



Criteria for the Accreditation of Quality Managements in Teaching and Learning – ASIIN Institutional Accreditation Seal

Framework Conditions for Good Teaching and Successful Learning

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1 Purpose of the Present Document

In the process of an institutional accreditation, a higher education institution (HEI) or an alternative education provider must demonstrate that it conducts a review of the area of study and teaching as part of its internal quality management.

Thereby, in addition to the presentation and documentation of the quality management in the area of study and teaching, proof of its effectiveness is also required in the scope of institutional accreditation.

The aim of the **institutional accreditation procedure** is to clearly determine whether the quality management system of an HEI or an alternative education provider meets the requirements of the respective quality criteria.

This procedure, however, is neither designed to assess the *level of development* of an institution's quality management system in great detail nor to indicate strategies, processes and instruments that could aid in reaching the next level of development. With regard to these **development perspectives** of a quality management system, ASIIN provides the so-called *maturity model*. This model allows evaluations to be made of the *degree of criteria implementation* achieved and to identify starting points for its further development/improvement

Accordingly, the set of criteria of the maturity model is used in the procedure of **institutional evaluation**; which in this respect is to be distinguished from institutional accreditation. Since the maturity model is thematically based upon the criteria for the institutional accreditation, both types of procedures can, of course, be combined at the request of the HEI or the alternative education provider.¹ In this case, the assessment of whether the criteria for institutional accreditation have been met is supplemented by an evaluation of the extent to which they have been met and which expectations would have to be met in the individual test fields in order to achieve the next higher level of quality.

2 About ASIIN's Institutional Accreditation

Based on the following criteria for HEIs and alternative education providers, a so-called institutional accreditation seal can be acquired within the respective framework.

The institutional accreditation seal confirms that the HEI or the alternative education provider complies with the framework conditions and demands for good teaching and successful learning.

The award of the ASIIN institutional accreditation seal is cost-covering and non-profit. The criteria are available both nationally and internationally.

¹ More information on ASIIN's „joint procedure“ can be found in the following document: Accreditation with ASIIN – Degree Programmes, Institutions and Systems, in the version dated 2015-26-26; available online under the following link: https://www.asiin.de/files/content/kriterien/0_Accreditation_with_ASIIN_-_Degree_Programmes_Institutions_and_Systems_2015-06-26.pdf

3 Criteria for Institutional Accreditation

The following table documents the relevant test fields and related quality criteria of ASIIN for the assessment of quality management systems of HEIs and alternative education providers (with a focus on study and teaching).

The criteria (standards) include structural and cultural aspects of a given quality management in institutions of higher education. They result from the interconnectedness of the institutional, procedural and cultural aspects of quality management, which can often only be differentiated analytically.

Criteria for Institutional Accreditation

<i>Test Fields</i>	<i>Criteria</i>	<i>ESG² 2015</i>
A. Understanding of Quality		
<i>I. Quality Objectives</i>	<ol style="list-style-type: none"> 1. The institution has a clear vision and mission of its strategic goals and perspectives. It documents and communicates these to internal and external stakeholders. 2. Within this framework, the institution has set quality objectives for the core areas, especially study and teaching. It has also defined criteria for prioritising them and measuring their success. 3. Processes for setting and reviewing quality objectives are defined and implemented. The competences and responsibilities are defined in a binding manner. 4. The relevant stakeholders are involved in the processes mentioned. These processes are suitable for producing common quality objectives and support a corresponding understanding of quality. 	1.1, 1.7, 1.9
<i>II. (Quality) Management Systems/ Governance</i>	<ol style="list-style-type: none"> 5. The institution has a comprehensive quality management system (QMS) and governance structures in place that are suitable for its implementation. 6. Procedures, processes, competences and responsibilities within the framework of the QMS are formalised and communicated to the relevant stakeholders in a comprehensible way (e.g. via organisational charts and graphic process maps). 7. A procedure for the regular review of the QMS, the documentation of the results and the tracking of further development and changes derived from this has been developed and implemented. 	1.7, 1.9

² Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) as of 15.05.2015, available on the internet: https://www.ehea.info/media/ehea.info/file/2015_Yerevan/72/7/European_Standards_and_Guidelines_for_Quality_Assurance_in_the_EHEA_2015_MC_613727.pdf (Access: 12.09.2023)

