



Kosovo Accreditation Agency

ACCREDITATION MANUAL

2021

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1. Introduction

The KAA Accreditation Manual, hereafter „the manual”, reflects the provisions of the Law no. 04/L-037 on Higher Education in the Republic of Kosovo, the Administrative Instructions no. 15/2018 for accreditation of higher education institutions (HEIs) in the Republic of Kosovo and Law no. 05/L-031 on General Administrative Procedure.

The manual is applicable for external quality assurance processes, as follows:

- a. the re/accreditation of higher education institutions;
- b. the re/accreditation of bachelor and masters study programs.

The scope of external quality assurance in Kosovo and, therefore, of the present manual is firstly to evaluate the higher education institutions' performance against the standards and performance indicators included in Part II of the manual, through the analysis of the self-evaluation documentation, as well as through the information and impressions recorded by the expert teams during the site visit; secondly, it is in the scope of the present manual to evaluate the progress the education provider has made since the previous external evaluation having in mind the continuous enhancement of quality and institutional capacity building of the higher education sector in Kosovo.

Based on this scope, the external quality assurance processes conducted based on the present manual aim to:

- certify the compliance of the higher education institutions with the standards and performance indicators included in Part II of the manual;
- consolidate the internal quality assurance systems at institutional level;
- support the higher education institutions in the quality enhancement and continuous development of their operations;
- increase the quality of student learning outcomes across the Kosovar higher education sector;
- enhance the student learning experience at the higher education institutions.

The manual is addressing:

- a. Representatives of higher education institutions – management at institutional, faculty and unit level, heads of departments, members of the academic community: students, academics, researchers and administrative staff;
- b. Committees and other structures directly responsible for quality management and external quality assurance;
- c. Beneficiaries of higher education, namely students, employers and, in a broader sense, the society at large.

The manual uses the terminology and concepts established in the Law no. 04/L-037 on Higher Education in the Republic of Kosovo and in the Administrative Instructions no. 15/2018 for accreditation of higher education institutions in the Republic of Kosovo and will be further developed by the Kosovo Accreditation Agency (KAA) in accordance with the law, in order to strengthen its practical character and to better serve its beneficiaries and their concrete requirements. In achieving this, KAA is working closely with all interested higher

education institutions, the Ministry of Education, Science and Technology (MEST), representatives of students, rectors conference and unions. Transparency of information and decisions will be ensured so that the public can follow the developments of the system of quality assurance in higher education, as part of the European Higher Education Area (EHEA).

Glossary of terms

Recognized accreditation body, according to article 3 of the Law no. 04/L-037 on Higher Education in the Republic of Kosovo - Kosovo Accreditation Agency or any other accreditation body which, in the European Area of Higher Education, is in current membership of the European Network for Quality Assurance in Higher Education (ENQA) or (in the United States) is an accreditation body which has been recognized by the Council for Higher Education Accreditation (CHEA) or by the United States Department of Education (USDE) or from both or (in any other jurisdiction) has been accepted by the Ministry on a reciprocal basis as a properly constituted national or regional accrediting body, which is recognized and authorized by the relevant Ministry within that jurisdiction.

The education provider is an educational institution or other legal entity which, according to its statute, delivers higher education accredited study programs. According to the law, the education provider is subject to external quality assurance evaluation procedures for accreditation purposes. May use the name of „university” any higher education institution that fulfils the criteria listed under Article 10 of the Law no. 04/L-037 on Higher Education in the Republic of Kosovo.

The study program consists of all activities for the design, organization, management and effective teaching, learning and research in a field leading to an academic qualification. The study programs are differentiated by: (a) academic qualification level: Bachelor, Master, PhD; (b) the type of education: day, evening, part-time, distance learning etc.; (c) the specialization of knowledge, according to the division of academic knowledge and professional division of labor. A study program is achieved through: (a) curriculum that includes all disciplines that contribute to an academic qualification, distributed by year of study and expressed in ECTS credits; (b) descriptions of programs or disciplines where the following is formulated: teaching and learning practices associated with teaching, learning and assessment; (c) organization of students and teachers during the implementation of the study program; (d) the system of academic quality assurance of the activities in the study program.

Accreditation is a formal acknowledgement that a higher education institution and its programs fulfils internationally recognized quality standards and that its qualifications confer to its holders a number of rights in accordance with applicable law. Accreditation is the way of certifying that quality assurance standards for the operation of the education provider and the study programs are met. Accreditation is granted based on the results of the external evaluation processes in recognition of the academic quality of a higher education institution or education provider. The accreditation of higher education institutions, regardless of its name: university, college, institute, higher professional school, university college, school or academy. Accreditation is confirmed by law, promoted by the Government at the initiative of the MEST

and ratified by the Assembly, according to Article 6 of the Law no. 04/L-037 on Higher Education in the Republic of Kosovo.

Standards are formulated in terms of rules or outcomes and define the compulsory minimum level of achievement in educational activities.

Performance indicators define the optimal level of achievement of an activity by an education provider, based on existing good practice at national, European or global level. Performance indicators are above the minimum level and are therefore optional.

Developments in the quality assurance of higher education

In 2008, on the basis of the Law on Higher Education, the Ministry of Education, Science and Technology (MEST) made the decision to create the Kosovo Accreditation Agency (KAA) with the authority to act as a public, independent agency responsible for assessing and promoting quality in higher education in Kosovo.

Since its establishment, KAA has been actively involved in supporting higher education to transform itself through the implementation of reforms and the increasing awareness of the importance of quality and quality assurance.

KAA has hence received the mandate to carry out the accreditation and reaccreditation of public and private institutions of higher education, and their academic and research programs, and, secondly, to perform follow-up of the quality at the accredited institutions.

At that time a proliferation of (private) HEIs was taking place. The first round of evaluations in 2009 harmonized the field of higher education further. Up till the beginning of 2014 some 380 evaluation reports have been accepted by the State Quality Council (SQC) as basis for accreditation. SQC also accepts evaluation reports from international QA-agencies that operate in Kosovo with the condition that they are ENQA members.

The legal duties of KAA also include setting guidelines and quality standards for accreditation; developing instruments for reviewing on a regular basis whether these requirements are met by accredited institutions; participating actively in international cooperation projects in the field of accreditation; quality assurance and submitting an annual report on its own activities to the Minister and to the Assembly.

The principles underpinning the work of KAA, as determined by the Law, include, among others, maintaining international quality standards, collaboration of international experts, orientation towards educational policy developments in Kosovo and Europe and cooperation with international partners, in order to become a member of international networks and panels in the field of quality assurance. Decisions are to be made independently and justified in a consistent and verifiable manner. Accountability to the public and political decision makers should be observed by means of an effective information policy.

KAA's primary activities concern:

- The accreditation of public and private institutions of higher education;
- The accreditation of new institutions of higher education and their programs (preliminary accreditation);
- The accreditation of new programs at those institutions of higher education that are already accredited;

- Continuous quality assurance at accredited institutions and their programs (including re-accreditation).

In carrying out these activities KAA aims, among others, at opening up the sector of higher education to new providers from Kosovo and abroad; to promote, improve and develop the quality and quality assurance of the HE sectors; and to create transparency and comparability in the interest of providers, students and the labor market. KAA aims to encourage innovative forms and content in higher education and to ensure the comparability of degrees from Kosovo HEIs with those awarded by international programs.

Among the challenges the higher education sector in Kosovo and globally are facing, the manual takes into account the following:

- The diversity of higher education institutions, resulting primarily from the different types of education providers, growth of the private sector, changes in the traditional universities institutional profile, diversity of the study programs, existence of foreign organizations that manage study programs offered in different forms of transnational or cross-border education;
- The increasing complexity and size of higher education institutions in terms of the number of study programs and students, accompanied by certain difficulties, such as maintaining and even emphasizing performance in research, with increased demands on teaching and learning, difficulty in recruiting young researchers and teachers, the existence of wide disparities between the attractiveness of various study programs;
- The gap between the institutional and especially public requirements for institutional performance management and some inadequate management practices, having different sources: the harmonization of central and faculties/departments/unit leadership has difficulties in allocating resources and objectives achievement, negatively affecting the institutional quality framework; lack of institutional homogeneity has repercussions on the quality culture;
- Promoting of good practices from national and foreign education providers in order to increase academic performance;
- Participation in the European Higher Education Area and facing the globalization increases the competitive pressure on a more extensive higher education „market“.

Basic principles of the present manual

According to the legislation, the development and evaluation of quality has both external and internal dimensions.

The external dimension is established by the European dimension and the compliance with the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). Also, positioning the Kosovar higher education providers in the European Higher Education Area will ultimately ensure confidence in the quality and academic recognition of

professional qualifications.

The internal dimension of academic quality is built on the legislative framework and is depending on the particularities of each higher education institution, tradition and cultural heritage of higher education in the country. Internal quality assurance is the full responsibility of each higher education provider; in this respect, it becomes a process adapted to the particular institutional framework and it is established as a mechanism through which results and academic performance are always improved.

First and foremost, the present manual is built on the core principles of the European Standards and Guidelines for Quality Assurance in the European Higher Education Area:

1. Higher education institutions have primary responsibility for the quality of their provision and its assurance;
2. Quality assurance responds to the diversity of higher education systems, institutions, programs and students;
3. Quality assurance supports the development of a quality culture;
4. Quality assurance takes into account the needs and expectations of students, all other stakeholders and society.

Secondly, the present manual is being built on the following principles:

- a. Public accountability: Higher education institutions need to demonstrate the quality of the education to all stakeholders and public at large, through the following:
 - achieving quality levels that respond to the expectations of students and employers;
 - underlining higher education as a public good;
 - communicating consistent, clear and coherent information to the public at large about the real results obtained and the intentions of improvement.
- b. European reference: the higher education system and institutions in Kosovo belong to the European Higher Education Area and ensure quality levels in line with and competitive at the European and international level. For this purpose, both the recognized accreditation providers, as well as higher education institutions commit to benchmark their institutional processes against comparable institutions at international level;
- c. Institutional responsibility: the responsibility for and the management of quality lie with each higher education provider, in accordance to institutional autonomy;
- d. Improving quality: quality is not an end in itself. Continuous improvement and institutional management of quality is the primary objective of the external evaluations;
- e. Fitness for purpose: quality assurance process should be defined and designed specifically to ensure their fitness to achieve the aims and objectives set for them;
- f. Institutional diversity: diversity of institutions, their mission and goals is respected and encouraged by external quality assurance;
- g. Transparency: a key concept helping to build mutual trust and better recognition of

qualifications, programs and other provision. At systemic level, transparency does not only increase the trust in the quality assurance structures operations, but also in the education itself. Institutionally, transparency encourages engagement of the entire academic community and development of quality culture.

