



**Republika e Kosovës**  
**Republika Kosova - Republic of Kosovo**



Agjencia e Kosovës për Akreditim  
Agencija Kosova za Akreditaciju  
Kosovo Accreditation Agency

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**REGULATION NO. 04/2025**  
**ON MONITORING AND POST-ACCREDITATION**  
**PROCEDURES**  
**OF THE KOSOVO ACCREDITATION AGENCY**

The State Council of Quality,

Pursuant to article 6, paragraph 1, subparagraph 1.8, 1.11,1.12, 1.20, article 7, paragraph 3, article 11 paragraph, subparagraph 1.3, 1.4 and 1.5,1.6, article 20, paragraph 1, subparagraph 1.6, 1.7 article 28 paragraph 1 and 19, article 38, paragraph 1, subparagraph 1.3 and article, 41,42,43 and 44 of the Law No. 08/L-110 on Kosovo Accreditation Agency, at its session 139 held on 30.06.2025, approves the:<sup>1</sup>

**Regulation no. 04/2025**  
**on Monitoring and Post-accreditation Procedure Kosovo**  
**Accreditation Agency**

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<sup>1</sup> *Regulation no. 04/2025 on Monitoring and Post-accreditation Procedure Kosovo Accreditation Agency was approved at the 139 rd Meeting of the SCQ with Decision Ref.:843/25, Datë:10.07.2025*

## **CHAPTER I**

### **GENERAL PROVISIONS**

#### **Article 1**

##### **Purpose**

1. This Regulation aims to establish fair and transparent monitoring and post-accreditation procedures that are fully adapted to the context and quality assurance system of Kosovo and aligned with applicable national legislation, with the objective of continuous quality improvement in higher education institutions.
2. In accordance with Law No. 04/L-037 on Higher Education in the Republic of Kosovo and Law No. 08/L-110 on the Kosovo Accreditation Agency, KAA will organize monitoring and post-accreditation procedures for Higher Education Institutions (here in “HEIs”) and their study programs.
3. This Regulation applies as a guide for KAA, HEIs, international experts, and the general public for the implementation of fair and transparent monitoring and post-accreditation procedures.
4. This Regulation is in line with Standard 2.3 of the European Standards and Guidelines for Quality Assurance in Higher Education (ESG), which requires quality assurance agencies to complete the accreditation cycle with post-accreditation procedures aimed at the continuous improvement of higher education institutions.

#### **Article 2**

##### **Scope**

1. This Regulation is implemented by the Kosovo Accreditation Agency and applies to all HEIs, which are subject to monitoring and post-accreditation procedures.
2. Monitoring procedures include verification of the higher education institution’s compliance with the technical conditions of accreditation at both the institutional and program levels.

### Article 3

#### Definitions

1. For the purposes of this document, the terms used in it have the following meaning:
  - 1.1. **“Kosovo Accreditation Agency (KAA)”** - is a quality assurance agency in higher education in the Republic of Kosovo, which is responsible for the evaluation, accreditation, re-accreditation, validation, quality enhancement and monitoring of higher education institutions and their study programs;
  - 1.2. **“Accreditation”** – a formal process of quality assessment of a higher education institution and/or its study programs, through which the Kosovo Accreditation Agency (KAA) determines that the required quality standards and criteria are met
  - 1.3. **“Accreditation of the study program”** – a formal quality assessment process, which determines the official recognition status granted by the KAA, which enables the higher education institution to award qualifications for the relevant field of studies within a certain period of time;
  - 1.4. **“Institutional Accreditation”** – a formal quality assessment process, which determines the official status of recognition granted by the KAA to the institution of higher education, which enables the development of academic activity and the right to award qualifications for a certain period of time;
  - 1.5. **“Higher Education Institution” (HEI)** - any institution authorized to provide educational services in higher education, which are subject to evaluation and monitoring by KAA;
  - 1.6. **“Private higher education institution”** - any institution established by a private company, foundation or trust, as defined by the Law on Higher Education;
  - 1.7. **“Public higher education institution”** - institution which can be established by decision of the ministry responsible for higher education, as defined in the Law on Higher Education;
  - 1.8. **“State Council of Quality”- (SCQ)** - the highest policy- and decision-making body of the KAA;
  - 1.9. **“Quality control and enhancement”** – regular periodic process carried out through evaluation, control and monitoring processes by KAA, which ensures that the minimum quality criteria of higher education institutions and their study programs are continuously maintained;
  - 1.10. **“Ministry”**- Ministry responsible for higher education in Kosovo;

