



## UNIVERSITY OF PRISHTINA

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Based on Article 3, paragraph 1 of Law No. 08/L-110 on the Kosovo Accreditation Agency (KAA) and Article 135 of the Statute of the University of Prishtina, in the meeting held on 26.03.2025, the Senate of the University of Prishtina approved:

### **REGULATION ON THE INTERNAL EVALUATION PROCESS IN THE PROCEDURE OF INSTITUTIONAL ACCREDITATION AND RE-ACCREDITATION AND THAT OF STUDY PROGRAMS AT THE UNIVERSITY OF PRISHTINA**

#### **Article 1**

##### **Purpose**

This regulation aims to define the process of internal evaluation in the procedure of institutional accreditation and reaccreditation, as well as that of study programs, and the drafting of the self-evaluation report, consultation, and submission of relevant documents based on the standards approved by the KAA and in the accreditation/reaccreditation and validation manuals of higher education institutions and study programs in force.

#### **Article 2**

##### **Scope**

This regulation applies to evaluation in the process of institutional accreditation and reaccreditation, as well as to the study programs at the University of Prishtina.

### **Article 3**

#### **Abbreviations and Definitions**

1. The abbreviations defined in this article, for the purpose of implementing this regulation, have the following meanings:
  - KAA** Kosovo Accreditation Agency;
  - FC** Faculty Council in the academic unit;
  - SC** Studies Commission at UP;
  - QAC** Quality Assurance Commission at UP;
  - SCQ** State Council of Quality in the KAA;
  - CAD** Coordinator for Academic Development and Quality within the Academic Unit;
  - Law on KAA** – Law No. 08/L-110 on the Kosovo Accreditation Agency;
  - AU** Academic Unit at the University of Prishtina;
  - SER** Self-Evaluation Report for the accreditation of study programs and institutional accreditation;
  - UP** University of Prishtina;
  - OAD** Relevant Office or Department for Academic Development at UP.
2. The meanings and expressions used in this regulation are applied taking into account the Law on the KAA, as well as the standards and the manual for the accreditation and reaccreditation process approved by the KAA.

### **Article 4**

#### **Accreditation and Re-accreditation Process at UP**

1. The process of accreditation and reaccreditation is a formal quality assurance process by the University of Prishtina (UP), which aims, through the KAA and the manuals approved by the KAA, to determine whether the standards for institutional accreditation/reaccreditation or that of UP's study programs have been met.
2. The process of accreditation and reaccreditation at UP includes the internal actions undertaken by UP and the bodies defined in this regulation, according to the established deadlines, and concludes with the issuance of the decision by the KAA for institutional accreditation and that of the study programs.
3. The process of institutional accreditation and reaccreditation and that of study programs at UP has the meaning and is implemented as defined in the Law on the KAA, the standards, and the applicable manuals issued by the KAA.
4. The dynamics and deadlines defined in this regulation regarding the process of institutional accreditation and reaccreditation and that of study programs at UP are determined in several phases:

- 4.1.The phase of preparing the documents for the process of institutional accreditation and reaccreditation and that of study programs;
- 4.2.The phase of consulting the documents for the process of institutional accreditation and reaccreditation and that of study programs;
- 4.3.The phase of approving the documents for the process of institutional accreditation and reaccreditation and that of study programs.
- 4.4.The phase of submitting the documents for the process of institutional accreditation and reaccreditation and that of study programs;
- 4.5.The phase after the submission of documents to the KAA, up to the final decision on institutional accreditation and reaccreditation and that of study programs.
5. The description of the phases of the process of institutional accreditation and reaccreditation and that of study programs is done according to the deadlines specified in this regulation.
6. The documents that must be prepared in the process of institutional accreditation and re-accreditation and of study programs are:
  - 6.1.Applications/cover pages;
  - 6.2.Initial Drafts of the Self-Evaluation Report;
  - 6.3.Table of study program coordinators;
  - 6.4.Final Drafts of the Self-Assessment Report;
  - 6.5.Supporting documentation, such as: CV, course syllabi and other documents.
7. The **SER**, in the case of institutional accreditation and that of study programs, is initially submitted as a preliminary draft for comments and approval, and afterwards as a final draft, within the deadlines specified by this regulation and the Law on the KAA.

## **Article 5**

### **Principles of the Accreditation and Re-accreditation Process at UP**

1. The process of institutional accreditation and re-accreditation and that of study programs at UP is based on several principles as follows:
  - 1.1.Principle of efficiency, which means the mandatory implementation of the deadlines defined in this regulation;
  - 1.2.Principle of inclusiveness, which means the consultation and involvement of internal and external actors in the drafting of the SER as well as the preparation process for the submission of the application/request for institutional accreditation and re-accreditation and that of study programs;
  - 1.3.Principle of quality assurance, which means that through the evaluation process and the preparation of the SER and the application for institutional accreditation and re-accreditation and that of study programs, UP must take actions that ensure and improve quality;
  - 1.4.Principle of responsibility and accountability, which means that all UP bodies involved in the process of institutional accreditation and re-accreditation and that of study programs,

must feel responsible and report, according to internal requirements and procedures, within the framework of preparing for the accreditation and reaccreditation process of the institution and study programs;

- 1.5. Principle of transparency, which means conducting a process of institutional accreditation and reaccreditation and that of study programs as transparently as possible, based on inclusiveness.
2. Throughout the process of institutional accreditation and re-accreditation and that of study programs, this regulation is applied taking these principles into account.

### **Article 6**

#### **The Quality Assurance Process in the Procedure of Institutional Accreditation and Re-accreditation and of Study Programs**

1. During the process of drafting the REV and the self-evaluation documents, UP undertakes actions in relation to the statutory bodies and the regulation for internal quality assurance.
2. Throughout the process of drafting the SER and the self-evaluation documents, UP undertakes continuous actions that improve internal quality.
3. This regulation is applied taking into account the relevant rules for internal quality assurance implemented by UP.

### **Article 7**

#### **Bodies Involved in the Accreditation and Re-accreditation Process at UP**

1. In the process of preparing the application for institutional accreditation and reaccreditation and that of study programs at UP, the following bodies are involved:
  - 1.1. The Rector;
  - 1.2. The Senate;
  - 1.3. Vice-Rector responsible for Quality;
  - 1.4. Office for Academic Development at UP- OAD;
  - 1.5. Academic Unit AU;
  - 1.6. Quality Assurance Commission - QSC;
  - 1.7. Studies Commission - SC;
  - 1.8. Coordinator for Academic Development - CAD;
  - 1.9. College of Deans;
  - 1.10. Study Program Coordinators;
  - 1.11. Relevant Departments of the AU;
  - 1.12. Studies Commission in the AU;
  - 1.13. Faculty Council.

2. All bodies defined in this article have their responsibilities defined, during the process of institutional accreditation and re-accreditation and that of study programs at UP.
3. The Rector acts in the process of accreditation and reaccreditation of study programs and the institution, based on the Statute of UP, in the capacity of the head of UP.
4. The Vice-Rector responsible for Quality leads and supervises the process of institutional accreditation and that of study programs at UP, assisted by the OAD and the other bodies defined in this article.
5. The Senate gives the final approval of new study programs, after they have passed through the Faculty Council.
6. The QSC reviews the Self-Evaluation Report and the study programs that are undergoing reaccreditation and has the right to provide comments and request clarifications on these programs. Likewise, the QSC reviews the applications and cover pages of the study programs
7. The SC approves the Self-Evaluation Report and the new study programs before they are forwarded for final approval to the Senate.
8. The Deans' College reviews the accreditation and reaccreditation documentation in terms of inclusiveness and has the right to provide comments and positions on the submitted documentation.
9. The OAD coordinates the preparation procedure for the process of institutional accreditation and reaccreditation and that of study programs and is the body responsible for direct communication with the KAA on behalf of UP regarding the accreditation and reaccreditation process. In all cases, the OAD updates all UP bodies involved in the accreditation and reaccreditation process with the latest information, manuals, and standards in force, which are issued and approved by the KAA. The OAD submits the request for institutional accreditation and study programs at UP to the KAA.
10. The AU is responsible for coordinating and preparing the self-evaluation documentation in the process of accreditation and reaccreditation of the study programs that belong to the AU itself. In the accreditation and reaccreditation process, the AU acts based on the internal governance hierarchy, as determined by the statute. The AU is responsible for submitting the drafts of the Self-Evaluation Report for approval within the framework of UP bodies according to this regulation.
11. The program coordinators and departments, led by the head of the chair/department and in coordination with the respective vice-dean, are responsible for the process of drafting and finalizing the self-evaluation documentation for the programs that belong to the department's field. They are also responsible for the internal quality assurance process.
12. The CAD is tasked with coordinating the accreditation and reaccreditation process of the study programs within the AU and communicates and coordinates with the OAD throughout the entire process of accreditation and reaccreditation of the study programs.
13. The Studies Commission in the AU reviews new programs as well as changes to existing programs and proposes them to the Faculty Council for final approval.

