



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ  
HELLENIC REPUBLIC



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## Accreditation Report for the Internal Quality Assurance System (IQAS)

Institution : Hellenic Mediterranean University

Date: 17/03/2025



Με τη συγχρηματοδότηση  
της Ευρωπαϊκής Ένωσης



Πρόγραμμα  
Ανθρώπινο Δυναμικό και  
Κοινωνική Συνοχή



Report of the Panel appointed by the HAHE to undertake the review of  
the **Internal Quality Assurance System** (IQAS) of the Hellenic  
Mediterranean University for the purposes of granting accreditation.

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## PART A: BACKGROUND AND CONTEXT OF THE REVIEW

### I. The External Evaluation & Accreditation Panel

The Panel responsible for the Accreditation Review of the **Internal Quality Assurance System** (IQAS) of the Hellenic Mediterranean University comprised the following five (5) members, drawn from the HAHE Register, in accordance with Laws 4009/2011 & 4653/2020:

1. SKOUTERIS THOMAS (Chair)  
*(Title, Name, Surname)*  
The American University in Cairo  
*(Institution of origin)*
2. EFSTATHIADES ANDREAS  
*(Title, Name, Surname)*  
European University Cyprus  
*(Institution of origin)*
3. Michiotis Ioannis  
*(Title, Name, Surname)*  
CEN (European Committee for Standardization)  
*(Institution of origin)*
4. SPYRATOS NICOLAS  
*(Title, Name, Surname)*  
Université Paris-Saclay & CNRS  
*(Institution of origin)*
5. MATIKA ΒΑΣΙΛΙΚΗ  
*(Title, Name, Surname)*  
University of Patras  
*(Institution of origin)*

## II. Review Procedure and Documentation

*Please refer briefly to the Panel preparation for the IQAS review, as well as to the documentation provided and considered by the Panel. State the dates and of the site visit and describe the visit schedule and the meetings held. Feel free to mention any additional information regarding the procedure, as appropriate.*

The Internal Quality Assurance System (IQAS) Accreditation Review for Hellenic Mediterranean University (ELMEPA) (hereinafter: "the institution") took place from March 9 to March 15, 2025, as per the structured timetable provided. The review process was conducted by the External Evaluation and Accreditation Panel (EEAP), appointed by the Hellenic Authority for Higher Education (HAHE). The review aimed to assess the compliance of the institution's IQAS with the national and European quality standards. The on-site visit commenced on March 10, 2025, in Heraklion, Crete, following an initial online meeting and private EEAP discussion on March 9. The panel engaged in a series of well-attended meetings with key institutional representatives, including the Rector, Vice-Rectors, Quality Assurance Committee (MODIP), Internal Evaluation Groups (OMEA), faculty members, students, administrative staff, alumni, and external stakeholders. These discussions provided comprehensive insights into the institution's strategic planning, quality assurance mechanisms, and institutional culture. The hospitality extended by the university was exceptional, contributing to a productive and cooperative environment. The review was conducted in a highly constructive and collegial spirit, characterized by open dialogue, transparency, and mutual respect. All scheduled meetings were well-attended, demonstrating strong institutional commitment to the accreditation process. Participants engaged actively, offering detailed explanations and supporting documentation that reinforced the university's dedication to continuous improvement. The facilities tour on March 11 allowed the panel to observe the university's classrooms, laboratories, library, housing units, outdoor facilities (such as the farm) and MODIP offices, confirming that the institution maintains adequate resources to support its academic and administrative functions. The final days of the review were dedicated to report drafting and discussion of key findings. The panel concluded its work on March 17, 2025, submitting the draft accreditation report to HAHE. The overall process reflected a deep institutional commitment to quality, constructive engagement from all participants, and a well-organized, professional approach to accreditation.

### **III. Institution Profile**

*Please provide a brief overview of the Institution, with reference to the following: history, academic remit, student population, campus, orientation challenges or any other key background information.*

The institution evolved from the Technological Educational Institute (TEI) of Crete, a long-standing institution dedicated to applied sciences and technological education. Established to bridge academic knowledge with industry needs, TEI of Crete provided specialized education in fields such as engineering, health sciences, and business, playing a critical role in vocational and professional training in Greece. The transformation into a university in 2019 marked a strategic shift towards research-driven higher education, expanding its academic offerings to include doctoral programs, international collaborations, and a stronger emphasis on innovation and technology transfer. Today, the institution encompasses a diverse range of disciplines, including engineering, applied sciences, health sciences, agriculture, economics, and business administration, reflecting a broad academic portfolio that supports both theoretical and hands-on learning experiences. The university also offers modern student housing facilities, ensuring accommodation for a significant portion of its student body, particularly for those from outside the region. One of the university's distinctive features is its university farm, which serves as a practical research and training site for agricultural sciences, environmental sustainability, and food technology programs. This facility supports interdisciplinary research, integrating agriculture with biotechnology and engineering. Additionally, the institution maintains state-of-the-art laboratories, innovation hubs, and partnerships with industries and research institutions, reinforcing its role as a regional center of scientific excellence and technological advancement. The university continues to navigate the challenges of institutional restructuring, faculty expansion, and research funding, yet it remains committed to providing high-quality education, fostering student engagement, and contributing to the socioeconomic development of Crete and beyond.