- 1.11. **“Monitoring”** – a formal process carried out by the KAA through which is assessed that an institution of higher education maintains and continues to meet, the recommendations of external evaluators and the conditions of accreditation as well as implements the standards of the Accreditation Manual.
- 1.12. **“Post-accreditation procedure”** - process which is limited to verifying the conditions of accreditation and confirming the degree of fulfilment of recommendations by the KAA and commitments by the HEI and not to re-evaluate the standards of the Accreditation Manual.
- 1.13. **“Study program”** - program leading to a qualification or diploma awarded by a provider of higher education as defined in the accreditation decision;
- 1.14. **“Quality Assurance”** – means the set of policies, processes and activities at the state and institutional level for quality assurance and advancement in higher education. Quality assurance also deals with teaching and learning in higher education, including the learning environment and links with research and innovation;
- 1.15. **“Standards”** – requirements, criteria and rules which define the level required by higher education institutions and study programs for making a positive decision on accreditation;
- 1.16. **“Validation”** – recognition procedure of an accreditation granted by an internationally recognized accreditation institution;
- 1.17. **“Internal evaluation”** – regular internal evaluation process by the institution of higher education, through which quality and compliance with established standards and criteria of quality assurance are maintained;
- 1.18. **“External Evaluation”** – formal quality assessment process, performed by the KAA, which results in giving a recommendation for accreditation, non-accreditation;
- 1.19. **“Thematic Evaluation”** – a part of QA process. These evaluations involve examining specific themes or aspects within higher education to identify trends, shortcomings, challenges and best practices which enhance the overall quality of HEI or programs.

## **CHAPTER II**

### **MONITORING PROCEDURES**

#### **Article 4**

##### **Organization of the Monitoring Procedure by the KAA**

1. KAA organizes the monitoring procedure at least once during the accreditation cycle at the institutional and/or study program level for each accredited HEIs.
2. Monitoring procedures can be conducted through physical visits to the institution's premises or remotely through the electronic exchange of documents.
3. Monitoring procedures are carried out by KAA staff.
4. In case the monitoring visit is conducted with notification, HEIs are officially notified five (5) working days in advance by KAA. The official notification is submitted to the management of HEIs.
5. In case the monitoring visit is conducted without notification, KAA staff is obliged to inform in person the management of HEIs about the commencement of monitoring procedure. In case this is not possible, the monitoring procedure will continue accordingly.
6. After the monitoring visit, KAA staff draft a report on the institution's compliance with accreditation conditions, which will be reviewed and approved by the SCQ. The approved report is sent to the HEIs management.
7. The monitoring procedure report is an integral part of the documentation for the institution's upcoming accreditation processes and/or can trigger post-accreditation procedure.

## **Article 5**

### **Initiation of Monitoring Procedures**

1. The Kosovo Accreditation Agency initiates monitoring procedures for HEIs as follows:
  - 1.1. According to KAA's annual monitoring plan, at least once within the accreditation cycle published on the website.
  - 1.2. In cases where there are justified reasons (in accordance with Law No. 06/L-085 on whistle-blowers and beyond) that HEIs do not comply with accreditation criteria.
  - 1.3. By decision of the SCQ.
  - 1.4. Upon request of the HEI.
  - 1.5. Upon request of the ministry responsible for higher education in Kosovo.
2. If the Kosovo Accreditation Agency (KAA) becomes aware that a HEI has submitted false information at any stage of the evaluation and accreditation process in order to secure accreditation, reaccreditation, or validation, KAA will initiate monitoring procedures for that institution.

## **Article 6**

### **Types of monitoring procedures**

1. Types of monitoring procedures:
  - 1.1 General monitoring;
  - 1.2 Monitoring in compliance with standards of accreditation and
  - 1.3 Extraordinary monitoring.