14. The Faculty Council approves the Self-Evaluation Report and the study programs, and the decisions are forwarded to the OAD.

## **Article 8**

### **Institutional Accreditation and Re-accreditation Process**

1. The process of institutional accreditation and reaccreditation is based on UP's institutional accreditation plan and on this regulation.
2. The OAD is responsible for coordinating the process of institutional accreditation and reaccreditation. The OAD keeps all self-evaluation documents, including the SER, related to institutional accreditation and reaccreditation.
3. The OAD issues the notification and ensures the start of the institutional accreditation and reaccreditation process at UP.
4. The preparation process for institutional accreditation and reaccreditation begins **no later than January 1 of the year preceding the completion of accreditation.**
5. The application for the institutional accreditation and reaccreditation process at the KAA must be submitted **no later than July 31 (one year before the completion of UP's institutional accreditation).**
6. For the preparation of the SER and the management of the institutional accreditation and reaccreditation process, the Rector appoints a professional working group consisting of nine (9) members, as follows:
  - 6.1. Vice-Rector for Academic Development and Quality;
  - 6.2. Director of the OAD;
  - 6.3. Secretary of UP;
  - 6.4. Two (2) representatives from the QSC;
  - 6.5. One (1) member from UP's academic staff;
  - 6.6. One (1) from CAD;
  - 6.7. One (1) member from the administration;
  - 6.8. One (1) student.
7. The professional working group, according to this article, is responsible for managing the drafting of the self-evaluation documentation and preparing the SER for the institutional accreditation and reaccreditation process.
8. All AUs, the administration, and other bodies and organizational units within UP are obliged, for the needs of the process, to provide the relevant data as needed to the professional working group defined in this article.
9. The professional working group is responsible for all phases of the process of preparing documentation for institutional accreditation and reaccreditation. To carry out its work,

this commission communicates with all organizational structures within UP. The work of this commission is conducted based on the applicable Law on the General Administrative Procedure.

10. The process of institutional accreditation and reaccreditation is carried out based on the dynamics and deadlines specified in this regulation.

## **Article 9**

### **Accreditation and Re-accreditation Process for Study Programs**

1. OAD is responsible for maintaining communication with the AUs regarding their study programs that are undergoing accreditation and reaccreditation.
2. OAD is responsible for coordinating the accreditation and reaccreditation process of study programs at UP and issues the notification to start this process.
3. At least by **January 1, in the year preceding the completion of accreditation**, OAD notifies the AUs about the start of procedures and the application for the accreditation and reaccreditation process of their study programs.
4. The application for the accreditation and reaccreditation process of study programs must be submitted no later than **July 31 of the year preceding the completion of accreditation** or reaccreditation of the respective study program. The application process is conducted through the OAD, with the support of the AUs, according to this regulation.
5. The AUs, respectively their relevant departments, are responsible for preparing the Self-Evaluation Report (SER) and the self-evaluation documentation for the study programs.
6. The accreditation and reaccreditation process of study programs, under the coordination of the OAD, is supervised by the respective Vice-Rector for Quality at UP.
7. The accreditation and reaccreditation process of study programs at the AU level is assisted and coordinated by the CAD. At the UP level, the OAD primarily communicates with the CAD, but also with the respective dean and vice-dean regarding teaching or quality assurance.
8. To ensure the effective implementation of the accreditation and reaccreditation process of study programs at UP, the deadlines specified in this regulation are applied.