B. Offered Study Programmes		
<i>I. Establishment or Further Development of Study Programmes</i>	<ol style="list-style-type: none"> 1. The procedure for establishing, modifying and discontinuing study programs is bindingly regulated and implemented. The quality objectives and the profile of the institution are taken into account in an appropriate manner. Responsibilities are defined. 2. The procedure also includes a process for receiving (external and internal) impulses for the further development and the implementation of study programmes. 3. Compliance with and effectiveness of the procedure for establishing, modifying and discontinuing study programs are reviewed on a regular basis. Deficiencies and weaknesses are identified. Suggestions for improvement are taken up and incorporated into the quality development process. 	1.2, 1.9
<i>II. Implementation of Study Programmes</i>	<ol style="list-style-type: none"> 4. Processes for implementing study programs are defined and implemented. They are regularly reviewed to identify strengths, but also weaknesses and deficits, and to remedy any deficiencies identified. 5. Cooperation between the groups involved in the implementation of the study programs is clearly defined. Mechanisms for conflict resolution are in place and practiced. 6. Suggestions and proposals for modifications and improvements submitted by the various interest groups are used for the quality development of the study programs. 7. It is ensured that the implementation of study programmes is transparent and comprehensible for all stakeholders. 	1.2, 1.4, 1.9
<i>III. Cooperation</i>	<ol style="list-style-type: none"> 8. Cooperation for the implementation of study programmes are clearly regulated. Existing cooperation are realised appropriately within the study programmes. 9. The institution bases its (internal and external) cooperations for study programmes on fixed principles. These also include the manner in which possible conflicts are handled. 10. Impulses from the (internal and external) cooperation partners for modifications and improvements are accepted, evaluated and taken into account for the quality development of the study programmes. 	1.2, 1.9
<i>IV. Examination System and Organisation</i>	<ol style="list-style-type: none"> 11. Procedures for determining and designing the examination system (examination rules, forms of examination, assessment criteria) are defined and implemented. Corresponding responsibilities and accountabilities are regulated. 12. The examination approaches that are used are designed to be competency-oriented. 13. Impulses for modification and adaptation can come from all relevant stakeholders and will be taken into account in the (further) development of the examination system. 	1.3, 1.9

	14. Mechanisms for dealing with conflicts between those directly involved in the design and organisation of examinations are in place and implemented.	
V. Recognition of Achievements	<p>15. Rules and responsibilities for the recognition of formally, non-formally or informally acquired competences are defined and implemented.</p> <p>16. The procedure for the recognition of achievements is effective and efficient and promotes learner mobility.</p> <p>17. Proposals for modifications/adjustments can be made by all relevant stakeholders and are taken into account in quality development procedures.</p> <p>18. The members of the institution involved, especially students and teachers, are informed about the guiding principles of the recognition procedures.</p>	1.4 1.9
VI. Advice and Support	<p>19. A diverse range of guidance and counselling services for students is available and the intended target groups are thereby reached.</p> <p>20. Material and human resources are suitable and sufficient to implement the guidance and counselling services.</p> <p>21. The effectiveness of the guidance and counselling services, the available resources and the satisfaction of the target groups are reviewed. Suggestions from the stakeholders involved are used to adapt or expand the guidance and counselling services.</p>	1.6, 1.9
C. Management of Resources		
I. Material and Personal Resources	<p>1. The availability and management of human and material resources contributes to the achievement of the institution's (quality) objectives.</p> <p>2. The management of human and material resources, especially for studies and teaching, is functional. External (e.g. legal or economic) requirements are taken into account.</p> <p>3. With regard to the core process of "study and teaching", personnel management includes staffing procedures that are reliably implemented and promote the achievement of the institution's quality objectives.</p> <p>4. The members of the institution are involved in resource management; all participants are informed about it. Rules for conflict management are in place and practised.</p> <p>5. Impulses for modifications and improvements in resource management are incorporated into quality development. Incentives for the efficient use of resources are set and promoted.</p>	1.5, 1.9
II. Staff Development	6. The institution has a concept for staff development. This includes the definition of appropriate processes and responsibilities, the continuous assessment of needs and demands, and the provision of appropriate services.	1.5, 1.9

