|  **Standard** | **Sr.****#** | **Assessment Team Findings**  | **Implementation Plan**Annex - 1 |
| --- | --- | --- | --- |
| **(Proposed corrective action to overcome the observation)** | **Target date** |
| 1. Program Mission, Objectives and Outcomes
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| 1. Curriculum Design and Organization
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| 1. Laboratories and Computing Facilities
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| 1. Student Support and Advising
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| 1. Process Control
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| 1. Faculty
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| 1. Institutional Facilities
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| 1. Institutional Support
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* **Please add row wherever necessary**

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