## **Article 10**

### **The Role of AUs in the Institutional Accreditation and Re-accreditation Process and that of Study Programs**

1. The AUs are responsible for their study programs and coordinate the process of preparing the self-evaluation documentation according to this regulation in the accreditation and reaccreditation process.

2. The AU is obliged to support the professional commission, created by the Rector, within the framework of preparing the SER in the institutional accreditation process.
3. The process of modifying study programs in the accreditation and reaccreditation process is led by the AU management, taking into account the identified needs for the development of study programs in relation to the labor market.
4. For the accreditation and reaccreditation process of study programs, the AU management presents the guiding vision and concept, based on labor market needs. This formalized guiding vision must be implemented during the preparation for the accreditation and reaccreditation process of the AU's study programs.
5. The structure responsible for drafting the self-evaluation documentation and the Self-Evaluation Report (SER) for study programs within the AU is the department to which the program belongs, as well as the study program coordinator, led by the head of the department/chair.
6. The Dean may form working groups for interdisciplinary programs or as needed.
7. The department must create a professional group for drafting the self-evaluation documentation for study programs and inform the AU Dean about this group. The working group consists of: the head of the department, study program coordinators, department members, representatives from industry or the labor market, and one student of the study program.
8. The department's work in the accreditation and reaccreditation process of study programs is coordinated by the heads of the respective departments, according to a dynamic plan, which is approved and determined by the AU management, in accordance with this regulation.
9. The CAD provides support within the academic unit, assisting in coordinating the accreditation and reaccreditation process of study programs by communicating with the departments to prepare the submission of all documents for the accreditation and reaccreditation process of the study programs.
10. For the accreditation and reaccreditation process of study programs, the AU management is informed at each step.
11. The AU management may, in each case, assign additional task to academic staff in the process of managing the accreditation and reaccreditation of study programs, in order to ensure efficient and professional management. The academic staff assigned these tasks are responsible to the management, based on the Statute of UP and other regulations in force at UP.
12. The heads and coordinators of study programs are responsible for supporting the accreditation and reaccreditation process of study programs and for coordinating, together with the department, the quality assurance process within the AU. This process is continuous and in accordance with the applicable quality assurance regulation.
13. Study program coordinators must be involved in the teaching process of the respective study program.

14. Departments and study program coordinators may recommend changes to the programs, within permissible limits, according to the standards and manuals in force from the KAA, by identifying and justifying the changes made. The management, the respective professional commission under this article, and the Faculty Council are notified of these changes. All changes in the study program are reflected in the SER.
15. Departments are responsible for preparing all additional self-evaluation documents for application purposes during the post-application period, including visits and clarifications that may be requested by the KAA.
16. The self-evaluation documentation and SER, as well as other accompanying documents from the departments, are submitted to the CAD, who must organize the file for submission to other bodies involved in the accreditation and reaccreditation process within UP.
17. Academic staff within the study program are responsible for preparing their CVs and the syllabi of the respective courses in the study program. The CVs and syllabi are prepared in Albanian and English.
18. After receiving the documentation for the study programs, the CAD forwards it for comments to the Studies Commission. Following the review by this commission, the documentation is approved by the Faculty Council.
19. All documentation prepared in the process of accreditation and reaccreditation of study programs is submitted to the OAD by the CAD.

## **Article 11**

### **Self-Assessment Report and Self-Assessment Documentation**

1. The self-evaluation documents are official documents and the property of UP, prepared during the processes of institutional accreditation and reaccreditation and that of study programs at UP.
2. The self-evaluation documents must be:
  - 2.1. Professional and relevant;
  - 2.2. Concise and supported by attached documents;
  - 2.3. Publicly available in a format suitable for the audience and based on UP's internal policies for intellectual property protection;
  - 2.4. Balanced adequately between description and self-critical evaluation.
3. The SER for institutional accreditation and reaccreditation and for study programs must be prepared based on the structure specified in the manual currently approved by the KAA.
4. The drafting of the SER is based on the timelines and deadlines specified in this regulation.
5. During the drafting process, the SER document and the self-evaluation documentation may be reviewed and commented on until their finalization and preparation for final submission to the KAA.