## PART B: COMPLIANCE WITH THE PRINCIPLES

### Principle 1: STRATEGY, QUALITY POLICY AND TARGET SETTING OF THE INSTITUTION

**INSTITUTIONS SHOULD DEVELOP A FOUR-YEAR STRATEGY, WITHIN WHICH THE QUALITY ASSURANCE STRATEGY IS INCLUDED. THE QUALITY ASSURANCE STRATEGY IS SPECIFIED THROUGH THE QUALITY ASSURANCE POLICY, WHICH SETS OUT THE PRINCIPLES OF THE OPERATION OF THE IQAS AND AIMS AT THE CONTINUOUS IMPROVEMENT OF THE SYSTEM. THE QUALITY ASSURANCE POLICY IS SPECIFIED THROUGH THE ANNUAL QUALITY TARGET SETTING WHICH EXTENDS TO ALL ASPECTS AND DIMENSIONS OF THE INSTITUTION'S OPERATION AND ACTIVITIES.**

*The Institution's strategy provides the general guidelines for the actions to be implemented within the specific forthcoming period. The strategic goals for quality assurance constitute one of the main pillars of the Institution's strategy. These goals are set out and specified following to analysis of relevant parameters and quality indicators. The quality assurance strategy includes the quality assurance policy as a specific document.*

*The quality assurance policy is the guiding document which sets the operating principles of the Internal Quality Assurance System (IQAS), the principles for the continuous improvement of the Institution, as well as the Institution's obligation for public accountability. It supports the development of a quality culture, according to which, all internal stakeholders assume responsibility for quality and engage in quality assurance. This policy has a formal status and is publicly available.*

*The quality assurance policy is implemented through:*

- the commitment for compliance with the laws and regulations that govern the Institution;*
- the establishment, review, redesign, and redefinition of quality assurance objectives, that are fully in line with the institutional strategy*

*This policy mainly supports:*

- the organization of the internal quality assurance system;*
- the Institution's leadership, departments and other organizational units, individual staff members and students to take on their responsibilities in quality assurance;*
- the integrity of academic principles and ethics, guarding against discriminations, and encouragement of external stakeholders to be involved in quality assurance;*
- the continuous improvement of learning and teaching, research and innovation;*
- the quality assurance of the programmes and their alignment with the relevant HAHE Standards;*
- the effective organisation of services and the development and maintenance of infrastructure;*
- the allocation and effective management of the necessary resources for the operation of the Institution;*
- the development and rational allocation of human resources*

*The way in which this policy is designed, approved, implemented, monitored, and revised constitutes one of the processes of the internal quality assurance system.*

*For the implementation of the quality assurance policy, an annual quality target-setting (using the SMART methodology) and a specific action plan for the achievement of the targets are drafted. The quality targeting includes all annual goals required for addressing weaknesses and improving the parameters of the Institution's teaching, research, and administrative work, according to the*

*strategic guidelines set as part of the Institution's strategy.*

#### **Documentation/Annexes**

E1.1 Strategic planning of the Institution (including the quality assurance strategy)

E1.2 Quality assurance policy of the Institution in liaison with the strategy

E1.3 Quality Targeting of the Institution (SMART), as implementation of the strategy and policy

### **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

#### **I. Findings**

The institution demonstrates a strong commitment to quality assurance and continuous improvement, as evidenced by its well-defined strategic plan for 2020-2025. The plan aims at the continuous qualitative evolution of the position of the university at both on the national and international higher education map. It is the result of consultations held with the academic community and the stakeholders. This plan includes a SWOT analysis, which identifies the university's strengths, weaknesses, opportunities, and threats. The plan is geared around six (6) strategic axes outlining six strategic priorities for the coming years. Quality assurance is one of the strategic axes. A detailed quality policy has been developed that outlines the university's commitment to quality and the steps it will take to achieve its quality goals. The policy is accompanied by SMART objectives for various aspects of the university's operations. These objectives are monitored using key performance indicators (KPIs), regularly reviewed and updated.

#### **II. Analysis**

The institution has a well-defined institutional strategy for the current period (2020-2025). The strategy includes a SWOT analysis documented with relevant data and indicators. Quality assurance is identified as a distinct strategic axis within this strategy. The strategic plan outlines the most appropriate strategy for the institution based on the SWOT analysis. Strategic goals are formulated for each activity area, ensuring a comprehensive approach to quality enhancement. The quality assurance strategy aims to enhance quality in specific areas by rectifying identified weaknesses. It is directly linked to the institution's developmental strategy, as evidenced by its inclusion as a distinct strategic axis in the strategic plan.

Interviews with QAU, representatives of OMEA and academic staff indicate that the university has developed a quality culture, both in the administrative and academic domains. This is less evidenced in the student populations as there is



no student representation in any of the committees of the University. The Quality Assurance Unit (QAU) assumes full responsibility for internal quality assurance fostering this culture within the institution without delegating its responsibilities to third parties. The quality policy includes key elements that build on its strategic capabilities, mitigating weaknesses and enhancing the institution's operations. It also specifically addresses improving the Internal Quality Assurance System (IQAS). Discussions with the University academic administration show commitment to quality assurance and the existence of a well-defined quality policy, suggesting that the policy is likely being implemented, albeit at a slower pace. There is a need to ensure the uniform and timely implementation of the quality policy throughout the academic and administration departments of the university.

The quality assurance policy is aligned with the university strategy, as the institution is committed to continuous improvement and achieving excellence in education, research, and administration. The quality goals are paired with Key Performance Indicators (KPIs), as evidenced by the detailed list of KPIs provided by QAU. These goals are monitored, updated, and communicated through various channels, including the University's information system and regular reports. Monitoring KPIs is feasible over the last 3 years, as demonstrated by the data collected and analysed by the University's information system. The KPIs allow for comparability of data, as they are standardised and tracked over time. The KPIs used are considered acceptable in the context of established KPIs for higher education.

Based on the data presented in the annual evaluation of the quality indicators for the last 3 years, it is concluded that the institution at the majority of KPIs, showed positive progress. At the same time, the need to monitor and improve quality indicators that showed negative trends is highlighted. The quality goal-setting process supports achieving the set goals through clearly defined actions.

### **III. Conclusions**

Given the above findings and analysis, the panel finds that the institution is compliant with Principle 1.

## Panel Judgement

*Please tick one of the following:*

<b>Principle 1: STRATEGY, QUALITY POLICY AND TARGET SETTING OF THE INSTITUTION</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## Panel Recommendations

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

R1.1: The institution should involve the students and external stakeholders in their committees (QAU, OMEA).

R1.2: The institution should ensure the quality assurance policies are implemented in a timely and uniformly manner across all academic and administration departments of the University.

## **Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES**

**INSTITUTIONS SHOULD ENSURE ADEQUATE FUNDING, HUMAN RESOURCES, INFRASTRUCTURE, SERVICES AND SYSTEMS FOR TEACHING, RESEARCH, AND INNOVATION, AS WELL AS FOR THE WHOLE RANGE OF THEIR ACADEMIC ACTIVITIES, FOR THE PURPOSE OF FULFILLING THEIR MISSION AND STRATEGIC GOALS. THE ABOVE RESOURCES ARE PLANNED OVER A FOUR-YEAR HORIZON, ARE LINKED WITH THE STRATEGY AND ARE ALLOCATED IN A RATIONAL MANNER, IN ACCORDANCE WITH THE PERTINENT PROCEDURES. THEIR MANAGEMENT AND MONITORING IS IMPLEMENTED BY MEANS OF INFORMATION SYSTEMS.**

### Funding

The institution ensures adequate funding to cover not only the overhead and operational costs (regular budget and public investment budget) but also costs related to research, innovation, and development by exploiting external sources of financing. The financial planning and the operation of an effective financial management system constitute necessary tools for the full exploitation of the resources.

The annual public funding of the Institution follow the procedures set out in article 16 of Law 4653/2020 and the relevant ministerial decisions.

The annual budgets for the past five years, the absorption and the main categories of expenditure as well as the amount and sources of the external funding are key elements for the assessment of the principle.

### Infrastructure

Based on the requirements and needs arising during its operation, the Institution has determined ways to define, allocate and maintain all the necessary resources to ensure its smooth and proper functioning, i.e. teaching, research and auxiliary facilities, equipment and software, support facilities (cleaning, transportation, communication) etc. The scope of the IQAS should include a suitable managing and monitoring system to safeguard the infrastructure. Compliance with the internal regulations is also necessary.

### Working environment

The institution ensures -as far as possible- that the working environment has a positive effect on the performance of all members of the academic community (students and staff). Factors that are taken into consideration towards the creation of such a favourable environment are, among others, the sanitary facilities, the lighting/heating/ventilation system, the cleanliness and the overall appearance of the premises, etc. The scope of the IQAS should include an appropriate managing and monitoring system to promote a favourable working environment and to ensure compliance with the existing provisions.

### Human resources

The Institution and the academic units bear the responsibility for the allocation and development of the human resources. The rational allocation of human resources is based on a system of criteria, in line with the mission and the strategic options of the Institution.

The subject areas, as well as the competences and tasks of the staff members are defined by the corresponding job descriptions that are established within the operation scope of each academic or administrative unit. These posts are filled following the requirements set by the law, on the basis of fair and published processes. The continuous training and evaluation of the staff is considered necessary for the enhancement of the performance, which is recorded and monitored as provided in the context of the IQAS.

The Institution should acknowledge and provide the necessary resources for the implementation of the IQAS, its enhancement and the provision of services that assist the satisfaction of the quality assurance requirements. Moreover, the Institution provides the necessary resources for the organization and staffing of the QAU, with a clear allocation of competences and tasks to its staff members.

### **Documentation/Annexes**

E2.1 Annual planning and allocation of funding from all available sources for the next 4 years, or Programme Agreement of the Institution, if applicable

E2.2 Internal rules for the allocation and distribution of the financial and human resources to the academic units and the central services of the Institution

E2.3 Internal evaluation by the QAU of the resources, according to the relevant NISQA indicators and the performance indicators of the Institution

E2.4 Overview of the information systems for the management and monitoring of the financial and human resources of the Institution

### **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

#### **I. Findings**

The Institution trains students in a diverse range of disciplines and in different geographical locations. To facilitate and maintain a productive learning environment the Institution has significant resources in its everyday operation. It has been evident through the discussions that institution has a well-defined procedure for identifying and planning the necessary resources to support its academic activities.

The Institution annually plans for funding, human resources, infrastructure, services, and systems over four years. Moving things forward a new administrative service organization has been established that modernize the

operation and considered from scratch all administrative positions. To this end, new positions were established in key specializations. At the same time emphasis is placed on continuous training and evaluation of the staff.

Based on the new organization services administration profiling the total number of permanent administrative staff positions has been increased. However, the current reality is that filling these positions remains a distant goal, with no established timeline at present. Given the limitations in recruiting permanent administrative staff due to limited available resources and highly time-consuming and rigid practices the institution meets part of its staffing needs through contract employees. At the time of the panel visit the number of contract employees has approached the number of permanent administrative staff. As with respect to teaching requirements the Institution hires lecturers that are being paid through internal pre-allocated funding or via externally funded programs. Despite the limitations all teams are well organized and as a result the scarcity on the available funding is somehow mitigated.

On the academic side, increased levels of financial support are provisioned for young faculty members (early career) to enable them to expand their research and built their networks. However, financial support for faculty members can be deemed as rather limited and/or publishing in high quality open journals that require timely payments of fees and invoices.

Funds for doctoral and/or postdoctoral fellows are also limited.

## **II. Analysis**

Institutional facilities have partially improved over the years, despite the continuous lack of adequate funding from the state and the reduction in personnel (faculty, administrative staff, and support personnel). Lack of sufficient state funding impacts modernization. Difficulties in securing proceeds from the institution 'real estate property' add to the funding challenge. The Panel recognizes the efforts made by the institution to allocate research-oriented funding (from ELKE) towards infrastructure improvement, faculty wages, and student support through scholarships. However, although ELKE is a healthy entity handling a substantial amount of research funds, it is not independent. ELKE operates as a Public Law Legal Entity, which limits its flexibility and ability for long-term planning, adversely impacting resource utilization.

