STANDARD OPERATING PROCEDURE (SOP)

QUALITY ASSURANCE AND COMPLIANCE

PSB University of Cambodia

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a structured, consistent, and transparent quality assurance (QA) and compliance framework for all academic and administrative functions of affiliated institutes of PSB University. This SOP ensures that teaching, learning, assessment, governance, staff performance, and student support conform to PSBU Quality Assurance Standards, relevant national regulatory guidelines, and institutional policies. It also ensures systematic monitoring, reporting, and continuous improvement across all academic operations.

2. Scope

This SOP applies to all educational activities, support services, administrative operations, and academic programmes delivered under affiliation with PSB University. It covers:

- Internal quality assurance processes
- Monitoring and compliance checks
- Quality audits and reviews
- Reporting and documentation
- Risk management and corrective actions
- Alignment with PSB University QA policies and regulatory frameworks

The SOP applies to academic departments, administrative units, programme coordinators, lecturers, student support teams, and management.

3. Responsibility

- **Quality Assurance Officer (QAO):** Leads all QA processes, monitors compliance, prepares reports, and coordinates reviews.
- **Head of Department (HoD):** Ensures department-level compliance and implements corrective actions.
- **Academic Staff:** Comply with QA standards in teaching, assessment, and student engagement.
- **Administrative Staff:** Ensure accurate recordkeeping, service standards, and compliance with policies.
- **Quality Assurance Committee (QAC):** Reviews QA outcomes, recommends improvements, and ensures alignment with institutional strategy.
- **Quality Assurance Academic Team (QAAT):** Provides oversight, approves QA reports, and enforces continuous improvement.

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4. Procedure

4.1 Establishment of QA Framework

At the start of each academic year, the QAO develops an Annual QA Plan aligned with PSB University QA guidelines. The plan outlines scheduled audits, teaching observations, programme reviews, assessment moderation cycles, student feedback cycles, and compliance checks. The QA Plan is approved by the Head of Institute or Academic Council and communicated to all departments.

4.2 Compliance with PSBU QA Standards

Satellite institutes must demonstrate adherence to PSBU QA requirements across all processes, including curriculum delivery, student assessments, faculty qualifications, resource availability, and administrative management. The QAO maintains a compliance matrix that maps institutional practices to PSBU standards and ensures ongoing documentation.

4.3 Internal Monitoring and Periodic Audits

The Quality Assurance Office conducts periodic monitoring activities according to the Annual QA Plan. These include:

- Teaching observations and teaching material audits
- Assessment moderation and verification checks
- Review of student attendance and progression records
- Monitoring of LMS usage and material uploads
- Compliance checks on recordkeeping, examination processes, and administrative procedures
- Verification of lecturer qualifications and CPD records

The frequency of audits (Four Months) is determined by the QA Plan. Findings are documented in Internal Audit Reports.

4.4 Programme Review and Continuous Improvement

Programmes undergo routine monitoring as well as comprehensive periodic reviews. Routine monitoring may include reviewing student feedback, pass rates, assessment data, dropout analysis, and comments from external examiners. Periodic review is conducted every 3–5 years and includes external inputs. The Quality Assurance Committee evaluates findings and identifies required improvements. Recommendations are forwarded to the Academic Council for approval.

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4.5 Non-Compliance Identification and Corrective Actions

When internal audits detect deviations from PSBU standards, policies, or documented procedures, the QAO issues a Non-Compliance Notification to the relevant department. The Head of Department prepares a Corrective Action Plan specifying:

- Nature of non-compliance
- Root cause analysis
- Corrective actions required
- Responsible personnel
- Implementation   timeline
  The QAO monitors the implementation of corrective actions and verifies closure within the scheduled timeframe.

4.6 Documentation and Evidence Management

All QA activities rely on accurate and accessible documentation. The QAO ensures that every department maintains updated records, including:

- Teaching schedules, lesson plans, and LMS uploads
- Assessment briefs, marking schemes, and moderation records
- Staff qualifications, workload allocations, CPD evidence
- Student records, attendance, academic performance, feedback reports
- Committee minutes (Curriculum Committee, Academic Council, QAC)
- Internal and external review reports
- Annual   QA   reports   and   strategic   improvement   plans
  Documents must be stored securely and made available during internal checks and PSB University audits.

4.7 Coordination with PSB University QA Team

Satellite institutes must cooperate fully with PSBU Quality Assurance visits, audits, and reviews. The QAO liaises with the PSBU QA team to prepare required evidence, documentation and ensure timely submission of audit materials. After each PSBU QA review, the institute prepares a Post-Review Action Plan and submits it to the university within the recommended timeframe.

4.8 Staff Development and Capacity Building

Based on QA findings, student feedback, external examiner reports, and performance trends, the QAO identifies staff development needs. Training sessions, workshops, peer-learning activities, and CPD programmes are scheduled to strengthen teaching and administrative quality. Records of participation and outcomes are maintained in the QA database.

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4.9 Annual Quality Assurance Reporting

At the end of each academic year, the QAO compiles an Annual QA Report summarizing:

- Audit results and compliance status
- Programme performance trends
- Student feedback outcomes
- External examiner and external reviewer findings
- Staff development activities
- Risk management observations
- Continuous improvement achievements
- Outstanding issues and action plans
  The report is submitted to the Academic Council for review and approval, and shared with PSB University as required.

4.10 Review and Enhancement of QA System

The entire QA system is reviewed periodically to ensure its relevance, effectiveness, and alignment with PSBU standards and national regulatory developments. Recommendations for improvement may arise from audits, stakeholder feedback, or PSBU review outcomes. Revisions to the QA system are formally endorsed by the Academic Council before implementation.

5. Documentation and Recordkeeping

The following records are maintained by the Quality Assurance Office:

- Annual QA Plan
- Internal Audit Reports
- Compliance Matrix
- Non-Compliance Notifications
- Corrective Action Plans
- Committee meeting minutes
- Teaching observation reports
- Assessment moderation reports
- Annual QA Report
- Evidence files for PSBU audits
  All documents are stored securely, with version control and access safeguards.

6. Review of this SOP

This SOP is reviewed every three years or sooner if PSBU QA policy updates, regulatory changes, or operational improvements necessitate revisions.

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STANDARD OPERATING PROCEDURE (SOP)

ACADEMIC PLANING AND SCHEDULING

PSB University of Cambodia

1. Purpose

The purpose of this Standard Operating Procedure (SOP) for Academic Planning and Scheduling is to establish a clear, consistent, and efficient framework for the educational master planning of the University's academic activities. It outlines how long-term and short-term academic objectives are set and achieved in alignment with the University's vision, mission, values, and the PSBU Qualification Framework. Academic planning and scheduling aim to enhance the overall quality of education by:

- Supporting student success and timely programme completion
- Optimizing the use of physical, human, and technological resources
- Maintaining consistency and coherence in programme delivery
- Facilitating coordination among stakeholders
- Informing strategic decision-making
- Ensuring compliance with accreditation and regulatory requirements

2. Scope of the SOP for Academic Planning and Scheduling

This SOP applies to all academic levels (diploma, bachelor's, postgraduate) delivered under affiliation with PSB University of Cambodia and covers two main domains:

2.1 Academic Planning

- Strategic Academic Planning
- Academic Policy Planning
- Academic Institutional Planning
- Resource Planning (human, physical, financial, technological)
- Curriculum planning and Management
- Planning the periodical evaluations of academic programmes

2.2 Academic Scheduling

- Scheduling Academic Years and Semesters
- Course Unit Timetable Scheduling
- Classroom Allocation
- Managing Faculty Workload

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- Scheduling Classes (Onsite/Online)
- Scheduling Academic Sessions (lectures, tutorials, labs, seminars)
- Scheduling Formative Assessments and Evaluations
- Examination Scheduling (Summative)

This SOP covers all related planning and scheduling processes at corporate, faculty, departmental, and operational levels.

3. Responsibilities and Responsible Entities

The following entities are responsible for academic planning and scheduling and share accountability for effective implementation:

3.1. The Highest Academic Body (Senate / Academic Council)

- Approves overall academic plans, academic calendars, and major policy decisions.
- Endorses new programmes, revisions to existing programmes, and related scheduling principles.
- Ensures that academic plans and schedules are consistent with PSBU standards and accreditation requirements.

3.2. The Highest Administrative Body (Governing Council)

- Provides strategic oversight and approves institutional plans and resource allocations that support academic planning and scheduling.
- Reviews the impact of academic plans on institutional priorities, finances, and infrastructure.
- Ensures that planning and scheduling processes support the overall mission and strategic goals of the University.

3.3. Faculty Boards

- Translate institutional academic plans into faculty-level plans and semester schedules.
- Review and recommend course offerings, student intakes, and faculty workload distribution.
- Monitor the implementation of academic plans at faculty level and provide feedback for improvement.

3.4. Committees (Academic / Administrative)

- Support specialized aspects of academic planning and scheduling (for example, timetabling committees, academic planning committees).
- Analyze data on enrolment, progression, and resource use to inform decisions.
- Make recommendations to Faculty Boards and Academic Council on improvements to planning and scheduling.

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3.5. Heads of Departments (HoDs)

- Prepare departmental academic plans, including course offerings, sequencing, and workload allocations.
- Coordinate the preparation of course timetables in consultation with Programme Coordinators and academic staff.
- Ensure that planned activities reflect curriculum requirements and student needs.

3.6. Programme Coordinators (PCs)

- Develop programme-level timetables and semester plans in line with approved academic calendars and curricula.
- Coordinate teaching assignments and course schedules to minimize timetable conflicts for students and staff.
- Ensure student-centric scheduling by considering progression paths, pre-requisites, and balanced workloads.

3.7. Quality Assurance Centre (QAC)

- Monitors the academic planning and scheduling processes to ensure they meet quality standards and accreditation expectations.
- Reviews the effectiveness of academic plans and schedules through data, audits, and feedback.
- Recommends enhancements to planning and scheduling processes for continuous improvement.

3.8. Academic Support Units

- Provide logistical support for timetable preparation, classroom allocation, and use of facilities and technology.
- Maintain information systems (e.g., timetable management, room booking, attendance tracking) that support academic scheduling.
- Facilitate communication of final schedules to students and staff.

3.9. Curriculum Committee (CC)

- Oversees curriculum design, review, and modification, ensuring that academic plans and schedules reflect curriculum structures and requirements.
- Ensures that the number of modules, credit distribution, and contact hours are compatible with available resources and timetabling constraints.

3.10. Quality Assurance Officer (QAO) / Quality Assurance Academic Team (QAAT)

- Collect, analyze, and report data on the implementation of academic plans and schedules (e.g., class utilization, student feedback, schedule clashes).

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- Verify that planning and scheduling decisions are evidence-based and comply with approved policies.
- Support periodic reviews of academic planning and scheduling procedures.

3.11. Individual Academic Members

- Provide input regarding course offerings, preferred teaching times, and resource needs within the planning process.
- Adhere to approved timetables and academic plans, including conducting classes and assessments as scheduled.
- Maintain accurate records (e.g., attendance, assessment data) to support institutional planning and evaluation.