- h. Focus on results: learning outcomes and performance in research lie at the core of quality assurance. External quality assurance imply that higher education institutions demonstrate their results and performance in learning and in research as well as their correspondence with the actual reality of the institution, including verification of student activity in relation to the stated standards;
- i. Stakeholder engagement: internal stakeholders should develop and implement quality assurance policies through appropriate structures and processes, while involving external stakeholders;
- j. Quality enhancement: continuous improvement of quality and institutional management is the primary objective of the external evaluation. Every self-evaluation document must present the particularities of quality culture across the higher education institution and ensure the continuous performance improvement.

These principles provide a reference framework for KAA activity and the present manual. Their aim is to promote a quality culture that consistently contributes to the achievement of a quality higher education, underlined as a public good that is worthy of public trust and that contributes to the personal development and achievement of students, as well as continuous improvement of quality of life, culture and national economy in a European framework. The principles are formulated so as to ensure not only the continuity of activities and results of KAA, but also of the development of quality education under emerging European and international conditions. When judging the accreditation at study program and/or institutional level, it is only the achievement of standards, considered as the minimum mandatory level to be achieved by all education providers, that is taken into consideration. The performance indicators included in the present manual, however, are offered as examples of good practice aimed at stimulating and motivating continuous quality enhancement across the higher education sector. While performance indicators are considered optional, meeting them impacts on KAA decision on the duration of the accreditation period.

KAA decisions for re/accreditation of study programs are made and apply separately for each geographical location (campuses/branches), form of delivery (full time/part time) and teaching language. These are considered distinct processes are subject to separate submissions for accreditation to KAA; each of them is expected to individually meet the minimum level of quality standards included in the present manual.

Study programs that are regulated by EU Directives should be compliant to, and evaluated based on Part II of the present manual, respective EU Directive and, if available, local requirements formally approved by relevant authorities.

Foreign education providers, regardless of their accreditation status with other recognized quality assurance bodies abroad, that deliver education on the territory of the Republic of

Kosovo, in their individual capacity or in a partnership with a domestic education provider, will undergo all external quality assurance processes described in the present manual if the diplomas they issue are subject to verification of the MEST in Kosovo.

The assessment of higher education institutions and/or study programs is judged based on a four-levels compliance scale, as follows:

- a. Fully compliant
- b. Substantially compliant
- c. Partially compliant
- d. Non-compliant

The expert teams will address, through the External Review report, the compliance of the education provider against the standards and performance indicators included in the present manual at two levels, as follows:

1. Compliance of each general area:

In order to assess the compliance level of each general area the following guidelines will be used:

- 1.1. fully compliant – all the standards included in a particular general area are met. If the institution exceeds the standards and meets some of the performance indicators, commendations are appropriate. This recognition provides the institution motivation to pursue even greater levels of excellence in their quality management practices;
- 1.2. substantially compliant – 70 – 90% of the standards included in a particular general area are met, while the others are not yet in line with stated expectations. Also, there is potential for requirements of the standards not to be satisfied before the next review (examples may include the loss of key faculty members due to retirements, declining student enrolment, or projected reductions in financial or personnel resources, and others);
- 1.3. partially compliant - 30 – 70% of the standards included in a particular general area are met. Also, the institution lacks the strength of compliance with the standards to ensure that the quality of the institution will not be compromised;
- 1.4. non-compliant – less than 30% of the standards included in a particular general area are met. The institution does not satisfy the requirements of the standards.

2. Overall compliance of the education provider (institutional and/or program level) across all general areas.

The overall compliance level is determined by the compliance across all general areas. The most frequent compliance level across the general areas determines the overall compliance level.

In order to be granted a positive decision for the program and institutional re/accreditation, every education provider has to demonstrate at least a substantial compliance level in the overall judgment. Therefore, failure in meeting at least an overall substantial compliance level entails delaying, withdrawing, suspending or denying accreditation.

3. For programs that lead to obtaining a degree in General Medicine (Dr. Med), in addition to the standards set out in this manual, the HEI must prove with adequate documentation that it has functional and in possession the following clinics and health services:

1. Neurosurgery Clinic;
 2. Surgery Clinic;
 3. Pediatric Surgery Clinic;
 4. Plastic Surgery Clinic;
 5. Thoracic Surgery Clinic;
 6. Vascular Surgery Clinic;
 7. Ophthalmology - Eye Clinic;
 8. Maxillofacial Surgery Clinic;
 9. Orthopedic Clinic with Traumatology;
 10. Gynecological-Obstetric Clinic;
 11. ENT Clinic;
 12. Urology Clinic;
 13. Anesthesia Clinic;
 14. Clinic of Medical Biochemistry;
 15. Radiology Clinic;
 16. Hematology Clinic;
 17. Nephrology Clinic;
 18. Cardiology Clinic;
 19. Rheumatology Clinic;
 20. Gastroenterology Clinic;
 21. Infectious Diseases Clinic;
 22. Psychiatry Clinic;
 23. Neurology Clinic;
 24. Dermatovenerology Clinic;
 25. Pediatrics Clinic;
 26. Neonatology Clinic;
 27. Pulmonology Clinic;
 28. Physical Clinic with physical rehabilitation;
 29. Medical Oncology Clinic;
 30. Allergy Clinic with Immunology;
 31. Endocrinology Clinic;
1. Cardiac Surgery Service;
 2. Emergency Service;
 3. Nuclear Medicine Service;
 4. Orthoprosthetics Service;
 5. Morgue Service;
1. Institute of Forensic Psychiatry;
 2. Preclinical Institutes:
 - Institute of Anatomy;
 - Institute of Physiology;
 - Institute of Histology;
 - Institute of Pathological Anatomy;
 - Institute of Pathological Physiology;
 - Institute of Pharmacology; and
 - Institute of Forensic Medicine.

4. Criteria for Accreditation of HEI branches

- 4.1. Only bachelor level programs can be offered in the branches of HEIs (Level VI according to the NQF);
- 4.2. Each branch must possess a development plan separate from the main campus;
- 4.3. The branch institution must prove that it has a separate managerial / organizational and quality assurance structure from the central campus;
- 4.4. The management / organizational structure of HEI branches should consist of at least:
 - Branch Director/Manager;
 - A coordinator for each study program offered at the branch;
- 4.5. The above stated management / organizational structure in the branch, cannot be the same as the management / organizational structure of the main campus.
- 4.6. The quality assurance structure should consist of at least one quality assurance coordinator.
- 4.7. The institution must prove with reports on the evaluations it carries out in the branch;
- 4.8. The HEI must prove that it has administrative counseling and career guidance services (Alumni Office) separately from the main campus in the center;
- 4.9. Each branch must have cooperation agreements with the relevant industry with which the branch operates;
- 4.10. The HEI must prove that laboratories and other concretization tools are available;
- 4.11. HEIs must prove that there is sufficient availability of physical and online books, as well as access to online research platforms;

5. Criteria of scientific research for heads of bachelor and master study programs:

- 5.1. From October 1, 2021, in addition to the criteria set by the AI for Accreditation, program holders entering the accreditation process at the BA/BSc level must have at least 1 (one) scientific publication indexed by the field of study / program, while in MA/MSc level must have at least 2 (two) scientific publications from the field of study/program in scientific journals indexed as first author or correspondent, according to article 3, point 1.1 WEB OF SCIENCES core collection (SCIE, SSCI and AHCI) or 1.2 SCOPUS, excluding dubious magazines or publishing houses according to AI 01/2018 approved by MESTI.
- 5.2. From October 1, 2022, in addition to the criteria set by the AI for Accreditation, program holders entering the process of accreditation, re-accreditation or validation at the BA / BSc level must have at least the academic title Prof. Ass. and at least 1 (one) scientific publication indexed from the field of study/program, while at the MA/MSc level they must have at least the academic title Prof. Ass. and 2 (two) scientific publications in scientific journals indexed from the field of study/program, as first or correspondent author, according to article 3, point 1.1 WEB OF SCIENCES core collection (SCIE, SSCI and AHCI) or 1.2 SCOPUS, excluding journals or suspicious publishing houses according to AI 01/2018 approved by MESTI.
- 5.3. Exceptions from point 5.1 and 5.2 are the bearers of study/academic programs defined according to Article 26, point 11 of the Law on Higher Education.

2. Standards and performance indicators for external quality assurance

2.1. Re/accreditation of Higher Education Institutions

For the re/accreditation processes conducted at institutional level, the following general areas of activity will be followed:

1. Public mission and institutional objectives:

Standard 1.1. The institution has a defined mission statement that includes three main pillars: teaching, research and community service.

Standard 1.2. The mission of the institution has been defined and, if the case, revised, based on a consultation process involving external and internal stakeholders.

Standard 1.3. The mission is recognized by the members of the academic community of the institution.

Standard 1.4. The institutional mission provides an effective guide for strategic planning, decision making and operations of the institution.

Standard 1.5. Medium- and long-term institutional objectives are consistent with and support the mission.

Performance indicator 1.1. The institutional mission is brief, clear, measurable and reflects the uniqueness of the institution within the national higher education system and within the European Higher Education Area.

Performance indicator 1.2. The mission statement is clear enough to ensure evaluation of progress towards the institution's goals and objectives.

Performance indicator 1.3. The mission is periodically reviewed in the light of changing circumstances.

Performance indicator 1.4. The mission is consistently used as a guide in resource allocation and major program, project or policy decisions.

2. Strategic planning, governance and administration:

Standard 2.1. The institution has a strategic plan for a period of minimum three years.

Standard 2.2. The strategic plan is drafted in close consultation with the academic community at the institution, as well as external stakeholders and private sector.

Standard 2.3. Strategic planning is integrated with annual and longer-term budget processes that provide for regular adjustments.

Standard 2.4. The strategic plan takes full and realistic account of aspects of the internal and external environment affecting the development of the institution.

Standard 2.5. The implementation of the strategic plan is monitored on short- and medium-term targets, and outcomes are evaluated.

Standard 2.6. The institution has a decision-making system and internal operating regulations in conformity with current legal provisions.

Standard 2.7. The election criteria and processes of the decision makers and other

elected positions are clear, transparent and published in institutional regulations.

Standard 2.8. The responsibilities of the decision-making bodies are defined in such a way that the respective roles and responsibilities for overall policy and accountability, the senior administration for management, and the academic decision-making structures are clearly differentiated and followed in practice.

Standard 2.9. Student representatives are members of all decisional, executive and consultative bodies. The mechanism for electing student representatives is clearly explained in internal regulations. There is a democratic, transparent and non-discriminatory election procedure that does not limit students' right to represent and to be represented. The institution is not involved in the process of electing student representatives.

Standard 2.10. The higher education institution has an administration that is effective in terms of organization, staffing levels and qualifications, and functions rigorously.

Standard 2.11. The responsibilities of administrative staff are clearly defined in position descriptions and they match the qualifications of the individual.

