**MISSION, GOALS AND OBJECTIVES REPORT**

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| Institution**Najran University**  |
| College/department  |
| **Year and semester to which this report applies** |
| **Location (if not on main campus) (M/F)** |

Attach the decision to adopt and documentsof the vision and mission for all departments.

1. **Summary of personnel collection data**

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| --- | --- | --- |
| * Satisfaction proportion of students and faculty members and labor market for the vision and mission (attach the survey)
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * The proportion of alignment between the college messageand the program message
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Decisions made by return to the message of the program
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Satisfaction ratio of faculty members administrators for vision and mission (attach the survey)
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |
| * Satisfaction ratio of students for vision and mission (attach the survey)
 | ………  | (…….%)(a) |
| ………  | (…….%)(b) |
| ………  | (…….%)(c) |

1. Radiological Sciences Department
2. Clinical Laboratory Department
3. Physiotherapy Department
4. **Proposals on the development of Mission, goals and objectives for next five years**

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| --- | --- | --- |
| Summary of proposal  | Person responsible  | Implementation period |
|  |  |  |

1. **Summary of website updates in mission, goals and objectives**

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| --- | --- |
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1. **Policies and Procedures**

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| --- | --- |
| **D.1. Number of available policies** | ………………………. |
| **D.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **D.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
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| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

Note: all above signature are not required if report send by electronic administrative transactions

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