4. Procedure

The following procedure shall be followed in academic planning and scheduling:

4.1. Analyze the Factors External to the University

Identify and review external influences such as national higher education policies, PSBU regulations, labour market trends, accreditation guidelines, and technological developments. These factors inform strategic academic goals, programme offerings, and delivery modes.

4.2. Assess the Internal Factors

Evaluate internal conditions including student enrolment patterns, progression and completion rates, faculty capacity, available facilities, budget constraints, and historical timetable data. This assessment ensures that academic plans and schedules are realistic and achievable.

4.3. Appoint Committee/s at Different Levels

Constitute relevant academic and administrative committees at institutional, faculty, and departmental levels (e.g., planning committee, timetabling committee) with appropriate representation from key stakeholders. These committees coordinate planning and scheduling activities.

4.4. Prepare TORs for Committees

Develop clear Terms of Reference (TORs) for each committee, outlining their objectives, scope of work, responsibilities, membership, timelines, and reporting structure. TORs provide a formal mandate and clarify expectations.

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4.5. Prepare Plans and Schedules at Corporate, Faculty, Department, and Operational Levels (Top to Bottom)

Based on external and internal analyses, prepare comprehensive academic plans and schedules at each level. This includes the academic calendar, course offerings, teaching assignments, timetable drafts, and resource requirements. Alignment must be ensured vertically from institutional to operational levels.

4.6. Review the Plans with Stakeholders

Share draft academic plans and schedules with relevant stakeholders such as faculty members, administrative units, Quality Assurance, and student representatives where appropriate. Collect feedback on feasibility, workload balance, and potential conflicts and adjust the drafts accordingly.

4.7. Getting the Approval from Relevant Academic and Administrative Governing Bodies

Submit the revised academic plans and schedules to the appropriate governing bodies (e.g., Faculty Boards, Academic Council, Governing Council) for review and formal approval. Ensure that all necessary documentation and justifications are attached.

4.8. Communicating the Plans

Once approved, communicate the final academic calendar, timetables, and related schedules to all stakeholders through official channels (LMS, email, website, and notice boards). Ensure that students and staff have adequate time to plan their activities based on the published schedules.

4.9. Implementation

Implement the academic plans and schedules as approved. Departments, Programme Coordinators, academic staff, and support units must coordinate to deliver teaching, learning activities, and assessments in accordance with the published timetable and academic plan.

4.10. Monitoring and Corrective Adjustments

Continuously monitor the implementation of academic plans and schedules, tracking issues such as timetable clashes, room shortages, student overload, or underutilized resources. Where necessary, make corrective changes in a controlled manner, documenting decisions and informing affected parties promptly.

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5. Documentation and Recordkeeping

The following records and documentation shall be maintained and regularly updated by the relevant bodies at different levels:

- Corporate, faculty, departmental, and operational academic plans and schedules
- Minutes of the meetings of the Governing Council
- Minutes of the meetings of the Academic Council (Senate)
- Minutes of department-level meetings
- Records of operational-level meetings and decisions
- Performance records relating to the implementation of academic plans and schedules
- Reports reviewing progress and outcomes
- Summary records and analytical reports used for decision-making and quality improvement

All records shall be stored securely and retained in accordance with the University's record management policy and regulatory requirements

6. Reviews of the SOP

This SOP shall be reviewed every three years, or earlier if significant changes occur in PSBU curriculum standards, national guidelines, or institutional policies related to academic planning and scheduling. Proposed revisions shall be submitted to the appropriate governing bodies for approval before implementation.

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STANDARD OPERATING PROCEDURE (SOP)

STUDENT FEEDBACK AND EVALUATION

PSB University of Cambodia

1. Purpose

The purpose of this Standard Operating Procedure (SOP) for Student feedback and evaluation is to establish a clear outline for student feedback process and evaluation mechanism that can be used as an important tool for institution's academic development including myriads of other positive effects. This SOP also covers the functioning of systematic process for evaluating the performance of teachers, to assess courses, and overall effectiveness of educational programs. It finally aims to improve the overall quality of the teaching-learning process and university education through:

- Identifying the areas to be developed by resource persons.
- Improving the skills on online deliveries
- Improving the quality of teaching-learning process
- Increasing the engagement and motivation of the students
- Enhance the communication between teachers and students
- Improving the quality of the courses, teaching methods and overall learning environment
- Fostering a collaborative climate in the institution

2. Scope of the SOP for student feedback and evaluation

- This SOP applies to all academic levels (diploma, bachelor's, postgraduate) delivered under affiliation with PSB University of Cambodia and covers two main domains:

2.1 Student feedback

- Preparing teaching materials
- Selecting delivery methods and managing classroom
- Maintaining the quality of teaching and instructions
- Understanding the programme and course contents
- Using teaching aids

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- Using the administrative and academic support services
- Assuring the individual attention and student involvement

2.2 Evaluation

- Getting inputs for designing course and curriculum
- Using teaching methods and the effectiveness of instructors
- Identifying the strengths and weaknesses of instructors
- Conducting staff development programmes
- Achieving programme effectiveness and learning outcomes

3. Responsibilities and Responsible Entities

The responsibilities of the activities in student feedback and evaluation shall be taken by the entities as given below.

3.1. The Highest Academic Body (Senate / Academic Council)

- Preparing the university policies for student feedback and evaluation
- Communicating the policies to relevant parties
- Assuring the adherence to policies by internal entities
- Updating the policies periodically

3.2. The Highest Administrative Body (Governing Council)

- Defining the clear procedure for conducting student feedback and evaluation
- Communicating the procedure to the relevant entities
- Assuring the cross-entity collaboration in the procedure

3.3. Faculty Boards

- Granting approvals for feedback and evaluation mechanisms
- Removing the obstacles in implementation of the procedure
- Organizing skill development programmes with the collaboration of Staff Development Centre

3.4. Heads of Departments (HoDs)

- Planning feedback and evaluation process withing the department (at least twice in a semester)
- Implementing the process as planed
- Documentations of the results
- Communicating the results to the resource persons
- Monitoring the developments

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3.5. Programme Coordinators (PCs)

- Making available the materials to the students
- Communicating and encouraging students to participate in feedback process
- Coordinating with relevant entities
- Communicating the results to the HoD

3.6. Quality Assurance Centre (QAC)

- Assuring the quality of mechanisms used in feedback process
- Monitor the adherence to the approved procedure
- Assuring the periodical, timely updates to the processess

3.7. Academic Support Units

- Receiving data on feedback and evaluations
- Analyze data and create meaningful information
- Coordinating with programme coordinators
- Assure the confidentiality of information.

3.8. Individual Academic Members

- Understanding the purpose and use of student feedback and evaluation
- Engaging in discussions with the Head of Department (HoD) regarding evaluation outcomes.
- Reflecting on their teaching practices and use the feedback to make improvements
- Provide timely and developmental feedback on student work.

3.9. Students

- Understanding the purpose and the importance of conducting feedback process
- Providing honest, constructive, and timely feedback on their learning experiences
- Evaluating course content, teaching methods, and facilities
- Participating in decision-making through student representatives in various committees.

4. Procedure

The following procedure shall be followed in student feedback and evaluation processes

4.1. Planning and Scheduling

Defining the purpose of the evaluation, determines the specific learning outcomes or teaching aspects to be assessed, selects appropriate feedback methods (e.g., online surveys, focus groups), and sets a clear, consistent schedule for the process

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4.2. Instrument Preparation

Preparing the feedback instruments, such as standardized questionnaires or survey questions, ensuring clear, relevant data gathering actionable insights while maintaining student anonymity.

4.3. Data Collection

Providing feedback, typically through confidential online surveys or other designated channels, during or at the end of the course. High response rates are encouraged through clear communication about the process and its value.

4.4. Data Analysis

Collecting feedback data (both quantitative ratings and qualitative comments) are compiled and analyzed to identify trends, strengths, weaknesses, and areas needing attention.

4.5. Reporting

Summarizing feedback reports and distributed to relevant stakeholders, such as department heads, course lecturers, and quality assurance coordinators.

4.6. Review and Discussion

reviewing the reports by department heads and individual lecturers often engaging in one-on-one discussions to interpret the results in the context of the specific course and identify potential enhancements.

4.7. Action Planning and Implementation

Formulating action plans based on the findings, and implementing to address identified issues or leverage successful practices. This might involve adjusting the curriculum, changing teaching methods, or providing additional support.

4.8. Closing the Feedback (Communication)

Communicating the results of the feedback and the actions taken or planned to the students who provided the input, demonstrating that their voice is valued and drives meaningful change.

4.9. Monitoring and Evaluation

Monitoring the implementation and effectiveness of the changes, and regularly evaluating the overall feedback process to ensure the continuous improvement in the quality of education.

5. Documentation and Recordkeeping

The following records and documentation shall be maintained and regularly updated by the relevant entities

- Policies related to student feedback and evaluation
- SOP for student feedback and evaluation
- Instruments used for the process
- Minutes of the meetings among different entities
- Records of data collected
- Guidelines from quality assurance unit

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- Outputs from data analysis
- Inputs for training and development needs
- Actions taken to the identified issues
- Communication to the students

All records shall be stored securely and retained in accordance with the University's record management policy and regulatory requirements

6. Reviews of the SOP

This SOP shall be reviewed every three years, or earlier if significant changes occur in PSBU curriculum standards, national guidelines, or institutional policies related to student feedback and evaluation. Proposed revisions shall be submitted to the appropriate governing bodies for approval before implementation.

1. Purpose

STANDARD OPERATING PROCEDURE (SOP)
Assessment, Marking, Grading, and Evaluation PSB University of Cambodia

The purpose of this Standard Operating Procedure (SOP) is to ensure that all assessments conducted across PSB University and its affiliated institutions are designed, administered, marked, moderated, and evaluated in a fair, transparent, reliable, and academically robust manner. This procedure ensures alignment with PSBU assessment standards, Programme Learning Outcomes, and national regulatory expectations.

2. Scope

This SOP applies to:

- Continuous Assessments (CAs): Quizzes, assignments, presentations, practical tests, and portfolios.

- Summative Assessments: Final examinations and mid-term evaluations.

- Specialized Assessments: Viva voce assessments, project evaluations, and internships.

- Personnel: All academic departments and assessment staff.

- Provision: All programmes and qualification levels offered under the PSBU affiliation framework.

This SOP covers the full assessment lifecycle, including design, administration, security, marking, moderation, and grade approval.

3. Roles and Responsibilities

Lecturer

- Designs assessment instruments aligned with Intended Learning Outcomes (ILOs).
- Marks submissions in strict accordance with the approved rubric.
- Maintains accurate records and submits marks within the stipulated deadlines.

Internal Moderator

- Reviews assessment tools, marking schemes, and sample-marked scripts to ensure academic standards are met.

Programme Coordinator (PC)

- Ensures assessments adhere to the programme structure and maintain appropriate credit weighting.