Performance indicator 2.1. The strategic plan is elaborated for short, medium and long terms, and is updated regularly based on operational developments, formative evaluation, and higher education context.

Performance indicator 2.2. The strategic plan is directly linked to the information management systems that provides regular feedback on current activities, as well as progress in strategic initiatives through key performance indicators.

Performance indicator 2.3. Risk assessment is an integral component of planning strategies with appropriate mechanisms developed for risk minimization.

Performance indicator 2.4. The decision-making bodies ensure that the mission and strategic objectives are reflected in detailed planning and activities.

Performance indicator 2.5. The decision-making bodies regularly review their own effectiveness, and develop and implement plans for improvement in the way they operate.

Performance indicator 2.6. The main governing body establishes sub-committees (including members of the governing body, academic and administrative staff, students and external stakeholders) to give detailed consideration to major responsibilities such as finance and budget, staffing policies, strategic planning, quality assurance, facilities, etc.

Performance indicator 2.7. Student representatives make up for at least 25% of all decisional, executive and consultative bodies across the institution.

Performance indicator 2.8. Administrative staff make sure that action needed in their area of responsibility is taken in an effective and timely manner, anticipate issues and opportunities, and exercise initiative in response.

Performance indicator 2.9. Administrative staff encourage cooperation in achievement of institutional goals and objectives within their areas of responsibility, provide leadership, and encourage and reward initiative of team members.

Performance indicator 2.10. Administrative staff work cooperatively with colleagues in other sections of the institution to ensure effective overall functioning of the organization.

3. Financial planning and management:

Standard 3.1. The institution can demonstrate that it has sufficient financial resources in the short (one year) and medium term (a minimum of three successive years) to adequately reach its mission as well as objectives set out in the strategic plan.

Standard 3.2. The institution has a realistic annual budget and a three-year budget, as well as financial policies which address its financial sustainability.

Standard 3.3. Oversight and management of the institution's budgeting and accounting functions are carried out by a specialized office responsible to a senior administrator.

Standard 3.4. There is an accurate monitoring of expenditure and commitments against budgets with reports prepared at least once per year.

Standard 3.5. Accounting systems comply with accepted professional accounting standards and as far as possible attribute total cost to particular activities.

Performance indicator 3.1. The higher education institution has consistent financial provisions and diversified financing sources necessary for the planning and defining of its investment policies and financial management.

Performance indicator 3.2. Funds provided for particular purposes are used for those purposes and the accounting systems verify that this has occurred.

Performance indicator 3.3. Any discrepancies from expenditure estimates are explained and their impact on annual budget projections assessed.

Performance indicator 3.4. Sufficient delegation of spending authority is given to managers of organizational units within the institution for effective and efficient administration.

4. Academic integrity, responsibility and public accountability:

Standard 4.1. The institution has a code of ethics and academic integrity through which it defends the values of academic freedom, institutional autonomy and ethical integrity.

Standard 4.2. The code of ethics requires that all internal stakeholders act consistently with high standards of ethical conduct and avoidance of plagiarism in research, teaching, performance evaluation, and in the conduct of administrative duties, and avoid conflicts of interest.

Standard 4.3. The code is enforced through clear processes and mechanisms, and it applies to all staff and structural units in the institution.

Standard 4.4. The institution has established a designated structure (such as Ethics Committee) responsible for the analysis and resolution of any potential breaches in the code of ethics.

Standard 4.5. There is evidence that the institution is applying the code of ethics

and its associated processes and mechanisms on all activities related to management, administration, teaching and research. The results of its application are made public.

Standard 4.6. All internal regulations, procedures, self-evaluation reports and decisions of governing bodies are made publicly available.

Standard 4.7. The institution is publishing clear, accurate, objective, relevant, accessible and detailed information regarding its academic staff, its research and academic activities, the programmes it offers, the number of students enrolled, the intended learning outcomes of its programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to its students, graduate employment information, scholarship opportunities, as well as tuition and administrative fees.

Performance indicator 4.1. The processes and mechanisms for ethics and academic integrity are regularly reviewed and modified so as to ensure continuing high standards of ethical conduct.

Performance indicator 4.2. Where possibilities of conflict of interest exist or may be perceived to exist, the persons concerned declare their interest and refrain from participation in decisions.

Performance indicator 4.3. The institution has internal auditing practices in order to ensure that its stated commitments are rigorously observed while at the same time ensuring public accountability.

Performance indicator 4.4. The institution provides evidence of the internal and external auditing of its financial affairs. The balance sheet, the budgeting account and the outcomes of the external auditing of the financial standings are made publicly available.

5. Quality management:

Standard 5.1. The education provider has formally adopted a quality assurance policy that describes the institutional quality assurance system, its processes, mechanisms, instruments, reporting, data collection, timeframes, quality cycle, responsibilities of all individuals and units involved in these processes. The policy is a public document.

Standard 5.2. Adequate human, financial and material resources are provided for the leadership and management of quality assurance processes.

Standard 5.3. Mistakes and weaknesses are recognized by those responsible and used as a basis for planning for improvement.

Standard 5.4. Quality assurance functions throughout the institution are fully integrated into normal planning and development strategies in a defined cycle of planning, implementation, assessment and review. The quality assurance system covers the whole range of institutional activities.

Standard 5.5. Regular evaluations are carried out at the end of each semester and reports prepared that provide an overview of performance for the institution as a whole and for organizational units and major functions within it.

Standard 5.6. Evaluations take into account inputs, processes and outputs, but give particular attention to the quality of outcomes. Evaluations deal with performance in relation to continuing routine activities as well as to strategic objectives. They also ensure that required standards are met, and that there is continuing improvement in performance.

Standard 5.7. All academic and administrative units within the institution (including the governing body and senior management) participate in the processes of quality assurance and contribute to its continuous improvement.

Standard 5.8. A quality management office is established within the institution's central administration and sufficient staff, resources and administrative support are provided for the office to operate effectively.

Standard 5.9. A quality committee is established with members drawn from all types of members of the academic community, including students.

Standard 5.10. The roles and responsibilities of the quality management office and committee, and the relationship of these to other administrative and planning units are clearly specified. If quality assurance functions are managed by more than one organizational unit, their activities are clearly specified and effectively coordinated under the supervision of a representative of institutional management.

Standard 5.11. Common forms and survey instruments are used for similar activities across the institution (academic activity, student services, administration, etc.) and responses are used in analysis of results including trends over time. Survey data is collected from students, staff, graduates and employers; the results of these surveys are made publicly available.

Standard 5.12. Statistical data is being retained in an accessible central database and provided routinely to departments and units for their use in preparation of reports on indicators and other tasks in monitoring quality.

Standard 5.13. There is clear evidence that quality assurance data is used to guide enhancement and as a base for improvement.

Standard 5.14. The quality assurance arrangements are themselves regularly evaluated, reported on and improved.

Performance indicator 5.1. The institution is supporting and facilitating training in the field of internal quality management for all of its staff.

Performance indicator 5.2. Improvements in performance and outstanding achievements are recognized.

Performance indicator 5.3. Key performance indicators that are capable of objective measurement are identified for monitoring and evaluation of the performance of different units within the institution and of the institution as a whole. The format for specifying indicators and benchmarks is consistent across the institution.

Performance indicator 5.4. Students participate in the design and implementation of quality assurance processes, mechanisms and instruments.

Performance indicator 5.5. Benchmarks for comparing quality of performance are established for the institution as a whole, as well as for academic and administrative

units. These benchmarks include past performance of the institution, but must also include appropriate external comparisons.

6. Learning and teaching:

Standard 6.1. The institution has drafted and adopted policies and procedures applicable to all academic programs; the institution monitors the extent to which those policies and procedures are effectively implemented.

Standard 6.2. There is an effective system for ensuring that all programs meet high standards of learning and teaching through initial approvals, regular changes and monitoring of performance.

Standard 6.3. The institution monitors quality indicators, identifies and investigates differences in quality between programs, and takes action required to ensure that all programs meet required performance standards.

Standard 6.4. Each study program is based on correlations between learning outcomes. A study program is presented in the form of a series of documents which include: general and specific objectives of the program; the curriculum, with the subjects' weight expressed in ECTS credits and disciplines distributed over the study period; thematic programs and syllabuses expressing learning outcomes in the form of cognitive, technical or professional and affective-value competences achieved by a discipline; the assessment methods for each discipline taking into consideration the planned learning outcomes; the method and content of the graduation examination which certifies the assimilation of cognitive and professional competences corresponding to the academic qualification.

Standard 6.5. Student learning outcomes of each program are consistent with the National Qualifications Framework and with the Framework for Qualifications of the European Higher Education Area.

Standard 6.6. There are effective processes in place to ensure the fitness and effectiveness of the assessment methods for the achievement of the intended learning outcomes.

Standard 6.7. Teaching staff are appropriately qualified and experienced for their particular teaching responsibilities, they use teaching strategies suitable for the different kinds of learning outcomes and participate in activities to improve their teaching effectiveness.

Standard 6.8. The learning methods and environments are student-centered and stimulate students' motivation, self-reflection and engagement in the learning process.

Standard 6.9. Teaching quality and the effectiveness of programs is evaluated through student assessments and graduate and employer surveys with evidence from these sources used as a basis for plans for improvement.

Performance indicator 6.1. The institution has set Key Performance Indicators (KPIs) for all programs. The data these provide is reviewed at least annually by senior administrators responsible for academic affairs, the institution's quality committee and the institution's senior academic body, with overall institutional

performance reported to the governing structure.

Performance indicator 6.2. The implementation of the study programs is monitored and substantiated through specialized internal structures in which efficient and innovating pedagogic technologies are developed.

Performance indicator 6.3. Study programs are also implemented at institutional level through cooperation between departments and facilitating students' mobility within the higher education institution, through transfers and the accumulation of ECTS credits. The number of ECTS credits is allocated to each discipline according to the "ECTS Users' Guide". The structure of the study programmes is flexible and allows each student to choose their own learning direction corresponding to their interests and skills.

Performance indicator 6.4. The content of the study programmes is permanently updated by introducing new knowledge, resulting from scientific research, including teachers' own research results.

Performance indicator 6.5. The effectiveness of planned teaching strategies in achieving different types of learning outcomes is regularly assessed and adjustments are made in response to evidence.

Performance indicator 6.6. Appropriate mechanisms are used to prepare students for study in a higher education environment. Particular attention is given to preparation for the language of instruction, self-directed learning, and transition programs if necessary for students transferring to the institution with credit for previous studies.

Performance indicator 6.7. Appropriate, valid and reliable mechanisms are used in programs throughout the institution for verifying standards of student achievement in relation to relevant internal and external benchmarks. The standard of work required for different grades is consistent over time, comparable in courses offered within a program and the institution as a whole, and in comparison, with other higher education institutions.

