

POLICY AND PROCEDURE MANAGEMENT PROCEDURE		PROCEDURE NUMBER: CUE- PO001PR
		OWNER: PRESIDENT'S OFFICE
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		EFFECTIVE DATE: Mar-17 2025 REVIEW DATE: Mar-17 2028

THE CATHOLIC UNIVERSITY IN ERBIL

Policy and Procedure Management Procedure

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I. PURPOSE

This procedure document is established by the Catholic University in Erbil (CUE) to provide the official operational process for implementing the requirements established within the Policy and Procedure Management Policy.

This procedure defines the standardized process for the development, review, approval, publication, implementation, revision, and retirement of University policies and procedures. It establishes the required workflow, responsible parties, documentation requirements, and review

practices necessary to ensure policies and procedures are consistently developed, maintained, communicated, and aligned with University governance requirements, accreditation standards, regulatory expectations, and institutional objectives.

II. SCOPE

☒ University-Wide ☐ Departmental Specify Department(s): _____

This procedure shall apply to all faculty, administrative staff, and students.

III. DEFINITIONS

Academic - All matters directly related to the education and training requirements of students.

Guideline - A guideline is meant to provide recommendations, administrative instructions, best practices, and/or institutional or operational frameworks. Guidelines are not policies and can be adapted more frequently to meet the changing needs of the University. Guidelines do not need to follow the approval process described in this procedure, but will be approved by departmental/Office authorities.

CUE Policy and Procedure Review Committee- The Policy and Procedure Review Committee is responsible for reviewing, revising, and ensuring the consistency, quality, and alignment of institutional policies and procedures with the mission, core values, and strategic objectives of the University and with the requirements of external accreditation bodies such as the Middle States Commission on Higher Education (MSCHE), Kurdistan Accrediting Association for Education (KAAE), the Ministry of Higher Education and Scientific Research (MHE) of the Kurdistan Regional Government, and the Ministry of Higher Education and Scientific Research (MHE) of the Federal Government of Iraq.

Expedited Interim Policy - A policy or procedure that is needed in a time frame that does not allow for the full feedback and approval process as a result of regulatory, accreditation, or other urgent needs or a policy or procedure before it has been approved. Separately, any policy or procedure approved by the President's Cabinet also holds "interim" status from the date of approval until the Compliance Committee of the Board of Trustees makes the determination described in Step 6 (6.4a).

MHE - Ministry of Higher Education and Scientific Research of the Kurdistan Regional Government of Iraq.

Non-academic - All matters that do not directly relate to the education and training requirements of students.

Policy and Procedure Proposal Form - The official University document used to request the development, revision, review, or rescission of a University policy or procedure.

Policy and Procedure Repository - The official location where approved University policies and procedures are stored, maintained, and made accessible to the University community.

Policy Lifecycle - The complete process through which a policy or procedure is proposed, developed, reviewed, approved, published, implemented, evaluated, revised, and retired to ensure continued accuracy, effectiveness, compliance, and alignment with University needs.

Policy Rescission - The formal removal or retirement of an approved policy or procedure when it is determined to be outdated, replaced, unnecessary, or no longer applicable.

Policy Revision - A modification to an existing policy or procedure to improve clarity, update requirements, address operational changes, or maintain alignment with institutional, legal, regulatory, or accreditation requirements.

Revision Classification - The category assigned to a policy or procedure update to identify the nature and extent of changes made during the document lifecycle. Revision classifications support version control, review requirements, approval decisions, and maintenance of accurate policy records.

- a. **Original** - The first approved version of a policy or procedure established through the University policy and procedure review and approval process.
- b. **Editorial Revision** - Minor administrative changes that do not alter the intent, requirements, responsibilities, scope, or application of the policy or procedure. Examples may include formatting updates, correction of errors, updated titles, or non-substantive wording changes.
- c. **Clarifying Revision** - Updates that improve understanding, provide additional context, fill minor gaps, or modify language to reduce confusion without changing the original intent, requirements, or responsibilities established by the policy or procedure.
- d. **Substantive Revision** - Significant updates that modify requirements, responsibilities, scope, procedures, compliance obligations, or expected outcomes. Substantive revisions may include major restructuring or replacement of substantial portions of an existing document to maintain alignment with University operations, governance needs, legal requirements, accreditation standards, or strategic objectives.
- e. **Procedure Separation** - A revision is completed when operational steps or detailed processes are removed from an existing policy and transferred into a separate procedure document aligned with the related policy.

Procedure - A procedure accompanies a policy and outlines the steps needed to implement and reinforce a policy. Procedures include details such as responsible parties and instructions, as well as where to find more information.

University Procedure - A broad procedure that is applied throughout the University. All other procedures, departmental processes, or operational practices will not supersede or conflict with University Procedures.

IV. PROCEDURE STATEMENT

CUE maintains a structured policy and procedure management process to ensure that institutional policies and procedures are developed, reviewed, approved, communicated, and maintained in a consistent manner.

All University policies and procedures must follow the required proposal, review, approval, publication, implementation, and periodic review processes outlined in the procedure steps below. The Policy and Procedure Review Committee, policy owners, responsible departments, and approval authorities will carry out their assigned responsibilities to support effective governance, accountability, compliance, and continuous improvement.

V. PROCEDURE STEPS

Step 1: Identification of Policy or Procedure Need and Proposal Submission

Responsible Party: University Community Member/ Policy Owner/ Department or Office

Required Actions:

1.1 A need for a new policy, procedure, guideline, amendment, review, or rescission is identified by a university department, office, committee, faculty member, or staff member.

1.2 The appropriate owner completes the Policy and Procedure Proposal Form.

1.3 The proposal is submitted to the Head of the Policy and Procedure Review Committee for initial consideration.

Required Documentation/Evidence:

- Completed Policy and Procedure Proposal Form
- Draft policy or procedure (if applicable)

Step 2: Initial Policy and Procedure Committee Assessment

Responsible Party: Head of Policy and Procedure Review Committee

Required Actions:

2.1 The Head of Committee reviews the proposal and determines whether the request should proceed, requires additional information, or is denied.

2.2 If accepted, the appropriate owner develops the policy and/or procedure using the official CUE template. Drafters apply Guidelines for Writing a CUE Policy and/or Procedure

2.3 The Committee assigns two designated reviewers to evaluate the proposed policy or procedure.

Required Documentation/Evidence:

- Review records and comments

Step 3: Policy or Procedure Review and Development

Responsible Party: Assigned Reviewers/ Policy Owner

Required Actions:

3.1 Assigned reviewers evaluate the policy or procedure draft for alignment with the University mission, strategic objectives, regulatory requirements, accreditation expectations, and institutional needs. *Assigned reviewers are not necessarily a member of the Policy and Procedure Review Committee.

3.2 Benchmarking is conducted using comparable institutions or recognized standards where appropriate.

3.3 Reviewers collaborate with the owner to clarify requirements, recommend revisions, and prepare the document for Committee consideration.

Required Documentation/Evidence:

- Reviewer feedback forms (see Appendices)
- Revised policy drafts with documented comments

Step 4: Policy and Procedure Review Committee Recommendation

Responsible Party: Policy and Procedure Review Committee

Required Actions:

4.1 The Committee reviews the completed policy or procedure and supporting documentation.

4.2 The Committee determines whether to:

- recommend advancement for approval,

- request additional revisions,
- table the proposal, or
- deny the request.

4.3 Additional stakeholder input (i.e., a hearing, survey, etc.) or owner clarification (i.e., presentations, etc.) may be requested when necessary. Stakeholder input is not considered as democratic amendments but as offering input to the Policy and Procedure Review Committee. All decisions of the Policy and Procedure Review Committee are considered binding internally by majority vote.

Required Documentation/Evidence:

- Committee meeting minutes
- Recommendation decision

Step 5: Academic Policy Review (If Applicable)

Responsible Party: University Council

Required Actions:

5.1 Academic policies and procedures are submitted to the University Council for review.

5.2 The University Council reviews the recommendation and determines whether to approve, request revisions, or table the proposal.

5.3 Approved recommendations proceed to the President's Cabinet.

Required Documentation/Evidence:

- University Council meeting minutes
- Recommendation decision

Step 6: Final and Interim Approval

Responsible Party: President's Cabinet / President / Board of Trustees (where applicable)

Required Actions:

Final Approval

6.1a Final approval authorities review policy and procedure recommendations according to established University governance requirements.