Head of Department (HoD)

- Oversees departmental assessment processes and verifies academic fairness and integrity.

Examination Division / Examination Officer

- Manages examination timetables, security protocols, logistics, and

documentation. Quality Assurance Officer (QAO)

- Monitors the quality of assessment processes and compliance with documentation standards.

Quality Assurance Academic Team (QAAT)

- Reviews overall assessment practices and ensures compliance across all affiliated institutions.

4. Procedure

4.1 Assessment Planning and Design

Assessment planning commences with a review of the Module Specification to ensure alignment with ILOs. Lecturers prepare assessment instruments (questions, tasks, rubrics, and marking schemes) and submit them to the Internal Moderator and HoD for review and approval.

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4.2 Moderation of Assessment Instruments

The Internal Moderator reviews assessments for academic rigor, fairness, clarity, and alignment with ILOs. Any recommendations for improvement must be communicated to the lecturer prior to final approval.

4.3 Administration of Continuous Assessments (CA)

CAs are communicated to students at the beginning of the module via the Learning Management System (LMS). Lecturers must conduct CAs according to the approved schedule, ensuring clear communication of instructions and marking criteria. Evidence of CAs must be retained for Quality Assurance (QA) review.

4.4 Preparation and Conduct of Final Examinations

The Examination Division prepares the examination timetable and ensures the secure handling of question papers. Final examinations are conducted in adherence to PSBU examination regulations, covering attendance, invigilation, and malpractice protocols. Answer scripts are securely transferred to the marking location.

4.5 Marking and Grading

Lecturers mark all assessments using the approved marking scheme. Marking must be completed within the stipulated timeframe. Mark sheets are prepared and submitted to the HoD and Examination Division. Anonymity must be maintained during marking where required, utilizing index numbers.

4.6 Moderation of Marking

The Internal Moderator reviews a representative sample of marked scripts to verify consistency, fairness, and adherence to criteria. A Moderation Report is submitted, and lecturers are required to address any recommended adjustments.

4.7 Result Compilation and Approval

The Department Examination Board reviews and validates results, analyzing grade distributions, anomalies, and borderline cases. Final results are submitted for approval by the Faculty Board and the Academic Council.

4.8 Student Feedback and Review

Marking feedback for CA components is returned to students within two weeks of submission. Mechanisms for re-scrutiny, review, or appeal must be clearly communicated to students. Student performance trends are analyzed by the HoD and QAO to inform quality improvement initiatives.

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4.9 Post-Assessment Evaluation

The effectiveness of assessments is evaluated using student feedback, examiner reports, and performance analysis. Findings are discussed in departmental meetings and reported to the QAAT. Necessary improvements are implemented in subsequent academic cycles.

5. Documentation and Recordkeeping

The Quality Assurance Office is responsible for maintaining the following records:

- Assessment Plans
- Approved assessment instruments
- Marking schemes and rubrics
- Attendance sheets (for both examinations and CAs)
- Mark sheets and moderated samples
- Moderation reports
- Examination Board minutes
- Final approved result sheets
- Consolidated performance analysis

6. Review of this SOP

This SOP is reviewed every three years, or earlier should major changes occur in PSBU assessment and grading standards or national regulatory guidelines.

1. Purpose

STANDARD OPERATING PROCEDURE (SOP)
Teaching Delivery
PSB University of Cambodia

The purpose of this Standard Operating Procedure (SOP) is to ensure that all teaching and learning delivery activities conducted across PSB University's affiliated institutions are planned, implemented, monitored, and continuously enhanced in a systematic, transparent, and academically sound manner. This SOP guarantees alignment with the PSBU Qualification Framework, Programme Intended Learning Outcomes (ILOs), module specifications, and national quality assurance expectations. It also ensures consistency, promotes student-centered learning methodologies, and optimizes the effective utilization of teaching resources.

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2. Scope

This SOP applies to:

- Module Delivery: All academic modules across all qualification levels (diploma, bachelors, and postgraduate).

- Delivery Modalities: All teaching formats, including face-to-face, online, blended learning, laboratory sessions, seminars, workshops, and practicum placements.

- Academic Staff: All personnel involved in teaching delivery, including full-time lecturers, part-time staff, visiting lecturers, and teaching assistants.

- Academic Units: All departments and administrative units responsible for managing teaching delivery under the PSB University affiliation.

This SOP encompasses the complete lifecycle of teaching, including planning, delivery, quality documentation, and evaluation.

3. Roles and Responsibilities

Lecturer

- Prepares comprehensive teaching plans, presentations, learning materials, and instructional activities.

- Conducts teaching sessions and accurately maintains mandatory attendance records.

- Ensures strict alignment between delivery methods, ILOs, and assessment requirements.

Programme Coordinator (PC)

- Ensures that the module delivery schedule adheres to established programme structures.

- Coordinates timetable logistics, appropriate lecturer deployment, and formal student communication.

Head of Department (HoD)

- Ensures academic soundness, adequate resourcing, and high standards of teaching quality within the department.

- Conducts formal classroom observations and recommends targeted pedagogical improvements.

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Quality Assurance Officer (QAO)

- Verifies teaching documentation completeness and monitors compliance with PSBU quality standards.

- Collects, collates, and analyzes teaching-related performance data and

feedback. **Quality Assurance Academic Team (QAAT)**

- Provides strategic oversight of teaching quality across all affiliated institutions.

- Reviews monitoring reports and ensures continuous improvement actions are systematically implemented.

4. Procedure

4.1 Preparation for Teaching Delivery

Teaching delivery commences with the lecturer developing a comprehensive Teaching Plan, strictly aligned with the approved Module Specification. The plan must detail weekly topics, teaching strategies, planned learning activities, scheduled assessment touchpoints, and required learning resources. All teaching materials (presentations, required readings, supplementary resources) must be uploaded to the Learning Management System (LMS) prior to the commencement of the module delivery.

4.2 Alignment with Programme and Module Requirements

The lecturer must review the Programme Learning Outcomes (PLOs), ILOs, and module structure to ensure that delivery effectively translates into the expected knowledge, skills, and competencies. The Programme Coordinator is responsible for verifying that delivery plans adhere to national credit guidelines and maintain a balanced student workload.

4.3 Conduct of Teaching Sessions

Lecturers are required to deliver teaching according to the published timetable, utilizing approved pedagogical methods such as interactive lectures, guided discussions, demonstrations, case studies, problem-based learning, and relevant digital tools. Attendance must be formally recorded for every session. Teaching should follow the weekly plan while maintaining pedagogical flexibility to accommodate student engagement and specific learning needs.

4.4 Learning Resources and Infrastructure Support

The HoD is responsible for verifying the operational availability and suitability of classrooms, online platforms, specialized equipment, laboratory space, and other essential resources. Significant resource gaps must be promptly reported to the senior management for resolution.

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4.5 Uploading Materials and Communication

All necessary teaching materials, official announcements, assignments, and supporting resources must be uploaded to the LMS in a timely manner. Students must receive consistent and timely communication regarding learning activities, assessment schedules, and available support services.

4.6 Monitoring and Classroom Observation

Formal classroom observations are mandatory and shall be conducted at least once per semester by the HoD or delegated observer. Observers evaluate instructional methods, student engagement levels, effective use of resources, alignment with ILOs, and overall teaching effectiveness. Confidential, constructive feedback is provided to the lecturer to facilitate professional development.

4.7 Student Feedback Collection and Review

Student feedback (mid- and end-semester) is collected using standard institutional quality assurance mechanisms. Feedback instruments must cover teaching clarity, organization, engagement strategies, and academic support. The QAO analyzes the results, identifies patterns, and reports the findings to the HoD and Programme Coordinator.

4.8 Improvement and Consolidation

Lecturers are required to update their Faculty Teaching Portfolio with detailed pedagogical reflections, feedback analysis, and documented improvement actions. The Programme Coordinator consolidates all teaching-related findings for discussion at the departmental meeting and submits a summary report to the QAAT.

5. Documentation and Recordkeeping

The Quality Assurance Office is responsible for maintaining the following records:

- Approved Teaching Plans
- LMS course content and uploaded materials archive
- Official attendance registers
- Classroom observation reports
- Student Experience Survey reports
- Faculty Teaching Portfolios
- Consolidated improvement plans and follow-up actions

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6. Review of this SOP

This SOP shall be reviewed every three years, or earlier if significant changes occur in PSBU teaching delivery standards or national regulatory guidelines.

Standard Operating Procedures (SOPs) for Research and Innovation

1. Purpose

The purpose of this SOP is to establish clear, consistent, and effective procedures for conducting, supporting, reviewing, and evaluating research and innovation activities within the institution. It aims to uphold high standards of academic integrity, ethical practice, and societal impact while fostering a collaborative, innovative, and research-driven environment.

2. Scope

This SOP applies to all research and innovation activities carried out by undergraduate, master's, and PhD students, faculty members, researchers, and staff across all affiliated research units of the institution.It includes proposal development, ethical review, project execution,
commercialization, dissemination, and monitoring.

3. Responsible Personnel

- **Director/Head of Research** – Provides leadership and oversight of research activities.
- **Research Committee/Research Board** – Reviews, evaluates, and approves research proposals.
- **Faculty Advisors and Mentors** – Guide students and early-career researchers.
- **Principal Investigators (PIs)** – Lead research projects and ensure compliance with standards.
- **Ethics Review Board** – Ensures ethical conduct and protection of participants.
- **Administrative Support Staff** – Assist with documentation, communication, and reporting.

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4. Procedures

4.1 Research and Innovation Planning

- Identify research priorities aligned with institutional strategy, societal needs, and available funding.

- Develop detailed proposals outlining objectives, methodology, timeline, resources, and expected outcomes.

- Submit proposals to the Research Committee for initial relevance, feasibility, and ethical prescreening.

4.2 Proposal Review and Ethical Approval

- Research Committee evaluates scientific merit, feasibility, methodological rigor, and alignment with institutional priorities.

- Proposals involving human/animal subjects, sensitive data, or potential conflicts of interest undergo Ethics Review Board approval.

- Projects are authorized to commence only after receiving formal approval.

4.3 Resource Allocation and Research Execution

- Provide researchers with necessary facilities, laboratories, digital systems, databases, and funding.

- Ensure transparent and equitable resource allocation with periodic audits.

- Researchers conduct studies in accordance with approved protocols, ethical criteria, and institutional regulations.

- Mentorship is provided to students and early-career researchers.

- Training is offered in research methodology, academic writing, innovation practices, and responsible conduct.

- Regular progress reports are submitted to the Research Committee or supervisor.

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4.4 Innovation Support and Commercialization

- Encourage innovative, interdisciplinary, and applied research activities, including prototype development and patent applications.(if needed)

- Support commercialization pathways through industry collaboration, incubation, and technology transfer offices.

- Facilitate partnerships with external organizations for research uptake and societal impact.

4.5 Dissemination, Monitoring, and Impact Assessment

- Research outputs must be disseminated through conferences, journals, exhibitions, and institutional repositories.