## **Article 7**

### **General Monitoring**

1. General monitoring includes activities initiated by the Kosovo Accreditation Agency (KAA) related to the ongoing fulfilment of the accreditation conditions set forth in the decision of the SCQ and/or other formal criteria established in the applicable legislation.
2. General monitoring includes, but is not limited to:

#### **2.1. Monitoring of program holders:**

- 2.1.1. KAA conducts monitoring of program holders for each accredited program.
- 2.1.2. Monitoring of program holders can be conducted through an on-site visit by KAA with or without prior notice or remotely by verifying the lecture schedule, which must be published on the institution's website and other relevant evidence. The HEIs is required to officially inform KAA of the removal of any SCQ-approved program holder immediately.
- 2.1.3. The institution must propose a replacement for the program holder within 90 days of the previous holder's removal, who formally meets the required criteria.
- 2.1.4. KAA staff verifies the documentation of the replacement program holder to ensure compliance with technical criteria.
- 2.1.5. The SCQ decides on the approval or rejection of the newly proposed program holder.
- 2.1.6. In the event that the institution fails to propose a replacement for the program holder within a 90-day period, the KAA staff shall notify the SCQ accordingly.
- 2.1.7. Upon receiving the official notification from the KAA staff concerning the lack of a program holder, the SCQ proceeds with the withdrawal of accreditation for the respective study program.
- 2.1.8. Following the SCQ's decision, the HEIs has the right to file an appeal in accordance with the KAA's regulations and the applicable general laws in force.
- 2.1.9. The SCQ's decision shall be made public on the official KAA website.



## **2.2. Monitoring of Official Websites and Promotional Materials of HEIs**

- 1.2.1 At least once a year KAA staff conducts monitoring of the official websites and other media of every accredited HEI.
- 1.2.2 KAA staff verifies that the institution continues to publicly disclose the required documents and data as mandated by the Accreditation Manual Regulation, including but not limited to study program details, academic staff CVs, and other relevant documentation.
- 1.2.3 If KAA staff ascertain, based on reasonable evidence, that a HEIs has published false or misleading information KAA formally notifies the respective institution, requesting the removal and correction of such inaccurate information in compliance with SCQ decisions within three (3) working days. The institution is required to provide evidence of the changes made in response to the KAA's request to the designated KAA staff.
- 1.2.4 In the event that the institution fails to rectify the information within the specified timeframe, KAA informs the SCQ through a formal report.
- 1.2.5 If the SCQ determines that either a report was not submitted by the institution or the report submitted is unfounded, and that the institution's actions have severely violated the conditions of accreditation, the SCQ will decide on further measures.
- 1.2.6 Following the SCQ's decision, the HEI retains the right to file an appeal in accordance with the KAA's regulations and the applicable general laws in force.
- 1.2.7 The SCQ's decision shall be made public on the official KAA website.

## **Article 8**

### **Monitoring in compliance with standards of accreditation**

1. Monitoring under the standards of accreditation (Accreditation Manual) encompasses, the following:

#### **1.1. Monitoring of Academic Staff**

1.1.1. At least once a year, the KAA staff conducts a review of the academic staff for each accredited program.

1.1.2. The purpose of monitoring the academic staff is to ensure that the Higher Education Institution (HEI) delivers the study program with the academic personnel as outlined in its self-evaluation report and approved evaluation report by SCQ .

1.1.3. The monitoring of academic staff may be carried out through on-site visits, which may occur with or without prior notice and/or remotely by verifying the carriers of subjects and lecture schedules, which are required to be publicly accessible on the institution's website.

1.1.4. If KAA staff, either through remote monitoring or an on-site visit, confirm with reasonable evidence that a portion of the academic staff, upon whose qualifications the study program was positively evaluated by international accreditation experts, are replaced or no longer present at the HEI and have no contractual relationship with the respective institution, the KAA shall formally request a written justification from the institution explaining the reasons for the withdrawal of the academic staff.

1.1.5. HEI is obligated to submit a written justification to the KAA within three (3) working days, in accordance with the requirements specified by the KAA.

