**TEMPLATE**

**Time-frame for Implementation of Improvement Plan**

**For the Years 2017-2020**

**Department of ---------------**

**Daffodil International University (DIU)**

1. **Governance**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Curriculum Content Design & Review**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Student Admission, Progress and Achievements**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Physical Facilities**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Teaching - Learning and Assessment**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Student Support Services**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Staff and Facilities**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Research and Extension**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

1. **Process Management & Continuous Improvement**

| Audit Recommendation | Proposed intervention | Specify the implementation of targets (Half-yearly)  |
| --- | --- | --- |
| **Target1:** |  |
|  |  | 2017 |
| 1st Half |  |
|  |  | 2nd Half |  |

**Name of the Head of SA Committee:**

**Signature with date:**

**Note:** Number of column and row will depend on numbers of targets in each criterion.