6. In addition to the SER, the accreditation and reaccreditation documentation also includes the request for institutional and study program accreditation and reaccreditation, as specified in the regulations in force of the KAA, as determined in Article 4 of this regulation.

## **Article 12**

### **Dynamics/deadlines in the Institutional Accreditation/Reaccreditation Process**

1. The institutional accreditation and reaccreditation process at UP is based on a step-by-step timeline and actions, defined with respective deadlines, aiming for efficiency and effectiveness in this process. This internal process includes the period from the preparatory start until the submission of the institutional self-evaluation documentation to the KAA. Prior to this, UP has continuously implemented internal quality assurance processes.
2. The institutional accreditation and reaccreditation process begins with the notification from the OAD to the Rector of UP, through the Vice-Rector for Institutional Development and Quality, to initiate the preparatory process for drafting the SER, no later than **January 1 of the year preceding the completion of accreditation.**
3. The Rector forms the professional working group for managing the institutional accreditation and reaccreditation process during January. The overall preparatory period until accreditation covers **January–December of the year preceding the completion of accreditation.**
4. The professional working group appointed by the Rector drafts the SER for institutional accreditation/reaccreditation and the accompanying self-evaluation documentation no later than **April 1 of the year preceding the completion of accreditation.** In this process, all relevant structures and bodies within the university are consulted, based on the current KAA standards for institutional accreditation/reaccreditation.
5. The working group consults the draft report with the College of Deans. The College submits their comments within a timeframe of **15 days, specifically by April 15.**
6. After addressing these comments, the working group submits the SER to the OAD for the procedure to the QSC, **no later than April 30th.**
7. From May 1st to May 15th, the QSC presents comments on the respective SER for institutional accreditation/re-accreditation. Meanwhile, the working group addresses the relevant comments **no later than May 30th** and submits the revised SER with all accompanying materials (documents) to the OAD.
8. The OAD proceeds the SER for translation into the English language to the technical translation group, which was previously appointed by the UP management. The translated document is submitted to the OAD no later than **June 30.**
9. The application and the corresponding documentation for institutional accreditation and reaccreditation are submitted by the OAD to the KAA no later than **July 31.**

10. The SER and the corresponding documentation, prepared according to the standards and manuals approved by the KAA, are submitted by the OAD to the KAA **no later than 15 working days** after UP has received the notification of application acceptance from the State Quality Council, submitted in July.
11. In all cases, the implementation and calculation of the deadlines specified in this article are based on working days. If the last day of a deadline falls on a public holiday, the corresponding date is moved to the next working day.

### **Article 13**

#### **Dynamics/Deadlines in the Accreditation and Re-accreditation Process of Study Programs at UP**

1. The accreditation and reaccreditation process for study programs at UP is based on a step-by-step timeline and actions, defined with respective deadlines to ensure efficiency in this process. This internal process includes the period from its initiation in the AU until the submission of the self-evaluation documentation to the KAA by the OAD.
2. The OAD, no later than January 1 of the year preceding the completion of accreditation, notifies the academic units about the start of preparations for submitting the application for accreditation and reaccreditation of study programs. The overall preparatory period until accreditation covers January–December of the year preceding the completion of accreditation.
3. After the notification from the OAD, the AU units must begin the procedures for the accreditation and reaccreditation process of the study programs.
4. The OAD receives from the academic units the applications (first page, student results of the program, list of program coordinators in Albanian and English) and the draft SER of the study programs undergoing accreditation and reaccreditation, no later than April 1 of the year preceding the completion of accreditation.
5. After receiving the SER and the accreditation and reaccreditation documentation of the study programs, the OAD checks the requirements no later than April 10 and forwards them for review to the QSC.
6. In the period between April 10 and May 15, the QSC reviews the relevant documentation according to a planned schedule and either approves it or returns it for completion/changes through the OAD, preparing a written report for each study program undergoing accreditation and reaccreditation.
7. For the study programs under accreditation, the QSC organizes meetings with the academic development coordinators and program coordinators during this period, as per point 5 of this article.
8. As soon as possible, but no later than May 20, the OAD forwards the reports to the CAD of the AU units.