Performance indicator 6.8. Reports are provided to program administrators on the delivery of each course and these include details if any planned content could not be dealt with and any difficulties found in using planned strategies.

7. Research:

Standard 7.1. A research development plan that is consistent with the nature and mission of the institution and the economic and cultural development needs of the region is prepared and made publicly available.

Standard 7.2. The research development plan includes clearly specified indicators and benchmarks for performance targets.

Standard 7.3. The institution has formally adopted an adequate research budget (including allocations for research equipment and facilities) to enable the achievement of its research plan.

Standard 7.4. Sufficient financial, logistic and human resources are available for achieving the proposed research objectives.

Standard 7.5. Research is validated through: scientific and applied research

publications, artistic products, technological transfer through consultancy centers, scientific parks and other structures for validation.

Standard 7.6. Each academic staff member and researcher has produced at least an average of one scientific/applied research publication or artistic outcome/product per year for the past three years.

Standard 7.7. Expectations for teaching staff involvement in research/scholarly/artistic activities is specified, and performance in relation to these expectations is considered in the individual performance review system and in promotion criteria.

Standard 7.8. Teaching staff is encouraged to include in their teaching information about their research and scholarly activities that are relevant to courses they teach, together with other significant research developments in the field.

Standard 7.9. Academic and research staff publish under the name of the institution in Kosovo they are affiliated to as full-time staff.

Standard 7.10. Policies are established for ownership of intellectual property and clear procedures set out for commercialization of ideas developed by staff and students.

Standard 7.11. There are clear policies, procedures and relevant structural units to ensure the safeguarding of ethical principles in research.

Performance indicator 7.1. Strategies are introduced for identifying and capitalizing on the expertise of teaching staff and students in providing research and development services to the community.

Performance indicator 7.2. The institution is monitoring and supporting staff's contribution to attracting financial resources through research/applied/artistic projects and products. Staff capacity to generate such financial returns is considered in the individual performance review system.

Performance indicator 7.3. Support is provided for junior teaching staff in the development of their research programs through mechanisms such as mentoring by senior colleagues, inclusion in project teams, assistance in developing research proposals, and startup funding to help initiate new research projects.

Performance indicator 7.4. A research development unit or center is established with capacity to identify and publicize institutional expertise and commercial development opportunities, assist in developing proposals and business plans, help with preparation of contracts, and when appropriate, help with the development of spin off companies.

Performance indicator 7.5. Cooperation with local industry and with other research agencies is encouraged. When appropriate, these forms of cooperation involve joint research projects, shared use of equipment, and cooperative strategies for development.

Performance indicator 7.6. Annual reports are published on institutional research performance and records maintained of the research activities of individuals, departments and colleges.

Performance indicator 7.7. Mechanisms are established to support cooperation

with research networks. Assistance is given for teaching staff to develop collaborative research arrangements.

8. Staff, employment processes and professional development:

Standard 8.1. A comprehensive set of policies and regulations is included in an employment handbook or manual accessible to all teaching and administrative staff. It includes rights and responsibilities, recruitment processes, supervision, performance evaluation, promotion, support processes, and professional development.

Standard 8.2. The recruitment processes ensure that staff have the specific areas of expertise, qualification and experience for the positions they occupy. The recruitment processes ensure equitable treatment of all applicants.

Standard 8.3. Candidates for employment are provided with full position descriptions and conditions of employment.

Standard 8.4. New teaching staff is given an effective orientation to ensure familiarity with the institution and its services, programs and student development strategies, and institutional priorities for development.

Standard 8.5. The level of provision of teaching staff (the ratio of students per full time staff member) is adequate for the programs offered. Teaching loads are equitable across the institution, taking into account the nature of teaching requirements in different fields of study.

Standard 8.6. All staff employed in the institution (academic, scientific, administrative) hold the relevant qualifications so that they are able to effectively manage educational, scientific, research, creative activities and administrative processes.

Standard 8.7. Criteria and processes for performance evaluation are clearly specified and made known in advance to all staff.

Standard 8.8. Academic staff evaluation is done at least through self-evaluation, students, peer and superiors' evaluations, and occur on a formal basis at least once each year. The results of the evaluation are made publicly available.

Standard 8.9. If staff performance is considered less than satisfactory, clear requirements are established for improvement. The institution is closely monitoring the improvements in staff activity, especially in the segments underlined during the evaluations.

Standard 8.10. The institution has clear plan for all staff professional development, a structured approach in identifying such needs, and allocates appropriate resources for its implementation.

Standard 8.11. All staff are given appropriate and fair opportunities for personal and career development, with special assistance given to any who are facing difficulties.

**To be presented in tabular form data about full time (FT) and part time (PT) academic/ artistic staff, such as: name, qualification, academic title, duration of official (valid) contract, workloads for teaching, exams, consulting, administrative activities, research, etc.*

Performance indicator 8.1. The level of provision of teaching staff (the ratio of students per full time staff member) is benchmarked against comparable international institutions.

Performance indicator 8.2. Procedures for dealing with complaints about or by staff members, and resolving disputes among them, is clearly specified in policies and regulations. Disciplinary processes for neglect of responsibilities, failure to comply with instructions, or inappropriate behavior is specified in regulations and consistently followed.

Performance indicator 8.3. Superiors (including deans, heads of department, administrative supervisors etc.) provide feedback about work performance in a constructive way that contributes to staff personal and professional development.

Performance indicator 8.4. Promotion criteria for administrative staff include the results of students and academic staff evaluation, and contributions to the mission of the institution; in the case of teaching staff promotion criteria include the recognition of quality of teaching and efforts to improve it, research performance, as well as service to the institution and the community.

Performance indicator 8.5. Training programs in teaching skills are provided within the institution for both new and continuing teaching staff, and they include effective use of new technology.

Performance indicator 8.6. Assistance is given to all staff in arranging professional development activities in order to improve skills and upgrade qualifications. Appropriate training and professional development activities are provided to assist with new programs or policy initiatives.

Performance indicator 8.7. The extent to which staff are involved in professional development to improve quality of their work is monitored.

Performance indicator 8.8. Teaching staff are encouraged to develop strategies for improvement of their own teaching and to maintain a portfolio of evidence of evaluations and strategies for improvement. The strategies include improving the quality of learning materials and the teaching methods.

Performance indicator 8.9. All teaching staff are involved on a continuing basis in scholarly activities that ensure they remain up to date with the latest developments in their field and can involve their students in learning that incorporates those developments.

9. Student administration and support services:

Standard 9.1. Admissions requirements are clearly specified and appropriate for the institution and its programs; admission requirements are consistently and fairly applied.

Standard 9.2. Complete information about the institution, including the range of programs and courses, program requirements, services, scholarship opportunities, tuition and administrative fees and other relevant information are made publicly available prior to application for admission.

Standard 9.3. A comprehensive orientation program is organized for starting students to ensure thorough understanding of the range of services and facilities

available to them, policies and procedures at the institution and of their rights and responsibilities.

Standard 9.4. A range of scholarships and financial support are available to students in order to both stimulate and reward performance, as well as to socially support students with disadvantaged backgrounds. These two categories and their criteria are operated separately; these scholarships and financial support can be cumulated.

Standard 9.5. There are effective processes in place to collect and analyze reliable data referring to the profile of the student population, student progression, success and drop-out rates, students' satisfaction with their programmes, learning resources and student support available, career paths of graduates. The statistical data is used for quality assurance purposes, as well as in supporting decision making.

Standard 9.6. A student handbook is made widely available within the institution, covering all information required for all phases of the student „life cycle” - admission, progression, recognition and certification – including all concerning regulations, the rights and responsibilities of students, actions to be taken for breaches of discipline, responsibilities of relevant officers and committees, and penalties that may be imposed.

Standard 9.7. Student appeal procedure is specified in regulations, published and made widely known within the institution. The regulations make clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available. The appeals procedures guarantee impartial consideration by persons or committees independent of the parties involved.

Standard 9.8. Appropriate policies and procedures are in place to deal with academic misconduct, including plagiarism and other forms of cheating.

Standard 9.9. The range of services provided and the resources devoted to students reflect all requirements of the student population. Formal plans are developed for the provision and improvement of student services; the implementation and effectiveness of those plans is being monitored on a regular basis.

Standard 9.10. The effectiveness and relevance of student services is regularly monitored through processes that include satisfaction surveys. Services are modified in response to evaluation and feedback.

Standard 9.11. Academic counselling, career planning and employment advice as well as personal or psychological counselling services are made available with easy access for students from any part of the institution.

Standard 9.12. Opportunities are provided through appropriate facilities and organizational arrangements for extracurricular activities for students. Arrangements are made to organize and encourage student participation in extracurricular activities.

Performance indicator 9.1. Advisors familiar with details of course requirements are available to provide assistance prior to and during the admission process.

Performance indicator 9.2. Clear rules are established and maintained related to

the privacy of information and controlling access to individual student records.

Performance indicator 9.3. Rules governing admission with credit for previous studies are clearly specified; decisions on credit for previous studies are communicated to students by qualified staff before classes commence.

Performance indicator 9.4. Automated procedures are in place for monitoring student progress throughout their programs; timelines for reporting and recording results and updating records are clearly defined and adhered to.

Performance indicator 9.5. A senior staff member is assigned the responsibility for oversight and development of student support services.

Performance indicator 9.6. Student medical services are readily accessible are staffed by people with the necessary qualifications.

10. Learning resources and facilities:

Standard 10.1. Adequate financial resources are provided for acquisitions, cataloguing, equipment, and for services and system development.

Standard 10.2. Books, journals and other materials are available in Albanian and English (or other languages) as required for programs and research organized at the institution.

Standard 10.3. Reliable and efficient access to online databases, research and journal materials relevant to the institution's programs is available for users.

Standard 10.4. Adequate facilities are provided to host learning resources in a way that makes them readily accessible. Up to date computer equipment and software are provided to support electronic access to resources and reference material.

Standard 10.5. Library and associated facilities and services are available for extended hours beyond normal class time to ensure access when required by users.

Standard 10.6. Reliable systems are used for recording loans and returns, with efficient follow up for overdue material. Effective security systems are used to prevent loss of materials.

Standard 10.7. *The institution provides an adequate, clean, attractive and well-maintained physical environment of both buildings and grounds. Facilities fully meet Kosovo legislation on health and safety.*

Standard 10.8. Quality assurance processes used include both feedback from principal users about the adequacy and quality of facilities, and mechanisms for considering and responding to their views.

Standard 10.9. Appropriate provision for both facilities and learning resources is made for students and staff with physical disabilities or other special needs (such as visual or hearing impairments).

Standard 10.10. Complete inventories are maintained of equipment owned or controlled by the institution including equipment assigned to individual staff. Space utilization is monitored and when appropriate facilities reallocated in response to changing requirements.

Standard 10.11. Adequate computer equipment is available and accessible for teaching, staff and students throughout the institution. The adequacy of provision of computer equipment is regularly evaluated through surveys or other means.