- Proper authorship and academic integrity must be upheld.
- Ongoing monitoring of progress is conducted by the Research Committee.

- Final evaluation includes quality of outputs, contribution to knowledge, societal or economic impact, and innovation value.

- Stakeholder feedback mechanisms support continuous improvement.

4.6 Documentation, Compliance, and SOP Review

- Maintain all research documentation including proposals, ethics approvals, progress reports, data logs, publications, and impact reports.

- Records must be securely archived for audits and compliance reviews.

- Ensure adherence to institutional, national, and international regulations and funding requirements.

5. Documentation and Recordkeeping

The Quality Assurance Office and Research Office maintain the following records for audit, compliance, and institutional review:

- Research proposal submission forms
- Approved research proposals and project plans
- Ethics Review Board approvals and related correspondence
- Research Committee/Research Board minutes and decisions

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- Progress reports and supervisory meeting records
- Innovation project documentation (prototype records, design files, patents, IPR filings)
- Final research reports, theses, dissertations, and publications
- Commercialization agreements, MoUs, and partnership documents with industry/PSB
- Conference presentations, dissemination materials, and repository submission records

6. Review of this SOP

This SOP is reviewed every **three years** or sooner based on regulatory updates or institutional needs.

Standard Operating Procedures (SOPs) for Research and Innovation

1. Purpose

The purpose of this SOP is to establish clear, consistent, and effective procedures for conducting, supporting, reviewing, and evaluating research and innovation activities within the institution. It aims to uphold high standards of academic integrity, ethical practice, and societal impact while fostering a collaborative, innovative, and research-driven environment.

2. Scope

This SOP applies to all research and innovation activities carried out by undergraduate, master's, and PhD students, faculty members, researchers, and staff across all affiliated research units of the institution.It includes proposal development, ethical review, project execution,
commercialization, dissemination, and monitoring.

3. Responsible Personnel

- **Director/Head of Research** – Provides leadership and oversight of research activities.
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4. Procedures

4.1 Research and Innovation Planning

- Identify research priorities aligned with institutional strategy, societal needs, and available funding.

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4.3 Resource Allocation and Research Execution

- Provide researchers with necessary facilities, laboratories, digital systems, databases, and funding.

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- Mentorship is provided to students and early-career researchers.

- Training is offered in research methodology, academic writing, innovation practices, and responsible conduct.

- Regular progress reports are submitted to the Research Committee or supervisor.

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4.4 Innovation Support and Commercialization

- Encourage innovative, interdisciplinary, and applied research activities, including prototype development and patent applications.(if needed)

- Support commercialization pathways through industry collaboration, incubation, and technology transfer offices.

- Facilitate partnerships with external organizations for research uptake and societal impact.

4.5 Dissemination, Monitoring, and Impact Assessment

- Research outputs must be disseminated through conferences, journals, exhibitions, and institutional repositories.

- Proper authorship and academic integrity must be upheld.
- Ongoing monitoring of progress is conducted by the Research Committee.

- Final evaluation includes quality of outputs, contribution to knowledge, societal or economic impact, and innovation value.

- Stakeholder feedback mechanisms support continuous improvement.

4.6 Documentation, Compliance, and SOP Review

- Maintain all research documentation including proposals, ethics approvals, progress reports, data logs, publications, and impact reports.

- Records must be securely archived for audits and compliance reviews.

- Ensure adherence to institutional, national, and international regulations and funding requirements.

5. Documentation and Recordkeeping

The Quality Assurance Office and Research Office maintain the following records for audit, compliance, and institutional review:

- Research proposal submission forms
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- Ethics Review Board approvals and related correspondence
- Research Committee/Research Board minutes and decisions

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- Progress reports and supervisory meeting records
- Innovation project documentation (prototype records, design files, patents, IPR filings)
- Final research reports, theses, dissertations, and publications
- Commercialization agreements, MoUs, and partnership documents with industry/PSB
- Conference presentations, dissemination materials, and repository submission records

6. Review of this SOP

This SOP is reviewed every **three years** or sooner based on regulatory updates or institutional needs.

STANDARD OPERATING PROCEDURE (SOP)

ACADEMIC ADVISING AND MENTORING

PSB University of Cambodia

1. PURPOSE

The purpose of this SOP is to establish a structured and consistent approach for providing academic advising and mentoring to students. It aims to ensure that students receive timely guidance, support, and resources needed to achieve their academic goals, develop essential skills, and successfully progress through their educational programs.

2. SCOPE

This SOP applies to:

- All academic advisors, faculty mentors, and designated student support staff.
- All registered students who are eligible for academic advising and mentoring services.
- All academic departments, student support units, and administrative offices involved in advising and mentoring activities.

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3. RESPONSIBILITY

3.1 Academic Advisors / Mentors

- Provide accurate academic guidance regarding program requirements, course selection, and progression.
- Meet students as per the scheduled advising cycle or upon request.
- Maintain confidentiality and adhere to institutional policies.
- Identify at-risk students and provide necessary interventions or referrals.

3.2 Students

- Attend scheduled advising/mentoring sessions and actively participate.
- Provide accurate academic information and seek assistance when needed.
- Follow the guidance provided and complete agreed actions.

3.3 Academic Departments

- Assign qualified advisors/mentors.
- Provide updated curriculum information and academic policies.
- Support advisors in maintaining communication channels with students.

3.4 Student Support Services

- Offer additional counselling, career guidance, or psychological support where required.
- Maintain coordination with advisors for holistic student support.

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4. PROCEDURE

4.1 Advisor/Mentor Allocation

- At the beginning of each academic year, students are assigned an academic advisor or mentor by the department.

- The list of assigned advisors is circulated to students and updated in the student information system.

4.2 Scheduling Advising Sessions

- Advisors schedule mandatory advising meetings at designated intervals (e.g., beginning of semester, mid-semester, and end-semester).

- Students may request additional meetings if needed.

- Meetings may be conducted face-to-face or online, depending on institutional guidelines.

4.3 Conducting the Advising Session

During each session, the advisor should:

- Review student academic progress, grades, attendance, and workload.

- Discuss course selection, prerequisites, graduation requirements, or academic challenges.

- Identify academic or personal difficulties affecting performance.

- Provide guidance on time management, study skills, and career aspirations.

- Agree on an action plan and follow-up date.

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4.4 Monitoring Student Progress

- Advisors regularly review progress reports, attendance records, and performance indicators.
- At-risk students are flagged for early intervention.
- Advisors may refer students to counselling, academic support units, or career guidance services where appropriate.

4.5 Follow-Up and Support

- Advisors track whether students have completed the agreed action items.
- Additional mentoring sessions may be scheduled based on progress and student needs.

5. DOCUMENTATION AND RECORD KEEPING

- Advisors must maintain a **Student Advising Record** for each student, including:

  - Date and type of meeting
  - Discussion notes
  - Academic concerns identified
  - Action plans and recommendations

- Records should be stored securely in the institution's approved system (e.g., LMS, or advising portal).
- Sensitive information must be handled confidentially, following data protection policies.
- Documentation must be retained for a minimum period as defined by institutional guidelines (typically 3–5 years).

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6. REVIEW OF THIS SOP

This SOP is reviewed every three years or when major changes to PSBU curriculum standards or national guidelines occur.

STANDARD OPERATING PROCEDURE (SOP)

GOVERNANCE AND LEADERSHIP

PSB University of Cambodia

1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to establish a structured, transparent, and accountable governance and leadership framework for affiliated institutes of PSB University of Cambodia (PSBU) operating in Sri Lanka. This SOP ensures that academic and administrative decisions are made in alignment with PSBU policies, national regulatory requirements, institutional strategic objectives, and international best practices. It provides clear guidelines on governance roles, leadership responsibilities, decision-making processes, communication, compliance, and monitoring mechanisms to maintain institutional integrity, quality, and effectiveness.

2. SCOPE

This SOP applies to all governance bodies, academic and administrative leaders, and operational units of affiliated institutes of PSBU in Sri Lanka, including: Governing Council / Board of Directors, Academic Council, Faculty Boards and Committees, Senior Management Team (SMT), Heads of Departments (HoDs), Programme Coordinators (PCs), Quality Assurance Office (QAO), Administrative and Support Units. It covers all processes related to strategic planning, academic governance, policy implementation, resource allocation, stakeholder engagement, compliance, and reporting.

3. ROLES AND RESPONSIBILITIES

3.1 Governing Council / Board of Directors: Provides institutional strategic direction and oversight, approves high-level policies, budgets, and resource allocations, Ensures compliance with national regulations and PSBU affiliation requirements.

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3.2 Academic Council: Oversees academic quality, teaching and learning, and assessment standards**,** approves academic regulations, curriculum changes, and quality assurance measures**,** ensures alignment with PSBU academic policies.

3.3 Senior Management Team (SMT): Implements strategic and operational plans approved by the Governing Council, oversees daily academic and administrative functions, ensures proper governance mechanisms, risk management, and internal controls.

3.4 Head of Department (HoD): Provides academic leadership within the department, ensures programme quality, staff allocation, and student support, Coordinates departmental planning, reporting, and compliance.

3.5 Programme Coordinator (PC): oversees programme operations, curriculum implementation, and documentation, ensures alignment with PSBU standards and QA processes, serves as liaison between students, faculty, and academic leadership.

3.6 Quality Assurance Officer (QAO): monitors institutional compliance with PSBU QA standards, maintains governance documentation, review reports, minutes, and audit logs, coordinates internal reviews and supports accreditation processes.

3.7 Administrative and Support Units: provide logistical, financial, IT, HR, and student services support, ensure timely reporting and compliance with institutional procedures.

4. GOVERNANCE AND LEADERSHIP PROCEDURES

4.1 Strategic Planning and Policy Development: SMT develops the institutional annual strategic plan, the plan aligns with PSBU strategic priorities, national regulations, market needs, and institutional capacity, the draft plan is submitted to the Governing Council for approval, approved plan is disseminated across all academic and administrative units.

4.2 Academic Governance: curriculum proposals and revisions follow the Curriculum Development SOP, academic Council reviews academic policies, assessment regulations, and academic quality indicators, faculty Boards provide subject-level oversight and forward recommendations, all academic decisions are recorded, filed, and communicated to PSBU.

4.3 Decision-Making and Delegation of Authority: A delegation matrix is maintained by SMT and approved by the Governing Council, including the strategic (Governing Council)**,** academic (Academic Council), operational (SMT, HoD, PC)**,** and administrative

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(Registrar/Administration) decisions. Major decisions must be documented with proper minutes and approvals.

4.4 Compliance, Accreditation, and Quality Assurance: QAO ensures compliance with PSBU standards, national regulatory requirements, and institutional policies, annual internal quality audits are conducted, programme reviews are conducted every 3–5 years, external academic audits are supported through documented evidence.

4.5 Resource Allocation and Management: annual budget prepared by SMT and approved by the Governing Council, HoDs submit staffing and resource needs annually. procurement follows transparent, approved procedures, quarterly monitoring of resource utilization is carried out.