1.1.6. Following the findings of the on-site monitoring visit and/or remote monitoring upon receiving the HEI's written justification, KAA staff shall prepare a report regarding the monitoring procedure. This report shall reflect only the factual situation verified by the KAA staff and shall not contain any final recommendations for the SCQ.

1.1.7. If the SCQ concludes that the institution's justification is unfounded and that the institution's actions have severely breached the conditions of accreditation, the SCQ will decide on further measures.

1.1.8. Following the SCQ's decision, the HEI retains the right to file an appeal in accordance with the KAA's regulations and the applicable general laws in force.

1.1.9. The SCQ's decision shall be made public on the official KAA website.

## **1.2. Monitoring of Infrastructure and Resources**

1.2.1 KAA conducts the monitoring of the infrastructure and resources of every accredited higher education institution (HEI) and respective accredited programs during the accreditation cycle.

1.2.2. The monitoring of infrastructure and resources is carried out to ensure that HEI the standards outlined in the Accreditation Manual, as presented in the Self-Assessment Report (SAR), particularly regarding infrastructure and resources, especially for study programs that include practical and laboratory work.

1.2.3. All respective equipment and instruments that are part of SAR will be verified and cross-checked with their serial number or other identification means.

1.2.4. The monitoring of infrastructure and resources is conducted through a physical visit by KAA's officials, either with or without prior notice, to the facilities of the HEI.

1.2.5 HEI is obliged to notify KAA in advance in case of the location change (including space change), malfunctioning, replacement, upgrade of the equipment and instruments that are listed as essential in SAR.

1.2.6. If the institution has changed location, reduced the space, or decreased the number of equipment, these findings will be noted by KAA staff in the report. In addition to spaces and equipment, libraries will also be subject to monitoring.

1.2.7. If the KAA staff finds, through reasonable evidence, that some of the laboratories, practical workspaces, and/or laboratory equipment are missing, are non-functional and/or not being used as part of the educational process, KAA will request the institution to provide a written explanation within three (3) working days.

1.2.8. After the completion of monitoring visit and/or after receiving the written explanation from the institution, KAA staff will prepare a report based on the findings of the monitoring procedure. This report will reflect only the factual situation verified by the KAA staff and will be proceeded to SCQ for decision.

1.2.9. After receiving the SCQ decision, the higher education institution may file an appeal in accordance with the legislation of KAA and the applicable general laws.

1.2.10. The SCQ decision will be made public on the KAA website.

### **1.3. Monitoring of Quality Assurance Mechanisms**

1.3.1. KAA officials will check if the quality office systematically and periodically drafts, distributes, collects, processes, and publishes information's.

1.3.2. KAA officials will prepare their reports based on evidence, ensuring that all surveys have been distributed to stakeholders, including students, academic and administrative staff, shareholders, industry partners, alumni, etc.

1.3.3. KAA officials will assess whether the results have been generated and addressed by the institutional mechanisms and whether these mechanisms have taken the results into account, leading to specific actions in line with those findings.

1.3.4. The report prepared by KAA officials is submitted to the SCQ for review and decision-making.

1.3.5. Following the SCQ's decision, the higher education institution has the right to appeal in accordance with KAA's regulations and the general laws in force.

1.3.6. The SCQ's decision shall be made public on the official KAA website.

### **Article 9**

#### **Extraordinary Monitoring**

##### **1. Extraordinary monitoring initiated after receiving complaints**

1.1. KAA may receive complaints at any time from individuals, institutions, organizations, or third parties who highlight concerns about the decline in quality of HEIs and/or their academic programs.

1.2. Complaints submitted to KAA will be treated as anonymous, and the identity of the individuals submitting the complaints will not be disclosed as it stated Law No. 06/L-085 on Whistleblower Protection..

1.3. Complaints must be limited to concerns regarding the compliance of HEIs with the standards set forth in the Accreditation Manual and other legal acts of KAA. Complaints outside the legal scope of KAA will not be considered.