Standard 10.12. Technical support is available for staff and students using information and communications technology. Training programs are provided to ensure effective use of computing equipment and appropriate software for assessments, teaching and administration.

Performance indicator 10.1. The adequacy of library and other materials is monitored continually and formally evaluated once per year. Evaluation procedures include user surveys dealing with effectiveness in meeting user needs (considering teaching staff and student satisfaction, extent of usage, consistency with requirements of teaching and learning at the institution, and range of services provided). Evaluation processes include analysis of data on usage of resources in relation to teaching and learning requirements for different programs in the institution.

Performance indicator 10.2. Requirements of materials to support teaching and learning are being regularly collected from teaching staff responsible for courses and programs.

Performance indicator 10.3. Agreements are made for cooperation with other libraries and resource centers for interlibrary loans and sharing of resources and services.

Performance indicator 10.4. Standards of provision of teaching, laboratory and research facilities is benchmarked through comparisons with equivalent provisions at other comparable institutions.

Performance indicator 10.5. Adequate facilities are available for confidential consultations between teaching staff and students.

Performance indicator 10.6. Food service facilities are made available and are adequate for the needs of staff and students.

Performance indicator 10.7. Facilities are provided for cultural, sporting and other extracurricular activities for students.

Performance indicator 10.8. If accommodation is provided, it should be on or close to the campus or transport facilities provided to ensure easy access.

11. Institutional cooperation:

Standard 11.1. The provider has drafted and adopted an institutional cooperation and/or internationalization strategy/policy that guides the institutional decisions and resource allocation in this area.

Standard 11.2. The institution has created and assigned the portfolio for institutional cooperation and/or internationalization to a member of the upper management that is directly mandated and accountable for the initiatives and results in this area.

Standard 11.3. The institution has different agreements and memorandums of understanding with relevant international partners and organizations. The responsibilities of partners are clearly defined in formal agreements.

Standard 11.4. The institution takes part, either as a leader or as a partner, in international projects.

Standard 11.5. The institution organizes events of international visibility and outreach (conferences, summer schools, etc.)

Standard 11.6. The institution is encouraging the international visibility of its staff and students by supporting their participation in different study mobility, forums, events, internships, summer schools, seminars, etc.

Standard 11.7. Engagement in international cooperation and contributions to the community are included in promotion criteria and staff performance review.

Standard 11.8. Mechanisms are established to support cooperation with international higher education institutions, networks and organizations. Assistance is given for teaching staff to develop collaborative arrangements with the international community.

Standard 11.9. All staff are encouraged to participate in forums in which significant community issues are discussed and plans for community development are considered.

Standard 11.10. Relationships are established with local industries and employers to assist program delivery (these may include placement of students for work-study programs, part time employment opportunities, and identification of issues for analysis in student project activities.)

Standard 11.11. Local employers and members of professions are invited to join appropriate advisory committees or other structural units considering study programs and other institutional activities.

Standard 11.12. Regular contact is maintained with alumni, keeping them informed about institutional developments, inviting their participation in activities, and encouraging their support for new developments.

Performance indicator 11.1. The activity of the institution is relevant to the community within which it operates.

Performance indicator 11.2. The institution is evaluating its impact on the community within which it operates.

Performance indicator 11.3. The institution has a clear strategy for selecting the institutions it signs memorandums of understanding or partnership agreements with.

Performance indicator 11.4. The institution is measuring the impact and benefits of the international projects it is engaged in, as well as of the memorandums of understanding or partnership agreements it has signed.

Performance indicator 11.5. The institution and its departments cooperate in the establishment of community support or professional service agencies relevant to the needs of the community, drawing on the expertise of staff members.

Performance indicator 11.6. Continuing contact is maintained with schools in the community, offering assistance and support in areas of specialization, providing information about the institution's programs and activities and subsequent career opportunities, and arranging enrichment activities for the schools.

Performance indicator 11.7. A central database is maintained in order to keep track of the community services undertaken by individuals and organizations throughout

the institution.

2.2. Re/accreditation of bachelor and masters study programs

** Please insert the basic data for the study programme in the form of First Pages.*

In the case of re/accreditation of bachelor and masters study programs the next general areas will apply:

1. Mission, objectives and administration:

Standard 1.1. The study program mission is in compliance with the overall mission statement of the institution.

Standard 1.2. Relevant academic and professional advice is considered when defining the intended learning outcomes which are consistent with the National Qualifications Framework and the Framework for Qualifications of the European Higher Education Area.

Standard 1.3. The study program has a well-defined overarching didactic and research concept.

Standard 1.4. There are formal policies, guidelines and regulations dealing with recurring procedural or academic issues. These are made publicly available to all staff and students.

Standard 1.5. All staff and students comply with the internal regulations relating to ethical conduct in research, teaching, assessment in all academic and administrative activities.

Standard 1.6. All policies, regulations, terms of reference and statements of responsibility relating to the management and delivery of the program are reviewed at least once every two years and amended as required in the light of changing circumstances.

Performance indicator 1.1. The institution has set Key Performance Indicators (KPIs) at the level of the study program. The data they provide is reviewed at least annually with overall performance reported to the decision-making structures.

Performance indicator 1.2. Systems are established for central recording and analysis of course completion, program progression, completion rates and program evaluations, with summaries and comparative data distributed automatically to senior administrators and relevant committees at least once each year.

Performance indicator 1.3. Policies and procedures include action to be taken to deal with situations where standards of student achievement are inadequate or inconsistently assessed.

Performance indicator 1.4. Statistical data on indicators, including grade distributions, progression and completion rates are retained in an accessible central database and regularly reviewed and reported in periodic program reports.

Performance indicator 1.5. The concepts of gender justice and the promotion of equal opportunities for students in special situations such as, for example, students

with health-related impairments, students with children, foreign students, students with an immigrant background and/or students from educationally disadvantaged families are put into practice at the level of the study program.

2. Quality management:

Standard 2.1. All staff participate in self-evaluations and cooperate with reporting and improvement processes in their sphere of activity.

Standard 2.2. Evaluation processes and planning for improvement are integrated into normal planning processes.

Standard 2.3. Quality assurance processes deal with all aspects of program planning and delivery, including services and resources provided by other parts of the institution.

Standard 2.4. Quality evaluations provide an overview of quality issues for the overall program as well as of different components within it; the evaluations consider inputs, processes and outputs, with particular attention given to learning outcomes for students.

Standard 2.5. Quality assurance processes ensure both that required standards are met and that there is continuing improvement in performance.

Standard 2.6. Survey data is being collected from students, graduates and employers; the results of these evaluations are made publicly available.

Standard 2.7. Results of the internal quality assurance system are taken into account for further development of the study program. This includes evaluation results, investigation of the student workload, academic success and employment of graduates.

Standard 2.8. The institution ensures that reports on the overall quality of the program are prepared periodically (eg. every three years) for consideration within the institution indicating its strengths and weaknesses.

Standard 2.9. The quality assurance arrangements for the program are themselves regularly evaluated and improved.

Performance indicator 2.1. Appropriate program evaluation mechanisms, including graduates' surveys, employment outcome data, employer feedback and subsequent performance of graduates are used to provide evidence about the appropriateness of intended learning outcomes and the extent to which they are achieved.

Performance indicator 2.2. Reports are provided to program administrators on the delivery of each course and these include details if any planned content could not be dealt with and any difficulties found in using planned strategies. Appropriate adjustments are made in plans for teaching after consideration of course reports.

Performance indicator 2.4. A comprehensive reassessment of the program is conducted at least once every five years. Policies and procedures for conducting this reassessment are published. Program review involves experienced people from relevant industries and professions, and experienced faculty from other institutions.

Performance indicator 2.5. Students participate in the design and implementation of quality assurance processes.

3. Academic staff:

Standard 3.1. Candidates for employment are provided with full position descriptions and conditions of employment. To be presented in tabular form data about full time (FT) and part time (PT) academic/ artistic staff, such as: name, qualification, academic title, duration of official (valid) contract, workload for teaching, exams, consulting, administrative activities, research, etc. for the study program under evaluation.

Standard 3.2. The teaching staff must comply with the legal requirements concerning the occupation of teaching positions included in the Administrative Instruction on Accreditation.

Standard 3.3. Academic staff do not cover, within an academic year, more than two teaching positions (one full-time, one part-time), regardless of the educational institution where they carry out their activity.

Standard 3.4. At least 50% of the academic staff in the study program are full time employees, and account for at least 50% of the classes of the study program.

Standard 3.5. For each student group (defined by the statute of the institution) and for every 60 ECTS credits in the study program, the institution has employed at least one full time staff with PhD title or equivalent title in the case of artistic/applied science institutions.

Standard 3.6. Opportunities are provided for additional professional development of teaching staff, with special assistance given to any who are facing difficulties.

Standard 3.7. The responsibilities of all teaching staff, especially full-time, include the engagement in the academic community, availability for consultations with students and community service.

Standard 3.8. Academic staff evaluation is conducted regularly at least through self-evaluation, students, peer and superiors' evaluations, and occur on a formal basis at least once each year. The results of the evaluation are made publicly available.

Standard 3.9. Strategies for quality enhancement include improving the teaching strategies and quality of learning materials.

Standard 3.10. Teachers retired at age limit or for other reasons lose the status of full-time teachers and are considered part-time teachers.

Performance indicator 3.1. Teaching staff are encouraged to develop strategies for the improvement of their own teaching and maintain a portfolio of evidence of evaluations and strategies for improvement.

Performance indicator 3.2. Training programs in teaching skills are provided for both new and continuing teaching staff including those with part time teaching responsibilities; these include effective use of new and emerging technology.

Performance indicator 3.3. The extent to which teaching staff are involved in professional development to improve quality of teaching is being monitored.

Performance indicator 3.4. The results of the academic staff evaluation are taken

into account for promotion purposes and renewal of contracts.

4. Educational process content:

Standard 4.1. The study program is modelled on qualification objectives. These include subject-related and interdisciplinary aspects as well as the acquisition of disciplinary, methodological and generic skills and competencies. The aspects refer especially to academic or artistic competencies, to the capability of taking up adequate employment, contributing to the civil society and of developing the students' personality.

Standard 4.2. The study program complies with the National Qualifications Framework and the Framework for Qualifications of the European Higher Education Area. The individual components of the program are combined in a way to best achieve the specified qualification objectives and provide for adequate forms of teaching and learning.

Standard 4.3. The disciplines within the curriculum are provided in a logical flow and meet the definition and precise determination of the general and specific competencies, as well as the compatibility with the study programs and curricula delivered in the EHEA. To be listed at least 7 learning outcomes for the study program under evaluation.

