

**International
Institutional
Accreditation
Report**

**International
University of
Sarajevo
- IUS**

Bosnia and Herzegovina

Evaluation Team:

Prof. Ali Bayrakdarođlu
Prof. Mehmet Emin Aydın
Dr. Fatoş Özkan Erciyas
Dr. Ferhat Ünal
Hilal Karaođlan

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EXECUTIVE SUMMARY

This report analyses the extent to which the International University of Sarajevo (IUS) complies with the evaluation criteria of the International Institutional Accreditation Program (IIAP). It is based on an external evaluation process coordinated by the Turkish Higher Education Quality Council (THEQC). Regarding the findings and evaluations presented in this report, THEQC will make a decision on whether IUS should be accredited in line with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015). The Evaluation Team is responsible for the evaluation conducted the pre-visit online on 4 December 2025 and the on-site visit from 14 to 18 December 2025. We would like to thank THEQC for its coordination and the arrangements that facilitated the effective conduct of the process, and IUS for its cooperation and for sharing information throughout the review.

This report evaluates the International University of Sarajevo (IUS) across four areas—governance and quality assurance, learning and teaching, research and development, and service to society—which together provide an evaluation framework aligned with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015). The evaluation draws on the submitted evidence set, institutional regulations and policies, findings from the external review, and observations gathered during the pre-visit and the site visit. In line with ESG 2015, the review goes beyond confirming the existence of arrangements and focuses instead on the extent to which they are institutionalised, embedded in practice, systematically monitored, and continuously improved. To support consistent and evidence-based judgements, the report applies the five-level maturity model developed by the Turkish Higher Education Quality Council (THEQC).

The IIAP evaluation of the International University of Sarajevo (IUS) began with the review of the Institutional Self-Evaluation Report and the submitted evidence set, followed by an online pre-visit on 4 December 2025 to confirm the visit schedule and clarify key lines of inquiry. The on-site visit, conducted from 14 to 18 December 2025, triangulated evidence through meetings with institutional leadership, academic and administrative units, students, and other stakeholders, alongside document review and on-site observations. Following the visit, the peer-review team drafted an evidence-based report, incorporated the institution's feedback on factual accuracy, and finalised the report to inform THEQC's accreditation decision-making process.

IUS was founded in 2003 and provides English-medium education aligned with the Bologna framework. The university serves around 2,800 students from more than 45 countries and employs over 200 full-time academic and administrative staff from more than 12 countries. It has six faculties and offers 21 programmes across bachelor's, master's, and doctoral levels. The governance model operates through the Board of Trustees, the Senate, and the Rectorate, while the quality assurance function is coordinated by the Strategic Development Office under a framework aligned with ESG principles and supported by an ISO 9001 approach.

Overall findings indicate a mature quality-management profile at IUS, supported by defined processes that are disseminated throughout the institution and generate evidence-based monitoring practices. Maturity outcomes are predominantly clustered within Level 3

(Systematic Implementation) and Level 4 (Monitoring and Improvement). Level 4 is particularly evident in areas such as internal quality assurance mechanisms, management of strategic objectives, performance management, financial management, student feedback, internationalisation, and the management of learning and teaching processes. Level 3 is more apparent in governance continuity, information management, human resources, process management, and the consistent application of common programme-level standards across the institution, as well as in selected monitoring and evaluation practices.

Nevertheless, three cross-cutting priorities stand out for strengthening institutional impact in the next improvement cycle: (i) systematically “completing the PDCA cycle” by embedding regular review points and strengthening traceability through an action–owner–deadline–indicator–closure evidence chain; (ii) improving comparability by clarifying institution-wide minimum or guiding standards in areas where practices vary across units and programmes; and (iii) making output/outcome and impact indicators more visible beyond activity counts through a regular reporting routine. Focusing on these areas would enable IUS to preserve its existing strengths while making the quality enhancement approach more consistent, traceable, and sustainable.

INTRODUCTION

This report analyses the extent to which the International University of Sarajevo (IUS) aligns with the evaluation criteria framework of the International Institutional Accreditation Program of the Turkish Higher Education Quality Council (THEQC). This report is based on an external evaluation process coordinated by THEQC, initiated in April 2025 with application and self-evaluation preparations, and completed with the site visit held from 14 to 18 December 2025 and subsequent report finalisation.

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

The Turkish Higher Education Quality Council (THEQC – YÖKAK) conducts the International Institutional Accreditation Program (IIAP) as an external evaluation activity for higher education institutions operating outside the Republic of Türkiye. IIAP is designed in line with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG-2015) and is grounded in the principle that higher education institutions bear the primary responsibility for the quality of their learning and teaching, research and development, and service to society activities.

IIAP is a cross-border evaluation process carried out using THEQC’s ESG-based IIAP Evaluation Criteria, and it is explicitly structured around a continuous improvement approach. The evaluation relies on the institution’s internal self-evaluation as its starting point and integrates external evaluation with the participation and perspectives of internal and external stakeholders.

This report presents the findings of THEQC’s IIAP external evaluation of the International University of Sarajevo (IUS), conducted in accordance with THEQC’s IIAP processes and tools, and based on the evidence provided through the institution’s self-evaluation, supporting documentation, and stakeholder engagement during the evaluation activities.

The IIAP process is defined by THEQC as a sequence of stages including (i) application and approval, (ii) ISER writing, (iii) determination of evaluation teams and site-visit dates, (iv) pre-visit, (v) site visit, (vi) completion of the report, (vii) consistency work and finalisation, (viii) decision, (ix) follow-up, and (x) complaints and appeals.

In line with this process, IUS's IIAP evaluation proceeded as follows: Following IUS's application, THEQC appointed a review coordinator to manage coordination on behalf of THEQC. The review coordinator's remit includes process coordination, ensuring procedural alignment, and supporting logistics and communication, while not participating in the team's evaluative judgements or report drafting as a team member. An International Institutional Accreditation Program Agreement was signed, defining key parameters such as the parties' focal points, the language of evaluation, confidentiality, and the arrangements for appeals and complaints.

IUS prepared its Institutional Self-Evaluation Report (ISER) in accordance with the IIAP documentation set and submitted it within the defined calendar. The review coordinator checked ISER compliance with the relevant guide and requested/received corrections where applicable. Consistent with IIAP's design, the ISER served as the core basis for the Evaluation Team's preliminary analysis against the IIAP Criteria.

THEQC formed the Evaluation Team through the Evaluator System and conducted checks for any conflict/coincidence of interest between the institution and the team leader/members and review coordinator, as required by the IIAP process timeline.

Evaluation team composition:

- Team Leader: Prof. Dr. Ali BAYRAKDAROĞLU, chair/Muğla Sıtkı Koçman University
- Team Members: Prof. Dr. Mehmet Emin AYDIN/Necmettin Erbakan University
- Team Members: Asst. Prof. Dr. Fatoş Özkan ERCİYAS/ University of Birmingham
- Team Members: Lecturer Dr. Ferhat ÜNAL/ Middle East Technical University
- Student Evaluator: Hilal KARAOĞLAN/Marmara University
- Review Coordinator (THEQC): Ömer Faruk YILDIZ

Prior to the site visit, the Evaluation Team held preparatory meetings to (i) confirm roles and responsibilities, (ii) review the IIAP Criteria, (iii) establish evidence–analysis linkages, and (iv) plan the report-writing workflow. The team examined the ISER and annexes and, where necessary, identified additional information to be clarified during the pre-visit and/or site visit. A one-day pre-visit was conducted (4 December) to confirm the site-visit schedule and to hold initial structured meetings with senior management and the quality unit.

In accordance with the IIAP Guide, the Evaluation Team carried out the site visit between 14 and 18 December 2025. The IIAP methodology combines document examination, observation, focus group interviews, and complementary methods to triangulate evidence and validate the institution's self-assessment. The site visit concluded with an exit statement delivered to the institution, summarising key strengths and areas for improvement and clarifying the post-visit steps.

After the site visit, the Evaluation Team drafted the International Institutional Accreditation Report (IIAR) using an evidence-based approach, ensuring accuracy in terminology and constructive, impartial reporting. In line with the IIAP timeline, the draft IIAR was shared with IUS for feedback limited to factual accuracy; the Evaluation Team addressed these inputs and, where relevant, documented changes through a comparison chart mechanism. The Evaluation Team confirms that it was given access to all documents and people it wished to consult throughout the review.

INFORMATION ABOUT INSTITUTION

The International University of Sarajevo (IUS) is a private higher education institution established in 2003 and began offering education in the 2004/2005 academic year. The institution is located in the Ilidža district of Sarajevo, the capital of Bosnia and Herzegovina, and was founded by Foundation for the Development of Education (SEDEF). The medium of instruction at IUS is English, and its educational programmes are structured in accordance with the Bologna Process (4+1+3 model). The institution educates approximately 2,000 students from over 45 countries and employs more than 200 full-time academic and administrative staff from over 12 countries.

The academic structure of IUS is organised around six faculties and one institute. The faculties are: Faculty of Engineering and Natural Sciences (FENS), Faculty of Business and Administration (FBA), Faculty of Arts and Social Sciences (FASS), Faculty of Education (FEDU), Faculty of Law (FLW), and Faculty of Medical Sciences (FMS). Both undergraduate and graduate education is conducted within the faculties. A total of 17 educational programmes are offered at the undergraduate, graduate, and doctoral levels within the institution. Research and application centres such as the Research and Development Center (RDC), Balkan Studies Center (BSC), Lifelong Learning Center (IUS LIFE), Distance Learning Center, Innovation and Entrepreneurship Center (IAE-IUS), and English Language School (ELS) operate within the institution.

The management structure of IUS is organised in accordance with the higher education legislation of Bosnia and Herzegovina. The Board of Trustees is the highest decision-making body of the institution. The Senate has the authority to make decisions on academic matters. The Rectorate is responsible for the day-to-day management of activities as the executive body of the institution. The quality assurance function is managed by the Strategic Development Office (SDO), which is responsible for establishing, monitoring, and developing internal quality assurance policies at the institutional level. The IUS quality assurance system is based on the principles of the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and meets the requirements of ISO 9001 standards.

IUS is accredited at the national level by the Agency for Development of higher Education and Quality Assurance of Bosnia and Herzegovina (HEA). The English Language School (ELS) was accredited by EAQUALS (Evaluation and Accreditation of Quality Language Services) in 2017 and re-evaluated in 2025. The institution's administrative structure holds an ISO 9001:2015 Quality Management System certificate. IUS diplomas are recognised within the European Higher Education Area under the Bologna Process. Bosnia and Herzegovina's accession to the

Lisbon Recognition Convention facilitates the recognition process of IUS graduates' diplomas in other signatory countries. The institution has been a member of the European University Association (EUA) and the International University Association (IAU). As a Partner Country higher education institution, IUS also holds the Erasmus Charter for Higher Education (ECHE) document for participation in the Erasmus+ programme.

IUS's strategic orientation is shaped around the axes of educational quality, research capacity, social impact, and internationalisation. The institution's core values include accountability, collaboration, diversity, excellence, integrity, inclusiveness, interdisciplinarity, internationalisation, transparency, and quality. Within the scope of the educational quality priority, student-centred teaching methods, alignment of programme outcomes with labour market needs, and faculty development are targeted. Research capacity is defined through increased research output, improved publication quality, international project participation, and interdisciplinary collaborations. Sustainability and the implementation of the United Nations Sustainable Development Goals (SDGs) are among the institution's strategic priorities.

The IUS campus is located in the Ilidža district of Sarajevo, approximately 11 km from the city centre. The campus opened in 2010. The campus features classrooms, laboratories, a library with a collection of 162,000 volumes in an area of 500 square metres, male and female student dormitories, and social facilities. The library has physical and digital resources and provides access to international academic databases (EBSCO, Scopus, Web of Science, etc.) which are available through an agreement with the National and University Library of Bosnia and Herzegovina. The laboratories are equipped with scientific equipment and licensed software (Adobe CC, Autodesk, SolidWorks, MATLAB, SPSS, etc.). The institution has digital infrastructure systems such as the e-campus/Learning Management System (LMS) and Student Information System (SIS).

