

## Good Practice Template from Partner organisations in Internal Quality Assurance

**Title of the Good Practice:**

**Name of the Institution:**

**Country:**

**Region:**

SI	Component/Factors	Description / Requirements
1	Title of the good practice	Describe the good practice of your institution in detail?
2	Purposes and objective the good practice	Mention the goals and objectives aimed at to achieve by implementing Good Practice?
3	Context	Describe the Context that required initiation of the good practice?
4	Practice	Methodology of the practice with steps involved in implementing the practice?
5	Timeframe of the Good practice	Since when the good practice is in use
6	Targeted group / Beneficiary group (Student/Faculty/Management/ Higher education provider.....)	
6a	Phase of the practice (In which phase the practice is addressed)If student is the target audience,	<p><i>Stage/Phase of the activity in which GPs is involved</i> <i>HE</i></p> <p>1. Access <input type="checkbox"/></p> <p>2. Retention <input type="checkbox"/></p> <p>3. Graduation <input type="checkbox"/></p> <p>4. Transition to working life <input type="checkbox"/></p>
7	Institutional Policy for inclusion of GPs	
8	Factors that required for successful implementation of GPs	
9	Evidence of success/ impact or	A. Good Practice Outcome

	realization the objectives and Success factor	B. Describe the conditions that required for implementation of good practice successfully?
10	Promotion of Good Practice	Steps take taken to promote Good Practice at National/ Regional/ International level?
11	Activities carried out to achieve the good practice objectives	
12	Sustainability of the practice	Duration and sustainability
13	Validation /Received awards	Relevance for replication at international level. Describe this how GPs are replicated by other institutions in other countries?
14	Publication	Is the good practice published by National/ International Recognized Quality Assurance Agencies or together with partners, in which case please specify the names of the partner organisations? URL of the Practice (if any) / Related website (if any) or link
15	Details of the contact person	Name: Position: Tel: Mob: Fax: Email: Website: