| **Standard** | **Observation #**  **(refer assessment team report)** | **Status (Open/Closed)**  Annex - 2  **Next target date (if open)** | **Signature** |
| --- | --- | --- | --- |
| 1. Program Mission, Objectives and Outcomes |  |  |  |
|  |  |  |
|  |  |  |
| 1. Curriculum Design and Organization |  |  |  |
|  |  |  |
|  |  |  |
| 1. Laboratories and Computing Facilities |  |  |  |
|  |  |  |
|  |  |  |
| 1. Student Support and Advising |  |  |  |
|  |  |  |
| 1. Process Control |  |  |  |
|  |  |  |
| 1. Faculty |  |  |  |
|  |  |  |
| 1. Institutional Facilities |  |  |  |
|  |  |  |
| 1. Institutional Support |  |  |  |
|  |  |  |
|  |  |  |

* **Please add row wherever necessary**

**Convener Assessment Team** **Head of HIAST** **Dean FOST&H**  **Director QEC**