Non-educational facilities are limited and mostly understaffed. The administrative staff is very professional, overworked, and underpaid. Discussions and interviews held with MODIP, OMEA, the Rector, and the Vice-Rector have revealed their commitment to improving resources despite the challenges and 'systemic issues', which Institution tries to solve on their own without support

from the State. While the institution is, by general admission, underfunded, it has achieved significant success in program development in the period under review. The working environment is friendly and collegial, encouraging interactions and collaboration.

The above being said, there is room for improvement. The Panel agreed with the stakeholders have pointed to the need for a) systemic interaction with the broader social environment, b) additional permanent staff (faculty, administrators) to maintain the provided high-level education, c) substantial funding increase to improve resources, d) better showcase and communicate the institution's good practices, e) collectivity and volunteerism (through environmental initiatives).

It was communicated to the Panel that funding required to run operations (e.g., for improving infrastructure, additional hiring) from the State is insufficient.

### **III. Conclusions**

The external evaluation of the institution's resources by the Panel reveals that despite the scarcity of the available funding and the heavy reliance on public funding the Institution manages to successfully operate and, in many respects, to thrive in such challenging conditions. The implemented four- to five-year strategic plan should be developed in alignment with a holistic vision that defines the University's desired strategic positioning within the specified timeframe. Given the above findings and analysis, the panel finds that the institution is generally compliant with Principle 2.

## Panel judgement

*Please tick one of the following (per subsection):*

<b>Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES</b>	
<b>2.1 Funding</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	
<b>2.2 Infrastructure</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	
<b>2.3 Working Environment</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	
<b>2.4 Human Resources</b>	
Compliance	
Partial compliance	<b>X</b>
Non-compliance	

*Please tick one of the following:*

<b>Principle 2: PROGRAMMING AND ALLOCATION OF RESOURCES (overall)</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## Panel Recommendations

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

R2.1: The institution should strengthen its interaction with external stakeholders.

R2.2: More funding should be directed to support PhD candidates.

### **Principle 3: STRUCTURE, ORGANISATION AND OPERATION OF THE IQAS**

**THE IQAS INCLUDES ALL NECESSARY PROCESSES AND PROCEDURES FOR THE COMPLIANCE OF ALL THE INSTITUTION'S ACADEMIC STRUCTURES, ACTIVITIES AND ADMINISTRATIVE SERVICES WITH THE QUALITY STANDARDS. THE QAU IS THE COMPETENT UNIT FOR THE ORGANISATION AND OPERATION OF THE IQAS AND HAS THE REQUIRED FUNCTIONAL INDEPENDENCE AND OPERATIONAL CAPACITY FOR THE EFFECTIVE IMPLEMENTATION OF THE IQAS, AS WELL AS FOR ITS COMPLIANCE WITH THE PRESENT STANDARDS.**

The key goal of the internal quality assurance system (IQAS) is the development, effective operation and continuous improvement of the whole range of the Institution's activities, and particularly, of teaching, research, innovation, governance and relevant services, according to the international practices - especially those of the European Higher Education Area - and the HAHE principles and guidelines described in these Standards.

#### Structure and organization

In each Institution, the Quality Assurance Unit (QAU) holds the responsibility for the administration and management of the IQAS. The QAU is set up according to the existing legislative framework and is responsible for:

- the development of specialised policy, strategy and relevant processes towards the continuous improvement of the quality of the Institution's work and provisions;
- the organisation, operation and continuous improvement of the Institutions' internal quality assurance system;
- the coordination and support of the evaluation process of the Institution's academic units and other services, and
- the support of the external evaluation and accreditation process of the Institution's programmes and internal quality assurance system in the context of the HAHE principles and guidelines.

The Institution's IQAS and its implementation processes are determined by the decisions of the competent bodies, as provided by the law, and are published in the Government's Gazette, as well as on the Institution's website. The above are reviewed every five years, at the latest.

To achieve the above goals, the QAU collaborates with the HAHE, develops and maintains a management information system to store the quality data, which are periodically submitted to the HAHE, according to the latter's instructions. The QAU is responsible for the systematic monitoring of the evaluation process and for the publication of evaluation-related procedures and their results on the Institution's website.

The QAU structure has been approved by the Institutions' competent bodies, as provided by the law, while all competences accruing from this structure are clearly defined.

The QAU is staffed by a sufficient number of permanent personnel, so as that the operational needs of the IQAS are completely met. The administrative officer of the QAU has comprehensive updating and knowledge about the implementation of its operations and activities.



### Operation

The institution takes action for the design, establishment, implementation, audit and maintenance of the Internal Quality Assurance System (IQAS), taking into account the requirements of the Standards, while making any necessary amendments to ensure fitness to achieve its aims.

The above actions include:

- the provision of all necessary processes and procedures for the successful operation of the IQAS, as well as the participation of all parties involved, across the Institution. The Institution's areas of activity can constitute the IQAS processes, e.g. teaching, research and innovation, governance, services etc. An IQAS process is an area of activity including data input, data processing and outputs. A procedure defines the way an action is implemented and includes a course of stages or steps, e.g. the curriculum design procedure;
- the determination of how the IQAS procedures/ processes are audited, measured and assessed, and how they interact;
- provision of all necessary resources to enable the IQAS implementation.

### Documents

The IQAS documentation includes, among other things, a series of key documents demonstrating its structure and organisation, and the Quality Manual, which describes how the requirements of the Standards are met.

The Annexes of the Quality Manual include:

- the Quality Policy and the Quality Assurance Objectives;
- the necessary written Procedures, along with the entailed forms;
- the necessary Guides, External Documents (e.g. pertinent legislation), as well as any other supporting data;
- the standing organisational structure of the QAU, with a detailed description of the competences, the required qualifications and the goals for each post. The organisational chart is structured in a manner that ensures that the IQAS organisational requirements are fully and properly met.