IUS has bilateral agreements with universities in Europe under the Erasmus+ programme. The institution ranks first in Bosnia and Herzegovina in terms of the ratio of total student numbers to student mobility numbers. IUS participates as a partner in various international projects such as HORIZON 2020 and INTERVET. The institution implements bilateral academic cooperation protocols and dual degree programmes with universities in Türkiye, the Middle East, and Balkan countries.

INFORMATION ABOUT HIGHER EDUCATION SYSTEM IN BOSNIA AND HERZEGOVINA

The higher education system in Bosnia and Herzegovina has a decentralised, multi-tiered governance structure that reflects the country's constitutional framework. There are a total of twelve authorised education authorities in the country: Republika Srpska has a centralised structure with a single Ministry of Education, while the Federation of Bosnia and Herzegovina has a decentralised structure divided into ten cantons, each with its own Ministry of Education. In addition, the Brčko District has a separate education department. At the state level, the Ministry of Civil Affairs coordinates activities in the field of education. The fundamental institutions established at the state level are: the Agency for the Development and Quality Assurance of Higher Education (HEA), Centre for Information and Recognition of qualifications in Higher Education (CIP), and the Conference of Education Ministers. The

Bosnia and Herzegovina Rectors' Conference represents the common interests of universities and serves as an advisory body in the implementation of higher education reform.

The Higher Education Framework Law (Official Gazette, No. 59/07 and 59/09), adopted in 2007, established a common legal framework throughout the country and laid the foundation for reforms in line with the principles and standards of the European Higher Education Area. In addition to the Framework Law, each entity and canton has its own higher education law. According to official statistics, there are 10 public and 34 private higher education institutions in Bosnia and Herzegovina. University status is granted to institutions that offer at least five different programmes in at least three scientific fields, engage in both teaching and research activities, and offer academic degrees across three cycles.

Bosnia and Herzegovina signed the Bologna Declaration in Berlin in 2003. Higher education is organised in three cycles. The first cycle (bachelor's degree) lasts a minimum of three and a maximum of four years and is assessed with 180–240 ECTS credits. For medical programmes, it can extend up to 360 ECTS credits. Second-cycle (master's) and third-cycle (doctoral) programmes are structured within the framework of the Bologna reforms. The European Credit Transfer System (ECTS) is implemented at the national level, and the Diploma Supplement facilitates international recognition of graduates' qualifications. The Bosnia and Herzegovina Qualifications Framework is in the process of being developed based on the European Qualifications Framework.

The key documents in the field of quality assurance in higher education in Bosnia and Herzegovina are the Standards and Guidelines for Quality Assurance in Higher Education and the Recommendations for the Implementation of Quality Assurance (Council of Ministers Decision, 27 December 2007). These documents are compatible with the European Standards and Guidelines (ESG) adopted in Bergen in 2005. Based on Article 48 of the Higher Education Framework Law, the HEA has developed the documents Criteria for the Accreditation of Higher Education Institutions and Minimum Standards in Higher Education. HEA has been a full member of INQAAHE since December 2009, an associate member of ENQA since February 2010, and a full member of CEENQA since May 2010. In Republika Srpska, the Higher Education Accreditation Agency (HEAARS) conducts institutional and programme accreditation and works in collaboration with HEA. In 2023, HEA adopted the document Recommendations for the Regulation of the Accreditation Process for First and Second Cycle Programmes, laying the foundation for harmonisation of accreditation procedures for all competent education authorities. In December 2024, the Council of Ministers adopted an Action Plan to improve quality assurance in preparation for full ENQA membership. However, the country's quality assurance agencies are not yet full members of ENQA, and the system remains in the process of being made fully compatible with the ESG.

Bosnia and Herzegovina has signed and ratified the Lisbon Recognition Convention. The ENIC centre (the Center for the Recognition of Qualifications in Higher Education (CIP) operates in Mostar. The project aimed at implementing the Lisbon Convention and harmonising legislation on the recognition of foreign higher education qualifications was completed in 2023. The HEA is the authorised accreditation authority for all of Bosnia and Herzegovina, and accreditation by the HEA is a fundamental criterion for the evaluation of diplomas obtained in

foreign countries. In terms of student mobility, Bosnia and Herzegovina became a member of the CEEPUS programme in 2007. In 2023, 120 incoming and 398 outgoing CEEPUS mobilities were carried out. The Internationalisation of Higher Education, STINT project, which began in January 2016, aims to improve academic mobility in line with the Lisbon Recognition Convention.

The Priorities for the Development of Higher Education document, adopted for the 2016–2026 period, defines seven key priorities: good governance, resources, labour market connection, quality standards, student experience, internationalisation, and statistics. In 2023, cooperation agreements were signed under the projects Supporting European Quality Assurance Agencies in Meeting the ESG – SEQA ESG II and Strengthening Capacities for Quality Improvement in Higher Education – SMEQA. The higher education system in Bosnia and Herzegovina continues to make steady progress towards integration into the European Higher Education Area, despite facing coordination challenges due to its multi-tiered structure.

A. GOVERNANCE AND QUALITY

A.1. GOVERNANCE AND QUALITY

A.1.1. Governance model and administrative structure (ESG 1.1)

Evidence

IUS was established in 2003 and operates under the accreditation decision of the Ministry of Science, Higher Education and Youth of Sarajevo Canton, in line with the Law on Higher Education in Sarajevo Canton, with institutional accreditation valid until 2029. The governance framework is set out in *Statute of International University of Sarajevo* and reflected in *IUS Organisational Chart* and key institutional regulations (including *the Book of Rules on Labour Relations*). It is implemented through the Founder, the Board of Trustees, the Rector and Vice-Rectors, the Senate, and the Secretary General with deputies, supported by the University Secretariat.

The Board of Trustees serves as the principal governing body, with documented membership and appointment arrangements, participation rules for senior executives, and operating procedures. The Senate is the highest academic body, with regulated composition and representation, including student members appointed through Student Parliament election outcomes and provisions encouraging gender balance.

Responsibilities are distributed across strategic, financial and academic matters. The Board of Trustees adopts financing and development plans, approves annual work and financial reports, determines tuition and fees, and decides on the establishment or abolition of organisational units. The Senate adopts curricula and academic regulations, approves study rules, proposes workload arrangements and, among others, adopts the academic calendar. The Rector executes Board of Trustees decisions and manages operations, including the authority to suspend unlawful faculty decisions and to report through formal governance channels.

Governance is supported through institutional and faculty-level bodies with defined mandates, including the Strategic Management Body (SMB), Ethics Council, University Council / Internal Quality Assurance Committee (IQAC), Graduate Council, and faculty bodies such as Faculty Councils, Deans, Vice-Deans and Programme Councils. The Strategic Development Office (SDO), formerly the Quality Assurance Office, is positioned as the central unit supporting internal quality assurance and quality management coordination.

Evidence from learning and teaching processes indicates that decision pathways are used in practice: proposals and major academic decisions follow multi-tier routes (e.g., Curriculum Committee to Faculty Councils to Senate), with decisions finalised with an affirmative opinion of the Board of Trustees, supported by documented workflows and decision records. Operational monitoring is also supported through standing bodies such as the Curricula Committee, the Publishing Activities Committee, and the SDG Executive Committee.

Analysis

There is evidence of a governance model with defined bodies, roles and decision scopes, implemented across the institution and supported by the Secretariat structure and specialist offices/centres. Governance arrangements operate at both institutional and faculty levels and enable distributed decision-making through established bodies. The separation of strategic and academic governance channels (Board of Trustees and Senate) provides clarity in decision pathways, while the Strategic Development Office offers an identifiable institutional anchor for internal QA support.

Site-visit evidence indicates that regular coordination meetings took place and that open communication practices support day-to-day governance effectiveness. At the same time, observations suggest that some effectiveness depends on informal routines and the concentration of responsibilities across key individuals, which may pose a sustainability risk during leadership transitions.

Compared with the strong process chains evidenced within the university (e.g., multi-step programme development and approval pathways), governance would be further strengthened by ensuring that follow-up arrangements are consistently visible in governance outputs. In particular, clearer presentation of actions linked to decisions, defined monitoring points, and completion evidence would enable an informed reader to trace governance decisions through to outcomes without inference.

Evaluation Team commendation I

The Evaluation Team commends the institution for maintaining accessible leadership and regular coordination practices that support timely communication and effective operational coordination across organisational units.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the visibility of the “Check–Act” stages in governance by routinely summarising, within governance outputs, what was reviewed, what was decided, and what follow-up actions were completed, thereby enabling clearer evidence of progress across cycles.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution ensures governance and leadership review outputs (including post-accreditation actions and external review outcomes) are translated into clearly recorded follow-up actions with defined review points and verifiable completion evidence, enabling traceable closure of the PDCA cycle.

Evaluation Team Conclusion for Maturity Level: 3

The institution has leadership practices that complement the development of quality assurance system and culture throughout the entire institution.

A.1.2. Governance (ESG 1.1)

Evidence

Internal quality assurance is presented as a core element of IUS governance and strategic management. The *QA Rule Book (“Establishment and Development of the Internal System of Quality Assurance and Quality Management at IUS”)*, adopted by the Board of Trustees in 2019, sets out principles, policies and procedures for quality assurance and quality management. The institution reports that the quality policy is implemented through internal regulations and mechanisms and is periodically evaluated and revised.

The institution reports successful national institutional accreditation, with current accreditation valid until 28 August 2029, and indicates that external review outputs inform its post-accreditation Action Plan for Quality Improvement 2024–2029. Leadership and governance bodies are described as using review outputs to inform strategic and operational priorities, including areas such as research development, internationalisation, inclusion, and cooperation with industry. Evidence referenced by the institution includes the Quality Policy, QA Rule Book and the Quality Improvement Action Plan.

Analysis

Leadership engagement with quality assurance was observed during the site visit, with evidence of active ownership and motivation to strengthen the QA system and quality culture. Leadership actions appear aligned with institutional priorities, and decision-making is linked to quality and strategic objectives through action planning and follow-up. Site-visit observations and stakeholder feedback also indicate accessible and effective communication between academic and administrative units and the governing body, including regular interaction between management and programmes and an open-door culture.

There is also evidence that leadership frames internal quality assurance as part of institutional governance and links quality arrangements to strategic priorities through defined policy instruments (*Quality Policy and QA Rule Book*) and their improvement plan. This positioning suggests that quality assurance is intended to function as an integrated element of institutional decision-making rather than as a parallel activity.

However, evidence also suggests that effectiveness partly depends on informal interactions and key individuals rather than consistent application and routines. In addition, performance monitoring of governance and leadership approaches is not yet sufficiently systematic (e.g., a defined, small KPI set and regular review). Evidence of systematic evaluation of leadership approaches and follow-up mechanisms (including documented review outputs and resulting improvements) remains limited. The links between decisions, institutional risks, and corrective actions are not consistently consolidated and tracked across cycles. Strengthening these mechanisms would reduce reliance on personality-driven processes and improve consistency and resilience.

In addition, while the institution describes a broad set of improvement outcomes, the evidence base would be strengthened by presenting a small number of concrete examples where leadership review outputs resulted in implemented changes, linked to decision records or documented follow-up.

Evaluation Team Commendation I

The Evaluation Team commends the institution's efforts to position internal quality assurance as a strategic governance priority through defined policy instruments and post-accreditation planning, supporting the development of a quality culture across institutional functions.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the visibility of the "Check-Act" stages in governance by routinely summarising, within governance outputs, what was reviewed, what was decided, and what follow-up actions were completed, thereby enabling clearer evidence of progress across cycles.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution ensures governance and leadership review outputs (including post-accreditation actions and external review outcomes) are translated into clearly recorded follow-up actions with defined review points and verifiable completion evidence, enabling traceable closure of the PDCA cycle.

Evaluation Team Conclusion for Maturity Level: 3

The institution has leadership practices that complement the development of quality assurance system and culture throughout the entire institution.

