Review of JIC Website

Check-List

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| **Part I: General Information** |
| **Deputyship/****Department** |  |  **Unit/Academic Department** |  |
| **Semester** |  | **Date** |   |

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| **Part II : Validation of Website Review Completion** |
| The following items have been considered as part of the review of webpages,: |
| **Item**  | Check if yes (√) | Comments |
| 1. Staff member(s) have been assigned to check their respective webpages.
 |[ ]   |  |
| 1. Contents and data related to curricula have been reviewed and were found to be accurate and current.
 |[ ]   |  |
| 1. Program elements such as program mission statement, program educational objectives, student outcomes, and degree plans have been reviewed and were found to be accurate and current.
 |[ ]   |  |
| 1. Program data such as student enrolment, graduation data have been reviewed and were found to be accurate and current.
 |[ ]   |  |
| 1. Creative webpages, such as student corner are available.
 |[ ]   |  |
| 1. The use of ISO forms F700-6 and F600-8 to update the webpages is well known to the deputyship/department.
 |[ ]   |  |
| 1. All links are working properly.
 |[ ]   |  |
| 1. Contents are free of language errors.
 |[ ]   |  |
| 1. Culturally offensive or intrusive materials are excluded.
 |[ ]   |  |
| 1. Content is reviewed by a subject matter expert.
 |[ ]   |  |
| 1. Posted materials conform to the Kingdom of Saudi Arabia’s Copyright Law.
 |[ ]   |  |
| 1. Faculty and staff contact information at the faculty and staff directory is correct.
 |[ ]   |  |
| 1. All staff photos are available on the faculty and staff directory.
 |[ ]   |  |

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| **Part III:** Date of Quarterly Report**:** |
| **Date of Check List:** |
| 1/1/202\_\_ [ ]  | 1/4/202\_\_ [ ]  | 1/7/202\_\_ [ ]  | 1/10/202\_\_ [ ]  | Complete and Check (√) |

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| **Part IV: Confirmation:** |
| **Check-List Completed By:** |
| **Name** |  | Position |  | Signature |  |
| **Deputy/Director/Chairman Signature:** |
| **Name** |  | Position |  | Signature |  |

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| **Part V: Recommendations and Follow up ( To be completed by P&D):** |
| **Recommendations by SIU, if any:** | Check if Resolved (√) |
| **1.** |[ ]
| **2.** |[ ]
| **3.** |[ ]
| **Head, Statistics and Information Unit, P&D** |
| **Name** |  | Date |   | Signature |  |

|  |  |
| --- | --- |
| **Recommendations by Deputy, P&D, if any:** | Check if Resolved (√) |
| **1.** |[ ]
| **2.** |[ ]
| **3.** |[ ]
| **Deputy, Planning and Development** |
| **Name** |  | Date |   | Signature |  |