9. No later than June 5, the AU units must address all comments provided by the QSC and OAD in the content of their SER and resend the SERs, with addressed arguments, to the OAD through the academic development and quality coordinator of the AU.
10. No later than June 15, the OAD, with the support of the QSC, verifies the addressing of comments and forwards the study programs for final accreditation/reaccreditation to the SC.
11. No later than June 18 of the respective year, the OAD submits the study programs for accreditation for approval to the SC and the UP Senate.
12. During the period from June 20 to July 10, the SC and the UP Senate approved the study programs for accreditation.
13. By July 31, the OAD submits the applications for accreditation and reaccreditation of the respective study programs to the KAA.
14. The complete file, which includes the SER, course syllabi, academic staff CVs, and all relevant documents in the annex, is submitted to the OAD by the AU units in both languages no later than July 31.
15. The SER and the corresponding documentation for the accreditation and reaccreditation of the study programs are submitted by the OAD to the KAA no later than 15 working days after UP has received the notification of application acceptance, which was submitted no later than July 31 of the respective year.
16. The relevant applications for accreditation and reaccreditation of study programs must be submitted in the form determined by the KAA, based on the handbook/regulation in force approved by the KAA.
17. The dean, vice-deans, heads, and departments to which the study program under accreditation and reaccreditation belongs, as well as the persons responsible appointed by the dean of the AU, OAD, or CAD of the AU unit, must be available for the preparation of the KAA visit and the on-site expert panel.
18. In all cases, the implementation and calculation of the deadlines specified in this article are based on working days. If the final date of a deadline falls on a non-working day, the respective date is carried over to the next working day.

#### **Article 14**

##### **Dynamics/time limits in the process of accreditation and reaccreditation of study programs in AU**

1. The AU begins the preparation of the self-evaluation documentation, including the application (request) for accreditation and reaccreditation of study programs, after being notified by the OAD, according to the timeline determined in this regulation.
2. The AU may also begin earlier than the notification from the OAD for the procedure of preparing the self-evaluation documentation for the study programs of the AU that are undergoing accreditation for the first time or reaccreditation.

3. The deans appoint the working groups for the preparation of the relevant documentation, including: the heads, the holders of the study program, the members of the department, and representatives from the industry, respectively the labor market, as well as one student of the study program.
4. No later than **March 15** of the respective year, the heads of departments must submit the first drafts of the SER for review by the respective vice dean for teaching or quality assurance, which are then reviewed by the Study Commission of the AU. The comments of the SC are sent to the working group, which prepares a reasoned report for the accepted or unaccepted comments.
5. No later than **March 25** of the respective year, the Study Commission in the AU and the FC must approve the SER of the respective study programs that are in accreditation and reaccreditation.
6. No later than April 1 of the year before the end of the accreditation, the CAD sends all SERs of the study programs in accreditation and reaccreditation, approved by the FC, to the CAD of the UP.
7. In the accreditation and reaccreditation process, AUs must undergo ongoing internal quality assessment procedures, based on the regulations for the internal quality assurance system, including but not limited to:
  - 7.1. The quality of teaching and learning;
  - 7.2. The quality of scientific/research activities;
  - 7.3. International cooperation;
  - 7.4. Graduates' perceptions of the quality of studies;
  - 7.5. Employers' perceptions of the quality of graduates;
  - 7.6. The quality of student services;
  - 7.7. The quality of organizational culture and management;
  - 7.8. Employer surveys on competencies needed in the labor market;
  - 7.9. Assessment of whether the evaluated workload (ECTS) allocated to students and the defined learning outcomes are achievable, realistic, and adequate;
  - 7.10. Assessment of student internships (if any);
  - 7.11. Other actions, in accordance with the toolbox and standards in force, approved by KAA.
8. The timeline for the preparation process for the accreditation and reaccreditation of study programs and the Self-Assessment Report (SER) in the Academic Unit (AU) concludes after the submission of the programs, the SER, as well as the applications for the accreditation and reaccreditation of the study programs to the Office for Academic Development (OAD).
9. The applications (first pages), learning outcomes of the program, and the list of program coordinators (in both languages) for the study programs undergoing accreditation and reaccreditation are prepared by the AU's Academic Development Coordinator (ADC).