	<p>7. The personnel development concept has been implemented. The qualification offers are taken up by the members of the institution.</p> <p>8. The concept and offers for staff development, especially for the professional and didactic further training of lecturers, are evaluated. Impulses for modifications are taken up and used for adjustments/improvements.</p>	
<i>III. Research Interface</i>	<p>9. Concepts for linking research and teaching are in place. Processes for their realisation have been defined and implemented. Responsibilities and accountabilities have been established.</p> <p>11. The success of linking research and teaching is regularly reviewed with a view to achieving the institution's quality objectives. Potential for change/improvement is identified and used to optimise processes and further develop these concepts.</p>	1.5, 1.9
<i>IV. Administration Interface</i>	<p>12. The administrative units are involved in the processes for the introduction, further development and implementation of study programmes as well as their quality assurance.</p> <p>13. Proactive administrative action is guaranteed by effective communication management, while sustainable administrative action is ensured by appropriate knowledge management.</p> <p>14. The administrative units involved support the achievement of those (quality) objectives of the institution which concern the introduction, further development and implementation of study programmes. Rules for conflict management are in place and appropriate.</p> <p>15. The institution promotes appropriate administrative action and monitors its success. Impulses for change and/or improvement from the actors involved are taken up and used for quality improvement.</p>	1.6, 1.9
D. Transparency and Documentation		
<i>I. Relevant Regulations for Study Programmes</i>	<p>1. The procedure for the drafting, amending, updating and publishing study-related regulations is defined in a binding manner. Responsibilities and accountabilities are determined. External requirements (e.g. legal, economic, etc.) are adequately taken into account in the procedure.</p> <p>2. Rules and practices for necessary coordination processes are in place.</p> <p>3. Suggestions for changes/improvements by the relevant interest groups, especially students and teachers, concerning procedures or the content of regulations are used for quality development.</p> <p>4. The members of the institution, especially the students and teachers, are informed about the regulations.</p>	1.8, 1.9
<i>II. Documentation</i>	<p>5. The institution has formulated guidelines and principles for documentation and information and communicated them internally and externally.</p>	1.8, 1.9

6. A documentation and filing system is in place. Processes and instruments for its establishment and further development are defined. Responsibilities and accountabilities are defined.
7. External requirements for documentation and transparency are taken into account (e.g. publication obligations, information needs of the public).
8. Weaknesses and deficits are identified and remedied using appropriate tools. Suggestions for change from the relevant stakeholders are taken into account in the further development processes.

A template for preparing the self-evaluation report (SER) is available and compiles a series of guiding questions for each criterion that highlight the core area of the criteria in question and the respective quality expectations. These guiding questions are intended to support the applicant institution in preparing the SER.

The self-assessment of the institution should be structured according to the above mentioned criteria, so that it can be used as a basis for the assessment of the ASIIN experts. The expert group, in turn, also follows the aforementioned guiding questions in its assessment of the quality management.

4 Principles of the Procedure

4.1 Application and Documents Required

4.1.1 *Application procedure and offer*

For the opening of a procedure and the preparation of an offer by ASIIN, basic information in electronic form about the institution and its quality management is required (see the application form for institutional accreditation available online).

If an **institutional evaluation report** is already available which was carried out by ASIIN on the basis of the maturity model and is not older than two years, a **subsequent accreditation procedure** can be connected within the framework of the joint procedures. The same applies if the evaluation procedure was carried out by another EQAR-listed agency, as far as the underlying standards essentially correspond to the present criteria. If necessary, this will be determined by the ASIIN office on the basis of a synopsis of the criteria.

A subsequent accreditation can be carried out in a resource- and cost-saving manner if the aforementioned prerequisites are met. The concrete conditions are agreed between the institution and ASIIN in the bidding procedure.

4.1.2 Self-Assessment

As a basis for the assessment throughout the remaining accreditation procedure, the institution submits a documentation that covers two central aspects

- a) A self-assessment (SER – „Self Evaluation Report“) on whether the criteria are fulfilled and the institution’s own assessment of fulfilment (maximum 50 pages);
- b) evidence of the assessments made against the criteria.

With the self-assessment, the institution should self-critically demonstrate the extent to which the self-imposed quality objectives are achieved and the external requirements are met. An institution that demonstrates the ability to take a self-critical look at its own organisation has mastered a central hurdle to obtaining a quality seal.

The self-assessment report (without annexes) should not exceed 50 pages. Tables and graphs are preferable to plain text, as far as they represent the current ("as-is") situation. Especially the current status of the QM system, quality objectives and projects (past, current, planned), the role of the stakeholders, a structure/organisational chart or a process diagram are suitable for graphic presentation.