Standard 4.4. The disciplines within the curriculum have analytical syllabuses which comprise at least the following: the discipline's objectives, the basic thematic content, learning outcomes, the distribution of classes, seminars and applicative activities, students' assessment system, the minimal bibliography, etc. The full course description/ syllabuses of each subject/ module should be attached only in electronic form to the self-assessment report for the study program under evaluation.

Standard 4.5. If the language of instruction is other than Albanian, actions are taken to ensure that language skills of both students and academic staff are adequate for instruction in that language when students begin their studies. This may be done through language training prior to the commencement of the program.

Standard 4.6. The student-teacher relationship is a partnership in which each assumes the responsibility of reaching the learning outcomes. Learning outcomes are explained and discussed with students from the perspective of their relevance to the students' development.

Standard 4.7. Teaching strategies are fit for the different types of learning outcomes programs are intended to develop. Strategies of teaching and assessment set out in program and course specifications are followed with flexibility to meet the needs of different groups of students.

Standard 4.8. Student assessment mechanisms are conducted fairly and objectively, are appropriate for the different forms of learning sought and are clearly communicated to students at the beginning of courses.

Standard 4.9. Appropriate, valid and reliable mechanisms are used for verifying standards of student achievement. The standard of work required for different grades is consistent over time, comparable in courses offered within a program,

and in comparison, with other study programs at highly regarded institutions.

Standard 4.10. Policies and procedures include actions to be taken in to dealing with situations where standards of student achievement are inadequate or inconsistently assessed.

Standard 4.11. If the study program includes practice stages, the intended student learning outcomes are clearly specified and effective processes are followed to ensure that those learning outcomes and the strategies to develop that learning are understood by students. The practice stages are allocated ETCS credits and the work of the students at the practical training organizations is monitored through activity reports; students during practice stages have assigned tutors among the academic staff in the study program.

Standard 4.12. In order to facilitate the practice stages, the higher education institution signs cooperation agreements, contracts or other documents with institutions/organizations/practical training units.

**To be inserted the overview of the program (with all areas to be filled out).*

Performance indicator 4.1. The academic feasibility of the study program is ensured by taking into account the expected entry qualifications, a suitable design of the curriculum, a student workload that has been checked for plausibility as well as an adequate number of examinations.

Performance indicator 4.2. Teachers use new IT resources (e-mail, personal web page, topics, bibliographies and other resources in electronic format and communication with students) and auxiliary materials, such as whiteboard, flipchart and video-projector.

Performance indicator 4.3. The effectiveness of planned teaching strategies in achieving different types of learning outcomes is regularly assessed and adjustments are made in response to evidence about their effectiveness.

5. Students:

Standard 5.1. There is a clear and formally adopted admission procedure at institutional level that the study program respects when organizing students' recruitment. Admission requirements are consistently and fairly applied for all students.

Standard 5.2. All students enrolled in the study program possess a high school graduation diploma or other equivalent document of study, according to MEST requirements.

Standard 5.3. The study groups are dimensioned so as to ensure an effective and interactive teaching and learning process.

Standard 5.4. Feedback to students on their performance and results of assessments is given promptly and accompanied by mechanisms for assistance if needed.

Standard 5.5. The results obtained by the students throughout the study cycles are

certified by the academic record.

Standard 5.6. Flexible treatment of students in special situations is ensured with respect to deadlines and formal requirements in the program and to all examinations.

Standard 5.7. Records of student completion rates are kept for all courses and for the program as a whole and included among quality indicators.

Standard 5.8. Effective procedures are being used to ensure that work submitted by students is original.

Standard 5.9. Students' rights and obligations are made publicly available, promoted to all those concerned and enforced equitably; these will include the right to academic appeals.

Standard 5.10. The students' transfer between higher education institutions, faculties and study programs are clearly regulated in formal internal documents.

Standard 5.11. Academic staff is available at sufficient scheduled times for consultation and advice to students. Adequate tutorial assistance is provided to ensure understanding and ability to apply learning.

Performance indicator 5.1. If necessary, an adequate selection process as well as recognition rules for foreign qualifications pursuant to the Lisbon Recognition Convention as well as qualifications obtained outside higher education institutions are defined.

Performance indicator 5.2. Systems are established for monitoring and coordinating student workload across courses. Systems are in place for monitoring the progress of individual students with assistance and/or counselling is given to those facing difficulties. Year to year progression rates and program completion rates are monitored and analyzed to identify and provide assistance to any categories of students who may be having difficulties.

Performance indicator 5.3. Grading of student's tests, assignments and projects is assisted by the use of matrices or other means to ensure that the planned range of domains of student learning outcomes are addressed. Arrangements are made within the institution for training of teaching staff in the theory and practice of student assessment.

Performance indicator 5.4. Support services (e.g., regarding the study program, student counselling in case of emotional, financial or family-related problems, career guidance, international matters, legal advice etc.) as well as subject-related and interdisciplinary guidance are provided.

Performance indicator 5.5. Textbooks and reference materials are up to date and incorporate the latest developments in the field of study. Textbooks and other required materials are available in sufficient quantities before classes commence.

Performance indicator 5.6. The academic or professional fields for which students are being prepared are monitored on a continuing basis with necessary adjustments made in the program and in text and reference materials to ensure continuing relevance and quality.

6. Research:

Standard 6.1. The study program has defined scientific/applied research objectives (on its own or as part of a research center or interdisciplinary program), which are also reflected in the research development plan of the institution; sufficient financial, logistic and human resources are allocated for achieving the proposed research objectives.

Standard 6.2. Expectations for teaching staff involvement in research and scholarly activities are clearly specified, and performance in relation to these expectations is considered in staff evaluation and promotion criteria.

Standard 6.3. Clear policies are established for defining what is recognized as research, consistent with international standards and established norms in the field of study of the program.

Standard 6.4. The academic staff has a proven track record of research results on the same topics as their teaching activity.

Standard 6.5. The academic and research staff publish their work in specialty magazines or publishing houses, scientific/applied/artistic products are presented at conferences, sessions, symposiums, seminars etc. and contracts, expertise, consultancy, conventions, etc. are provided to partners inside the country and/or abroad.

Standard 6.6. Research is validated through: scientific and applied research publications, artistic products, technological transfer through consultancy centers, scientific parks and other structures for validation.

Standard 6.7. Each academic staff member and researcher has produced at least an average of one scientific/applied research publication or artistic outcome/product per year for the past three years.

Standard 6.8. Academic and research staff publish under the name of the institution in Kosovo they are affiliated to as full-time staff.

Standard 6.8. Academic staff are encouraged to include in their teaching information about their research and scholarly activities that are relevant to courses they teach, together with other significant research developments in the field.

Standard 6.9. Policies are established for ownership of intellectual property and clear procedures set out for commercialization of ideas developed by staff and students.

Standard 6.10. Students are engaged in research projects and other activities.

Performance indicator 6.1. Assistance and support is given to teaching staff to develop collaborative research arrangements with colleagues in other institutions and in the international community.

Performance indicator 6.2. The study program periodically organizes scientific sessions, symposiums, conferences, round tables, with the involvement of teaching staff, researchers, students and graduates, while proceedings are published in ISBN, ISSN scientific reports or in magazines dedicated to that

particular activity.

Performance indicator 6.3. Support is being provided for junior teaching staff in the development of their research programs through mechanisms such as mentoring by senior colleagues, inclusion in project teams, assistance in developing research proposals, and seed funding.

Performance indicator 6.4. Strategies are introduced for identifying and capitalizing on the expertise of teaching staff and students in providing research and development services to the community.

Performance indicator 6.5. The institution is monitoring and supporting staff's contribution to attracting financial resources through research/applied/artistic projects and products. Staff capacity to generate such financial returns is considered in the individual performance review system.

Performance indicator 6.6. Cooperation with local industry and with other research agencies is encouraged. When appropriate, these forms of cooperation involve joint research projects, shared use of equipment, and cooperative strategies for development.

7. Infrastructure and resources:

Standard 7.1. The adequate long-term implementation of the study program is ensured in quantitative terms as regards premises, human resources and equipment. At the same time, it is guaranteed that qualitative aspects are also taken into account.

Standard 7.2. There is a financial plan at the level of the study program that would demonstrate the sustainability of the study program for the next minimum three years.

Standard 7.3. The higher education institution must demonstrate with adequate documents (property deeds, lease contracts, inventories, invoices etc.) that, for the study program submitted for evaluation it possesses the following, for the next at least three years:

- a) owned or rented spaces adequate for the educational process;
- b) owned or rented laboratories, with the adequate equipment for all the compulsory disciplines within the curriculum, wherever the analytical syllabus includes such activities;
- c) adequate software for the disciplines of study included in the curriculum, with utilization license;
- d) library equipped with reading rooms, group work rooms and its own book stock according to the disciplines included in the curricula.

Standard 7.4. The number of seats in the lecture rooms, seminar rooms and laboratories must be related to the study groups' size (series, groups, subgroups); the applicative activities for the specialty disciplines included in the curricula are carried out in laboratories equipped with IT equipment.

Standard 7.5. The education institution's libraries must ensure, for each of the study programs:

- a) a number of seats in the reading rooms corresponding to at least 10% of the

- total number of students in the study program;
- b) a number of seats in the group work rooms corresponding to at least 10% of the total number of students in the study program;
- c) their own book stock from Albanian and foreign specialty literature, enough to cover the disciplines within the curricula, out of which at least 50% should represent book titles or specialty courses of recognized publishers, from the last 10 years;
- d) a book stock within its own library with a sufficient number of books so as to cover the needs of all students in the cycle and year of study the respective discipline is provided for;
- e) a sufficient number of subscriptions to Albanian and foreign publications and periodicals, according to the stated mission.

Standard 7.6. The infrastructure and facilities dedicated to the implementation of the program is adapted to students with special needs.

Performance indicator 7.1. Formal plans are developed for the provision and improvement of infrastructure and resources, and the implementation and effectiveness of those plans is monitored on a regular basis.

Performance indicator 7.2. A senior staff member is assigned the responsibility for oversight and development of infrastructure and resources.

Performance indicator 7.3. The effectiveness and relevance of infrastructure and resources is regularly monitored through processes that include surveys of student usage and satisfaction. Infrastructure and resources are modified in response to evaluation and feedback.