A.1.3. Institutional transformation capacity (ESG 1.1)

Evidence

IUS describes an agile governance approach intended to support responsiveness to internal and external opportunities and risks. A structured system for developing, implementing and monitoring strategies and action plans has been in place since 2011, supported by internal regulations and progress tracking, including the *Report on Strategy Plan Implementation 2022*. Oversight of strategy implementation is assigned to the Strategic Management Body, chaired by the Rector, which monitors action plan implementation, proposes improvement measures, and reports to the Board of Trustees. It is evidenced that monitoring draws on multiple inputs, including KPIs, action plan indicators, SWOT analysis, focus groups and satisfaction survey outputs.

Transformation capacity is also reflected in efforts to strengthen research activity and visibility, supported through documented mechanisms as evidenced in *Book of Rules on Incentives Policy and Financial Support for Full-Time Academic Staff* and also as part of the discussions in the site visit.

Evidence from programme development processes further indicates the institution's ability to translate strategic intent into implementation. Programme proposals are supported by documented rationales and inputs such as needs analysis, alignment with cantonal strategy, SDG contribution, employability considerations, international comparability/innovation, qualifications framework alignment, internship/practice infrastructure, and structured curriculum/course-plan components. Decision pathways are supported through workflow documentation, governance decisions and correspondence, and the availability of course information packages.

Digitalisation efforts through an integrated e-campus approach aligned with the strategic plan, and participation in SDG-related activities and selected ranking/benchmarking frameworks (where applicable), provide additional external reference points for institutional development.

Analysis

The institution demonstrates a purposeful transformation agenda supported by strategic planning and monitoring structures and periodic progress tracking, providing a governance basis for managing change across institutional functions. Research development and visibility ambitions are linked to documented support mechanisms, and programme development evidence shows structured translation of priorities into delivery through stakeholder inputs, benchmarking considerations and documented governance steps. Digitalisation initiatives and the use of selected external reference points reinforce an outward-facing orientation to institutional development.

At the same time, site-visit evidence indicates that transformation capacity is constrained by human resource factors, including workload patterns and a limited doctoral pipeline. These constraints may increase reliance on individual effort and can slow the pace and consistency of change, particularly in areas requiring sustained capability-building (e.g., strengthening research culture and longer-term research visibility). Strengthening how resourcing and pipeline planning connect to transformation priorities and improving the visibility of follow-up and completion evidence for major initiatives would support more consistent delivery across cycles and reduce vulnerability during periods of transition.

Evaluation Team commendation I

The Evaluation Team commends the institution for establishing strategic planning and monitoring structures, including progress tracking and defined governance ownership through the Strategic Management Body, providing a coherent framework for steering institutional transformation.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens external benchmarking within its indicator set by using relevant international ranking/benchmarking frameworks (where

appropriate and methodologically aligned) as reference points and integrating the resulting indicators into regular management review cycles.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces transformation capacity by linking strategic monitoring outputs systematically to prioritised follow-up actions with defined review points and documented completion evidence, enabling clearer oversight of delivery across cycles.

Evaluation Team recommendation II

The Evaluation Team recommends that the institution strengthens the resilience of its transformation agenda by aligning resourcing and workforce planning with institutional priorities (including doctoral pipeline development and supervision capacity), reducing reliance on individual effort and supporting sustained implementation over time.

Evaluation Team Conclusion for Maturity Level: 3

The change management approach is expanded throughout the institution and being carried out holistically.

A.1.4. Internal quality assurance mechanisms (ESG 1.1)

Evidence

It is evidenced that an internal quality assurance system designed to enhance quality across teaching and learning, research and development, service to society, and governance and administrative processes. The QA Rule Book sets out internal QA mechanisms aligned with the PDCA cycle, with planning informed by internal and external stakeholder inputs. Mechanisms referenced include self-evaluations, external accreditations and audits, stakeholder satisfaction surveys, SWOT analyses, risk assessments and related analyses, with implementation supported through short- and long-term action and financial plans aligned to the Strategic Plan.

The Strategic Development Office, established as an independent body within the Rectorate and overseen by the Rector, is described as the central unit supporting internal QA. Its functions include proposing internal QA regulations, coordinating external QA activities, promoting quality culture activities, processing curriculum change requests, conducting stakeholder surveys, compiling End-of-Year reporting, maintaining the study programme register, and supporting stakeholders in quality enhancement activities and these exemplifies the efforts for monitoring and improving processes and mechanisms. The institution also reports that the SDO supports the ISO 9001:2015 Quality Management System implementation.

Governance ownership for QA is described as shared across the Board of Trustees, Rector and Senate, the Internal Quality Assurance Committee (University Council/IQAC), Faculty Councils and organisational units (through data submission, reporting and action planning). Concrete follow-up evidence cited includes a Rector Decision resulting in changes to the student survey form.

Analysis

There is evidence of an internal QA framework with defined mechanisms, assigned responsibilities and central coordination through the SDO. The breadth of instruments described (surveys, self-evaluation, audits, risk assessment and external review) provides multiple inputs that can support evidence-informed decision-making, monitoring and improvement across the institution.

The Rector's Decision to revise the student survey form provides a specific example that review outputs can result in an implemented change to a QA instrument, supporting the visibility of follow-through beyond data collection.

A development area is to make the improvement chain more consistently visible across organisational levels by strengthening how follow-up actions are recorded and how completion/outcomes are evidenced over time. This would support comparability of PDCA traceability across units and enable clearer demonstration of how different improvement sources (e.g., internal reviews, audits, external evaluation and risk inputs) translate into coordinated actions and outcomes.

Evaluation Team commendation I

The Evaluation Team commends the institution for operating an internal quality assurance system supported by a dedicated central unit and a defined set of quality instruments, enabling quality assurance to be embedded across institutional functions and supporting continuous improvement.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the visibility of internal QA outcomes by routinely summarising, for selected cycles, which inputs were reviewed (e.g., surveys, audits, external reviews, risk analyses), which actions were agreed, and what evidence demonstrates completion and effects, enabling stakeholders to follow the PDCA cycle without inference.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the traceability of internal QA follow-up by consolidating actions arising from major quality inputs (internal evaluations, audits, external reviews and risk-related analyses) into a clear, institution-wide follow-up view with monitoring points and verifiable closure evidence.

Evaluation Team Conclusion for Maturity Level: 4

The internal quality assurance system mechanisms are monitored and improved with the relevant stakeholders.

A.1.5. Public disclosure and accountability (ESG 1.8)

Evidence

Publicity of work is a governance principle defined in the *Statute* and supported through institutional documentation including the *Communication Strategy* and the *Rulebook on Publicity of Work*. The institution communicates publicly through its website and media, with official announcements issued by the Rector or an authorised representative. The official website provides information on programmes, research, events and institutional activities, including news and event reporting and a virtual tour of the campus. The institution reports using multiple channels to support external communication (website and social media platforms) and provides information in Bosnian, English and Turkish.

The University Communication Office (UCO) is identified as the responsible unit for internal and external communication, regulated through Policy Regulations on Public Relations and Communication. The institution also reports structured outreach activities such as the annual Open Door Day, and routine internal communications to staff and students through emails, notices and other channels.

Analysis

There is evidence that public disclosure and accountability mechanisms are in place and supported by defined responsibilities, documented communication arrangements, and multi-channel public information provision. Multilingual communication and structured outreach activities support accessibility for different stakeholder groups and contribute to transparency. It was observed that these practices are present and functional through public-facing communication channels that provide stakeholder information evidenced in the institutions website and e-campus system

The website of the institution provides accurate, up-to-date, relevant and easily accessible information, and the mechanisms to continue these practices are available. The institution demonstrates awareness of compliance expectations and operationalises many disclosure requirements through existing reporting and communication routines. Internal and external accountability methods of the institution are designed and implemented. These are systematic and carried out within the framework of the announced calendar, and those in charge are clearly defined. Their effectiveness is evaluated with the received feedback from stakeholders. The relations of the institution with external stakeholders, associated local administrations, other universities, public institutions, non-governmental organizations, industrial organizations and local people in its region are maintained through collaborations and evaluated surveys.

To strengthen accountability and trust, disclosure practices would benefit from ensuring that privacy-sensitive information is consistently protected across communication workflows. This can be addressed as a targeted improvement within the existing communication framework, maintaining transparency while reinforcing privacy-by-design in day-to-day practice.

Evaluation Team commendation I

The Evaluation Team commends the institution for providing accessible public information through multi-channel and multilingual communication arrangements, supporting transparency for diverse stakeholder groups.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces accountability in disclosure practices by ensuring that public-facing communication workflows consistently include appropriate safeguards for privacy-sensitive information, maintaining transparency while reducing recurring privacy risk.

Evaluation Team Conclusion for Maturity Level: 3

The institution operates public disclosure and accountability mechanisms in line with its defined processes.

A.2. MISSION AND STRATEGIC GOALS

A.2.1. Mission, vision and policies (ESG 1.1)

Evidence

The institution has defined mission and vision statements that are publicly available on the University website and understood by staff, and a policy framework that is communicated across the institution. It was observed during the site visit that the institution's mission, vision, and strategic direction are discussed with stakeholders. Stakeholder Satisfaction Survey results (QA, May 2024) indicate awareness of mission and vision among staff (86% of academic staff and 92% of non-academic staff).

The stakeholder survey inputs (students and other stakeholders) are used to inform management decisions and introduce new policies. For example, during the site visit, it was evident how mission and vision guide programme development, partnerships and policy decisions. Examples from the institution, include the establishment of more than 21 double diploma programmes and the Faculty of Medical Sciences (established in 2024) with partner universities in Türkiye and it aligns with their vision of fostering internationalisation. The institution also reports partnerships with leading technology companies in Bosnia and Herzegovina to support educational innovation and this aligns with the institutions vision of promoting regional cooperation and educating future leaders. It was observed during the site visit that the internal and external stakeholder input is contributing the planning, doing and checking stages of the institution's strategic plan, mission and vision statements. For example, the establishment of the Innovation and Entrepreneurship Center to support industry

partnership and applied knowledge objectives of the institution discussed with the stakeholders during meetings. However, awareness is more limited in terms the recent developments. Also, external recognition of sustainability-related work is referenced through participation/visibility in frameworks such as UI GreenMetric and THE Impact Ranking (where applicable), supported by the GreenMetric certificate and these are achieved with collaboration with and contribution of the stakeholders. All these efforts are in alignment with the strategic plan and specifically with the vision and the mission of the institution.

Analysis

There is evidence that mission and vision are communicated publicly and are understood by staff groups, supported by stakeholder survey results. The examples provided indicate that mission and vision are used as reference points in institutional decisions, including programme portfolio development, partnership building and the establishment of organisational structures supporting innovation and entrepreneurship. External reference points in sustainability-related rankings further indicate an outward-facing orientation aligned with stated commitments.

To strengthen evaluative clarity, the mission/vision-to-policy link would benefit from more consistent presentation of how stakeholder inputs are translated into specific policy revisions and how these changes are reviewed over time and going beyond informing them at the initial stages at holistic level. Keeping a record of a small number of concrete “review-to-change” examples (what input was reviewed, what policy/tool was updated, and what evidence shows implementation) would be useful.

Evaluation Team commendation I

The Evaluation Team commends the institution for communicating its mission and vision publicly and engaging stakeholders in shaping strategic direction, supporting broad awareness and alignment of institutional initiatives with stated priorities.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the visibility of mission/vision implementation by periodically summarising key stakeholder inputs and the resulting policy or practice changes, enabling stakeholders to see how institutional direction is translated into action over time.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the evidence base for mission and policy implementation by ensuring that selected policy revisions and related follow-up actions are consistently documented and communicated, enabling clearer traceability from stakeholder input to implemented change.

Evaluation Team Conclusion for Maturity Level: 3

There are practices in compliance with mission, vision and policies throughout the institution.

A.2.2. Strategic goals and objectives (ESG 1.1)

Evidence

The IUS 2022–2026 Strategic Plan is formally adopted and publicly accessible via the University website. The institution reports a defined system for developing, implementing and monitoring strategies and action plans, supported by internal regulations that describe procedures, responsibilities and reporting lines. Strategic oversight is assigned to the Strategic Management Body (SMB), chaired by the Rector, which monitors implementation, reviews progress against the Action Plan, and reports to the Board of Trustees.