### Documentation

E3.1 Government Gazette for the approval, structure, and operation of the IQAS and the QAU

E3.2 Updated IQAS Quality Manual (including the QAU organisational structure- job descriptions, tasks, skills)

E3.3 QAU Internal Regulation

## **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

### **I. Findings**

The institution's QAU has been established according to the existing legislative framework (4957/2022, art. 215) and the provisions of ETHAAE. The processes, procedures, and documentation of the Internal Quality Assurance System (IQAS) are thoroughly recorded and described in the Quality Manual, which is approved and revised by the Senate of the Institution following recommendations from the MODIP (Quality Assurance Unit).

QAU is headed by the Vice-Rector of Academic Affairs, student Affairs and Lifelong Learning. It comprises five (5) experienced academic staff members, as well as one representative from special scientific personnel and one representative of the laboratory teaching staff. There is no student representation in the QAU. The QAU is supported by only one administrative staff.

QAU is an independent unit, coordinating the quality assurance actions of all the academic units of the university.

The details of the structure, organization, and operation of the IQAS are provided in the submitted documents.

A number of departments and laboratories have certified their quality systems using ISO9001 which is considered a good practice.

### **II. Analysis**

During the visit, the panel was presented with the required evidence on the effectiveness of the structure put in place for managing quality at the institutional level. The panel confirms that the Quality Manual includes all the necessary processes and procedures for the institution's compliance with the Standards.

The panel was also provided with samples of standardized forms, highlighting that the procedures were implemented as expected. The panel suggests the design and development of a flow chart showing all the steps that are followed in critical and core processes that are crucial for the fulfillment of the quality policy (i.e., the program development process, the student evaluation procedure etc). The QAU is not supported by an adequately staffed administrative support unit. Currently the unit is staffed by only 1 administrator. During the discussions we had it was evident that the workload is high, and that additional members of

staff should be appointed to cover these needs. This staff should be adequately trained so as to acquire adequate skills and competencies that are needed to support the QAU functions.

### **III. Conclusions**

Given the above findings and analysis, the panel finds that the institution is compliant with Principle 3.

## Panel judgement

*Please tick one of the following:*

<b>Principle 3: STRUCTURE, ORGANISATION AND OPERATION OF THE IQAS</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## Panel Recommendations

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

R3.1: QAU Administrative Support Unit should be properly staffed.

R3.2: Students should have representation in the QAU.

R3.3: The panel suggests the design and development of a flow chart showing all the steps that are followed in critical and core processes that are crucial for the fulfillment of the quality policy (i.e., the program development process, the student evaluation procedure etc).

## Principle 4: SELF-ASSESSMENT

**THE INTERNAL QUALITY ASSURANCE SYSTEM CONDUCTS INTERNAL EVALUATION OF THE WHOLE RANGE OF ACADEMIC AND ADMINISTRATIVE ACTIVITIES OF THE INSTITUTION, AS WELL AS ANNUAL REVIEW OF THE SYSTEM, TO IDENTIFY ANY OVERSIGHTS, DEFICIENCIES OR DISCREPANCIES. CORRECTIVE ACTIONS AND IMPROVEMENTS ARE PROPOSED TOWARDS THE ACHIEVEMENT OF THE QUALITY AND STRATEGIC GOALS. DURING THE SELF-ASSESSMENT, THE EFFECTIVE INTERNAL COMMUNICATION WITH THE INTERNAL AS WELL AS THE EXTERNAL STAKEHOLDERS IS ENSURED.**

*The QAU conducts, on an annual basis, a self-assessment of the IQAS, following the written procedure provided for each area of activity, which is implemented by a certain academic or administrative unit, as appropriate. The procedure determines the timing, the participants, the data under consideration, and the expected outcomes. The self-assessment aims at a final estimation of the suitability of the IQAS in force, as well as at basing decisions concerning the necessary remedial or precautionary actions for improvement.*

*The data considered in the context of the self-assessment of a programme may, for example, include:*

- *students performance;*
- *feedback from students / teaching staff;*
- *assessment of learning outcomes;*
- *graduation rates;*
- *feedback from the evaluation of the facilities/ learning environment;*
- *report of any remedial or precautionary actions undertaken;*
- *suggestions for improvement.*

*The outcomes of the self-assessment are recorded in internal reports drawn by the QAU. The reports identify any areas of deviation or non-compliance with the Standards and are communicated to the interested parties (if appropriate). The Institution's resolutions concerning any modification, compliance, or enhancement of the IQAS operation are made in the context of the annual IQAS review and might include actions related to:*

- *the upgrade of the IQAS and the pertinent processes;*
- *the upgrade of the services offered to the students;*
- *the reallocation of resources;*
- *the introduction of new quality goals, etc.*

*The outcomes of the self-assessment are recorded and, along with the source data, are archived as quality files.*

*A special procedure is followed for the compliance check of newly launched programmes (of all three cycles), or programmes that are to be revised shortly, prior to the institutional approval of the programmes.*

### **Documentation**

E4.1 Minutes and other documents and relevant correspondence regarding the annual internal evaluation of the IQAS by the QAU

E4.2 Results of the last annual internal evaluation of the IQAS by the QAU, and the relevant minutes and documentation

E4.3 Correspondence and other actions (workshops, meetings) for collecting feedback from the external stakeholders

### **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

#### **I. Findings**

An internal quality assurance process is conducted annually by MODIP with inputs from the quality assurance unit (OMEA) of each department, the internal stakeholders (students and administrative units). Input from external stakeholders (alumni and industrial) appears to be regular but mostly on a non-institutionalized basis. The data gathered by the MODIP are then stored and analyzed to monitor the KPIs set by the institution for the follow-up of its strategic goals and the proposal of corrective actions if necessary. The whole process is clearly described in the Quality Manual and the outcomes of self-assessment, as well as the feedback from the reviewed units are properly recorded.