With the exception of the self-assessment report, the documentation should not be created specifically for the accreditation procedure. **ASIIN assumes that essentially those documents are used that also serve internal university communication as well as quality control and development.** If necessary, these will be put into a form for the accreditation procedure that is also understandable for third parties and prepared in such a manner that the reference to the criteria for the institutional seal is clearly recognizable

In the interest of all parties involved in the procedure, both in the institution and the agency, mere descriptions should be as concise as possible, the self-evaluation should be concrete, compact and precise, and all information collected in an application should be critically examined to see whether it is relevant for the alignment with the criteria.

If the accreditation is to be renewed ("re-accreditation"), it is important to also show the changes that took place during the previous accreditation period.

ASIIN has a template available for the self-evaluation report, which can be provided by the office upon request.

The application is required in an electronic version.

4.1.3 Course of the procedure

The accreditation procedure is divided into the following **stages**:

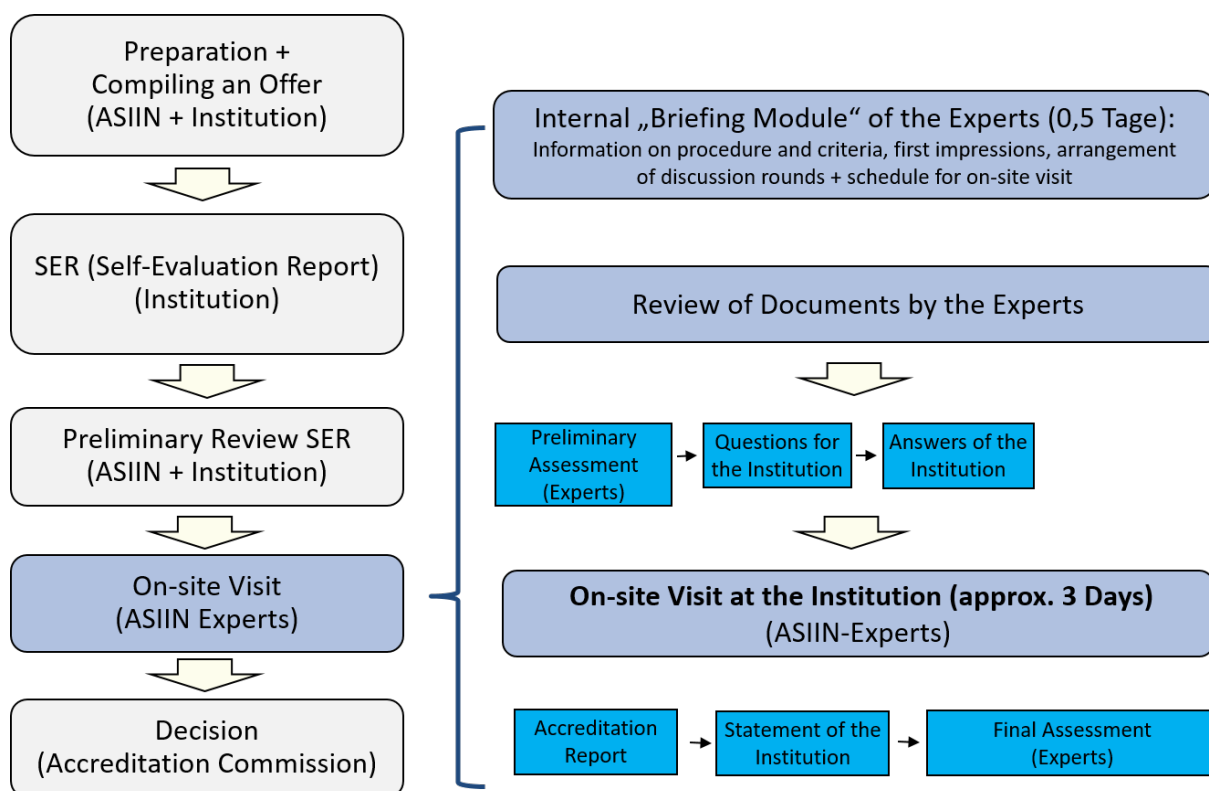


Figure 1: Procedure for the acquisition of the ASIIN institutional seal

The **following steps** must be carried out:

1. <i>Preparation + Compiling of offer</i>	Institution + ASIIN	<p>The institution contacts the agency.</p> <p>The agency needs basic information about the institution (date of foundation, legal status, form of organisation, sponsorship, size, educational offer, structure and internal organisation, existing certifications or accreditations, etc.) and its quality management in short form.</p> <p>Preparatory discussion on the desired accreditation seal, the procedure and the criteria.</p>
2. <i>Conclusion of contract</i>	Institution (+ ASIIN)	Acceptance of the offer by the institution (declaration of acceptance of costs) or conclusion of the contract.
3. <i>Preliminary review SER</i>	Institution	The HEI submits the self-evaluation report and the applicable evidences to showcase how the requirements of the ASIIN institutional accreditation seal are fulfilled.
	ASIIN	The ASIIN project managers review the institution's documents for validity and completeness.

	Institution + ASIIN	Before the final submission of the self-evaluation report, ASIIN offers the opportunity to discuss the results of the preliminary review. This discussion can take place at the ASIIN office or via video conference.
	Institution	The institution has the option to supplement or revise the self-evaluation report and its supporting evidences.
	ASIIN	ASIIN puts together an expert group.
	Institution	The institution hands in the final version of the self-evaluation report and its supporting evidences.
4. On-site visit	ASIIN (experts)	<p>Internal „Briefing-Module“ of the experts to</p> <ul style="list-style-type: none"> - present the procedure and criteria - determine the first impressions of the application documents and identify open questions or missing documents - clarify the schedule for the on-site visit - determine the chair/speaker of the expert group <p><i>Afterwards:</i></p> <p>The experts will review the documents, prepare a list of questions and, if necessary, queries for the institution to answer before the on-site visit.</p>
	Institution	The institution answers to the queries of the experts.
	ASIIN + Institution	Fine-tuning of the schedule for the on-site visit between ASIIN and the institution in accordance with the procedural principles.
	ASIIN + Institution	The expert group conducts the on-site visit at the institution, including round of discussions with various stakeholders from the institution on the basis of the application document.
	ASIIN	The expert group compiles the accreditation report and determines, whether and which additional documents are required for the continuation of the procedure.
	Institution	The institution hands in its feedback on the accreditation report.
	ASIIN	<p>The experts consolidate the results in the report and give their final evaluation of the results.</p> <p>The experts recommend a resolution to the Accreditation Commission.</p>
5. Decision	ASIIN	<p>Decision on accreditation by the Accreditation Commission of ASIIN.</p> <p>Notification of the decision to the applicant institution.</p>

Delivery of the final accreditation report to the institution.
Online publication of the results in accordance with European Standard and Guidelines (ESG).

The institution and ASIIN agree on the concrete schedule in the course of preparing the offer.

4.2 Results of the Procedure and Deadlines

The ASIIN institutional accreditation seal is always awarded for a limited period of time. The initial award is granted for six years, the re-accreditation and all subsequent accreditations for a total of eight years.

The following outcomes of an accreditation procedure are possible:

- a) Accreditation *without requirements* for the full accreditation period
- b) Accreditation *with requirements* for the full accreditation period; yet after nine months the fulfilment of the requirement must be proven.
- c) No final decision is (yet) made by the Accreditation Commission. The procedure is suspended (“procedural loop”): A one-time *suspension* of the procedure is possible for usually 12, at most 24 months (see chapter 4.4).
- d) *Rejection* of the award of the ASIIN Institutional Accreditation Seal: A new procedure can only be carried out on the basis of a new or substantially changed concepts. The Accreditation Commission decides whether this is the case.

4.3 Procedure: Review of Fulfilment of Requirements

If an accreditation is granted with requirements, the institution must prove that the requirements have been fulfilled within the stipulated period of time.

If the Accreditation Commission determines that the *requirements have been met in full*, the accreditation is automatically extended to the full period.

If it is determined that the *requirements have not yet been fulfilled entirely*, the Accreditation Commission can grant a one-time extension of six months to complete the fulfilment of the requirements.