The institution reports that strategic planning involves consultation with multiple stakeholder groups including the Founder, members of the Board of Trustees, academic and administrative staff, students and industry representatives. Stakeholder survey inputs used during strategy development reportedly confirmed core values and highlighted priorities such as deeper industry partnerships, increased practice-oriented teaching, labour-market-relevant programme development, strengthened career counselling, a stronger applied research orientation and improved recognition of diplomas beyond Bosnia and Herzegovina. These inputs are described as informing strategic priorities and operationalisation through the Action Plan.

The Strategy is operationalised through an Action Plan that includes operational objectives, measurable indicators, deadlines and risks. Implementation monitoring is evidenced through the Decision on Procedures for Developing, Adopting and Implementation of IUS Strategy and through reporting routines discussed during the site visit. The institution submitted a Strategy Implementation Report for 2022 to the Cantonal Ministry, and reported that SMB provides implementation reporting to the Board of Trustees together with proposals for preventive and corrective measures where risks or underperformance are identified.

Monitoring is observed with the use of KPIs and operational indicators in areas such as enrolment, graduation rates, research output, student satisfaction and selected resource indicators, alongside academic performance, financial data and stakeholder feedback. During the site visit, IUS described annual review routines where monitored results are discussed, priorities are reconsidered where needed, and follow-up actions are proposed through governance channels for improvement. It was also evidenced that the examples where monitoring signals resulted in follow-up decisions, including adjustments to recruitment and outreach approaches in response to enrolment trend monitoring, the prioritisation of partnership models supporting international visibility and recognition (including double diploma arrangements), and targeted actions to strengthen industry engagement and employability-related practices in response to stakeholder feedback indicating a need for more structured and sustainable collaboration with industry.

In addition, the institution noted that growth-related pressures are increasingly relevant as demand increases, including learning spaces, library capacity, infrastructure needs and doctoral pipeline constraints. These issues were described as part of the risk-aware strategic

monitoring context and were discussed during the site visit as areas that require clearer targets, timelines and resourced roadmaps within the strategic plan implementation cycle.

Analysis

There is evidence of a structured strategic planning approach supported by defined procedures, stakeholder consultation and an oversight mechanism through SMB linked to formal governance reporting. Strategic goals are articulated through the Strategic Plan and operationalised through an Action Plan that includes indicators, deadlines and risks, which supports a systematic approach to implementation monitoring. Reporting to both the Board of Trustees and the Ministry provides accountability and demonstrates that monitoring outputs are reviewed within formal governance channels rather than remaining at an operational level only.

The evidence also indicates that monitoring and reporting are not limited to data collection but are intended to support decision-making and follow-up. Annual review routines described during the site visit, together with the reporting structure whereby SMB submits proposals for preventive and corrective measures, provide a basis for closing the PDCA loop at the strategic level. Examples cited by the institution, such as adapting recruitment and outreach approaches based on enrolment trend monitoring, prioritising partnership models aligned with international recognition objectives, and strengthening employability and industry engagement practices in response to stakeholder inputs, are consistent with an improvement-oriented use of monitoring outputs. These examples strengthen the credibility of a Level 4 judgement by demonstrating that monitoring is used as an input to strategic adjustment and action.

At the same time, evaluative clarity would be strengthened by more consistent presentation of the monitoring-to-improvement chain in a consolidated and easily traceable way. In particular, the evidence base would be more robust if a concise annual summary routinely captured what was reviewed, which strategic priorities or objectives were adjusted, what follow-up actions were agreed, and what evidence demonstrates progress or completion over time. This would make the “output reflected in future plans” dimension more visible to an informed reader and reduce reliance on narrative inference.

In addition, the growth-related pressures referenced during the site visit would benefit from being embedded more explicitly into the strategic implementation cycle with defined targets, timelines and resourcing assumptions. Making these pressures visible as monitored strategic risks, linked to prioritised actions and follow-up review points, would further reinforce feasibility and strengthen resilience of implementation as demand increases, particularly in areas such as learning spaces, library capacity, infrastructure planning and the doctoral pipeline supporting research sustainability.

Evaluation Team commendation I

The Evaluation Team commends the institution for establishing structured strategic planning and monitoring arrangements, including stakeholder consultation and Strategic Management Body oversight, enabling periodic review and formal reporting through governance channels.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens stakeholder visibility of strategic implementation by communicating concise annual summaries of key review findings and resulting priority shifts, enabling clearer understanding of how monitoring informs future planning.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in strategic management by ensuring that annual reviews consistently translate into documented follow-up actions with defined review points and verifiable evidence of progress/completion, and by embedding growth-related pressures into strategic implementation through explicit targets, timelines and resourcing assumptions.

Evaluation Team Conclusion for Maturity Level: 4

The institution monitors the implementation of its strategic plan and evaluates it with the related stakeholders; the output is reflected in the institution's future plans.

A.2.3. Performance management (ESG 1.1)

Evidence

Performance-based management is described as operating through a holistic approach aligned with institutional strategic goals. The institution reports that data accuracy and reliability are supported by the Strategic Development Office and information systems. The QA Rule Book and its annexes define data types, collection methods, processing and interpretation through KPIs suited to the institutional context. Performance monitoring is embedded in management reporting and annual/periodic review cycles evidenced in *IUS End of Year Report* and also in *Book of Rules on Incentives Policy And Financial Support For Full-Time Academic Staff*.

The Strategic Development Office publishes an internal End-of-Year (EoY) Report annually. The institution reports that the EoY compares internal statistical data and institutional performance with publicly available higher education statistics, supporting internal QA and management decision-making. EoY content includes student-related data, teaching data, GPA/CGPA distributions, research and artistic outputs, projects, internationalisation and mobility, student survey results and institutional ranking information for the previous academic year. KPIs track strategic progress and operational performance in several areas evidenced in *Action Plan goals (2024-2029)*. The institution also publishes the Management Review Report 2023 (ISO 9001:2015) as part of its performance management evidence set.

Analysis

There is evidence that performance management is supported by defined KPI-based monitoring and periodic reporting through internal instruments (EoY and ISO-related management review). The breadth of performance data described provides a basis for identifying trends and informing decisions across core institutional functions.

Performance management is embedded in management reporting and annual/periodic review cycles, supporting evidence-informed decision-making as discussed in the evidence section. KPIs are used to track strategic progress and operational performance in several areas, indicating structured monitoring routines. However, maturity would be strengthened by extending KPI coverage to cross-cutting processes where gaps are evidenced (complaints/appeals turnaround and service response times) and by linking these indicators more systematically to corrective actions and continuous improvement cycles, including closure evidence and recurring-cause analysis where relevant.

Evaluation Team commendation I

The Evaluation Team commends the institution for supporting performance management through KPI-based monitoring and annual reporting instruments, enabling evidence-informed discussion of performance across institutional functions.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens transparency of performance management by routinely highlighting, within review outputs, a small number of priority findings and the resulting improvement actions, enabling clearer visibility of follow-up across cycles.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in performance management by ensuring that key performance review outputs translate into documented follow-up actions with defined monitoring points and verifiable completion evidence and, where feasible, evidence of outcome effects.

Evaluation Team Conclusion for Maturity Level: 4

The institution monitors performance indicators and performance management mechanisms' efficiency and makes improvements based on the follow-up process results.

A.3. GOVERNANCE SYSTEMS

A.3.1. Information management system (ESG 1.7)

Evidence

IUS reports maintaining an integrated information management environment that supports academic and administrative operations and quality management. Core systems include the

Student Information System (SIS), managed by the Student Affairs Office, and the e-campus platform developed by the University IT Center. SIS is used for key student and teaching process data (e.g., enrolment status, attendance, course registration, schedules, grading, performance, and staff-to-student/course ratios), and supports reporting to internal stakeholders.

E-campus is developed in-house with an open-source system which is used for multiple institutional processes, including updating and archiving course syllabi, collecting and supporting evaluation data related to academic staff performance, and functioning as an electronic database supporting HR processes. The institution reports that QA-related monitoring supports data entry and reporting through these systems and that the e-campus continues to evolve through addition of new functions. E-campus system's open-source, flexible coding infrastructure, modular structure, and easy scalability, which combines a wide range of future-oriented data and integrates existing systems through data services, has been positively received and feedback from the staff collected during the site visit exemplifies the support for the use of e-campus. To support the staff and students while using the system, manuals are published. For example the IUS e-campus *Syllabus Update User Manual* regarding syllabus updates via e-campus is available for staff. However, the e-campus system is predominantly designed and run by one senior staff and supported by temporary interns.

The institution's e-campus platform provides easy access to the course syllabus information for the current week, with Turkish and Bosnian translation available under the "This Week at IUS!" Module. It also includes a Workload Module containing course capacity information, student information, etc., Course Schedules and Inactive Course Schedules Module showing active and passive course tracking information, and Textbooks Module containing information on main and supplementary resources. Regarding administrative processes, the system includes a Leave Module that tracks the types of leave available to academic and administrative staff (annual leave, unpaid leave, maternity leave, sick leave, conference participation, Erasmus+, professional development, etc.) and provides information on how academic staff can make up their classes if they have any; a Human Resources Module that includes employee contract information (start and end dates, visa status, employment type (full-time-part-time), sending messages for upcoming birth dates, employee campus entry and exit information, job applications); and an Office Hours Module that includes working hours information. Additionally, the system includes a Strategic Management Module where KPIs from the strategic plan are entered, updated, and future performance data is entered, allocated and utilized budget information is tracked, and unit and 5-year trends can be compared. The Curricula Module, which tracks faculty members' curriculum change requests and includes board and committee decisions, the Academic Evaluation Module, which allows faculty members to track their performance calculated through Teaching, Research, and Service scores (student satisfaction survey data entered via SIS is used to calculate the performance score), includes survey reports, allows activities to be linked to SDGs, and enables comparisons of performance with previous years, and the Researcher Module (e-campus Scholars), which is in Beta 1.0 version, includes research data from Google Scholar, OpenAlex, Scopus, Crossref, ORCID, DOAJ, and Unpaywall (citation numbers, SCIMAGO journal quartile information, SJR index, open access status), bibliometric analysis of research topic connections that can be used in interdisciplinary studies, and field taxonomy (4 domains, 23

fields, 123 subfields, 484 topics). In addition to these modules, the Alumni Students Module, which holds information on 3390 registered students (registration must be completed at least 7 weeks prior), their major, employment status, nationality and country of origin, LinkedIn account, and contact information, and the Publications Module, which contains metadata, patent information, and keyword lists for IUS publications, are also used.

Additional systems and tools are also used including a website-based data entry application for publications; a contracts/enrolment renewal system integrated with SIS (including monitoring of residence permit-related obligations for international students); an online scholarship testing application platform; library management and journal systems; and Turnitin licences supporting authenticity checks. The institution describes the underpinning IT infrastructure (servers, virtualisation, storage/backup, firewall protection and network solutions) and reports that the IT Office provides support services and system security, confidentiality and reliability. There is also an agreement with Microsoft in place.

Analysis

There is evidence that information systems are embedded in primary institutional processes and provide a basis for collecting, processing and reporting data to support management and quality assurance activities. The range of systems described indicates capacity to support operational efficiency and transparency, and the integration of SIS-linked platforms (e.g., enrolment/contract systems) supports data continuity across functions.

While the e-campus system which developed in house provides substantial operational support, the concentration of software development and maintenance responsibilities in a single staff member presents a sustainability risk. It is recommended that systematic mechanisms be established for the software project cycle with further risk aversion.

The e-campus application allows many of the institution's activities to be carried out in an integrated manner, significantly contributing to the institution's sustainable vision. It is also believed that this application will significantly contribute to university-industry collaboration for the institution, which is in the process of establishing a technopark. However, the fact that the researcher module is in beta version and the registrations in the alumni module were made recently imposes limitations in terms of traceability.

To strengthen evaluative clarity, the information management system would benefit from clearer visibility of shared expectations for data quality, access control and consistent use across units, so that management information remains reliable for performance monitoring and decision-making. In addition, given the breadth of platforms and workflows, maintaining consistent privacy-aware practices within routine communications and access permissions remains an important improvement theme for institutional trust and accountability.