The main findings regarding the internal quality assurance process are the following:

- The design and implementation of the system for collecting, storing and analyzing data is of high quality.
- MODIP is largely under-staffed (only one permanent staff).
- There is no student representation in the process (although there is at OMEA level).
- Student participation in answering the questionnaires is low.
- The panel heard from students that they don't receive the results of the corrective measures ('closing of the feedback loop') in the evaluations they have participated.

## **II. Analysis**

The internal quality assurance process is a complex and time consuming process, and the MODIP of the institution is under-staffed (only one permanent staff). It is therefore urgent that additional personnel is provided.

Regarding the low student participation in the internal quality assurance process, this is a rather usual phenomenon in campuses around the country. However, the institution should try to find ways to (a) persuade students to have a representative in the internal evaluation process and (b) increase the percentage of students answering the questionnaires. The panel heard from students that the reason for low participation is that they don't see the results of the corrective measures following the evaluations in which they have participated (the proverbial 'closing of the feedback loop'). One possible remedy could be presenting these results to the students at the beginning of each semester.

## **III. Conclusions**

The internal quality assurance process is clearly described in the Quality Manual and well implemented and conducted by the MODIP. The outcomes of self-assessment as well as the feedback from the reviewed units are properly recorded. Student representation is currently insufficient. Overall, however, the Panel finds that the institution is compliant with Principle 4.

## **Panel judgement**

Please tick one of the following:

Principle 4: SELF-ASSESSMENT	
Compliance	X
Partial compliance	
Non-compliance	

### Panel Recommendations

Please provide your recommendations regarding issues that need to be addressed, as appropriate.

R4.1. It is urgent that additional personnel be provided for the QAU.

R4.2. The institution should try to find ways to (a) persuade students to have a representative in the internal evaluation process and (b) increase the percentage of students answering the questionnaires.

### Principle 5: COLLECTION OF QUALITY DATA: MEASURING, ANALYSIS, AND IMPROVEMENT

**INSTITUTIONS ARE FULLY RESPONSIBLE FOR THE COLLECTION, ANALYSIS AND USE OF INFORMATION IN AN INTEGRATED, FUNCTIONAL AND READILY ACCESSIBLE MANNER, THROUGH INFORMATION SYSTEMS, AIMING AT THE EFFECTIVE MANAGEMENT OF THE QUALITY DATA RELATED TO TEACHING, RESEARCH AND OTHER ACADEMIC ACTIVITIES, AS WELL AS THOSE RELATED TO THEIR ADMINISTRATIVE OPERATION.**

*The QAU should establish and operate an information system to manage the data required for the implementation of the Internal Quality Assurance System.*

*The QAU measures and monitors the performance of the various activities of the Institution, through appropriate procedures established in the context of the IQAS structure and assesses their level of effectiveness. The measuring and monitoring is conducted on a basis of indicators and data provided by the HAHE in the pertinent guidelines and forms, which are part of the National Information System for Quality Assurance in Higher Education (NISQA). These measurements may concern: the size of the student body, the size of the teaching and administrative staff, the infrastructure, the structural components of the curricula, students' performance, research activity performance, financial data, feedback on student and faculty satisfaction surveys, data related to the teaching and research activity services, infrastructure, etc.*

*The QAU makes use of the figures and presents the results for consideration using statistical*



*analysis. Outcomes are displayed through histograms and charts. This sort of information is used by the Institution for decision making, at all levels, pursuing improvement, as well as for setting, monitoring, assessing and reviewing the Institution's strategic and operational goals.*

*Institutions are under an obligation to provide or transfer data (through the QAU) to the HAHE, for the purposes of quality assurance, and monitoring of their strategy and funding.*

## **Documentation**

E5.1 Reports from the National Information System for Quality Assurance in Higher Education (NISQA) and accompanying assessment report by the QAU

E5.2 Description of the functions of the QAU information system

E5.3 Sample of fully completed questionnaire of satisfaction surveys addressed to the teaching and the administrative staff

E5.4 QAU report on the utilisation of the data collected from the QAU information system (internal evaluation, quality targeting, etc.)

## **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

### **I. Findings**

The institution uses an information system dedicated to the collection, storage and analysis of all data related to teaching, research and other academic activities, as well as those related to the institution's administrative operation. However, as each particular unit needs customized information the MODIP system performs also this customization. Most notably, the system manages student questionnaires based on an open code platform (LimeSurvey): once the questionnaires are input into the system, access rights are given to the authorized persons for the analysis of data and creation of reports (in pdf or excel format) for further processing.

A basic characteristic of the information system is that it can store and maintain all quality data required by HAHE, namely data related to the institution, the students and the various services. When appropriate, the collected data and analyses thereof, are properly presented in graphs demonstrating trends and allowing direct interpretation and comparisons. At the same time the system ensures the protection of persona data, as well as protection against cyber attacks.

Moreover, the system provides appropriate user interfaces so that input of data can be done by authorized users only, therefore the system can maintain reliable historical data. Finally, the system offers the possibility of remote data manipulation for the generation of statistics, data analyses, generation of KPI

values, student and staff satisfaction surveys etc.

## II. Analysis

The process and tools for the collection of quality data is clearly described and collection, storage and analysis of data is done in an integrated functional and readily accessible manner.

Data is collected regularly on students and teachers, teaching methods, teaching and administrative staff, innovation, infrastructure and finance. Student satisfaction surveys are conducted regularly (through questionnaires) – although student participation is rather low. The creation of a “bird’s eye view” showing the information flow (probably in the form of a flow-chart) could add further value to an otherwise well designed data collection system.

## III. Conclusions

The panel finds that the institution is fully compliant with Principle 5.

### Panel judgement

*Please tick one of the following:*

<b>Principle 5: COLLECTION OF QUALITY DATA: MEASURING, ANALYSIS, AND IMPROVEMENT</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## Panel Recommendations

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

R5.1. The creation of a “bird’s eye view” showing the information flow (probably in the form of a flow-chart) could add further value to an otherwise well designed data collection system.