1.4. Complaints must be substantive, evidence-based, and credible to prompt KAA to initiate the monitoring process.

1.5. The KAA will take measures to verify the complaints and will proceed accordingly.

## **Article 10**

### **1. Tasks and Responsibilities of KAA Monitoring Officers**

- 1.1. Monitor whether HEI are meeting accreditation standards in accordance with the Accreditation Regulation and Manual.
- 1.2. Conduct regular site visits to verify compliance with accreditation requirements.
- 1.3. Verify academic staff, technical resources, teaching schedules, and program holders during monitoring activities.
- 1.4. Communicate with institutions to clarify unclear information or request additional evidence.
- 1.5. Prepares a detailed monitoring report, and submits it to the State Council of Quality (SCQ) for decision-making.
- 1.6. Advise higher education institutions (HEIs) on how to address issues identified during monitoring, and support them in aligning with accreditation standards.
- 1.7. Conduct data analysis on monitoring results and institutional trends to identify systemic challenges and inform strategic decisions within the Agency.
- 1.8. Ensure accurate documentation and systematic archiving of all monitoring activities.
- 1.9. Prepare reports for KAA monitoring activities, statistics, etc.
- 1.10. Contribute to the improvement of accreditation policies and procedures based on findings from monitoring processes.

## **CHAPTER III**

### **POST-ACCREDITATION PROCEDURES**

#### **Article 11**

##### **Conducting of the Post-Accreditation Procedure**

1. Post-Accreditation Procedures are focused on verifying compliance with accreditation standards and ensuring the extent to which the recommendations made by external experts and the commitments undertaken by the HEI have been fulfilled.
2. In accordance with the ESG, KAA consistently conducts post-accreditation procedures within the accreditation cycle for each institution/programme, in order to complete the accreditation cycle. In addition, KAA initiates post-accreditation procedures for institutions and study programs that have undergone the accreditation process as follows:
  - 2.1. based on the SCQ accreditation decision;
  - 2.2. based on monitoring report approved by the SCQ;
  - 2.3. based on the requested of HEI approved by SCQ, in which case the cost is carried by the said HEI.
  - 2.4. based on a decision by the SCQ to initiate a thematic evaluation as part of the post-accreditation procedures.
3. KAA engages international experts for post-accreditation procedures concerning study programs or institutional levels for each accredited HEI.
4. The HEI is officially notified by KAA regarding the initiation of the post-accreditation procedure at the institutional accreditation level and/or at the study program level.
5. The post-accreditation procedures may be conducted through physical visits or remotely.
6. The SCQ decides based on report prepared by the international expert/s on the degree of compliance with the recommendations implemented by the HEI.
7. After receiving the SCQ decision, the HEI may file an appeal in accordance with the legislation of KAA and the applicable general laws.

8. The post-accreditation procedure report, along with the decision of the SCQ for the respective higher education institution, is published on the official website of KAA.
9. The post-accreditation procedure report constitutes an integral part of the documentation for the subsequent re/accreditation process of the higher education institution.

## **Article 12**

### **Submission of the implementation of recommendations plan**

1. For institutions/programs that have undergone the evaluation process and received a positive accreditation decision, Higher Education Institutions (HEIs) are required to submit the implementation plan for expert's recommendations no later than September 30.
2. The implementation plan for recommendations must be submitted in both Albanian and English, in electronic format, as specified by the KAA.
3. The implementation plan for recommendations is an official document wherein the higher education institution individually addresses the recommendations provided by international experts in the external evaluation report for each general standard outlined in the Regulation on Accreditation Manual.
4. The implementation plan for recommendations will be submitted based on KAA template which consists of a substantive elaboration, evidence-based and realistically planned, detailing the actions the Higher Education Institution will take to individually address the experts' recommendations.
5. The implementation plan for recommendations must include a detailed monthly timeline, determined by the HEI and aligned with the timeframe specified by the international experts. This timeline must be fully completed prior to submitting the application for the re-accreditation process.

### **Article 13**

#### **Submission of the Self -improvement Report**

1. The HEI's submits the self-improvement report to the KAA, 14 calendric days after notification on Post-Accreditation Procedures based on SCQ decision.
2. Alongside the improvement report, the institution submits any other relevant materials demonstrating compliance with the respective recommendations.
3. KAA reserves the right to request any necessary supplementary documentation from the institution if the report is deemed insufficient to meet post-accreditation procedural requirements. Upon submission of the revised version, the document shall be considered final.