Evaluation Team commendation I

The Evaluation Team commends the institution for maintaining a multi-system information environment (including SIS and e-campus) that supports core academic and administrative processes and provides a foundation for reporting and quality management.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens information governance by making shared expectations for data quality, access control and consistent use across units more explicit, enabling more reliable management information for monitoring and improvement.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the reliability and comparability of management information by defining and applying a shared approach to data ownership, data quality checkpoints and access permissions across core systems, and by strengthening information security and business continuity arrangements (including for extraordinary circumstances) through formalised responsibilities, testing and periodic review.

Evaluation Team Conclusion for Maturity Level: 3

The institution maintains an integrated information management system that supports the primary processes (learning and teaching, research and development, service to society, quality assurance).

A.3.2. Human resources management (ESG 1.5)

Evidence

Human resources management operates in line with the IUS Statute and the Higher Education Law in Sarajevo Canton. The Board of Trustees adopts the Book of Rules on Labour Relations, while the Rector proposes improvement measures and makes decisions on the establishment and termination of employment, as well as related rights and obligations, in accordance with legal requirements and strategic planning considerations.

Administrative support for staff is provided by the HR Office, which offers advisory services on labour relations for both domestic and international employees. The HR Office collects and manages staff data (e.g., gender, age, academic title and length of service). The institution reports targeted recruitment strategies to attract staff aligned with its mission and vision, alongside retention supports such as employee benefits and Erasmus+ exchange opportunities. At the same time, it notes challenges in attracting and retaining highly qualified academic staff within the wider economic context. The institution also describes an academic performance evaluation system intended to align individual goals with institutional objectives and to recognise contributions.

The e-campus system supports HR functions such as annual leave, sick leave and elements of performance management, and HR-related processes are reported to be periodically updated and improved. Management reports awareness of workload and operational requirements and monitors staff performance across research, teaching, service and overall contribution.

During the site visit, stakeholders highlighted that recruiting high-quality academic staff from outside the institution's graduate base can be challenging for some faculties. Measures discussed included widening recruitment channels (e.g., increased use of international academic recruitment platforms). Stakeholders also noted that a high proportion of internal recruitment is, in part, associated with these recruitment constraints.

Analysis

There is evidence that HR management is supported by defined regulations, governance roles and an operational HR unit providing administrative and advisory services. The collection of staff profile information provides a basis for monitoring workforce composition, while performance evaluation arrangements indicate an intention to align staff contribution with institutional priorities.

To strengthen the improvement chain, HR management would benefit from clearer visibility of how monitoring outputs (e.g., evaluation findings, staffing risks and retention pressures) translate into follow-up actions and workforce planning decisions over time. In addition, where recruitment constraints influence workforce composition, clearer linkage between recruitment monitoring and planned mitigation actions would support resilience and continuity across cycles.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens visibility of HR-related improvement follow-up by periodically summarising key workforce monitoring findings and resulting actions (e.g., recruitment priorities, staff development focus, retention measures), enabling clearer traceability of HR decision-making over time.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces workforce planning and follow-up by linking performance evaluation outputs and staffing risk information more consistently to documented HR actions and review points, enabling sustained capacity-building and improved resilience across cycles.

Evaluation Team recommendation II

The Evaluation Team recommends that the institution strengthens resilience where recruitment is constrained by widening and diversifying recruitment pipelines and strengthening structured integration/onboarding supports for newly appointed staff, enabling improved continuity and academic diversity over time.

Evaluation Team Conclusion for Maturity Level: 3

The human resources management practices are maintained in line with the defined processes throughout the entire institution.

A.3.3. Financial management

Evidence

IUS reports that financial management is formalised through documented procedures and a transparent budget planning cycle coordinated by the Finance Office under Rectorate supervision. Income sources include tuition fees, founder contributions, research and service activities, donations and other lawful revenue streams. The Board of Trustees adopts the annual financial plan and financing plans upon the Rector's proposal, and the Founder adopts the University budget for the following academic year.

The institution uses a participatory annual budget planning and consolidation process in which faculties and administrative units submit detailed requests linked to programme delivery, research, HR and infrastructure needs. These inputs are consolidated by the Finance Office into a University Financial Plan aligned with strategic priorities (student-centric, research-centric and global citizenship goals) and reviewed/approved through governance channels. Monitoring includes budget utilisation reporting, variance analysis, quarterly financial reports and annual financial performance review.

The institution reports 2024 expenditure of EUR 5,739,154 for educational and supportive services, a total 2024 budget of EUR 6,531,067, and an expenditure realisation rate of 87%. An example investment practice is described in relation to laboratory infrastructure upgrades during the expansion of the Faculty of Engineering and Natural Sciences, which the institution states was monitored through periodic financial and performance reporting (including quarterly reporting). However, the evidence set does not provide documented examples showing how the results of this monitoring translated into specific corrective actions, revisions, or reallocation decisions during implementation, nor does it provide closure evidence demonstrating what was changed as part of the "Act" phase.

Analysis

There is evidence that financial management processes are structured, participatory and linked to governance oversight, with monitoring mechanisms supporting accountability and informed decision-making. Financial planning supports institutional priorities and sustainability, contributing to operational stability and strategic planning. The planning cycle supports alignment between resource allocation and strategic priorities, while periodic reporting and variance analysis provide mechanisms for identifying deviations and supporting corrective decisions. The inclusion of budget and expenditure figures strengthens transparency of the financial management context.

At the same time, although the document clearly presents the existence and theoretical framing of the PDCA cycle, the evidence base remains limited in demonstrating the "Act" stage

through concrete, traceable examples of corrective actions taken in response to monitoring results. Monitoring and reporting are described, but the report does not consistently show how quarterly or annual review outputs are consolidated into recorded improvement decisions, how these decisions are implemented, and what closure evidence confirms that corrective measures were completed. This limits the reader's ability to follow the PDCA cycle end-to-end without inference.

This gap becomes visible in the example of the laboratory infrastructure upgrades linked to the expansion of the Faculty of Engineering and Natural Sciences. While the institution reports that the investment and related expenditures were monitored through periodic reporting (including quarterly reports), the documentation does not specify what adjustments were made as a result of those reports. For instance, it is not clear whether the monitoring triggered changes such as scope revisions, procurement adjustments, re-phasing of expenditures, reprioritisation of budget lines, or corrective actions to address cost, timeline, or utilisation deviations. In the absence of such documented "monitoring-to-corrective-action" examples, the improvement chain remains partially evidenced at the "Check" stage rather than demonstrably closed through "Act."

It is observed during the site visit that growth pressures such as library capacity and student accommodation are increasingly relevant and are reflected in medium-term financial planning discussions. To strengthen resilience, scenario and risk planning for key uncertainties (e.g., enrolment volatility, exchange rate risk, and extraordinary disruptions) would benefit from being consistently linked to documented decisions and follow-up actions, showing not only that risks are recognised and monitored but also that corrective and preventive measures are taken and tracked to closure where needed.

Overall, the institution demonstrates systematic financial stewardship and functional monitoring routines; however, maturity would be strengthened by more consistently documenting how monitoring outputs lead to specific corrective actions and by presenting closure evidence showing the outcomes of those actions, including for major investments. Without such "Act" evidence, the PDCA cycle remains visible as a design principle but not yet reliably evidenced as a complete, repeatable practice in financial management across cycles.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens institutional learning from major investments by ensuring that monitoring outputs are routinely translated into documented adjustment decisions and communicated within periodic financial review summaries.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in financial management by ensuring that periodic financial reviews consistently lead to recorded corrective and preventive actions with defined ownership,

timelines, review points and verifiable closure evidence, and that outcomes are verified over time.

Evaluation Team recommendation II

The Evaluation Team recommends that the institution should also strengthen scenario/risk planning within medium-term financial planning by linking identified risks to documented “Act” measures and subsequent review points, enabling a complete and evidence-based PDCA cycle.

Evaluation Team Conclusion for Maturity Level: 3

The financial resources management practices are maintained in line with the defined processes throughout the entire institution.

A.3.4. Process management (ESG 1.1)

Evidence

The institution adopts a process approach supported by the QA Rule Book and ISO 9001:2015-related practices, including staff training and internal quality audit activity. Process documentation is supported through process maps (e.g., General Secretariat process maps and broader process mapping evidence). The institution reports that processes are aligned with institutional goals and that resource-related inputs (including people/knowledge, information security, physical resources and employment plans) are discussed within management structures, with financial context influencing prioritisation.

Analysis

There is evidence that defined processes and process mapping practices exist and are intended to support efficiency and quality management across the institution. The ISO-aligned framing and internal audit approach provides a basis for process review.

To strengthen evaluative clarity and PDCA traceability, process management would benefit from clearer visibility of how process monitoring outputs lead to prioritised improvement actions and how completion evidence is recorded across units. This would support comparability of process improvement practices and reduce reliance on informal arrangements when resources and stakeholder inputs are competing.

Evidence also indicates that KPI coverage is more limited for some cross-cutting processes (e.g., appeals/complaints handling and service response timelines), which can constrain measurement-informed optimisation and comparability across units.

Evaluation Team commendation I

The Evaluation Team commends the institution for applying a process approach supported by the QA Rule Book and ISO-aligned practices, including process mapping and internal audit activity, providing a structured basis for process review.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces consistency of process improvement across units by ensuring that process review outputs translate into documented actions with defined monitoring points and verifiable completion evidence, enabling comparability and institutional learning across cycles.

Evaluation Team recommendation II

The Evaluation Team recommends that the institution strengthens monitoring of priority cross-cutting workflows (including appeals/complaints handling and service response processes) by introducing a small set of shared indicators and reviewing these routinely, enabling measurement-informed optimisation and improved comparability across units over time.

Evaluation Team Conclusion for Maturity Level: 3

Defined processes are managed throughout the entire institution.

A.4. STAKEHOLDER INVOLVEMENT

A.4.1. Internal and external stakeholder involvement (ESG 1.8)

Evidence

It was observed during the site visit that understanding stakeholder needs is integral to the institution's quality assurance policy and is embedded across institutional processes. Communication with stakeholders is conducted through multiple channels, including the institutional website and social media channels, conferences and public events, surveys, memoranda of understanding (MOUs), and projects. The institution reports that the Strategic Development Office / QA function regularly collects student feedback on learning and teaching for each course and periodically conducts Stakeholder Satisfaction Surveys covering students, academic staff, non-academic staff and external stakeholders. External stakeholder perspectives are also gathered through graduate and alumni surveys, with survey procedures described in the QA Rule Book.

The institution also has an active engagement with external stakeholders through MOUs with industry partners, supporting collaboration, knowledge transfer, joint projects and student opportunities (internships and employment pathways). Student participation in governance and quality processes is supported by the Statute and by the student organisation SPIUS, which delegates representative students to university bodies (e.g., Senate, faculty councils, Ethics Council, and QA-related bodies). Students participate in decision-making through representation and voting rights within the rules of the bodies concerned. Student engagement is also supported through orientation activities, student clubs, and structured events such as the Day of Student Clubs. Additional student input channels include course evaluation surveys, grade appeal and petition routes, and physical and online "complaints and compliments" mechanisms.

Also there are examples where stakeholder inputs informed decisions, including refining student survey questions, the creation of a new Artificial Intelligence and Data Engineering programme based on industry input, and curriculum updates informed by graduate survey findings both evidenced in the documents and also observed during the site visit.

Analysis

Stakeholder involvement is active and structured. There is evidence of multiple stakeholder involvement mechanisms operating across internal and external groups and linked to institutional quality assurance arrangements. The breadth of channels (surveys, structured representation, MOUs, forums and informal engagement routes) supports participation and provides diverse inputs for review and improvement. Students engage through formal representation mechanisms and also informal channels, supported by a participatory culture and accessible communication practices within the organisation as observed during the site visit. Student representation through SPIUS and formal participation in governance bodies strengthens ownership and supports the development of a quality culture. External engagement through industry collaboration provides additional relevance inputs for programme development and employability-focused improvement. While the engagement is strong with stakeholders, it is observed during the fieldwork that personal networks have a strong role in this engagement process. Reducing reliance on personal networks by formalising key stakeholder engagement processes (clear responsibilities, response timelines, and documentation expectations), and ensuring engagement is managed consistently across units and over time may be beneficial for the organisation.