10. The supporting documents, such as CVs and course syllabi, are prepared by the academic staff and submitted to the program coordinators, who forward the documentation to the Academic Development Coordinator (ADC).
11. In the process of preparing the documentation and the Self-Evaluation Report (SER), as well as the applications for accreditation and reaccreditation of study programs, the Academic Development Coordinator (CAD) communicates with the Office for Academic Development (OAD). In each case, the management of the Academic Unit (AU) may communicate with other bodies at the University level during the accreditation and reaccreditation process of the study programs.
12. In cases where study programs are submitted by the Academic Unit (AU) in the reaccreditation process and these programs undergo changes from the current study programs; the AU must prepare an additional report on the changes made to the program. This report must be submitted to the Office for Academic Development (OAD) along with the Self-Evaluation Report (SER) so that it can be verified whether the changes are in accordance with the standards and the current manual approved by KAA.
13. In all cases, the implementation and calculation of the deadlines specified in this article are based on working days. If the last day of a given deadline falls on a non-working day, the corresponding date is moved to the next working day.
14. The accreditation and reaccreditation process of study programs within the AU is completed with the submission of the documentation and the initial drafts of the Self-Evaluation Report (SER) to the OAD.
15. Even after the submission and approval of the SER drafts by the AU, OAD, and other relevant bodies, until the SER is submitted to KAA by OAD, the AU has the opportunity to make changes to the SER in order to reflect any new achievements and developments that may occur during the period from April to July of the respective year.

## **Article 15**

### **The institutional accreditation and reaccreditation process, as well as that of study programs, after the submission of the SER and the documentation of this process to KAA.**

1. The Rector, the Vice-Rectors, the professional commission for managing the institutional accreditation/reaccreditation process, OAD, the Deans' Collegium, and the AUs must be available to facilitate the organization of the KAA site visit and the expert panel on location.
2. After receiving the agenda from KAA for the meeting with the experts and the on-site visit, the Rector, the professional commission within the framework of institutional accreditation/reaccreditation appointed by the Rector, and the respective Vice-Rector for Quality, designate the persons who will participate in the agenda and meetings.
3. The professional commission appointed by the Rector for managing the process of institutional accreditation and reaccreditation prepares additional requests, according to the

timeline set by KAA, after the completion of the on-site expert team visit, based on the standards and toolbox in force of KAA.

4. The professional commission appointed by the Rector for managing the process of institutional accreditation and reaccreditation, after receiving the first draft of the expert report from KAA, submits its comments based on the deadlines set by KAA, in accordance with the standards and toolbox in force.
5. The Dean, Vice-Deans, the departments to which the study program undergoing accreditation and reaccreditation belongs, program coordinators, academic staff, persons responsible appointed by the Dean of the Academic Unit, OAD, and the CAD of the Academic Unit must be available for the preparation of the KAA site visit and the expert panel.
6. After receiving the agenda from KAA, for the meeting with the experts and the site visit, the Dean appoints the persons who will be part of the agenda, including the departments to which the study program belongs, as well as OAD and CAD, students, and labor market stakeholders.
7. The department to which the study program belongs will prepare additional requests/evidence, according to the timeline set by KAA, after the completion of the site visit by the expert team, based on the standards and toolkit of KAA in force. These additional requests are prepared in continuous consultation with the management of the AU.
8. The department to which the study program belongs, after receiving the first draft of the expert report from KAA, presents comments and additional clarifications, based on the deadlines set by KAA, in accordance with the standards and toolkit in force.

## **Article 16**

### **Communication with KAA within UP**

1. As defined in this regulation, OAD coordinates the institutional and study program accreditation and reaccreditation process and maintains communication with KAA.
2. The Rector and Vice-Rector, in relation to the institutional and study program accreditation and reaccreditation process, have the competencies defined in this regulation and the UP Statute. In each case, the Rector and Vice-Rector communicate directly with KAA as needed.
3. The AU, through the respective Dean and Vice-Dean for teaching, may communicate with KAA as needed, while keeping OAD of UP informed.
4. After receiving the relevant decision from KAA regarding institutional or study program accreditation/reaccreditation, OAD notifies all UP bodies and academic units about the accreditation or non-accreditation of the study programs.
5. According to legal obligations, the AU for the respective study programs, according to this regulation, and UP for institutional accreditation/reaccreditation, submit to OAD an implementation plan of the recommendations based on the expert report during the institutional or study program accreditation/reaccreditation, the SChC decision, and the KAA Law.