## Principle 6: PUBLIC INFORMATION

**INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES IN A DIRECT AND ACCESSIBLE MANNER. ALL PERTINENT INFORMATION THAT APPEARS IN THE INSTITUTION’S WEBSITE SHOULD BE UP-TO-DATE, CLEAR AND OBJECTIVE.**

*The QAU publishes data related to IQAS structure, organisation and operation. Furthermore, the QAU publishes data pertinent to the institutional quality policy and objectives, as well as information and data relevant to the Institution’s internal and external evaluation. In the context of the self-assessment process, the QAU verifies that adequate information regarding the teaching activities and, particularly, the programmes’ profile and the overall institutional activity is publicly available. QAU makes recommendations for improvement, where appropriate.*

*The public information available via the internet should appear in Greek and in English, the webpages should have uniform architecture, structure and content across all academic units of the Institution, so that the users can easily identify the information of their interest.*

### Documentation

E6.1 Results of the assessment of the functionality and the content, as well as of the maintenance and update of the Institution's webpage

E6.2 List of the links included in the Institution's and QAU webpage, and of the special personalized internet applications

## Institution compliance

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

## **I. Findings**

The Institution maintains an official website and active social media profiles (such as Facebook and Instagram) in both Greek and English. Essential information regarding teaching and academic activities is readily available online and is presented clearly.

Course descriptions for undergraduate and postgraduate programs are effectively communicated with an objective approach. Each department's website provides access to curricula, course outlines, and schedules. Additionally, faculty curriculum vitae are accessible on their respective pages.

Key details for each study program, including attendance modes, assessment criteria, course outlines, degrees awarded, fees, and faculty CVs, are available online. Information about the structure and operation of the Institution's Internal Quality Assurance System (IQAS) is also provided.

The Institution's Mission Statement and Quality Assurance Policy can be found online, along with Internal and External Evaluation Reports for both the Institution and its Departments. These reports are clearly articulated, easily accessible, and regularly updated.

All published information is current, clear, and easily navigable, presented in a consistent architecture, structure, and format across all academic units in both Greek and English. Additionally, the Institution offers various electronic services for students, as well as information through the e-class and progress systems.

Finally, the Directors of each Department emphasize the importance of improving communication regarding the Institution's activities and the necessity of establishing a clear communication policy.

## **II. Analysis**

The findings regarding the institution's website reveal a well-structured and user-friendly online presence that effectively supports the institution's academic and administrative functions. Especially:

**Bilingual Accessibility:** The availability of content in both Greek and English broadens access for a diverse student body and international visitors.

**Comprehensive Information:** The website serves as a central hub for all critical information related to teaching and academic activities. The presence of detailed course descriptions, curricula, course outlines, schedules presents an organized and transparent academic environment.

**Enhanced User Experience:** By ensuring that all important academic information is clearly displayed and easily navigable, the university enhances user experience significantly.

**Quality Assurance Transparency:** The availability of the Institution's Mission Statement, Quality Assurance Policy, and evaluation reports on the website underscores a commitment to transparency and accountability. This openness instills confidence among stakeholders, including students, parents, and faculty.

**Regular Updates:** The practice of keeping information up-to-date and regularly articulating changes is crucial in a dynamic academic landscape. This responsiveness to change reflects the institution's proactive approach to maintaining relevance and ensuring that stakeholders have access to the latest information.

**Uniform Structure Across Departments:** The consistent architecture and structure across all academic units create a cohesive browsing experience, allowing users to navigate seamlessly between departments. This uniformity reinforces the university's branding and makes it easier for users to find information across different programs.

**Supportive Digital Services:** The inclusion of electronic services and information delivery through platforms like e-class and progress systems promotes a modern educational experience, facilitating communication and engagement between students and faculty.

**Improvement of Communication:** There is an acknowledgment that the current communication approach policy is insufficient.

**Institutional Activities:** The focus is on better conveying what the Institution is doing.

### **III. Conclusions**

In conclusion, the Institution's website effectively fulfills its role as an informative and supportive resource for students and faculty alike. By maintaining clear, accessible, and bilingual online content, as well as ensuring regular updates and comprehensive information, the university positions itself as a forward-thinking institution committed to supporting its academic community. Effective communication and a well-defined policy are essential for ensuring transparency and enhancing the Institution's outreach and engagement. As a consequence, the Panel finds that the institution is compliant with Principle 6.

## Panel judgement

*Please tick one of the following:*

Principle 6: PUBLIC INFORMATION	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## Panel Recommendations

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

R6.1: The institution should ensure that the English version of its website is updated more promptly with news and announcements, reflecting its strong commitment to internationalization.

R6.2: The institution should develop and implement a well-defined marketing strategy to enhance its global presence and outreach.

## **Principle 7: EXTERNAL EVALUATION AND ACCREDITATION OF THE IQAS**

**INSTITUTIONS SHOULD BE PERIODICALLY EVALUATED BY COMMITTEES OF EXTERNAL EXPERTS SET BY THE HAHE, FOR THE PURPOSE OF ACCREDITATION OF THEIR INTERNAL QUALITY ASSURANCE SYSTEMS (IQAS). THE PERIODICITY OF THEIR EXTERNAL EVALUATION IS DETERMINED BY THE HAHE.**

External quality assurance, in the case in point external evaluation aiming at accreditation, may act as a means of verification of the effectiveness of the Institution's internal quality assurance, and as a catalyst for improvement, while opening new perspectives. Additionally, it can provide information with a view to public acknowledgement of the positive course of the Institution's activities.

The Higher Education Institutions engage in periodic external quality assurance which is conducted taking into consideration any special requirements set by the legislation governing the operation of the Institutions and their academic units.