To strengthen the traceability of stakeholder involvement, evidence would be strengthened by more consistently visible follow-up records showing how key inputs are reviewed, prioritised and translated into actions, and how outcomes are communicated back to stakeholders. This would support comparability across units and reinforce that stakeholder involvement leads to demonstrable outcomes over time.

Evaluation Team commendation I

The Evaluation Team commends the institution's efforts to sustain active student participation in governance and quality processes through formal representation mechanisms and multiple feedback channels, enabling students to contribute to and enhance the quality culture.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the continuity and transparency of stakeholder engagement by periodically summarising key stakeholder inputs and the resulting decisions/actions, enabling stakeholders to see how engagement informs improvement across cycles.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the traceability of stakeholder involvement by adopting a shared approach to recording stakeholder inputs, reviewing them at defined intervals, and documenting resulting actions and verifiable

completion evidence, enabling clearer visibility of stakeholder influence on improvements over time.

Evaluation Team Conclusion for Maturity Level: 4

The operation of stakeholder involvement mechanisms is monitored and relevant improvements are made.

A.4.2. Student feedback (ESG 1.3)

Evidence

IUS systematically collects student feedback since 2011, including course and lecturer evaluations and feedback on services. Student feedback is collected for each course at the end of the semester through SIS tools as an official mechanism, and results are reported to the Rector. Following management discussion, the QA function prepares individual course-level survey reports for lecturers and uploads them to the e-campus (professor page), enabling academic staff to review results and consider improvements in course delivery. Student survey results also contribute to annual academic staff assessments. The institution reports that overall semester survey reports are discussed and adopted by the Senate.

It is evidenced through the documents and also observed during the site visit that the institution provides examples of changes informed by student feedback, including curriculum changes, survey format changes (from paper to online), expanded library hours, improvements in mental health and counselling services, enhanced career support, environmental initiatives, increased student involvement in research activities, and increased practical hours in teaching. The institution reports that outcomes are communicated back to students through SPIUS, reports and meetings.

Analysis

There is evidence that student feedback is collected through a structured, institution-wide mechanism (SIS) and that outputs are used in both individual staff reflection (course-level reports) and governance discussion (semester reports considered by the Senate). The described communication back to students through SPIUS and meetings supports transparency and supports the development of trust in feedback processes. The institution acts on the feedback collected. Examples of these may include that the institution expanded library hours and changed the survey format, changes applied in modules and programmes . These indicate that student feedback leads to implemented service and process changes.

To strengthen comparability across programmes, the student feedback system would benefit from more consistently visible documentation of follow-up at programme level (e.g., agreed actions, timelines, monitoring points and completion evidence), so that the institution may trace feedback-to-improvement chains across units without inference particularly as the institution grows and demand for services increases.

Evaluation Team commendation I

The Evaluation Team commends the institution for systematic collection of student feedback through SIS-linked mechanisms and for using outputs in both academic staff review and governance discussion, enabling feedback to inform improvement actions across teaching and services.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens feedback transparency by providing students with concise summaries of priority themes and resulting actions at programme or faculty level, enabling clearer visibility of outcomes from student input over time.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces comparability of programme-level feedback follow-up by adopting a shared approach for documenting actions arising from student feedback, including responsible owner, timeline, review points and verifiable completion evidence.

Evaluation Team Conclusion for Maturity Level: 4

Practices about collecting student feedback are monitored in all programs and they are improved with student involvement. Feedback results are reflected in decision-making processes.

A.4.3. Alumni relations management (ESG 1.3)

Evidence

The Students and Career Center is identified as the responsible unit for maintaining and updating alumni records. The institution reports an alumni database of approximately 3,300 alumni, with around 75% of records containing complete contact details and information on employment and continued education. Evidence shows that the institution actively engages alumni and publishes success stories through the Alumni page and university communication channels, including the Alumni LinkedIn page; IUS also operates an Alumni WhatsApp channel and regularly invites alumni to deliver lectures and talks. The institution reports planned activities to further strengthen alumni involvement, including workshops and networking events. Alumni monitoring is supported by structured surveys (Alumni Survey, Alumni Survey Report, Graduate Exit Survey Form) and are used to inform alumni programming.

Analysis

Alumni relations management is institutionally owned and operates through a regularly updated alumni database and structured engagement mechanisms, reflecting systematic practice and organisational commitment. The scale and completeness level of alumni records provide a solid basis for longitudinal monitoring of graduate outcomes, while the multi-

channel engagement approach (web, LinkedIn, WhatsApp) and alumni participation in lectures/talks indicate that alumni relations are embedded in institutional life and contribute to student experience and institutional visibility. In addition, the presence of formal survey instruments (alumni and graduate exit surveys) provides a structured basis for needs identification and for planning enhancements to alumni engagement activities across cycles. The institution monitors this data and engages with the feedback in designing and updating programmes, so that the institution tracks the changes in industry and improves the employability skills of the students. This was evidenced during the site visit and alumni shared how they shape these changes during the meeting.

Strengthening alumni tracking by expanding the standard alumni data set (e.g., sector, country, time-to-employment/further study) and embedding a small set of longitudinal indicators (e.g., employment trends, further study pathways, engagement rates). These indicators would be reviewed periodically and linked to follow-up actions. This would support stronger evidence of outcomes over time and reinforce the value of alumni feedback loops for institutional development.

Evaluation Team commendation I

The Evaluation Team commends the institution for establishing a dedicated unit for alumni relations and maintaining an alumni database and engagement channels, enabling ongoing communication and alumni participation in institutional activities.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the use of alumni information by periodically reviewing a small set of longitudinal alumni outcome indicators, enabling clearer insight into graduate pathways and supporting targeted improvements in engagement.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the alumni feedback-to-improvement chain by linking alumni and graduate exit survey findings more consistently to documented follow-up actions and review points, enabling clearer evidence of how alumni inputs inform institutional development over time.

Evaluation Team Conclusion for Maturity Level: 4

The alumni tracking system practices are monitored and improvements on the programs are made based on needs.

A.5. INTERNATIONALISATION

A.5.1. Management of internationalisation processes

Evidence

Internationalisation is a strategic orientation supported through defined organisational roles and processes within the organisation. The Vice-Rector for International Cooperation and Research oversees coordination of external cooperation and proposes measures in line with the Internationalisation Strategy and its Action Plan. Key areas of the strategy include international partnerships, international student recruitment, staff development and mobility, research collaboration, curriculum internationalisation, campus diversity and inclusion, and alumni involvement.

The institution reports international mobility and partnership activity through programmes such as Erasmus+ (including ECHE 2021–2027) and other exchanges, supported by a Book of Rules on Participation in Exchange Programs. The Double Diploma Programme is described as a major mechanism for internationalisation through partnerships with universities in Türkiye, enabling transnational study pathways and dual degrees. The institution reports monitoring of internationalisation through KPIs in the Action Plan (e.g., international student enrolment, mobility levels, number of partnerships, joint research outputs and double diploma partnerships), with reporting against the Action Plan underway.

Analysis

There is evidence that internationalisation management is supported through defined leadership ownership, an organisational structure, and a strategy/action plan framework with identified goals and KPI monitoring intentions. The presence of structured mobility rules, ECHE recognition, and active double diploma arrangements indicates an operational internationalisation portfolio and a commitment to external cooperation. However, the evidence does not yet demonstrate a consistently standardised institution-wide monitoring and improvement and service management framework that enables comparable tracking of outcomes across units and across the international student/partner lifecycle. In particular, outcomes are not yet managed through an institution-wide service catalogue/service map, an integrated KPI set, and systematic lifecycle touchpoints for international students and partners. As a result, while implementation is institution-wide and systematic, the routine measurement of outcomes, the translation of monitoring results into prioritised improvement actions, and the documentation of closure/impact evidence are not yet consistently visible as standard practice across cycles.

To strengthen evaluative clarity, internationalisation management would benefit from clearer visibility of how KPI monitoring results translate into prioritised improvement actions and how outcomes are reviewed over time (e.g., changes made following monitoring, and evidence of completion). Presenting a small number of review-to-action examples would make the PDCA chain easier to trace without inference.

Evaluation Team commendation I

The Evaluation Team commends the institution for managing internationalisation through defined leadership ownership and an articulated strategy and action plan, supporting structured development of partnerships, mobility and international opportunities for students and staff.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the visibility of internationalisation follow-up by summarising annually the key monitoring results and resulting priority actions, enabling stakeholders to understand progress and adjustments over time.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in internationalisation by ensuring that Action Plan KPI results lead to documented follow-up actions with defined review points and verifiable evidence of progress/completion.

Evaluation Team Conclusion for Maturity Level: 3

The institution has completed its organisational structure for the management of the internationalisation processes, and functions in a transparent, inclusive, and participatory manner.

A.5.2. Internationalisation resources

Evidence

Internationalisation resources are described as distributed across multiple units, including the International Relations Office (IRO), Office of Sponsored Projects (OSP), Double Diploma Coordination Center (DDCC), Research and Development Center (RDC) and Balkan Studies Center (BSC). Mobility processes are regulated through the Book of Rules on Participation in Exchange Programs and are supported through Erasmus+, Mevlana and individual exchanges. The IRO supports international visibility, partnership development, mobility administration and residence permit assistance, and cooperates with external stakeholders such as relevant ministries and embassies. OSP supports project applications and capacity-building through information sharing, training and support for academic conference participation. DDCC coordinates dual degree protocols and monitors programme progress and compliance. Evidence is also provided for governance arrangements of specific centres (e.g., rules on the Balkan Studies Center and procedures for the Office of Sponsored Projects).

Analysis

There is evidence that internationalisation resources are distributed through defined units with described functions supporting mobility, partnerships and international projects. The

range of organisational supports indicates capacity to deliver internationalisation activities across student recruitment, mobility, projects and partnership management.

To strengthen institutional learning, resource allocation and support effectiveness would benefit from clearer visibility of how resource use is monitored against outcomes (e.g., mobility experience, partnership productivity, project success) and how review outputs inform adjustments over time. A small set of outcome-oriented indicators reviewed periodically would support stronger traceability between resourcing decisions and internationalisation results. However, maturity would be strengthened by linking resourcing more explicitly to outcome measures (e.g., mobility quality, partner satisfaction, and international student experience) to improve accountability and evidence-based resource allocation. In addition, capacity planning should anticipate future demand growth, ensuring that physical space and service capacity remain adequate as international student numbers and service expectations expand.

Evaluation Team commendation I

The Evaluation Team commends the institution for establishing dedicated units supporting internationalisation, enabling structured delivery of mobility, partnerships and international project activities.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens the link between resourcing and outcomes by periodically reviewing a small set of resource-to-result indicators (e.g., mobility support effectiveness, partnership productivity, project success), enabling evidence-informed adjustments to support provision.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces monitoring of internationalisation resources by linking support activities more consistently to documented outcome indicators and follow-up actions, enabling clearer evidence of improvement across cycles.

Evaluation Team Conclusion for Maturity Level: 4

The distribution of internationalisation resources in the institution is monitored and improved.

A.5.3. Internationalisation performance

Evidence

Internationalisation performance is described as managed through an Action Plan that assigns activities, responsibilities, indicators and deadlines to support implementation of the Internationalisation Strategy. Performance is described as encompassing international and intercultural dimensions across teaching, research and service. Indicators referenced include student mobility, international partnerships, curriculum internationalisation, research

collaboration, staff diversity, global engagement and international reputation (including ranking visibility). A Report on Mobility linked to a Senate decision is referenced as evidence. The institution notes that reporting against the Action Plan is underway and that further evidence of benchmarking and outcome changes would strengthen alignment with the sub-criterion.

Analysis

There is evidence that internationalisation performance is intended to be monitored through defined indicators within an Action Plan and through governance discussion (e.g., mobility reporting to Senate). The indicator set described provides a broad basis for monitoring internationalisation across core functions and these monitored internationalisation efforts are improved based on the analysis. For example, it was observed in the site visit that the partnerships with international universities and partners are decided based on the outcome.