4.6 Faculty Recruitment, Development, and Performance Monitoring: faculty recruitment aligns with qualification frameworks and merit principles, HoDs manage teaching allocations and monitor performance, raining and development activities are identified and documented annually, faculty appraisals are conducted aligned with QA guidelines.

4.7 Student Engagement and Support Mechanisms: departments maintain systems for student advising and academic support, student representatives meet regularly with PCs/HoDs, feedback mechanisms include surveys, focus groups, and consultations, issues are documented, analyzed, and corrective actions implemented.

4.8 Communication and Reporting: minutes of governance meetings are prepared and maintained, institutional reports submitted to PSBU include academic, QA, and financial reports, internal communications are disseminated via LMS, email, and notice boards, SMT handles crisis communication as per policy.

4.9 Monitoring, Review, and Continuous Improvement: annual governance reviews conducted by SMT and QAO, key indicators include student outcomes, faculty performance, and QA audit results, recommendations documented and integrated into strategic plans, non-compliance cases are escalated to SMT and Governing Council.

5. DOCUMENTATION AND RECORDKEEPING

The QAO maintains secure digital and physical records of: governance structure documents, minutes of governance bodies, internal audit reports, policies, SOPs, and approvals, strategic plans and reports, stakeholder feedback, compliance and accreditation records, records must be retained for at least five years unless otherwise specified.

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6. COMMUNICATION AND AWARENESS

SOP shared via LMS, email, and briefings, orientation provided to new academic and administrative staff, critical policy updates communicated within seven working days.

7. COMPLIANCE AND ACCOUNTABILITY

All units must comply with PSBU governance requirements, internal audits conducted annually, non-compliance must be reported within five working days, corrective actions documented and monitored.

8. REVIEW AND UPDATES

SOP reviewed every two years or as needed due to policy changes, revisions follow the governance approval workflow, version control maintained by QAO.

9. APPENDICES

Appendix A: Governance Structure Diagram

STANDARD OPERATING PROCEDURE (SOP)

CURRICULUM DESIGN AND DEVELOPMENT

PSB University of Cambodia

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to ensure that all academic programmes and modules offered by satellites institutes of PSB University are designed, developed, reviewed, and updated in a systematic, transparent, and academically sound manner. This procedure supports alignment with the PSBU Qualification Framework, intended learning outcomes (ILOs), discipline-specific standards, national regulatory expectations, and stakeholder needs including industry, students, and employers.

2. Scope

This SOP applies to:

- Development of new academic programmes
- Development or revision of modules within existing programmes

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- Periodic review and enhancement of existing curricula
- Major and minor curriculum changes introduced by the affiliated institute

It covers all academic levels (diploma, bachelor's, postgraduate) delivered under the affiliation with PSB University.

3. Responsibility

- **Programme Coordinator (PC):** Leads curriculum development, prepares academic documents, and coordinates stakeholder input.
- **Head of Department (HoD):** Ensures academic feasibility, staffing, and resource adequacy.
- **Curriculum Committee (CC):** Reviews curriculum proposals, ensures academic rigor, and provides structured feedback.
- **Quality Assurance Officer (QAO):** Ensures alignment with PSBU standards and monitors documentation.
- **Quality Assurance Academic Team (QAAT):** Grants final approval for curricula to be delivered.

4. Procedure

The curriculum design and development process proceed through a structured set of stages:

4.1 Initiation of Curriculum Proposal

Curriculum development begins with the Programme Leader submitting a formal proposal supported by a rationale, labour market and competitor analysis, expected student profile, and alignment to the institute's strategic plan. The proposal includes draft programme outcomes, credit framework, and preliminary module structure.

4.2 Preliminary Internal Review

The Head of Department and Quality Assurance Officer review the proposal to determine its alignment with the PSB University Qualification Framework, standard credit allocations, programme level descriptors, and compliance with institutional requirements. Any issues identified at this stage are communicated to the Programme Leader for revision before moving forward.

4.3 Programme and Module Specification Development

Following preliminary approval, the Programme Leader develops the full Programme Specification. This includes programme outcomes (PLOs), teaching and learning

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strategies, assessment strategies, and mapping matrix aligning PLOs with module learning outcomes (MLOs). Each module is developed with a detailed Module Specification covering content, delivery hours, assessments, reading lists, and resources required.

4.4 Review by the Curriculum Committee

The Curriculum Committee evaluates the proposal for coherence, academic depth, alignment to learning outcomes, appropriateness of teaching and assessment methods, balance of workload across modules, and availability of required resources. The committee may request clarifications, improvements, or revisions before the proposal progresses.

4.5 Resource Verification

The Head of Department verifies availability of qualified teaching staff, classroom and laboratory facilities, library and digital resources, and required equipment. Where gaps exist, a resource development plan is prepared and submitted to management for approval.

4.6 External Academic Review

To ensure academic integrity and comparability with national and international standards, an External Reviewer—typically a subject expert not affiliated with the institute—assesses the programme. The reviewer evaluates academic currency, benchmarking with similar programmes, appropriateness of content level, and relevance to industry demands. The reviewer submits a written report containing recommendations.

4.7 Revision and Consolidation

The Programme Leader addresses all comments from the Curriculum Committee and External Reviewer, incorporating changes into the Programme and Module Specifications. A revised submission is forwarded to the Quality Assurance Officer for verification.

4.8 Approval by the Academic Team

The complete curriculum package, along with review comments, resource verification, and external review report, is presented to the Academic Council. The Council considers academic soundness, institutional relevance, and compliance with PSBU QA

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requirements. Approval may be granted outright, granted with conditions, or deferred pending further revision.

4.9 Version Control and Publication

Once approved, the programme is assigned a version number and official status. The final documents are released to the Registry, published on the Learning Management System (LMS), and communicated to academic staff responsible for delivery. Promotional material and student handbooks are updated accordingly to ensure accuracy.

4.10 Periodic Review and Update

All programmes and modules undergo periodic review within a 3- to 5-year cycle or earlier if required due to regulatory or market changes. Feedback from students, staff, industry partners, examiners, and performance data is used to inform curriculum improvements. All changes follow the same formal review and approval mechanism as initial development.

5. Documentation and Recordkeeping

The Quality Assurance Office maintains the following records for audit and institutional review:

- Curriculum proposal forms
- Programme and Module Specifications
- Curriculum Committee minutes and decisions
- External Reviewer reports
- Academic Council approval letters
- Resource verification documents
- Version history and change logs

6. Review of this SOP

This SOP is reviewed every three years or when major changes to PSBU curriculum standards or national guidelines occur.

STANDARD OPERATING PROCEDURE (SOP)

Induction and Orientation Programmes

PSB University of Cambodia – Sri Lanka Academic Centres

1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to establish a clear, systematic, and consistent framework for planning, organizing, and delivering Induction and Orientation programmes for new students enrolled in PSB University of Cambodia (PSBU) affiliated institutes in Sri Lanka.

This SOP ensures that all new entrants receive essential academic, administrative, and student-support information required for a smooth transition into university life, while promoting a positive learning environment aligned with PSBU academic standards and international best practices.

2. SCOPE

This SOP applies to all new students enrolled in undergraduate, postgraduate, diploma, and professional programs conducted through PSBU-affiliated institutes in Sri Lanka. It covers the pre-orientation preparations, programme delivery, documentation, evaluation, and follow-up processes.

3. OBJECTIVES OF INDUCTION & ORIENTATION

The Induction and Orientation Programme aims to:

- Welcome students into the academic community.
- Familiarize students with university policies, academic regulations, and code of conduct.
- Introduce faculty, administrative staff, and support services.
- Provide information on curriculum structure, credit system, and learning expectations.
- Explain student support systems (library, LMS, IT services, counselling, career services).
- Promote social integration among new students.
- Support students in adapting to university culture and expectations.

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4. ROLES AND RESPONSIBILITIES

4.1 PSBU Academic Board

- Approves guidelines and minimum standards for Induction & Orientation.
- Reviews improvements and recommendations submitted by affiliated institutes.

4.2 Affiliated Institute Management

- Appoints a **Programme Coordinator** for Induction & Orientation.
- Ensures adequate resources, facilities, and logistics for programme delivery.
- Ensures compliance with PSBU quality standards and branding guidelines.

4.3 Programme Coordinator (Induction & Orientation)

- Prepares detailed schedule and agenda.
- Coordinates with faculty, administration, and guest speakers.
- Ensures availability of materials (handbooks, forms, presentations).
- Maintains attendance records.
- Collects student feedback and submits summary report to institute management and PSBU.

4.4 Academic and Administrative Staff

- Deliver sessions as allocated.
- Provide accurate academic and administrative information.
- Support students during registration and documentation.

4.5 Student Support Services Staff

- Facilitate campus tours and resource demonstrations (library, LMS, labs).
- Provide guidance on counselling, career services, and welfare facilities.

5. PROGRAMME STRUCTURE

Induction and Orientation Programme must include the following components:

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5.1 Welcome and Introduction

- Opening address by the Institute Director/Head.
- Introduction of faculty members and key administrative staff.

5.2 Academic Information

- Overview of PSB University and affiliated institute.
- Explanation of program structure, modules, credits, assessments, and academic calendar.
- Introduction to teaching & learning methods and expectations.
- Examination regulations, plagiarism policies, and academic integrity standards.

5.3 Administrative Briefings

- Registration procedures and fee policies.
- Student ID card process.
- Attendance requirements and discipline guidelines.

5.4 Student Support Services

- Library orientation and membership process.
- Introduction to Learning Management System (LMS).
- IT services, computer labs, Wi-Fi access.
- Counselling services and student welfare information.
- Safety and emergency procedures.

5.5 Campus Tour

- Classrooms, labs, library, administrative offices.
- Cafeteria, common spaces, emergency exits.

5.6 Ice-Breaker and Student Engagement Activities

- Group activities to promote peer interaction.
- Student clubs, associations, and extracurricular opportunities.

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5.7 Distribution of Materials

- Student Handbook.
- Academic Calendar.
- Assessment Guidelines.
- Contact list of key staff.
- Programme brochure and timetable.

6. LOGISTICS AND PREPARATION

6.1 Pre-Programme Arrangements

- Finalize orientation schedule at least **two weeks prior**.
- Reserve venue(s) and check audio-visual equipment.
- Prepare printed and digital documents.
- Allocate staff roles and confirm guest speakers.

6.2 Registration Desk Setup

- Student attendance sheet.
- Collection of documents (NIC/passport copies, application forms, fee receipts).
- Issuance of welcome packs.

7. CONDUCT OF THE PROGRAMME

- Programme must start on time as per schedule.
- Coordinator ensures smooth transitions between sessions.
- Support staff remain available throughout for student assistance.

8. DOCUMENTATION AND RECORD KEEPING

The following records must be maintained:

- Orientation schedule
- Attendance records

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- Copies of presentations and materials
- List of staff resource persons
- Student feedback forms
- Final summary report to PSBU

All documents must be archived by the institute for **a minimum of three years**.