Quality assurance, in this case accreditation, is an on-going process that does not end with the external feedback, or report or its follow-up process within the Institution. Therefore, Institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

### **Documentation**

E7.1 Five-year Progress Report, on the response to the recommendations included in the most recent IQAS Accreditation Report

### **Institution compliance**

*Please comment on the compliance with the Principle. Specifically: Please describe the findings related to the Principle, analyse, and conclude your judgement. Findings, analysis of judgement and conclusions should be developed below in three distinct parts.*

#### **I. Findings**

The Institution had a previous external evaluation and accreditation process as TEI of Crete (06/2016). After almost 3 years ELMEPA was founded (25/04/2019), which certified as new institution by ADIP (HAHE). This decision was not accompanied at that time by an external evaluation. The Panel has identified a consistent, active, and constant engagement of all the internal

stakeholders of the academic community in the quality assurance process, as it is specified by MODIP.

The meetings with the University Administration, the QAU/MODIP, and the OMEA groups have revealed that this procedure has become part of the University culture at all levels of its functions.

The institution has extensive contact with external stakeholders (alumni, governmental agencies, local authorities, industry, business, and other research entities) either through personal contacts of the academic staff or MoUs that are signed to foster collaboration.

## **II. Analysis**

The Panel examined the responses to the recommendations of the 2016 IAQS Accreditation Panel Report included in the E7.1 (Progress Report) document which were:

- Develop a monitoring system designed to provide feedback and implement improvement in teaching. There is a need to integrate a quantitative metrics to monitor teaching effectiveness.
- Need to find a way to include written comments in student evaluations when these are made available to instructors.
- Implement a more systematic cost-benefit analysis in the process of deciding to establish postgraduate degrees.
- Need to enforce a flexible mechanism for the constant review of curriculum development to update it in relation to the market demands and to keep up with fastpaced changes in technology.
- TEI Crete should establish a process of exploiting its intellectual property.

Document E7.1 (Progress Report) in combination with document E1 (Proposal for Accreditation of IQAS) addressed all these recommendations by providing a verbal description and justification for the approach taken to achieve compliance, followed by a table of actions taken and a table of achieved results and follow up actions for each one. The tabular format for the “actions taken” table for each recommendation is: GOALS - ACTIONS - RESPONSIBILITIES - COMPLETION DEADLINES- RESOURCES REQUIRED.

The tabular format for the “achieved results and actions taken” for each recommendation is: ACTIONS TAKEN – ACHIEVED RESULTS – PERCENT OF GOAL. Finally, the Panel did not see any evidence that any of the stakeholders of the institution engaged in the IQAS accreditation review or the entailed follow-up actions.

## **III. Conclusions**

This evaluation was largely positive and, moreover, the current administration endeavored to take into account the recommendations. In addition, as a result of



the merger, some weaknesses were cured due to the effect of 'economy of scale'. As a consequence, the panel finds that the institution is compliant with Principle 7.

### Panel judgement

*Please tick one of the following:*

<b>Principle 7: EXTERNAL EVALUATION AND ACCREDITATION OF THE IQAS</b>	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## **Panel Recommendations**

*Please provide your recommendations regarding issues that need to be addressed, as appropriate.*

N/A

## **PART C: CONCLUSIONS**

### **I. Features of Good Practice**

*Please state aspects of good practice identified, regarding the IQAS.*

1. Concerted effort to keep students involved in university life by means of high quality services such as a healthy housing environment, students clubs and activities, student welfare, student support services, subsidized student restaurant.
2. Proven and consistent improvement of the internal processes of quality assurance.
3. Improvement in the culture of IQAS compared to the last assessment.
4. Improvement of most indicators since the last assessment.
5. ISO certifications.
6. Development of customized information systems, which have enhanced considerably the quality of the data collected and IQAS overall.
7. Effective communication of information via the website and other means.
8. Active pursuit of funding opportunities and good utilization of resources.
9. Active and continuous effort to connect the university to external stakeholders, the broader social and economic environment, and economic development.
10. Programs that cater to market needs and to the needs of the broader social and economic environment.

### **II. Areas of Weakness**

*Please state weak areas identified, regarding the IQAS.*

1. Lack of students involvement in QAU and OMEA.
2. No formalized interaction with external stakeholders.
3. Limited funding towards PhD candidates.
4. Understaffed Administrative Support Unit.
5. Lack of a well-defined marketing strategy to enhance university's global presence and outreach.
6. Limited participation of students in questionnaires
7. Low ratio of Administrative Staff per student
8. Lack of a flow chart showing all the steps that are followed in critical and core processes

### **III. Recommendations for Follow-up Actions**

*Please make any specific recommendations for development.*

1. The institution should involve the students in their committees (QAU, OMEA).
2. The institution should ensure the quality assurance policies are implemented in a timely and uniformly manner across all academic and administration departments of the University.
3. The institution should strengthen and formalize its interaction with external stakeholders.
4. More funding should be directed towards PhD candidates.
5. Administrative Support Unit should be properly staffed.
6. Students should have representation in the QAU.
7. The institution is urged to develop of a flow chart showing all the steps that are followed in critical and core processes that are crucial for the fulfillment of the quality policy (i.e., the program development process, the student evaluation procedure etc).
8. The institution should ensure that the English version of its website is updated more promptly with news and announcements, reflecting its strong commitment to internationalization.
9. The institution should develop and implement a well-defined marketing strategy to enhance its global presence and outreach.

#### IV. Summary & Overall Assessment

The Principles where compliance has been achieved are:

1, 2, 3, 4, 5, 6, 7.

The Principles where partial compliance has been achieved are:

N/A

The Principles where failure of compliance was identified are:

N/A

Overall Judgement	
Compliance	<b>X</b>
Partial compliance	
Non-compliance	

## **The members of the External Evaluation & Accreditation Panel**

<b>Name and Surname</b>	<b>Signature</b>
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