## **Article 17**

### **Declaration of Academic Staff in KAA**

1. OAD notifies the AU about the declaration of academic staff on KAA's E-Accreditation platform. All academic staff of the AU are obliged, from July 1 to 31 of the year when the accreditation expires, to declare themselves on the E-Accreditation platform.
2. OAD coordinates the process of declaring academic staff in KAA's E-Accreditation system and maintains communication with KAA regarding this process.
3. CAD coordinates and is responsible for managing the process of declaring academic staff in KAA's E-Accreditation system and approves all academic staff declarations in this process.
4. Academic staff who do not complete the declaration process in KAA are subject to disciplinary measures, based on the Statute and other regulations in force at the University of Prishtina.

## **Article 18**

### **Quality Control and Monitoring**

1. The same bodies that implement this regulation, in the process of institutional and program accreditation and reaccreditation, also appropriately have a role in the monitoring process as a form of post-accreditation procedure.
2. The monitoring process and post-accreditation procedures are coordinated by OAD and the Academic Units, in coordination with KAA and according to the procedures required by KAA.
3. This regulation is also applied, as appropriate, to the monitoring process by KAA, as a post-accreditation procedure at UP.
4. In every case, the monitoring process is implemented according to the KAA Law and the toolbox currently in force, approved by KAA.

## **Article 19**

### **Appeal Process**

1. If, after submitting the documentation to KAA, UP is not satisfied with the decision of the State Quality Council (SChC) regarding institutional or programmatic accreditation, it may file an appeal in accordance with the KAA Law.
2. For study programs, the appeal is prepared by the relevant department, together with the program, and submitted by OAD.
3. For institutional accreditation and reaccreditation, the appeal is prepared by the professional commission established by the Rector, assisted by the Legal Office of UP.

4. In the event that OAD fails to submit the appropriate documentation to KAA regarding the study program, the AU has the right to file an appeal with the UP Senate concerning any potential responsibilities for the failure to address and submit the Self-Assessment Report (SER) and the appropriate documentation for the accreditation and reaccreditation of study programs.

## **Article 20**

### **Final and Transitional Provisions**

1. The University implements the schedule of deadlines and the timeline of the accreditation and re-accreditation process, based on this regulation, as far as it is objectively possible.
2. In the event that the implementation of the deadlines and timeline of the accreditation and re-accreditation process is objectively impossible due to the timing of the approval of this regulation, the relevant bodies shall apply these deadlines flexibly, but without exceeding the legal deadlines for submitting applications as defined by the Law on the Agency for Accreditation and the current handbook of the Agency.
3. The respective Vice-Rector for Quality and the Self-Assessment Unit (OAD) are responsible for implementing the deadlines flexibly due to objective circumstances related to applications in process and due to the timing of the approval of this regulation.

## **Article 21**

### **Amendment and Supplementation of the Regulation and Its Implementation**

1. This regulation may be amended through the same approval procedures, following a proposal by the Rector, the respective Vice-Rector for Quality, the Self-Assessment Unit (OAD), or one-third of the members of the University of Prishtina Senate.
2. The Quality Assurance Commission proposes to the Senate a detailed guide/handbook for the purpose of implementing this regulation and the necessary quality assurance process. This guide is issued within six (6) months after the approval of the regulation and is attached as an annex to the regulation.

## **Article 22**

### **Entry into Force**

1. This regulation enters into force on the day it is approved by the Senate of the University of Prishtina.
2. Upon the entry into force of this regulation, Regulation No. 360 dated 10.02.2020 on the processes and procedures for the preparation for institutional and program re-accreditation at the University of Prishtina was repealed.

**Prof. Arben Hajrullahu**

**Rector and Chairperson of the Senat of UP,**