### **Article 14**

#### **Engagement of the external expert**

1. The engagement of external expert/s is conducted based on Regulation on selection, engagement and compensation procedures of external experts.
2. KAA provides the external expert with the institution's improvement plan, self-improvement report, the external evaluation report, and any other document necessary to fulfil the post-accreditation procedure requirements.
3. If the external expert considers that the self-improvement report contains insufficient information to enable verification of compliance with the recommendations, the KAA may request additional information from the higher education institution within five (5) working days.

### **Article 15**

#### **Organization of the Post-Accreditation Procedures**

1. The evaluation, conducted in order to verify the implementation of recommendations, may take place as a site visit, remotely, or online.
2. The site visit, remote, or online post-accreditation evaluation is organized in accordance with the principles outlined in the Regulation on Accreditation Manual, which apply to evaluation visits in general.



3. The KAA consults with the higher education institution (HEI) regarding the timing and agenda of the post-accreditation visit.
4. The agenda for the post-accreditation visit is limited to participants essential to fulfilling the requirements of the post-accreditation procedure.
5. Following the post-accreditation visit, the expert may request additional evidence presented during the visit that was not initially included in the improvement report submitted by the HEI.
6. The HEI has three (3) working days to submit any additional requested evidence to the KAA. Such evidence is limited to documentation deemed relevant by the expert to verify compliance with the recommendations.
7. Within seven (7) days of receiving the additional evidence, the international expert submits the draft report, using the KAA's standardized template, confirming the institution's degree of compliance with the recommendations.
8. The HEI has three (3) days to submit written comments on the draft report. Comments should be strictly related to factual errors of the report.
9. The international accreditation expert finalizes the post-accreditation procedure report three days after receiving comments from the institution.
10. The final post-accreditation procedure report, prepared by the international accreditation expert for the HEI, is submitted to the SCQ members for decision making.

## **Article 16**

### **Decision-making on Post-Accreditation Procedure**

1. If the post-accreditation procedure report confirms that the higher education institution has not fulfilled the recommendations of international accreditation experts the SCQ have a right to undertake the appropriate measures based on the post-accreditation experts report. In case of aggravated accreditation breaches, SCQ has the right to withdraw the accreditation of the institution/program accordance with the Law on KAA.
2. The HEI is officially notified by KAA about the completion of the post-accreditation procedure, which has been applied at the institutional level and/or the level of the study program.

3. The higher education institution has the right to appeal the SCQ decision in accordance with the legal basis of the KAA and applicable general laws.

## **Article 17**

### **Tasks and Responsibilities of KAA Post-Accreditation Officers**

1. Tasks and Responsibilities of KAA Post-Accreditation Officers are as follows:
  - 1.1. Monitor whether HEIs are fulfilling recommendations set during the accreditation or reaccreditation process.
  - 1.2. Coordinate a regular site visit follow-up procedure for program or institutions accreditation.
  - 1.3. Review submitted evidence related to the fulfilment of recommendations.
  - 1.4. Communicate with institutions to provide clarification and request additional documentation when needed.
  - 1.5. Prepare reports for post-accreditation procedures activities, statistics, etc.
  - 1.6. Advise higher education institutions (HEIs) on how to meet the recommendations effectively, ensuring alignment with accreditation standards.
  - 1.7. Analyze data and trends from post-accreditation reviews to detect recurring issues and inform the KAA quality assurance strategies.
  - 1.8. Ensure accurate documentation and systematic archiving of all post-accreditation activities and provide input for refining post-accreditation policies, guidelines, and procedures based on findings and institutional feedback.
  - 1.9. Conduct training sessions for international experts engaged in post-accreditation reviews, focusing on procedural expectations and the local higher education context in Kosovo.
  - 1.10. Contribute to the improvement of accreditation policies and procedures based on findings from post-accreditation processes.

## **Article 18**

### **Entry into force**

This Regulation enters into force on the day of signing the decision for its approval by the State Quality Council.