Performance monitoring would benefit from clearer evidence of how internationalisation data is benchmarked (where feasible) and how results lead to prioritised improvement actions and documented outcomes. Presenting a small number of concrete examples (e.g., a performance signal leading to a decision and implemented change) would strengthen traceability.

To strengthen robustness and sustain improvement, monitoring should increasingly incorporate outcome and impact indicators alongside volume measures. This would provide more actionable insight into the quality and effectiveness of internationalisation (e.g., student and partner experience/satisfaction, integration outcomes, curriculum internationalisation beyond SDGs, and alumni-related outcomes), and ensure these indicators are routinely embedded into annual strategic reviews and improvement actions.

Evaluation Team commendation I

The Evaluation Team commends the institution for defining internationalisation performance monitoring through an Action Plan with assigned responsibilities and indicators, enabling structured oversight of internationalisation across teaching, research and service functions.

Evaluation Team suggestion for further improvement I

The Evaluation Team suggests that the institution strengthens transparency of internationalisation performance by communicating key annual results and priority actions to internal stakeholders, enabling clearer understanding of progress and improvement priorities.

Evaluation Team recommendation I

The Evaluation Team recommends that the institution reinforces internationalisation performance management by ensuring that monitoring results are linked to documented follow-up actions and verifiable completion evidence, and by using appropriate external reference points for benchmarking where feasible, enabling more robust evidence of improvement over time.

Evaluation Team Conclusion for Maturity Level: 4

Internationalisation activities in the institution are monitored and improved.

B. LEARNING AND TEACHING

B.1 PROGRAM DESIGN, EVALUATION AND UPDATE

B.1.1. Design and Approval of Programs

Evidence

Within Institutional Self-Evaluation Report (ISER), it is stated that program proposal–approval–evaluation–updating processes are set out in the *Book of Rules on Adoption, Changes and Evaluation of Study Programs*; that, for new program openings and changes, the Curriculum Committee develops the academic opinion, Faculty Councils conduct the process, and Senate decisions are finalised in line with the calendar with approval by the Board of Trustees. It is stated that, within the relevant *Book of Rules*, program development and approval are linked to accreditation criteria and program self-evaluation criteria aligned with European Standards. It is stated that, for program opening, processes relating to minimum criteria, alignment with learning outcomes, and resources are managed through the *Elaborate Request Form for Establishing Study Programs at IUS*. Also, the duties and responsibilities of the Program Coordinator, the Vice-Rector for Academic Activities and Students' Affairs, and the Senate in relation to program design/approval and monitoring are defined in the *Statute*. In addition to these arrangements, it is stated that program development and approval criteria are fully met, and that course/program content changes are processed via an electronic form in external quality assurance finding known as national accreditation in 2024. In site-visit, it is stated that, in opening new programs, components are compiled including needs analysis, alignment with canton strategy, SDG contribution, company inputs for employability, international comparability/innovativeness, alignment with qualification frameworks, strategic plan references, internship/practice infrastructure, and curriculum/course plan elements; and that, during the site visit, it was stated that an Artificial Intelligence program was opened through engagement with industry, and that curriculum updates were made based on survey results. As an evidence, the institution submitted that a new program proposal process flow diagram, board/committee decisions, course information packages published on the web, evidence that program changes were discussed, the Strategic Development Office's semesterly survey/internal evaluation evidence, and the information package/correspondence/decisions related to the establishment of *Artificial Intelligence and Data Engineering*.

Analysis

It is understood that the administrative and organisational structure of program design and approval processes is defined through written regulations; commissions, process owners, workflows, and decision-making mechanisms are clearly delineated. It has been observed that, for new programs and major changes, the academic opinion is developed by the Curriculum

Committee, the processes are conducted through Faculty Councils, and Senate decisions are finalised with the affirmative opinion of the Board of Trustees. In addition, it has been identified that the new program initiation process is operated through a standardised workflow that includes QA controls. It is understood that student satisfaction surveys and course/course responsible evaluations, together with graduate–employer–staff surveys, are used as inputs to the process; that SER is prepared as part of periodic internal evaluation; and that findings are addressed within management review/reporting mechanisms and are completed to be linked to the PDCA cycle through corrective and Preventive Action (CAPA) records. Nevertheless, it appears open to development, in terms of process traceability and institutional transparency, that evidence relating to stakeholder engagement (meeting summaries, recommendation–decision–follow-up outcomes) is produced in a traceable manner in a standard format across programs and that its accessibility is strengthened; further, that a decision template requiring the “rationale–expected impact–monitoring indicator–outcome” chain is embedded as an institutional minimum standard within board/committee decisions. Program design and approval processes are clearly defined through written regulations; it has been observed that new program opening and major change processes are managed through a multi-tier board/committee structure and a structured workflow, and that process transparency is supported through electronic forms and course information packages.

Evaluation Team recommendation I

To strengthen the traceability and transparency of stakeholder engagement, the institution should develop mechanisms to ensure consistency.

Evaluation Team recommendation II

To disseminate of practices throughout the institution “rationale–expected impact–monitoring indicator–outcome” fields through structured documentation format for Curriculum Committee/Faculty Council/Senate decisions; to ensure that CAPA arising from SER are reported on a regular basis through relevant indicators (e.g. program-level closure rate, closure time) and to ensure that survey/recommendation data are linked to traceable KPIs via e-campus so that impact analysis becomes an institutional implementation standard within evaluation reports, it is recommended that these elements are embedded and applied consistently across the institution.

Evaluation Team Conclusion for Maturity Level: 4

The design and approval processes of the programs are systematically monitored and improved by evaluating them with relevant stakeholders.

B.1.2. Course Distribution Balance of The Program

Evidence

As a related course distribution in the ISER, it is stated that courses are balanced between students' discipline-specific learning outcomes and out-of-discipline/interdisciplinary learning outcomes; that Faculty Councils discuss elective courses throughout the semester and submit instructors' recommendations to the Senate prior to the start of the semester; that semesterly/annual analyses of course and examination achievement are conducted; and that improvement plans are developed in line with academic performance results. It is further stated that performance data and student feedback are taken into account when evaluating the balance of course distribution; and that, when demand arises for more practice-oriented courses in engineering programs, adjustments such as increased practical hours, project-based learning, and industry visits are introduced, with the effects of these changes on learning outcomes/satisfaction being monitored. Under the *Study Rules for The First and Integrated Study Cycles* dated May 2024, provisions relating to the determination of course ECTS information are set out; and reports evidencing that course- and instructor-based evaluations are conducted in relevant boards/committees, together with board decisions relating to course distributions, have been submitted as evidence.

Analysis

It is understood that principles, rules, and methods relating to course distribution are determined through written regulations and board/Senate decisions; and that course distribution is planned and implemented in line with defined processes. It has been observed that, while the elective course ratio varies by program, it is at an average level of approximately 30%, and that out-of-discipline/interdisciplinary elective pools are intended to direct students towards different fields. Nevertheless, although end-of-semester achievement analyses are conducted, in some cases the translation of improvement decisions into practice and the production of closure/impact evidence vary across programs; this results in limited traceability. In addition, maturity would be strengthened by clarifying institution-wide minimum standards that enhance comparability in relation to course distribution balance (e.g., indicative compulsory–elective ratio ranges, the scope of out-of-discipline electives, and expectations regarding practice/project components) and by linking these standards to a regular program-level benchmarking/monitoring routine. At undergraduate level, the 240 ECTS structure is maintained; a structure supporting course distribution balance is operated through the elective course ratio and interdisciplinary elective pools, and data inputs are provided to the planning process through course-/instructor-based evaluations.

Evaluation Team recommendation I

To strengthen institution-wide comparability in relation to course distribution balance, it is recommended that minimum/guiding standards that allow program-level flexibility (e.g., indicative ranges for compulsory–elective ratios, minimum expectations for the scope of out-of-discipline/interdisciplinary electives, and core principles for practice/project components)

are clarified, and that periodic program-level benchmarking/monitoring is conducted against these standards in order to identify improvement needs systematically.

Evaluation Team suggestion for further improvement

To ensure that Faculty Councils' semester/year-end outputs on course distribution and achievement analyses are recorded through structured format with relevant indicators; that course distribution findings are reported holistically together with student achievement and satisfaction data.

Evaluation Team Conclusion for Maturity Level: 3

There are practices throughout the institution in accordance with the defined processes regarding the course distribution balance.

B.1.3. The alignment of course objectives with program outcomes

Evidence

At the scope of national and/or international arrangements, it is expressed that learning outcomes are defined at program/semester/course level in alignment with the NQF, EQF and the Dublin Descriptors; that course information packages are prepared, published on the web, and reviewed periodically in ISER. Within the scope of the Statute of IUS and the Book of Rules on the Establishment and Development of the Internal System of Quality Assurance and Quality Management at IUS, it is stated that the program self-evaluation process includes the assessment of the achievement level of learning outcomes and their alignment with labour market needs. In the external nation evaluation, It is stated that the criteria relating to learning outcomes are fully met; that syllabi are structured in line with learning outcomes; and that program-level learning outcomes are defined. Also, in the site-visit, it is stated that academic staff are guided to keep the number of course learning outcomes limited (e.g., not exceeding 5–6); and that monitoring is conducted by asking, within the curriculum change form, whether there are changes in learning outcomes. It is stated that the Guidelines on Mapping Course Learning Outcomes to Program Learning Outcomes (2015) aim to establish a CLO→PLO mapping approach; and evidence has been submitted through SER reports and meeting documents indicating that updates were made to the CLO–PLO matrix (2024 FBA meeting). Documents relating to ESG and HEA comparison are also included in the evidence package. It is stated that the level of attainment of learning outcomes is monitored through course evaluation/satisfaction surveys, academic staff self-evaluations, graduate/employer feedback, and internship evaluation reports under development; and that the 2024 survey reported 64% satisfaction, at course level, with the attainment of learning gains.

Analysis

It is understood that principles for linking course learning outcomes (CLO) to program learning outcomes (PLO) are defined through written regulations, course information packages, and mapping guidelines; and that CLO→PLO mappings are declared in curricula and course syllabi.

It has been observed that a CLO–PLO contribution level table/matrix approach is used; that findings are addressed within ISER and management review/year-end evaluation mechanisms; and that some improvement decisions are implemented by being linked to CAPA records.

Evaluation Team commendation I

It has been observed that program learning outcomes are defined in alignment with the NQF/EQF and the Dublin Descriptors; that course information packages are prepared and published publicly; and that CLO→PLO mapping is supported through a guideline/matrix approach.

Evaluation Team recommendation I

To strengthen CLO–PLO alignment at institutional level, it is recommended that the institution-wide minimum standard set for CLO writing and contribution levels is structured, and that CLO→PLO matrices are managed institution-wide in a single standard structure (shared template/data fields) in a traceable manner.

Evaluation Team recommendation II

To increase the traceability of PLO attainment levels, it is recommended that a program-level comparable reporting routine is constituted; that an annual “learning outcomes performance summary” is produced.

Evaluation Team Conclusion for Maturity Level: 3

Course objectives are aligned with the program outcomes throughout the entire program and the course information packages are shared.

B.1.4. Student workload-based course design

Evidence

Workload-based ECTS credits are designed on the basis of student workload covering components such as attendance in courses/seminars, independent study (assignments, projects, research), and preparation for measurement and assessment (tests/examinations, team/individual projects, etc.) as expressed ISER, and that these are disclosed to the public via e-campus. It is stated that compulsory internship is 6 ECTS; that Practical Training/Internship Rules and Regulation exists for internships and the Book of Rules on Participation on Exchange Programs exists for exchange programs; that internship and exchange process forms are standardised; and that experiences are evaluated through an internship evaluation report. In the external evaluation finding, It is reported that ECTS alignment criteria are fully met; that ECTS credits are clearly defined and workload-based designs are in place; and that the establishment of a survey mechanism to monitor ECTS workload alignment is recommended. Evidence has been submitted regarding the decision on ECTS determination under the Study Rules for The First and Integrated Study Cycles dated May 2024, and indicating that the student satisfaction survey includes one item measuring workload.