9. FEEDBACK AND CONTINUOUS IMPROVEMENT

- Collect structured feedback at the conclusion of the programme.
- Identify gaps or areas for improvement.
- Coordinator prepares a **post-programme report** with recommendations.
- Report is submitted to the Institute Management and PSBU Academic Board.

10. COMPLIANCE AND MONITORING

- PSBU reserves the right to review or audit Induction & Orientation programmes.
- Non-compliance may result in corrective directives or quality review actions.

11. REVIEW OF THE SOP

This SOP will be reviewed every **three years** or earlier if required, to ensure relevance and alignment with institutional standards and best practices.

STANDARD OPERATING PROCEDURE (SOP) FOR CONTINUOUS IMPROVEMENT IN HIGHER EDUCATION INSTITUTES

1. PURPOSE

To establish a structured and systematic approach to continuous improvement (CI) in academic and administrative processes within Higher Education Institutions (HEIs), ensuring academic excellence, stakeholder satisfaction, and institutional sustainability.

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2. SCOPE

This SOP applies to all academic programmes, academic departments, administrative units, and support services of the higher educational institutions involved in the planning and delivery of higher educational programmes.

3. DEFINITIONS

Continuous Improvement (CI): An ongoing effort to improve products, services, or processes.

KPI (Key Performance Indicators): Measurable values that demonstrate how effectively objectives are being achieved.

IQAC (Internal Quality Assurance Cell): A central body responsible for monitoring and ensuring quality in HEIs.

PDCA Cycle: Plan-Do-Check-Act, a four-step model for carrying out CI.

4. RESPONSIBILITIES

Stakeholder	Responsibility
IQAC	Develops CI policies, reviews data, and reports improvements.
Department Heads	Implement CI strategies and monitor academic performance.
Faculty & Staff	Identify areas for improvement and suggest interventions.
Students & Stakeholders	Provide feedback and participate in improvement initiatives.

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5. PROCEDURE

Step 1: Planning (PLAN)

1.1 Define goals and objectives aligned with institutional vision and mission.

1.2 Identify KPIs in academic, administrative, and support functions.

1.3 Collect baseline data on current performance.

1.4 Develop an annual quality enhancement plan.

Tools: SWOT analysis, stakeholder feedback, benchmarking.

Step 2: Implementation (DO)

2.1 Implement strategies and action plans as per the enhancement plan.

2.2 Assign responsibilities and timelines.

2.3 Integrate improvements in teaching, learning, infrastructure, governance, etc.

2.4 Ensure resource allocation for initiatives.

Examples: Curriculum revision, faculty development programs, digitalization of services.

Step 3: Monitoring & Review (CHECK)

3.1 Regularly track KPIs and progress using monitoring dashboards.

3.2 Conduct internal audits and academic reviews.

3.3 Analyze student outcomes, feedback, and satisfaction surveys.

3.4 Prepare review reports for IQAC and management.

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Step 4: Evaluation & Improvement (ACT)

4.1 Evaluate success and impact of implemented actions.

4.2 Identify gaps or failures and determine root causes.

4.3 Update policies, practices, and improvement plans accordingly.

4.4 Recognize successful practices and disseminate across departments.

Tools: Root cause analysis, Six Sigma, Balanced Scorecard.

6. TIMELINE

Activity	Frequency
Stakeholder Feedback	Every Semester
KPI Review	Quarterly
CI Planning	Annually
Internal Audit	Biannually
External Quality Review	Every 3-5 Years

7. DOCUMENTATION AND RECORDS

Annual Quality Reports (AQR)

Stakeholder feedback analysis

Internal audit reports

Action taken reports (ATRs)

Archive records for a minimum of 5 years.

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8. MONITORING AND REVIEW

The SOP will be reviewed annually by IQAC.

Updates and revisions must be approved by the institutional governing body.

9. REFERENCES

No.	Document Title	Author/Publisher	Date
1.	ISO 9001:2015 – Quality Management Systems	International Organization for Standardization (ISO)	2015
2.	Institutional Policy Manual	University Grants Commission	2023 Edition
3.	Continuous Quality Improvement in Higher Education	Quality Assurance Agency (QAA)	2020

10. REVISION HISTORY

Version	Date	Description of Change	Approved By
1.0	2025-03-01	Initial draft developed	Director IQAC
2.0	2025-07-15	Added reference to ISO 9001:2015 and audit process	Head Academic
3.0	2025-00-00	Integrated KPI review process	Academic Staff

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STANDARD OPERATING PROCEDURE (SOP)

ACADEMIC ADVISING AND MENTORING

PSB University of Cambodia

1. PURPOSE

The purpose of this SOP is to establish a structured and consistent approach for providing academic advising and mentoring to students. It aims to ensure that students receive timely guidance, support, and resources needed to achieve their academic goals, develop essential skills, and successfully progress through their educational programs.

2. SCOPE

This SOP applies to:

- All academic advisors, faculty mentors, and designated student support staff.
- All registered students who are eligible for academic advising and mentoring services.
- All academic departments, student support units, and administrative offices involved in advising and mentoring activities.

3. RESPONSIBILITY

3.1 Academic Advisors / Mentors

- Provide accurate academic guidance regarding program requirements, course selection, and progression.
- Meet students as per the scheduled advising cycle or upon request.
- Maintain confidentiality and adhere to institutional policies.
- Identify at-risk students and provide necessary interventions or referrals.

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3.2 Students

- Attend scheduled advising/mentoring sessions and actively participate.
- Provide accurate academic information and seek assistance when needed.
- Follow the guidance provided and complete agreed actions.

3.3 Academic Departments

- Assign qualified advisors/mentors.
- Provide updated curriculum information and academic policies.
- Support advisors in maintaining communication channels with students.

3.4 Student Support Services

- Offer additional counselling, career guidance, or psychological support where required.
- Maintain coordination with advisors for holistic student support.

4. PROCEDURE

4.1 Advisor/Mentor Allocation

- At the beginning of each academic year, students are assigned an academic advisor or mentor by the department.
- The list of assigned advisors is circulated to students and updated in the student information system.

4.2 Scheduling Advising Sessions

- Advisors schedule mandatory advising meetings at designated intervals (e.g., beginning of semester, mid-semester, and end-semester).

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- Students may request additional meetings if needed.

- Meetings may be conducted face-to-face or online, depending on institutional guidelines.

4.3 Conducting the Advising Session

During each session, the advisor should:

- Review student academic progress, grades, attendance, and workload.

- Discuss course selection, prerequisites, graduation requirements, or academic challenges.

- Identify academic or personal difficulties affecting performance.

- Provide guidance on time management, study skills, and career aspirations.

- Agree on an action plan and follow-up date.

4.4 Monitoring Student Progress

- Advisors regularly review progress reports, attendance records, and performance indicators.

- At-risk students are flagged for early intervention.

- Advisors may refer students to counselling, academic support units, or career guidance services where appropriate.

4.5 Follow-Up and Support

- Advisors track whether students have completed the agreed action items.

- Additional mentoring sessions may be scheduled based on progress and student needs.

5. DOCUMENTATION AND RECORD KEEPING

- Advisors must maintain a **Student Advising Record** for each student, including:

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➢ Date and type of meeting

➢ Discussion notes

➢ Academic concerns identified

➢ Action plans and recommendations

- Records should be stored securely in the institution's approved system (e.g., LMS, or advising portal).

- Sensitive information must be handled confidentially, following data protection policies.

- Documentation must be retained for a minimum period as defined by institutional guidelines (typically 3–5 years).

6. REVIEW OF THIS SOP

This SOP is reviewed every three years or when major changes to PSBU curriculum standards or national guidelines occur.

STANDARD OPERATING PROCEDURE (SOP)

LEARNING RESOURCE PROVISION

PSB University of Cambodia

1.PURPOSE

- This SOP ensures that all learners under PSB programmes receive timely, adequate, and high-quality learning resources to support teaching, learning, assessment, and continuous professional development.

2. SCOPE

- Applicable to all PSB academic programmes, lecturers, resource developers, library/learning support staff, and administrative officers involved in preparing, approving, and distributing learning resources.

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3. DEFINITIONS

- Learning Resources include textbooks, lecture notes, handouts, digital documents, videos, case studies, readings, practice exercises, and online materials.
- PSB Resource Unit (PRU) is responsible for developing, collecting, reviewing, and issuing learning materials.
- Approved Resource List (ARL) is prepared for each course/module.

4. RESPONSIBILITIES

4.1 PSB Academic Committee

- Approves the annual Approved Resource List (ARL).
- Ensures relevance, accuracy, and academic alignment.

4.2 Course Lecturers

- Prepare required learning materials before the start of each module.
- Submit materials to PRU for quality review.
- Update content every semester when necessary.

4.3 PSB Resource Unit (PRU)

- Checks quality, clarity, and copyright.
- Standardizes formatting of notes and handouts.
- Uploads approved resources to the LMS/online platform.
- Provides printed copies where necessary.

4.4 Administrative Office

- Maintains inventory of printed materials.
- Coordinates distribution to students.

5. PROCESS FLOW

Step 1 – Resource Planning

- At the start of each semester, lecturers submit a Resource Requirement Form.

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- PRU compiles all resource needs and prepares the semester ARL.

- PSB Academic Committee reviews and approves the ARL.

Step 2 – Resource Preparation

- Lecturers prepare notes, slides, exercises, and reading lists.

- All materials must follow PSB formatting guidelines (title page, logo, module code, version number).

Step 3 – Quality Review

PRU verifies:

- Accuracy and academic relevance

- Language clarity

- Cultural and contextual appropriateness

- Copyright compliance

- Proper referencing

- Corrections are returned to lecturers where needed.

Step 4 – Approval

- PRU submits the final version to the Academic Committee for endorsement.

- Approved materials are stamped "PSB Approved – Valid for Semester".

Step 5 – Distribution

- Upload approved materials to LMS / Google Classroom / PSB Portal.

- For printed copies: Admin Office prints and distributes during the first week.

- Students with special needs may receive alternative formats (large print, audio support).

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Step 6 – Updating & Archiving

- PRU maintains a digital archive of all versions.
- Updates occur every semester based on lecturer feedback, student comments, and new syllabus changes.

6. MONITORING & EVALUATION

- Student feedback is collected mid-semester.
- Academic audits are conducted annually.
- Non-compliance recorded and corrective actions implemented.

7. DOCUMENTATION & RECORDS

- Resource Requirement Forms
- Approved Resource List
- Version-controlled digital files
- Distribution logs
- Update reports

All documents must be securely stored for a minimum of five years.

8. REVIEW OF SOP

- This SOP shall be reviewed every two years or earlier if curriculum changes require updates.