3. Guidelines for external quality assurance

3.1. Guidelines for self-evaluation

Aim of the self-evaluation documentation:

The self-evaluation documentation is a central point of the Expert team activity. More importantly, however, the self-evaluation documentation should inform the students, their families, employers, other relevant stakeholders and the society at large about the institutional quality, the methods of assuring the quality of study programmes and institutionally, standards and performance indicators, and, on the other hand, about the attention the institution gives to the quality and thoroughness of the information published, driven from its commitment to accountability and public responsibility. The self-evaluation documentation gives the institution the possibility:

- to create the conditions which, based on the analysis and internal evaluation's results, should publicly confirm and certify by the external evaluation process, the institution's strengths and assess the efficiency of its policies and procedures for continuous quality assurance and enhancement;
- to present its own perspective on the way the institution exercises its responsibilities in two fields of vital interest within the institutional evaluation: providing quality programmes, publicly motivated by comparable benchmarks and, on the other hand, adequately exercising public responsibility and accountability for the education it delivers;
- to present its own evaluation on the efficiency of internal structures and mechanisms of quality assurance; the means to ensure the accuracy, as well as the complete and credible character of the information published by the institution, its practices and procedures concerning the mission and main objectives of institutional evaluation;
- to give the Expert team the opportunity to understand the way the institution ensures the standards and performance indicators institutionally and at the level of study programs. Thus, the team can reach its conclusions regarding the level of confidence the higher education institution can guarantee.

Style and structure of the self-evaluation documentation:

The self-evaluation documents must:

- be honest and relevant;
- be concise and supported by the attached documents;
- be public on the institution's website;
- present an adequate balance between description and self-critical evaluation.

The self-evaluation documents must provide the Expert team enough data to support them in understanding the main characteristics of the way the institution approaches the quality assurance process compared to the national standards and performance indicators, as well as its own standards and the comparable benchmarks it has set for itself. The documents must be presented effectively and concisely; the institution's self-evaluation documents must be thus elaborated as to minimize the need of additional data and clarifications the Expert team might need. As the perception of the Expert team depends (at least in the initial stages) on the institution's self-evaluation documents, it is important for them to be clear and easily verifiable in the attached documentation prepared by the institution.

The general structure of the self-evaluation report should include the following:

- Introduction – a general presentation of the institution/study program, its mission and objectives, leadership, management structures, administration and staffing arrangements, students and their socio-economic background, relevant contextual information about the area in which the institution operates, teaching, learning and curriculum;
- Main body - comprises the institution's perspective on how it meets the standards and performance indicators included in the present manual and, also, a SWOT analysis for each of the general areas. The main body will also include the evolution of institutional/program level performance during the period since the last external evaluation;
- Appendices - all the documents supporting the elements presented in the main body. This part shall only be presented in electronic format (pdf).

Recommendations for the elaboration of the self-evaluation documentation:

In order to draft its self-evaluation documentation, the institution must:

- describe, in short, the main characteristics of the institutional/program framework and of its activities for maintaining academic standards, for enhancing the quality of the institution and its study programmes and for the support of teaching and learning process, research and community service;
- present and analyze its own observations drawn from internal evaluations on institutional practices, subjects or curricular areas, as well as on the way challenges and difficulties were addressed, in order to promote the enhancement of institutional processes;
- describe the teachers' and students' internal professional rules and emphasize all the important changes operated at institutional level in response to their application;
- mention the use of external reference sources, including the National Qualifications Framework and the Framework for Qualifications of the European Higher Education Area, as well as the standards, performance indicators and benchmarks associated to the study programme/institution;
- identify the disciplines or curricular areas that represent good practice and illustrate the performance indicators;
- describe and comment its strategy for the next three years for consolidating good practices and for addressing the identified challenges and shortcomings;
- create SWOT analysis for each general area;
- present and analyze the progress recorded since the last external evaluation.

The higher education institution is expected to represent itself honestly and accurately to internal and external constituencies as well as to the general public. Self-evaluation documentation should always be truthful, provide correct, reliable and complete information, and avoid any actual or implied misrepresentations or exaggerated claims.

3.2. Guidelines for re/accreditation processes

Stage 1: Preparation for evaluation and visit

The re/accreditation procedure of higher education institutions and study programs implies

the following successive steps:

1. KAA decides the starting of the external evaluation procedure if the following eligibility conditions are cumulatively fulfilled:
 - the education provider has submitted a request for the re/accreditation of the study program(s) or higher education institution. In the case of the re/accreditation of a higher education institution, the request will specifically mention the study program(s) to be included in the re/accreditation procedure;
 - in the case of initial accreditation of a higher education institution, the education provider has submitted evidence to demonstrate that the institution is a legal entity recognized by the Ministry of Trade and Industry;
 - KAA has confirmed that the minimum criteria included in the law are fulfilled: the institution does not organize education in study programmes without accreditation, the program(s) fulfil the minimum numerical criteria for academic staff required by the law, etc.;
 - the education provider has submitted the self-evaluation documentation, drafted in compliance with the guidelines provided by the present manual and its templates; it is mandatory for the self-evaluation documentation to be submitted 30 days latest after the application for the evaluation procedure has been formally approved by the Council; the education provider does not have pending financial obligations towards KAA.
2. KAA notifies the education provider if the request for the re/accreditation has been formally approved by Council;
3. KAA appoints an Expert team from the list of experts managed by KAA, individuals who have experience in quality assurance and/or higher education management, and, if the case, specialty training in the field of the study program submitted for evaluation. The Expert team includes a student member nominated by the National Union of Students or by the European Students Union. KAA nominates one of the experts as the chair of the team;
4. KAA is consulting the education provider on the preferred dates for the site visit and agrees on the final period;
5. KAA communicates the education provider the team composition and agenda of the site visit with a minimum of two weeks prior to the evaluation;
6. The education provider is being given the opportunity to argue on potential conflicts of interest of the Expert team members. The team composition can be modified if the education provider has solid reasons to believe that the objectivity and professionalism of the evaluation process might be affected. The provider will formally request KAA to change the team composition if it is able to justify and argue its request;
7. The education provider covers the accreditation expenses no later than one week after the site visit has been confirmed;
8. KAA formally invites the expert team members to take part in the re/accreditation procedure. Upon the formal invitation of KAA to be part of a expert team, all members sign a declaration to confirm that there are no conflicts of interest with the education provider as well as to confirm the adherence to KAA Code of Ethics;
9. The expert team is being given access to KAA Accreditation manual, self-evaluation documentation, the site-visit agenda as well as team composition with a minimum of two weeks prior to the evaluation;
10. The dialogue between the expert team and the education provider before, during and

after the evaluation process is conducted through and moderated by a KAA representatives.

Stage 2: Site visit

11. The expert team evaluates, through a site visit to the headquarters of the institution, the compliance of the provider against the standards and performance indicators included in the present manual.

In the case of re/accreditation of a higher education institution, it is mandatory for the expert team to visit all branches of the education provider and to evaluate, through the institutional External Review report, each of the branches against the standards and performance indicators included in the present manual.

In the case of re/accreditation of study programs, each geographical location (campuses/branches), form of delivery (full time/part time) and teaching language is considered a distinct process and is subject to a separate submission for accreditation to KAA.

12. The expert team is made of 2-7 members and the visit lasts between 1- 2 days, depending on the size of the institution and the number of branches;

13. The compulsory meetings of the site visit are usually the following: initial meeting with the management of the organization, meeting with the teaching staff, meeting with current students, meeting with the persons responsible for the study programs, meeting with graduates, meeting with employers of graduates, final meeting with the management of the organization. The expert team can request additional meetings to be included on the site visit agenda, such as meeting with the administrative staff; also, the site visit will include a visit to the facilities the provider is using for its activities.

All activities shall be planned and conducted in conditions of minimum disturbance of the teaching activity; they have as main purpose to give the expert team the opportunity to confirm the compliance of the self-evaluation documentation against the state of affairs at the date of the site visit, to collect the perception of the interviewees on different institutional matters as well as approach towards quality, to collect any other information that would help the team gain a full picture about the provider, to discuss and observe the academic standards, the quality of learning, the maintenance and improvement of the teaching standards and quality.

Initial meeting with the management of the institution

The Expert team, together with the contact person(s) of KAA shall meet with the representatives of the management of the education provider. The chair of the expert team shall firstly ensure that all attendees understand the external evaluation's purpose and development. This initial meeting's agenda shall include the following aspects:

- clarifying and confirming the objectives and type of the evaluation;
- reiterating the basic characteristics of the evaluation process;
- stating the outcomes of the evaluation process: an external assessment against the standards and performance indicators, as well as a final evaluation report published by KAA;
- clarifying potential comments of the Expert team on the self-evaluation documentation provided by the provider;
- approach any standard and performance indicator that the Expert team considers the input of the management representatives is valuable on.

Meeting with the students

These meetings are strictly confidential; it is only the students and the experts that can attend them. The students' comments are not nominally recorded.

Normally, experts do not attend any teaching activities, but the institution must offer concrete evidence of applying internal procedures for the development of the study programs submitted for evaluation. These may come from a peer review procedure between the teaching staff, from the analysis of student surveys concerning the teaching staff quality or other feedback collection methods, from the study of learning resources and from the results of student' exams and tests.

Experts shall attend teaching activities only if:

- there are problems that Experts consider it is best for them to understand by such direct attendance;
- class attendance may help confirm a judgement referring to an example of good practice;
- the higher education institution cannot offer any other evidence in order to prove that the teaching activity is of adequate quality;
- there are signs that the students' learning opportunities and infrastructure available are not satisfactory.

Experts take notes during all the meetings with the members of the academic community. These notes must have a rather analytical than descriptive character and must refer to the documentary information sources and direct observations. Each expert summarizes the positive aspects (strengths) and those which are to be improved. The experts can exchange notes that shall help the agency create a base of collective evidence used for drafting the final assessment.

