjected to re-verification to demonstrate compliance with the requirements.

Ref: PR.355 Control of Inappropriate Service Procedure PR.314 Corrective Action Procedure

9. PERFORMANCE APPRAISAL

9.1. Monitoring, Measurement, Analysis and Evaluation

9.1.1. General

DOU plans and implements the monitoring, measurement, analysis and development process required for the following issues.

- Demonstrate the appropriateness of the service,
- To ensure the conformity of the QMS,
- To continuously improve the effectiveness of the QMS.

9.1.2. Stakeholder Satisfaction

With regard to the measurement of QMS performance, the DOU monitors information related to stakeholder perception of the extent to which it meets stakeholder requirements and identifies methods to obtain and use this information. These methods are as follows:

- Stakeholder complaints
- Analysis of stakeholder satisfaction surveys
- Suggestion System

Ref: PR.351 Stakeholder *Complaint and Satisfaction Assessment Procedure*

9.1.3. Analysis and Evaluation

At DOU, appropriate data are identified and collected and analysed by appropriate statistical methods to demonstrate the effectiveness and appropriateness of the QMS. This analysis includes data from monitoring and measurement results and other relevant sources.

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The data analysis provides information on the following items;

- Stakeholder satisfaction
- Measuring the performance of processes affecting the quality of service provided to stakeholders
- Characteristics and trends of the processes and service provided, including opportunities for preventive action
- Performance and contribution of suppliers.

9.2. Internal Audit

At DOU, periodic and ad-hoc internal quality audits are conducted to monitor the effectiveness of the QMS, to verify that system-related activities are carried out as planned and maintained, to identify deficiencies and to make the necessary corrections in a timely manner.

These audits are conducted at least once a year by persons trained as internal auditors according to the internal audit plan. The Internal Audit Plan is prepared according to the importance and status of the units/departments to be audited and announced to the units/departments to be audited in advance. Responsibilities and conditions for planning and fulfilment of the audits, reporting the results, maintaining the records are described in the Internal Audit Procedure.

The auditors who will carry out the audits shall agree on the date and process of the audit with the unit/department supervisors before the audit. After the completion of the audits, an audit report is prepared by the auditors. The results are evaluated and it is determined which corrective measures will be taken by whom and how soon. At the end of the specified period, the auditors check whether the corrective measures have been taken. Corrective actions taken according to the results are followed up by KKB.

The manager of the audited unit/department ensures that the necessary measures are taken to eliminate the identified nonconformities and their causes, and prepares reports on the follow-up of whether these measures are implemented or not. Internal quality audit results are discussed at the FGD meetings.

Responsibility:

Senior Management: Responsible for putting the results of the internal audit on the agenda and reviewing them at the FGD meetings.

Quality Coordination Unit:: It is responsible for ensuring that the internal audits of the quality system are carried out in line with the plans and ensuring their effectiveness, ensuring that process audits are carried out effectively where necessary and according to a specific plan, following and finalising the corrective and preventive actions initiated and keeping their records.

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All Units: In addition to corrective actions, it is obliged to ensure that actions regarding nonconformities identified within the system are carried out.

Ref: PR.327 Internal Audit Procedure

9.3. Management Review

DOU senior management reviews the management system at least once a year to ensure that the QMS is fit for purpose, adequate and effective, and that it is in line with the strategic direction of the University. In this context, the agenda of the FGD meetings includes decisions taken at previous FGD and Board of Directors meetings, student satisfaction analyses, the level of achievement of DOU's goals, the suitability of services, improvement activities, audit results, supplier performances, availability of resources, resource needs, risks, projects and designs. At the end of the meeting, opportunities for improvement are identified, needs for change are determined, resources needed are identified, and strategies for the future can be updated

10. IMPROVEMENT

10.1. General

DOU identifies improvement opportunities and implements appropriate improvement activities within the scope of the Business Development Process in order to meet service requirements, improve/enhance the level of service, prevent, correct or reduce unwanted non-conformities and increase the performance of the QMS.

Ref: IA.233 Business Development Process

10.2. Non-conformity Detection and Corrective Action

In order to determine the effectiveness of the corrective actions implemented at the DOU, KKB monitors the corrective measures to be taken to eliminate nonconformities identified during internal quality audits that require corrective action.

Non-conformities and the reasons for their occurrence are investigated, non-conformities are eliminated first and the defects occurring during the service and in the implementation of the quality system are analysed in order to prevent the recurrence of the non-conformity in question, and improvement in the quality system is ensured by carrying out corrective and preventive actions.

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Procedures for corrective actions are established to define the following requirements:

- Review of non-conformities, including stakeholder complaints,
- Recognising the causes of non-conformities,
- Assessment of the need for measures to be taken to prevent recurrence of non-conformities
- Determination and implementation of the necessary measure,
- Records of the results of the action taken,
- Identification of inadequacies related to the products or services provided by suppliers, investigation of the source,
- Internal quality audit results,
- Review of the corrective action taken.

Ref: PR.314 Corrective Action Procedure

10.3. Continuous Improvement

At DOU, systematic studies are carried out to continuously improve the Quality Policy, Quality Objectives, audit results, data analysis, corrective and preventive actions, and the effectiveness of the QMS through FGD.

Continuous improvement activities are carried out for all units. The suggestions of unit managers and stakeholders are taken into consideration in the evaluations of the senior management regarding improvement activities. These inputs are discussed and resolved at the FGD and/or Weekly Academic/Administrative Unit Meetings. The final approval regarding the improvement activities to be carried out is given by the Rectorate.

At DOU, decisions taken and actions to be taken in line with the issues evaluated in the FGD meetings and continuous improvement indicators of different activities of the QMS are monitored, evaluated and necessary improvements are made through the action plan.

Annex: LIST OF REFERENCED DOCUMENTS

YN.331 DOU Purchasing and Tender Regulation YÖ.305
Inventory Directive
PR.313 Document and Data Control Procedure
PR.351 Stakeholder Complaint and Satisfaction Assessment Procedure PR.119
Student Affairs Procedure
PR.330 Recruitment Procedure
PR.337 Corporate Archive Procedure
PR.349 Procurement Procedure PR.327 Internal Audit
Procedure
PR.314 Corrective Action Procedure
PR.355 Procedure for Control of Inappropriate Service

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PR.309 Durable Movables Procedure
İA.232 Quality System and Document Control / Update Process İA.233 Business Development Process
FR.001 Job Description Form
FR.333 Design Change Request Form
KL.001 Quality Management Information System User Manual

Update Tracking / Distribution Table

UPDATE NO	HISTORY	EXPLANATION
01	01.09.2022	Content updated.
Distribution (Related Units)	All Dogus University Units	

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