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Standard Operating Procedure (SOP):

Assessment Design and Approval

PSB University of Cambodia

Purpose

The purpose of this Standard Operating Procedure (SOP) is to ensure that all assessment and evaluation practices for academic programmes (Diploma, Bachelor's, and Postgraduate) offered by satellite institutes of PSB University are conducted in a systematic, fair, rigorous, and transparent manner. This procedure supports the alignment of assessment with the Intended Learning Outcomes (ILOs) of the modules and programmes, the PSBU Qualification Framework, and relevant national regulatory expectations·

1. Scope

This SOP applies to:

- The design, approval, and moderation of all assessment tasks for programmes across all academic levels (diploma, bachelor's, postgraduate).
- The implementation and administration of all examinations and coursework assessments.
- The marking, feedback, and moderation processes.
- The procedures for grade processing, review, and academic appeals.
- The use of assessment data for periodic curriculum review and enhancement

2. Responsibility

Role	Primary Responsibilities in Assessment and Evaluation
Module Leader/Lecturer	Develops, administers, and marking scheme and rubrics. Ensures alignment with Module Learning Outcomes (MLOs) and provides timely feedback.

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Programme Coordinator (PC)	Oversees the overall assessment load and strategy for the programme. Coordinates internal moderation and ensures consistency across modules. The review confirms the assessment's clarity, fairness, validity, and appropriate academic level.
Head of Department (HoD)	Approves the final assessment schedule and resource allocation for examinations. Ensures the integrity and security of assessment processes.
Quality Assurance Coordinator (QAC)	Monitors the assessment process for compliance with PSBU standards, policies, and documentation requirements.
Curriculum Committee (CC)	Reviews and approves overall assessment strategies and major changes to module assessment specifications.
External Examiner (EE)	Provides an independent review of assessment tasks, marking standards, and overall student performance against national and international benchmarks.
Quality Assurance Unit (QAU)/ Academic Council	Grants final approval for assessment and grading policies and ratifies final student results. Maintains official records of the final Assessment Blueprints, Marking Schemes, and records of Internal and External Moderation for audit and institutional review.

3. **Procedure**

The assessment and evaluation process proceeds through a structured set of stages:

4.1 Assessment Design and Specification

- *Initial Design:* The Module Leader/Lecturer designs the assessment tasks, ensuring they directly map to the Module Learning Outcomes (MLOs). The design must comply with the approved Module Specification detailing weighting, type, and duration.

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- *Programme Coherence:* The Programme Coordinator reviews the assessment plan across the programme to ensure an appropriate balance of workload, diversity of assessment methods, and progressive academic challenge.

4.2 Internal and External Moderation of Assessment Tasks

- *Internal Moderation:* Prior to implementation, all assessment tasks, marking schemes, and rubrics are internally reviewed by the Programme Coordinator or another nominated academic peer (Internal Moderator) to confirm clarity, fairness, validity, and academic level.
- *External Examiner Review:* Proposed assessment instruments (e.g., examination papers, major project briefs) are sent to the External Examiner for review. The External Examiner evaluates academic currency, appropriateness of content level, and benchmarking with similar institutions.
- *Approval:* Assessment tasks are implemented only after internal and external moderation comments have been addressed and the final version is approved by the Head of Department.

4.3 Administration of Assessments

- *Examination Procedures:* The Registry or administrative office manages the scheduling, venue booking, invigilation, and secure handling of all examination materials (before and after the exam).
- *Coursework Submissions:* Clear guidelines are provided to students regarding submission methods, deadlines, and penalties for late submission or academic malpractice.

4.4 Marking, Feedback, and Post-Assessment Moderation

- *Marking:* Module Leaders/Lecturers mark student work according to the approved marking scheme/rubric, ensuring marks reflect the quality of the work against the criteria.
- *Feedback:* Constructive, timely, and individualised feedback is provided to students to aid their learning, aligning with the teaching and learning strategies.
- *Post-Assessment Moderation:* A sample of marked student scripts/work is reviewed by an Internal Moderator to ensure consistency and equity in the application of the

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marking criteria. The External Examiner also reviews a sample of marked work across the grade range to confirm the standard of student achievement is appropriate.

- Mark Finalisation: All marks are submitted to the Programme Coordinator after moderation for grade processing.

4.5 Grade Processing and Academic Council Ratification

- Grade Compilation: The Programme Coordinator compiles the final module grades and provisional overall programme results.
- *Exam Board/Academic Council Review:* Final results are presented to an Examination Board, and subsequently to the Academic Council or Quality Assurance Academic Team (QAAT) for final review and ratification. The Board scrutinises borderline cases, mitigating circumstances, and External Examiner comments.
- *Publication:* Once ratified, official results are released to the Registry for formal publication and notification to students.

4.6 Periodic Review of Assessment

- *Assessment Data Use:* Assessment outcomes and data are used as key evidence for the periodic review of programmes. This includes analysis of pass rates, grade distributions, and External Examiner reports.
- *Feedback Integration*: Feedback from students, staff, and industry partners on assessment methods is used to inform improvements.
- *Implementation of Change*: Any subsequent changes to assessment methods or weightings follow the formal review and approval mechanism outlined in the curriculum design SOP.

5. Documentation and Recordkeeping

The Quality Assurance Unit and the Registry maintain the following records for audit and institutional review:

- Assessment Blueprints and full finalised assessment tasks.
- Marking Schemes and Rubrics used for each assessment.
- Records of Internal and External Moderation of assessment tasks and marked student work.
- Minutes of Examination Boards and Academic Council approval letters for ratified results.
- Grade Books and final student achievement data.
- Records of student academic appeals and mitigating circumstances decisions.

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6. **Review of this SOP**

This SOP is reviewed every three years or when major changes to PSBU curriculum standards or national guidelines occur.

STANDARD OPERATING PROCEDURE (SOP)

Assessment Administration

PSB University of Cambodia

1. Purpose

This SOP establishes a standardized process for planning, administering, monitoring, and documenting assessments in order to ensure fairness, reliability, transparency, and compliance with the PSB University and Satellite Campuses regulations in Sri Lanka.

2. Scope

This SOP is applicable to all academic programs of all Satellite Campuses of PSB University.

- Undergraduate and postgraduate academic programmes
- Continuous Assessments (CAs) and End Semester Examination (ESE)
- Academic staff, examination branch staff, invigilators, and students involved in the assessment process.

It covers all academic levels (diploma, bachelor's, postgraduate) delivered under the affiliation with PSB University.

3. Responsibility

The following staff and department are the responsibility for Assessment Administration

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3.1 **Dean / Head of Department**: Ensure assessments comply with PSB University and its policies. Appoint Examination Coordinators and Board of Examiners (BoE).If Dean/Head is not available, Coordinator/Examinations can take the responsibility.

3.2 **Lecturers**: Prepare assessment materials and marking schemes. Ensure timely marking and result submission.

3.3 **Examinations Branch/Admin Branch**: Manage logistics, hall allocations, seating, timetables, and secure storage of papers. Maintain confidentiality of assessment materials.

3.4 **Supervisor and Invigilators:** Conduct examinations according to examination by-laws. Enforce rules, manage attendance, and report malpractice.

4. Procedure

The Assessment Administration procedure are as follows:

4.1 **Assessment Planning:** Prepare an **Assessment Plan** for each course at the beginning of the semester, specify: assessment type, weightage, dates, learning outcomes, marking criteria, Communicate the plan to students within the first two weeks.

4.2 **Development of Assessment Materials:** Continuous Assessments with the approval of the Head of the Department and End Semester Examinations (Set question papers according to approved syllabus and learning outcomes, prepare marking schemes/rubrics, submit materials to the **Moderator** for review and finalize and seal papers according to secure storage standards.

4.3 **Examination Preparation:** Examinations Branch prepares the timetable and halls. Seating plans, attendance sheets, and cover sheets generated**.,** Question papers and answer scripts securely packed and labelled. Supervisor and Invigilators briefed prior to examination week.

4.4 **Conduct of Examinations:** Supervisor and Invigilators report 30–45 minutes early, verify student identity using university ID card, announce rules, reading time and start/stop times, manage incidents (late entry, illness, misconduct) according to by-laws and, get signature at the attendance sheet, collect scripts, count and certify them, and return securely to the Examinations Branch.

4.5 **Continuous Assessments Administration:** Lecturers conduct CA activities as scheduled, maintain records of submissions, grades, and feedback and Ensure integrity (no leakage, plagiarism checks, confidentiality).

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4.6 **Marking and Grading:** Mark according to approved marking scheme, send to the answer script to the second examiner for marking, submit marks to the Examination Coordinator by deadline and Maintain transparency and confidentiality.

4.7 **Results Compilation:** Examination Branch compiles marksheets, Preliminary results submitted to the Board of Examiners (BoE), BoE verifies anomalies, scaling, and special

4.8 cases (medical, repeat, etc.) and Final results forwarded to Senate/Faculty Board for approval.

4.9 **Result Release:** Once approved, the Examination Branch publishes results through the LMS/official portal and Students may request post-result reviews, re-scrutiny, or re-marking as per regulations.

4.10 **Handling Assessment Irregularities:** Record and report malpractice using standard forms.**,** Forward cases to the Examination Disciplinary Committee and Follow PSB University guidelines for disciplinary action.

5. Documentation and Recordkeeping

The Examination branch maintains the following records:

- PSB University Policies and Procedures on Assessments & Examinations
- PSB University Examination By-laws and Regulations
- Faculty/Department/Unit Quality Assurance Framework
- Assessment Plan Templates
- Store examination papers, answer scripts, and results according to retention policy.
- Moderation Forms
- Supervisor and Invigilation Guidelines

6. Review of this SOP

This SOP shall be reviewed every three years by the Examination Branch and approved by the Senate.

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STANDARD OPERATING PROCEDURE (SOP)

Internship and Industry-Based Learning Management
PSB University of Cambodia – Sri Lanka Academic Centres

1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to establish a systematic, consistent, and transparent framework for planning, coordinating, implementing, and evaluating Internship and Industry-Based Learning (IBL) activities for students enrolled in PSB University of Cambodia (PSBU) affiliated institutes in Sri Lanka. This SOP ensures that all internship and industry-based learning experiences meet academic requirements, enhance employability skills, and maintain strong partnerships with industry stakeholders in accordance with PSBU academic standards and quality assurance guidelines.

2. SCOPE

This SOP applies to:

- All undergraduate, diploma, and postgraduate programs that include internship or industry-based learning components.
- All students, supervisors, academic coordinators, and partner organizations engaged in internship and IBL activities through PSBU-affiliated institutes in Sri Lanka.

3. OBJECTIVES OF INTERNSHIP & INDUSTRY-BASED LEARNING

The Internship and IBL Program aims to:

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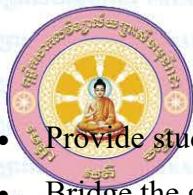
- Provide students with real workplace exposure and hands-on experience.
- Bridge the gap between theoretical learning and practical application.

- Develop employability skills such as communication, teamwork, leadership, and problem-solving.
- Familiarize students with organizational culture, work discipline, and professional ethics.
- Strengthen partnerships between PSBU-affiliated institutes and industry sectors.
- Enhance students' career readiness and job placement opportunities.