Stage 3: Drafting and approving the External Review Report

14. The expert team has the right to request, during the site visit or in the process of report drafting, supplementary documentation that supports them in evaluating, in a thorough manner, the performance of the education provider against the standards and performance indicators included in the present manual. However, the expert team can only request supplementary documentation that the provider has already referred to during the site visit or through the self-evaluation report; the team cannot ask the education provider to produce new documentation;
15. The results of the evaluation are included in the External Review Report, a document that respects the general structure provided by the present manual and its templates; the chair of the team ensures that the External Review Report is collectively agreed by all the members of the Expert team;
16. The chair of the Expert team submits the External Review Report to KAA no later than two weeks after the site visit;
17. KAA validates the report if: it respects the general structure provided by the present manual and, secondly, if it has a coherent flow between the body of the report and the Expert team recommendation (the recommendation has to be fully supported by evidence and arguments included in the body of the report). The validation process may include further communication between KAA and the expert team so as to bring the External Review Report in line with the present guidelines;

18. The External Review Report is sent to the education provider giving it the chance to correct any potential factual errors that might have been included. During this dialogue, the institution cannot submit further information and evidence that have not been already referred to during the site visit or through the self-evaluation report. Any such new evidence can only be introduced under a new evaluation process that will represent a separate application to KAA.
19. After receiving the potential comments from the education provider, the Expert team analyses whether any corrections should be operated, finalizes the reports and submits it to KAA.
20. The External Review Report is to be discussed and approved by the State Council of Quality. The Council can make one of the following decisions;
In the case of initial accreditation:
 - Not to accredit;
 - Accredit with conditions;
 - Accredit for 3 years.In the case of re-accreditation:
 - Not to accredit;
 - Accredit with conditions;
 - Accredit for 3 years.
 - Accredit for 5 years.Additionally, in the case of re-accreditation of bachelor and masters study programs, the Council will also make a decision on the maximum number of students to be admitted in the study program.
21. KAA publishes its decision together with the External Review Report on its official website not later than two weeks after the meeting of the State Council of Quality and education provider is being given the final report;
22. The education provider formally responds, within the next two months, on how it plans to address the recommendations provided by the expert team. The Follow-up plan will individually approach each of the recommendations in the External Review Report and will describe how they will be addressed and implemented by the education provider – that will include the mechanism/instrument/measure the provider plans to use for each of the recommendations' implementation, who is the individual responsible, the planned timeframe for completion);
23. Should the education provider disagree with the decision made by the SQC, it can submit a appeal that justifies and argues its request within the next 30 days after the receipt of the Council formal decision, according to the instructions provided by the KAA Procedure for complaints and appeals;
24. This decision made after the analysis of the appeal is final and may not be the subject of a new appeal to KAA. Should the education provider continue to be dissatisfied with the final decision of KAA, it may take further action under provisions of the Law on General Administrative Procedure No. 05/L-031.
25. If the State Quality Council of KAA makes a negative decision, the following provisions apply:
 - In the case of a decision not to re-accredit/to withdraw/to suspend the accreditation of a study program, the education provider loses its right to enroll new students in that particular program, while the registered students continue their studies according to the statute of the institution;

- Within one year of a KAA formal decision not to accredit/to withdraw/to suspend the accreditation of a study program, reflecting thus the failure of meeting the quality standards, the education provider is obliged to submit a request for a new external evaluation;
 - Within one year of a KAA formal decision not to accredit/to withdraw the accreditation of a higher education institution, reflecting thus the failure of meeting the quality standards, the education provider is obliged to submit a request for a new external evaluation;
 - Education providers that fail to meet the quality standards in two consecutive external evaluations will lose their institutional accreditation and therefore have their operating license removed according to the law.
26. If the State Quality Council of KAA decides on a conditional accreditation, the following provisions apply:
- The provider is being considered substantially compliant, but deficiencies have been detected which are likely to be corrected within one year;
 - The expert team recommending a conditional accreditation will mention in its report whether the confirmation that the conditions for accreditation have been met will require for a new visit to be organized or not;
 - In the case of a conditional accreditation of a study program, the education provider has the right to enroll new students in that particular program;
 - Within one year, the higher education institution has to demonstrate that the conditions for accreditation have been met, and this is verified by KAA either by analyzing the evidence submitted by the education provider or by conducting a new visit, as suggested by the expert team;
 - In case KAA confirms the conditions for accreditation have been met, the provider will be granted accreditation for a period of 3 or 5 years, as recommended by the expert team;
 - In case KAA confirms conditions have not been met, the education provider loses its right to enroll new students in that particular program, while the registered students continue their studies according to the statute of the institution. Also, within one year of the KAA decision that the provider failed to meet the accreditation conditions, reflecting thus the failure of meeting the quality standards, the education provider is obliged to submit a request for a new external evaluation.
27. After the accreditation decision has been made, should there be any incontestable evidence demonstrating that the education provider did not cumulatively meet the eligibility conditions under point 1 at the time of the application or if the provider has unlawfully claimed it meets the eligibility conditions, the accreditation decision is being nullified, according to the Administrative Instruction on Accreditation, article 21, point 3. Moreover, if there is incontestable evidence that the higher education institution and/or its legal representative have made false declarations or forged the fulfilment of the eligibility criteria, KAA is entitled to notify the relevant legal authorities, according to the Criminal Code of Republic of Kosovo, article 392.
28. During the accreditation period decided by KAA, the education provider can operate changes at the level of a study program within the limit of 35%. Changes exceeding this percentage constitute a new program and will therefore be required to undergo a new accreditation procedure.

Roles and responsibilities during the re/accreditation processes

Expert teams have the duty to gather, verify and exchange information and supporting elements so as to be able to check the statements made in the self-evaluation documentation, as well as during the site visits and to formulate their own assessments on the performance of the education provider against the standards and performance indicators included in the present manual. The experts shall discuss and exchange the collected evidence, verify the comprehensiveness and interpretation of the data and analyze various sources in order to come to a consensual, coherent and consistent conclusion through triangulation and cross-referencing.

The self-evaluation documentation is an important source of information, helping experts to examine the quality of the learning opportunities and academic standards.

Experts are requested to assess the way gathered evidence complies with the self-evaluation carried out by the education provider and with the facts observed during the site visit, as well as to verify to what extent the evidence supports the level of standards' achievement the provider declares about itself. Experts shall be selective with regard to the investigations and shall focus on the evaluation against the defined standards.

When preparing for the review, an expert must:

- read and assimilate self-evaluation documentation and briefings effectively;
- use pre-review evidence and self-evaluation documentation to accurately identify the further sources of information required;
- formulate key areas for consideration for their allocated standards of the review;
- plan the re/accreditation process efficiently for their allocated standards;
- establish productive and constructive working relationships with the members of the expert team;
- apply their professional knowledge effectively to the requirements of the assigned role.

During the review, an expert must:

- gather and record evidence systematically and accurately identify when sufficient evidence has been gathered and where further evidence is required;
- conduct interviews and manage discussions in an appropriate and professional manner;
- establish open and professional relationships with key staff and, as appropriate, with employers and other education provider partners;
- analyze and interpret data and other evidence astutely to inform judgments;
- write clear, evaluative and comprehensive records of evidence that underpin and support the judgments;
- make sound judgments, securely based on a wide range of evidence, for example discussions with students, documentation and performance data, and evidence supplied by other team members;
- identify strengths, areas for improvement and recommended actions;
- share evidence effectively with the other team members and with staff from the education provider;
- present and substantiate judgments clearly in team meetings;
- contribute constructively to team meetings and help the team reach robust judgments;
- challenge judgments constructively and respond positively to the challenges of others;

- provide unambiguous and constructive feedback, firmly based on evidence;
- write clear, concise and authoritative contributions to the review report;
- work effectively to meet all deadlines.

Additionally, one of the experts, will fulfil the role of chair of the team, having the following supplementary responsibilities:

- ensure that the goals of the re/accreditation process are clear to all experts and that they understand their roles within the evaluation;
- establish an open and professional relationship with the education provider that enables effective communications throughout the re/accreditation process;
- provide clear leadership to the experts and build the team so to ensure that all members give their best;
- chair the main meetings included in the site visit agenda (other meetings can be assigned to relevant experts, e.g., student member for the meeting with students);
- lead expert team meetings constructively to enable the team to reach accurate and robust judgments;
- provide the relevant sections in the External Review Report for the assigned standards and performance indicators;
- collate the final report, drawing on experts' contributions, and edit it to ensure that it matches the requirements of the KAA Accreditation manual;
- ensure that the written report is a fair and accurate reflection of the education provider, is written in straightforward language and is of a quality that requires little or no further editing;
- ensure that the report is produced in the timeframe agreed with the coordinators of KAA;
- respond to, and resolve, any complaints made after the review, including corrections of potential factual errors in the External Review Report, in close consultation with the expert team.

For the purpose of the re/accreditation process, each education provider is invited to nominate a quality assurance officer to act as the provider's main link with the expert team; this person will be referred to as the officer.

The officer, same as any other representative of the education provider, shall not be present during the meetings taking place between the expert team and students, staff, employers, etc. The officer should have a detailed understanding of the education provider's programs and operations including, where appropriate, for subcontractors; preferably, the officer should be sufficiently senior to ensure the cooperation of staff at all levels before, during and after the review, as well as to have authority to carry out the role with autonomy.

The officer's responsibilities include:

- submit or ensure the submission of the self-evaluation documentation;
- provide information to KAA to enable the agency plan the evaluation process;
- brief the interviewees the expert team will meet during the site visit about the arrangements of the evaluation process;
- inform all students and employers about the evaluation process;
- liaise with the experts and coordinators of KAA about the team's use of the provider's facilities, for example, working/meeting rooms;

- ensure that interviewees are available for meetings as scheduled and, if need be, organize supplementary meetings as requested by the experts;
- ensure that the necessary documents are available for experts and facilitate the submission of supplementary documents, should the expert team ask for any;
- receive the External Review Report and ensure the correction of potential factual errors;
- coordinate the communication between KAA and the education provider on any other subsequent topics, such as the Follow-up plan.

In order to ensure a smooth re/accreditation process, guarantee the quality of the site visits through objectivity and professionalism and coordinate a close communication between the expert teams and the higher education institutions in all stages of the process, KAA delegates at least one representative of the agency that accompanies the expert team for the entire duration of the site visit. The coordinator(s) of KAA does not play an active role and does not contribute to the decisions on the expert team recommendation to KAA for the education provider.

The coordinator(s) of KAA will have the following tasks and responsibilities:

1. Preparation of the site visit:

- Ensure that the prior notice of the re/accreditation process given to the education provider is sufficient in order to prepare adequately for the visit;
- Ensure that the education provider submits the self-evaluation documentation by the set deadline;
- Ensure that the expert team receives the self-evaluation documentation in time to prepare adequately for the visit;
- Provide guidance and address all concerns of the education provider and expert team in approaching the self-evaluation documentation;
- Act as an intermediary of all formal affairs and communication between the expert team and the education provider;
- Ensure that all practical arrangements (accommodation and local transfer) are in order.

2. During the visit:

2.1. Administration of the site visit:

- Ensure that all practical arrangements, such as working/meeting rooms are available for experts;
- Act as an intermediary of all formal affairs and communication between the expert team and the education provider;
- Process potential requests for supplementary documentation asked by the expert team;
- Ensure the adherence to the agreed site visit agenda – timetable, locations, attendees and adjust the site visit agenda if needed;
- Provide support in applying KAA Accreditation manual and other supporting documentation (templates, annexes, etc.);
- Offer clarifications for both the expert team and the education provider regarding all administrative steps of the review process;
- Ensure the adherence to the KAA Code of Ethics and moderate the situation in case

of potential breaches;

- Collect original signatures of the experts on the re/accreditation process relevant documentation.

2.2. Coordination in the content of the review:

- Attend all meetings on the site visit agenda and debriefing meetings;
- Supervise and ensure the expert teams cover all standards included in the KAA Accreditation manual;
- Ensure the fair interpretation of all standards and performance indicators included in the KAA Accreditation manual;
- Ensure the expert teams triangulate and cross reference the data sources so that to reach sound judgments.

2.3. Evaluate the performance of the reviewers:

- Take notes for the KAA experts' performance appraisal process - the extent to which experts are adhering to the Code of Ethics and procedures of KAA;
- Complete and submit the evaluation form of the experts' performance.