- a) The Board of Trustees has delegated the responsibility for approving university policies and procedures to the President, unless otherwise prescribed by the Compliance Committee of the Board of Trustees to be approved by the Board of Trustees (Bylaws of the Board of Trustees, Article V).
- b) The President's Cabinet shall review recommendations from the Policy and Procedure Review Committee and/or the University Council, respectively.

6.2a Approved policies and procedures receive final authorization before publication and implementation.

- a) The Human Resources Office (HR Office) must be notified each time a proposed policy or procedure is recommended or remanded.
- b) If the President's Cabinet approves the policy or procedure, the policy or procedure shall become effective on the date of approval and shall hold interim status pending the Compliance Committee determination described in 6.4a.

6.3a Policies requiring Board-level review are submitted according to Board governance requirements. Policies which must be brought to the Board of Trustees for approval include:

- a) any policy that would impact the actions that the Board of Trustees has reserved for itself;
- b) any policy that law requires be approved by the Board of Trustees.

*Policies requiring approval by the Board of Trustees will be reviewed by the President and Compliance Committee of the Board of Trustees in advance of being brought to the Board of Trustees for approval.

6.4a Interim Status and Compliance Committee Determination follows this chain of approval:

- a) Policies and procedures approved by the President's Cabinet shall become effective on the date of approval. Upon approval, such policies and procedures shall be considered interim pending review by the Board of Trustees Compliance Committee.
- b) An interim policy or procedure shall remain in interim status for no longer than six months from the date of approval. Within that period, the Board of Trustees Compliance Committee shall determine whether the policy or procedure requires approval by the Board of Trustees in accordance with applicable laws and regulations and the criteria in 6.3a, or falls within the delegated authority of the President. If the Compliance Committee makes no determination within that six-month period, the policy or procedure shall fall within the delegated authority of the President and the approval by the President's Cabinet shall constitute final approval, except where the policy or procedure meets either criteria in 6.3a, in which case it shall remain interim until the Board of Trustees meets and takes action on it.
- c) When the Compliance Committee determines that the Board of Trustees approval is required, the policy or procedure shall be presented to the Board within a reasonable period

following that determination. The policy or procedure shall remain in effect on an interim basis until the Board takes final action, unless it is withdrawn, suspended, superseded, or otherwise directed by the Board.

- d) When the Compliance Committee determines that the policy or procedure falls within the delegated authority of the President, approval by the President's Cabinet shall constitute final approval.
- e) The policy or procedure shall retain its original effective date unless otherwise determined.

Expedited Interim Approval

6.1b Expedited interim policies or procedures can be drafted and approved by the President of the University in cases where a University policy or procedure is required within a time period too short to allow for the completion of the process outlined in this policy. Expedited interim policies or procedures are effective:

- a) until fully approved through the process outlined in this policy; or
- b) up to six months from the date of issuance, whichever occurs first.

An expedited interim policy or procedure that subsequently completes the process outlined in this procedure and is approved by the President's Cabinet then holds interim status under 6.4a, with the six-month period in 6.4a running from the date of the Cabinet's approval.

Required Documentation/Evidence:

- Final approved document; versions history
- Compliance Committee determination records

Step 7: Publication and Communication

Responsible Party: Human Resources Office/ ICT Office/ Policy Owner

Required Actions:

7.1 Approved policies and procedures are maintained in the official University policy repository.

7.2 The ICT Office publishes approved policies and procedures on the CUE website. Any collegial and departmental webpages should not post copies of these policies or procedures but instead hyperlink to the policies or procedures on the official CUE policies and procedures webpage.

7.3 Implementation activities are completed according to the related Policy Implementation Plan when required.

Required Documentation/Evidence:

- Published policy/procedure record
- Completed implementation documentation (if applicable)

Step 8: Recording Keeping, Periodic Review, Revision, or Retirement

Responsible Party: Policy Owner/ Human Resources Office/ Policy and Procedure Review Committee

Required Actions:

Record Keeping

8.1a All changes and policy comments must be tracked and reported to the HR office for documentation in keeping with MHE regulations. Records should be kept for a minimum of five years (Regional Law No. 37 of 2016).