4. ROLES AND RESPONSIBILITIES

4.1 PSBU Academic Board

- Approves internship policies, guidelines, and assessment frameworks.
- Monitors academic quality and alignment with programme outcomes.

4.2 Affiliated Institute Management

- Appoints an **Internship & IBL Coordinator**.
- Establishes industry partnerships and MoUs with recognized organizations.
- Ensures compliance with PSBU standards and documentation requirements.

4.3 Internship & IBL Coordinator

- Develops annual internship calendar and schedules.
- Facilitates placement of students in approved organizations.
- Guides students on procedures, documentation, and behavioral expectations.
- Conducts pre-internship workshops and orientation.

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- Maintains communication with industry supervisors.
- Collects performance evaluations, logbooks, and reports.
- Prepares internship completion reports for PSBU.

4.4 Academic Supervisor

- Conducts periodic follow-ups, visits, or online meetings with industry supervisors.
- Assesses the academic component of the internship.
- Provides academic guidance to students during placement.

4.5 Industry Supervisor / Host Organization

- Provides meaningful work assignments relevant to the student's programme.
- Monitors student performance, attendance, and discipline.
- Completes employer evaluation forms.
- Communicates concerns or misconduct to the institute immediately.

4.6 Student

- Secures placement through institute facilitation or approved self-placement.
- Follows professional ethics, punctuality, and organizational rules.
- Completes logbook, assignments, and final internship report on time.
- Maintains consistent communication with the academic supervisor.

5. INTERNSHIP & IBL PROCESS FLOW

5.1 Pre-Internship Phase

1. Publication of internship guidelines and schedule.
2. Conduct of pre-internship orientation/workshops.

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3. Student submission of CV and placement preferences.

4. Matching students with industry partners or approving student-initiated placements.

5. Signing of training agreement / MoU between institute and employer (if required).

6. Issuing official internship placement letters.

5.2 During Internship

- Students follow assigned duties and complete weekly log entries.

- Academic supervisor conducts monitoring visits/online check-ins.

- Institute maintains communication with industry supervisors.

- Any issues or conflicts are reported immediately to the Internship Coordinator.

- Students uphold PSBU academic integrity and professional conduct.

5.3 Post-Internship

Students must submit:

- Completed Internship Logbook

- Internship Report

- Employer Evaluation Form

- Presentation/Viva (if applicable)

The Internship Coordinator verifies completion and forwards documents to the academic panel for assessment.

6. DOCUMENTATION AND REQUIREMENTS

6.1 Mandatory Documents

- Internship Placement Letter
- Student Undertaking Form
- Industry Training Agreement (if applicable)
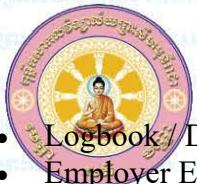
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- Logbook / Daily/Weekly Activity Record
- Employer Evaluation Form
- Final Internship/Field Report
- Attendance Record
- Assessment Rubrics

6.2 Record-Keeping Period

All internship documents must be archived by the institute for **a minimum of five (05) years**.

7. ASSESSMENT AND EVALUATION

Assessment components may include:

- **Industry Supervisor Evaluation (20–40%)**
- **Logbook and Attendance (20–30%)**
- **Internship Report (20–30%)**
- **Presentation / Viva Voce (10–20%)**

The weightage may vary according to program requirements but must adhere to PSBU assessment standards.

8. INDUSTRY PARTNER MANAGEMENT

8.1 Selection of Host Organizations

Partner organizations must:

- Operate legally and ethically.
- Provide learning opportunities aligned with programme requirements.
- Ensure a safe and supportive workplace environment.

- Regular communication with industry partners.
- Collection of employer feedback for quality enhancement.
- Review meetings annually to strengthen industry relationships.

9. CODE OF CONDUCT FOR STUDENTS

Students must:

- Maintain confidentiality of organizational data.
- Respect workplace rules, culture, and dress codes.
- Report absences or issues immediately.
- Avoid misconduct, conflict of interest, or unethical behavior.

Violation may lead to termination of internship or disciplinary action.

10. HEALTH, SAFETY, AND WELFARE

- Host organizations must provide a safe working environment.
- Students must be briefed on emergency procedures.
- Any injuries or incidents must be reported to both the employer and institute within 24 hours.

11. COMPLIANCE AND MONITORING

- PSBU reserves the right to audit internship processes at affiliated institutes.
- Any deviation from this SOP requires written approval from PSBU Academic Board.
- Institutes failing to comply may be subject to quality review and corrective actions.

12. REVIEW OF SOP

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STANDARD OPERATING PROCEDURE (SOP)

Graduation and Certification Process

PSB University of Cambodia

1. PURPOSE

To provide a standardized, transparent, and efficient procedure for managing all activities related to student graduation, certification, and award issuance at PSB.

2. SCOPE

This SOP applies to:

- All students completing their programmes
- Academic departments
- Examinations/Assessment Office
- Registrar/Student Services
- Finance Office
- Academic Board/Senate

3. RESPONSIBILITIES

3.1 Students

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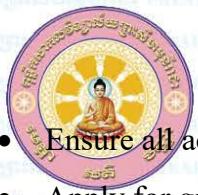
- Ensure all academic requirements are completed.
- Apply for graduation within the given time frame.
- Clear all outstanding fees and institutional obligations.
- Verify accuracy of personal information (name, ID number, programme).

3.2 Academic Department

- Verifies completion of programme requirements.
- Submits academic clearance to the Examinations Office.
- Recommends eligible students for graduation.

3.3 Examinations/Assessment Office

- Checks results, GPA, and course completion.
- Prepares the provisional list of graduating students.
- Submits list to Registrar and Academic Board.

3.4 Finance Office

- Confirms student financial clearance.
- Forward fee clearance list to Registrar.

3.5 Registrar/Student Services

- Manages graduation applications and documents.
- Coordinates certification processing.
- Organizes the convocation/graduation ceremony.
- Issues certificates and academic transcripts.

3.6 Academic Board/Senate

- Reviews and approve the final graduation list.
- Approves degree classifications and honours.

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4. GRADUATION REQUIREMENTS

A student must:

- Complete all required credits/modules of the programme.
- Achieve the minimum cumulative GPA as required.
- Complete internship/thesis/dissertation/practicum (if applicable).
- Clear all tuition fees and other dues.
- Return all borrowed university property (library books, equipment).
- Have no pending disciplinary cases.

GRADUATION PROCEDURE

Step 1: Announcement
- Registrar issues a formal notice inviting eligible students to apply for graduation.
- Information is posted via LMS, email, and notice boards.

Step 2: Student Application
- Students submit the Graduation Application Form before the deadline.

Required attachments:

- National ID/Passport
- Student ID
- Recent photo (if needed)

- Clearance documents

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Step 3: Departmental Academic Clearance

Academic department verifies:

- Course completion
- GPA requirement
- Internship/thesis/dissertation completion
- Clearance sent to Examinations Office.

Step 4: Financial Clearance

- Finance Office confirms all payments are completed.
- Only financially cleared students move to next stage.

Step 5: Examination Verification

Examinations Office checks:

- All grades uploaded
- No pending results
- Academic integrity status

A Provisional Graduating List is prepared.

Step 6: Senate/Academic Board Approval

- The final list of successful candidates is submitted to the Academic Board/Senate.

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Board approves:

- Graduation list
- Classification of degrees/certificates
- Registrar receives approved list.

Step 7: Certificate Processing

Registrar prepares documents as follows:

Certificates Include:

- Student full name (as per official ID)
- Programme title
- Award type and classification
- University seal
- Official signatures

Transcripts Include:

- Course list
- Grades
- GPA
- Credit summary

Before printing, QA/Registrar checks accuracy.

Step 8: Graduation/Convocation Ceremony

- Registrar announces date, venue, and dress code.
- Students confirm participation.
- Convocation held and degrees conferred formally.

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Step 9: Certificate Collection

- Students who do not attend convocation may collect certificates from Registrar after 10–14 days.

Documents required for collection:

- Student ID or national ID

- Authorization letter if collected by a representative

6. ISSUEANCE OF ADDITIONAL DOCUMENTS

6.1 Academic Transcript

- Issued upon student request after graduation approval.

- Prepared by Examinations Office.

6.2 Temporary Completion Letter

- Issued within 3 working days.

- Useful for job applications before certificate release.

7. RECORD MANAGEMENT

- Registrar maintains the graduation register.

- Digital copies of graduation lists are stored in secure server.

- Records kept for a minimum of 10 years.

8. REVIEW OF SOP

- SOP reviewed annually by Registrar and QA Office.

- Changes approved by Academic Board before implementation.

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STANDARD OPERATING PROCEDURE (SOP)

CONTINUOUS IMPROVEMENT MECHANISMS

PSB University of Cambodia

1. PURPOSE

To establish a structured and systematic approach to Continuous Improvement (CI) in academic and administrative processes within Higher Education Institutions (HEIs), ensuring academic excellence, stakeholder satisfaction, and institutional sustainability.

2. SCOPE

This SOP applies to all academic programmes, academic departments, administrative units, and support services of the higher educational institutions involved in the planning and delivery of higher educational programmes.

3. RESPONSIBILITY

Stakeholder	Responsibility
IQAC	Develops CI policies, reviews data, and reports improvements.
Department Heads	Implement CI strategies and monitor academic performance.
Faculty & Staff	Identify areas for improvement and suggest interventions.

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4. PROCEDURE

Step 1: Planning (PLAN)

1.1 Define goals and objectives aligned with institutional vision and mission.

1.2 Identify KPIs in academic, administrative, and support functions.

1.3 Collect baseline data on current performance.

1.4 Develop an annual quality enhancement plan.

Tools: SWOT analysis, stakeholder feedback, benchmarking.

Step 2: Implementation (DO)

2.1 Implement strategies and action plans as per the enhancement plan.

2.2 Assign responsibilities and timelines.

2.3 Integrate improvements in teaching, learning, infrastructure, governance, etc.

2.4 Ensure resource allocation for initiatives.

Examples: Curriculum revision, faculty development programs, digitalization of services.

Step 3: Monitoring & Review (CHECK)

3.1 Regularly track KPIs and progress using monitoring dashboards.

3.2 Conduct internal audits and academic reviews.

3.3 Analyze student outcomes, feedback, and satisfaction surveys.

3.4 Prepare review reports for IQAC and management.

Step 4: Evaluation & Improvement (ACT)

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4.1 Evaluate success and impact of implemented actions.

4.2 Identify gaps or failures and determine root causes.

4.3 Update policies, practices, and improvement plans accordingly.

4.4 Recognize successful practices and disseminate across departments.

Tools: Root cause analysis, Six Sigma, Balanced Scorecard.

5. DOCUMENTATION AND RECORD KEEPING

Annual Quality Reports (AQR)

Stakeholder feedback analysis

Internal audit reports

Action taken reports (ATRs)

Archive records for a minimum of 5 years.

6. REVIEW OF THIS SOP

This SOP is reviewed every three years or when major changes to PSBU curriculum standards or national guidelines occur.