The procedure for verifying the fulfilment of requirements is as follows:

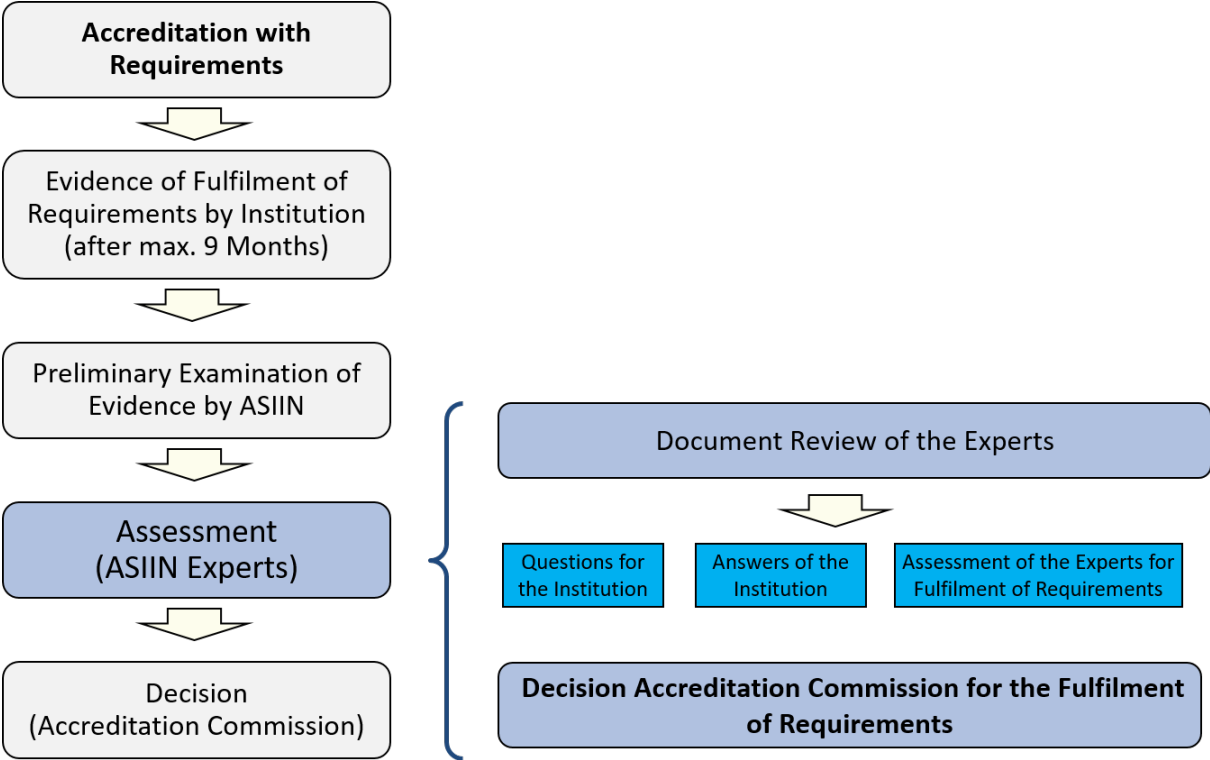


Figure 2: Sequence of the procedure for the fulfilment of requirements.

4.4 Procedure: Resumption of the Procedure after Suspension

If the procedure is suspended, the institution may request the resumption of the procedure within the time limit specified in the decision.

With the suspension, the Accreditation Commission also decides on the prerequisites that must be fulfilled in order to continue the accreditation process. Generally, procedures are suspended for a period of 12 months; in justified exceptional cases, the expert group can apply for an extension of up to 24 months. With its application for resumption of the procedure, the institution demonstrates how it has fulfilled these preconditions.

If a suspension of the procedure is pronounced, the Accreditation Commission *can* determine that the resumption must take place within the framework of a new on-site visit by the expert group. However, the decision on the necessity of a further on-site visit can also be made during the process of resumption. The procedure is then concluded with the regular procedural steps as described in section 4.1.3 (beginning at the time of compiling the accreditation report).

The procedure for the review of resumption is as follows:

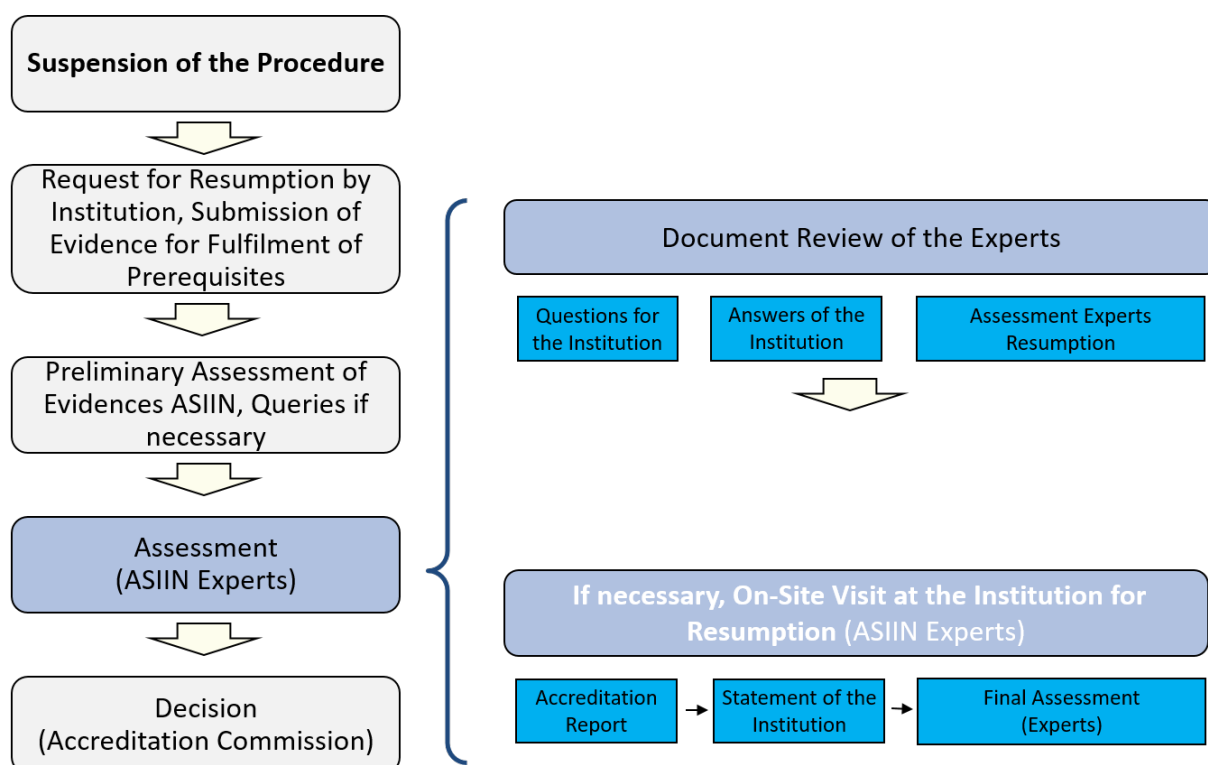


Figure 3: Sequence of the process of resumption after suspension

4.5 On-Site Visit at the Institution

The on-site visit at the institution includes the following elements:

- discussions with different internal and external stakeholders of the higher education institution (individual discussions or in groups)
- internal stakeholders: higher education institution management, administration, students, teaching staff, academic committees and members of staff in charge of quality management
- external stakeholders: the supervising ministry (where possible and required), labour market representatives, graduates/alumni
- on-site review of documents
- inspection of the facilities (rooms, equipment and infrastructure) available for teaching and learning
- internal discussion within the expert team

4.6 Criteria for the Selection of Experts

The Accreditation Commission appoints the experts

An expert team typically consists of five members:

- two Professors who are experienced in the management of a higher education institutions as well as its quality management
- one expert with experience/expertise in quality management of institutions

- one student with experience in accreditation and in student organizations
- one industry representative

Due to its composition, the expert group should be able to

- gain an overview of and evaluate the different aspects of managing a higher education institution, including quality management (especially concerning teaching and learning) and managing learning processes;
- identify the needs of the stakeholders of the education and/or training programmes and include this observation in the assessment;
- incorporate previous experience with international and/or European standards into their assessment.

ASIIN criteria for experts from academia; they should

- hold notable technical and/or professional expertise in quality management for teaching and learning;
- have experience in accreditation, certification or evaluation, skills required for teaching at a higher education institution, international experience and (preferably) experience in the decision-making processes at a higher education institution.
- make use of trainings offered for accreditation activities

ASIIN criteria for experts from higher education quality management; they should

- have professional expertise related to quality management in the field of study and teaching
- have knowledge and experience in the area of accreditation, certification or evaluation procedures
- take advantage of further training opportunities in the areas of internal and external quality assurance (if possible)

ASIIN criteria for experts from the industry; they should

- hold notable technical expertise and/or professional expertise in quality management
- have experience in accreditation, certification or evaluation, higher education didactic competences, international experience
- make use of trainings offered for accreditation activities (if possible)

ASIIN criteria for student experts; they should

- if possible, have experience in accreditation or evaluation and in student organisations
- make use of trainings offered for accreditation activities

Exclusion criteria: Experts may not be

- involved in application procedures (neither in their own appointment procedure nor as part of an appointment committee) at the institution which is to be assessed;
- involved in any board or panel at the institution which is to be assessed;
- employed by the institution which is to be assessed and/or depend on it;
- representatives working at management level for a higher education institution from the same region.