8.2a Amendments and versions of policies and procedures must be recorded in every step of the policy and procedure life cycle, including after first drafting, first review, second review, Policy and Procedure Review Committee recommendation or remand, University Council recommendation or remand, President's Cabinet recommendation or remand, Compliance Committee determination, and Board of Trustees approval or remand. Every major revision should be documented in the file title and uploaded in PDF form to the appropriate folder in the Google Drive.

i. Revision tracking supports version tracking in that the dates align and revision classifications are clearly listed in the POLICY/PROCEDURE HISTORY section of each document. The format is as follows:

- Version: Year-Month-Date_CUE-Code Title
- Revision dates: Month- 2026 (revision classification) *See definitions section for all revision classification categories.

Periodic Review

8.1b Policies and procedures are reviewed according to the established University review cycle. All policies and procedures must be reviewed every three years unless otherwise determined within the policy or procedure in question.

8.2b The HR Office will notify the owner of a policy or procedure at least six months before the proposed review date that their policy or procedure will be up for review.

8.3b The responsible owner evaluates whether the document requires continuation, revision, or retirement and submits a review record and proposal to the Policy and Procedure Review Committee.

8.4b When it is believed by the owner that a University policy or procedure is either redundant or is no longer serving the University, the owner must submit a *Policy and Procedure Proposal Form* to the Policy and Procedure Review Committee. All requests for retirement or rescission of a policy require review by Legal Affairs and the Risk and Compliance Officer. Policy rescission requires approval of the President.

Required Documentation/Evidence:

- Policy and procedure repository
- Policy and procedure versions history
- Periodic review records
- Proposals and approvals for rescission

VI. PROCEDURE HISTORY

- a) Owned by: President's Office, Jun-2026
- b) Reviewed by: Policy and Procedure Review Committee, Compliance Committee of the Board of Trustees, President's Cabinet
- c) Approved by: Board of Trustees
- d) Date approved: Mar-17 2025, Jul-30 2026
- e) Related Policies: Policy and Procedure Management Policy, CUE Bylaws of the Board of Trustees
- f) Related procedures: N/A
- g) Version: 2026-06-05_CUE-PO001 POLICY AND PROCEDURE MANAGEMENT PROCEDURE
- h) Revision dates: Jun- 2026 (Substantive); Jun-2026 (Substantive)

VII. APPENDICES

APPENDIX I - [Policy and Procedure Proposal Form](#) (Click on title to download)

APPENDIX II - [First Reviewer Feedback Form](#) (Click on title to download)

APPENDIX III - [Second Reviewer Feedback Form](#) (Click on title to download)

APPENDIX IV – [Policy Document Template](#) (Click on title to download)

APPENDIX V – [Procedure Document Template](#) (Click on title to download)

APPENDIX VI – [Guidelines for Writing a CUE Policy/Procedure](#) (Click on title to download)

APPENDIX VII – [Policy Implementation Plan Template](#) (Click on title to download)

APPENDIX VIII – [Policy and Procedure Flowchart](#) (Click on title to download)

APPENDIX IX - Policy Attribution Codes

CODES		
A c a d e m i c	Academic Affairs	AA
	Career Development Office	CD
	Compliance and Risk	CR
	Department of Accounting	AC
	Department of Architecture Engineering	AE
	Department of Artificial Intelligence	AI
	Department of Business Management	BM
	Department of Digital Media	DM
	Department of English Language	EL
	Department of Information Technology and Computer Sciences	IT&CS
	Department of International Relations	IR
	Department of Medical Laboratory Sciences	ML

	Department of Nursing	NU
	Department of Pharmacy	PH
	Enrollment and Registration	ER
A d m i n i s t r a t i v e	Externally Funded Programs	FP
	Faculty and Curriculum Development	FC
	Finance	FO
	Financial Aid and Scholarships	FA
	Funding Strategy	FS
	Human Resources	HR
	Information and Communication Technology	IT
	Library	LI
	Life-long Learning Center	LLC
	Monitoring, Evaluation, Accountability, and Learning Office	MEAL
	Media and Marketing	MM
	Planning and Assessment	PA

	Planning and Effectiveness	PE
	President's Office	PO
	Procurement and Logistics	PL
	Provost	PV
	Public Relations	PR
	Quality Assurance	QA
	Research Center	RC
	Social Cohesion	SC
	Student Affairs	SA
	Student Life	SL
	Wellness and Safety	WS