Before the start of the procedure, every expert signs a **declaration of confidentiality and impartiality**. The applying body will be informed of the composition of the expert team. If a member is suspected to be biased, the higher education institution may put forward reasons for requesting a substitute. The Accreditation Commission will then deal with the request.

4.7 Role and Function of the ASIIN Project Managers

ASIIN committee members and experts work on a voluntary basis. A full-time project manager at the ASIIN offices is in charge of the overall coordination of each procedure.

The ASIIN project managers organise and coordinate the accreditation procedures. They ensure that all procedural requirements are adhered to, time schedules are met and all mandatory process steps are taken. Based on their experience and background, they can provide information and advice to all other parties involved in the procedure. Project managers accompany the expert team during the on-site visit and take part in all committee meetings. They draft reports, propose resolutions and document the procedure. In addition to that, they act as contact persons for the applying institution and accompany it through the procedure.

Project managers are therefore the central link between the higher education institution, the expert team and all committees involved.

Any exchange of information between the institution, the expert team and the ASIIN committees is only relevant and can only be considered for the procedure if it was submitted to the ASIIN office.

4.8 Complaints and Appeals Procedure

Complaints in ongoing procedures shall first be addressed to the Managing Director. If the Managing Director is unable to remedy the complaint, the matter shall be referred to the Appeals Committee.

Appeals against decisions of the committees must be submitted to the ASIIN office in writing and include a justification/explanation. The ASIIN office then submits the appeal to the Accreditation Commission at its next meeting. If the Commission considers the appeal to be well-founded, it shall uphold it. If the responsible Commission does not uphold the appeal, the

Appeals Committee will decide upon the matter. For this purpose, the ASIIN office shall call upon the Appeals Committee.

The Appeals Committee is informed annually about the appeals made against decisions of the Accreditation Commission.

4.9 Withdrawal of the Application

The applying institution is entitled to withdraw its application at any time before the decision of the Accreditation Commission without stating reasons. It shall then bear the costs incurred by ASIIN up to the time of withdrawal. If the institution wishes to resume the procedure at a later point in time, the Accreditation Commission decides on the admission for resumption.

4.10 Changes during the Accreditation Period

ASIIN supports further qualitative developments of the QMS during the accreditation period in the sense of continuous improvements.

If changes to the framework conditions for teaching and learning are planned or implemented at an institution, it must be checked whether these are changes of a substantial nature which directly affect the requirements for the award of the ASIIN system seal.

If an institution plans to implement changes, the following procedural steps must be observed:

1. Information about change(s)	Institution	Written information to the ASIIN office with an overview of the planned or implemented changes and a corresponding justification
2. Examination of the change(s)	ASIIN	The Accreditation Commission examines the documents submitted.
3. Decision	ASIIN	The Accreditation Commission decides <ul style="list-style-type: none"> a) whether a significant change is present and b) whether the accreditation can be maintained under these new conditions. If this is not the case, the Accreditation Commission withdraws the accreditation or decides on any further steps that may be necessary before a final decision can be made.

ASIIN reserves the right to withdraw the accreditation seal after reviewing the facts even if it learns of a significant change by other means.

4.10 Re-Accreditation

If the ASIIN system seal is applied for no later of six months before the expiry of the accreditation, the accreditation can be extended for one year by decision of the Accreditation Commission in order to carry out the re-accreditation procedure.

The extension of the accreditation is counted towards the full accreditation period in the event of successful re-accreditation.

5 Contractual Basis

The cooperation between ASIIN e. V. and an institution is based on a contract. This comes into being as soon as the applicant institution accepts the relevant offer of ASIIN for the accreditation procedure.

The relevant conditions for the formulation of this contractual relationship are set out in detail in the offer submitted by ASIIN and the associated General Terms and Conditions (GTC).

An essential feature of the contract between ASIIN e. V. and an institution is that the implementation of the accreditation procedure, but not its result, is contractually regulated.