Analysis

It has been observed that course design is conducted on the basis of student workload within the relevant regulatory framework and is disclosed transparently via e-campus. The existence of provisions and standard forms for internships and exchange programs indicates that the workload-based approach is also extended to the applied components of the program. External evaluation findings also confirm that ECTS alignment has been achieved. Nevertheless, the current evidence for workload monitoring is primarily visible through the workload item included in the student satisfaction survey; this points to a need to deepen workload measurement so that it becomes more comparable and traceable across programs and can be linked more directly to decision-making processes.

Evaluation Team commendation I

The workload-based ECTS approach is defined through institutional regulations; standard processes and forms are in place across course/internship/exchange components; and course information packages are disclosed transparently via e-campus, thereby operationalising public disclosure.

Evaluation Team recommendation I

To strengthen the direct measurement of ECTS workload alignment, it is recommended that the scope of program-based regular ECTS workload evaluation might expand in alignment with existing student feedback mechanisms.

Evaluation Team recommendation II

To make the impact of workload data on course design updates more visible, it is recommended that workload findings are assessed holistically together with achievement/retake indicators and satisfaction data.

Evaluation Team Conclusion for Maturity Level: 4

Student workload in programs is monitored and course design is updated accordingly.

B.1.5. Follow-up and updating of programs

Evidence

As expressed ISER, it is stated that the program self-evaluation process is implemented across all programs; that program self-evaluation committees have been established; and that student and graduate views are analysed by the Strategic Development Office through student/graduate satisfaction surveys and published as an End of Year (EoY) report. It is stated that, within the *Book of Rules on Adoption, Changes and Evaluation of Study Programs*, processes for the continuous monitoring, periodic evaluation, and updating of programs are defined; and that the rationales for proposed changes/corrections (e.g., legal requirement, alignment with strategic objectives, new scientific knowledge, labour market change, survey results, internal/external evaluation recommendations, CAPA, stakeholder views, etc.) are defined transparently. Within the *Statute of IUS*, it is stated that the program self-evaluation

process includes the evaluation of curricula and course plans; and that the Faculty Council has duties including proposing programs, initiating–reviewing–proposing curricula/course schedules, deciding on elective courses, analysing academic performance results, and proposing preventive/corrective measures to improve teaching. The *Action Plan for Internationalization Strategy 2024–2029* includes an objective to update curricula in line with scientific developments and industry trends; and the *1st Report on Implementation of the IUS Strategic Plan 2022–2026* states that curricula were updated following analysis, 16 new courses were added, and the content/learning outcomes of 37 courses were aligned with SDG. In the last external national evaluation, It is stated that the digitalisation of curriculum changes and student surveys is assessed as a significant achievement; that SER reports are prepared as part of program accreditation within program monitoring; and that criteria to be used in annual analyses (e.g., quantitative data, surveys, learning outcomes, workload, complaints analysis, etc.) are described. Also, a process flow diagram for program change (Faculty Council/Coordinator/Dean → QA control (F_252) → Curriculum Committee → Faculty Council → Senate), board/committee decisions, student survey/internal evaluation evidence, and the information package/correspondence/decisions relating to the establishment of AI and Data Engineering have been submitted; and it was observed during the site visit that the process operates in this manner. It is stated that minutes relating to curriculum updates can be downloaded via e-campus. About the process of program accreditation planning, It is stated that, in some program clusters—particularly FENS and FASS—SERs have been submitted as part of accreditation preparations, visit/decision calendars have been planned, and process proposals/quotations have been obtained from various organisations. Also, alumni association activities, the sharing of alumni achievements, the organisation of events such as fairs/career fairs together with labour market data (Bureau for Employment), industry contributions to courses, and graduate talks are reported.

Analysis

It is understood that duties–responsibilities and the process flow relating to the periodic monitoring and updating of programs are defined through written regulations; that process management is structured and that it is conducted in parallel with program accreditation preparations. It has been observed that a framework exists for periodic evaluation drawing on data sources (information system quantitative data, student/graduate/employer surveys, internal/external evaluation outputs, complaints analyses, and indicators such as learning outcomes and workload), and that the 2024 national accreditation findings confirm progress in digitalisation. It is understood that linkages are established between strategy documents and program updates; that curricula are updated in line with global trends and stakeholder inputs; and that tangible outputs are produced, such as SDG-aligned course updates.

Evaluation Team commendation I

Program monitoring and updating processes are defined through written regulations and operated through a standard workflow; and a systematic framework has been established to

link evaluation findings to PDCA/CAPA mechanisms through SER/EoY reporting and e-campus-based digital monitoring practices.

Evaluation Team recommendation I

To increase the evidential strength and transparency of program updates, it is recommended that regular impact analyses are produced showing how graduate/employer and other stakeholder feedback (e.g. surveys, events, external data sources) is reflected in curriculum decisions.

Evaluation Team suggestion for further improvement I

To strengthen the management of internal and external evaluation/accreditation outputs, it is recommended that an approach that consolidates institutional and program accreditation findings within a single cumulative and integrated action plan structure is adopted across the institution and integrated into routine monitoring and management review processes within the internal quality assurance system.

Evaluation Team Conclusion for Maturity Level: 4

The program outcomes are monitored with these mechanisms and are updated by including the opinion of relevant stakeholders.

B.1.6. Management of learning and teaching processes

Evidence

In the ISER, it is stated that learning and teaching processes are conducted in accordance with the rules defined under the *Study Rules for the First and Integrated Study Cycles*, *Study Rules for the Second Study Cycle at IUS*, and *Study Rules for the Third Study Cycle at IUS*. It is stated that learning and teaching processes are coordinated by the Vice Rector for Academic Activities and delivered under the responsibility of the Student Affairs Office (SAO). Under the *Book of Rules on Adoption, Changes and Evaluation of Study Programs at IUS*, it is stated that updates to learning cycles and minor/major improvements at program/course level are managed through a standard workflow (F_252 → QA compliance check → Curriculum Committee → Senate decision), and that stakeholder views and program self-evaluation processes are defined within this framework. Under the *Statute of IUS*, the Faculty Council's responsibilities include preparing a proposal for the pre-academic-year teaching delivery plan, analysing course/examination achievement, and determining improvement measures; it is also stipulated that program self-evaluations include the evaluation of teaching methods and examination pass rates. Under the *Study Rules for the First and Integrated Study Cycles* (May 2024), the method for determining the calculated credit information for a course, workload representation, and the elements required in the course information package (ECTS, compulsory/elective status, assessment methods, resources, estimated workload, program aims and learning outcomes, etc.) are defined. The *Study Rules* documents; board decisions

relating to program/course change processes; the IUS e-campus *Syllabus Update User Manual* regarding syllabus updates via e-campus; evidence from management meetings where analyses and results are reviewed; and SAO role descriptions were submitted. It is also stated that course syllabi, curricula, and weekly course topics are accessible via e-campus.

Analysis

It was evidenced that the principles, rules, and regulations for the holistic management of learning and teaching processes are defined through a written framework; that institutional coordination and responsibilities are clear; and that program/course changes and improvements are managed through a standard workflow. In addition, the availability of course syllabi/curricula via e-campus and the update mechanisms support transparency and operational traceability.

Evaluation Team commendation I

Rules, principles, and regulations relating to learning and teaching processes are clearly defined through the learning cycle “Study Rules” documents and the relevant *Book of Rules/Statute* provisions; coordination and responsibilities are clarified; and program/course changes are conducted through a standard workflow supported by the e-campus infrastructure.

Evaluation Team recommendation I

To strengthen decision traceability and institutional learning, it is recommended that an institutional reporting standard is established for decision and follow-up records relating to learning and teaching management.

Evaluation Team Conclusion for Maturity Level: 4

Practices for learning and teaching management system are followed up and the results of follow-up are used for improvements.

B.2 IMPLEMENTATION OF PROGRAMS

B.2.1. Teaching methods and techniques

Evidence

The Study Rules for the First/Second/Third cycles and relevant internal QA provisions define expectations that teaching and learning are delivered in alignment with intended learning outcomes and student-centred principles. Course syllabi and information packages accessible via e-campus include weekly topics, teaching/learning methods, learning outcomes, assessment approaches, and workload expectations, enabling transparency of instructional design. Student course/instructor evaluations and related satisfaction surveys provide systematic feedback on teaching and learning experiences and are used as inputs in program self-evaluation (SER) and year-end review discussions. Evidence across program monitoring and improvement discussions indicates the use of practice-oriented approaches in relevant programs (e.g., increased practical hours, project-based learning, case discussions,

laboratory/studio work, and industry interaction such as visits/guest inputs), with adjustments introduced in response to learning needs and student feedback.

Analysis

Teaching methods and techniques are implemented with visible diversity across programs and are aligned with course learning outcomes, as reflected in course syllabi and information packages accessible via e-campus. Practice-oriented approaches particularly where discipline requirements demand applied learning are evident through the use of projects, practical hours, and industry-linked activities introduced to strengthen learning gains and student engagement. Student feedback is systematically collected and provides a structured input for reflecting on teaching effectiveness through program self-evaluation and periodic review routines. These features indicate that student-centred teaching practices are applied across the institution within an established documentation and feedback framework.

Accordingly, although teaching-related feedback and performance signals are discussed within established evaluation routines and can inform improvement intentions, the extent to which actions are recorded, tracked, and evidenced with closure/impact information varies across units. This limits traceability, comparability, and institution-wide learning at scale. Overall, the institution demonstrates a student-centred orientation that is implemented broadly, but monitoring-to-improvement practices are not yet evidenced as consistently structured and demonstrably closed across the PDCA cycle.

Evaluation Team commendation I

Student-centred and practice-oriented delivery is evident across relevant programs, supported by transparent course documentation and periodic feedback-informed adjustments.

Evaluation Team recommendation I

To strengthen institution-wide comparability of teaching practices, developing a framework that tracks teaching methods and their outcomes through relevant indicators and reviewing routinely within SER/year-end cycles could support evidence-based improvement and cross-program learning.

Evaluation Team recommendation II

To accelerate diffusion of effective practice, establishing systematic peer learning and knowledge-sharing mechanisms—supported by appropriate monitoring indicators—could strengthen cross-unit collaboration and facilitate the adoption of effective teaching approaches throughout the institution.

Evaluation Team suggestion for further improvement

To further strengthen institution-wide comparability and traceability, establishing clear expectations and documentation standards that support systematic monitoring and evidence-based improvement—while maintaining flexibility for program-specific contexts—could enhance consistency and facilitate institutional learning.

Evaluation Team Conclusion for Maturity Level: 3

Student-centred teaching techniques and methods are applied in line with defined processes in the entirety of the programs.

B.2.2. Measurement and evaluation

Evidence

Assessment methods are prepared by the relevant instructor in alignment with the course learning outcomes; that the curriculum is reviewed at the beginning of the semester and shared via e-campus; and that examination dates are announced as part of the academic calendar through e-campus, the website, and noticeboards. The 2024 satisfaction study reports that 77% of students are satisfied with the professional conduct of examinations. Within the *Study Rules for The First and Integrated Study Cycles* dated May 2024, the assessment method is defined. Within the scope of the *Statute of IUS* and the *Book of Rules on the Establishment and Development of the Internal System of Quality Assurance and Quality Management at IUS*, it is stated that the program self-evaluation procedure includes the evaluation of examination pass rates. In addition, the *Rules on Academic Failure at IUS* define minimum achievement thresholds for student progression. Legal/institutional regulations relating to the assessment process; examples in e-campus showing curriculum/syllabus information; documents evidencing that examination appeals are reviewed in commissions; and an email submitted by the Student Parliament (SPIUS) regarding examination security, together with the resulting meeting decision, have been provided as evidence.

Analysis

It is understood that measurement and evaluation processes are defined through written regulations; that academic and examination calendars are announced; and that, within course syllabi, assessment components and weightings, workload/ECTS information, and learning outcomes are made publicly available via e-campus. It is evidenced that grade publication and the appeals process are defined, that appeals are considered by commissions, and that student feedback regarding examination security can be brought onto the agenda. The 2024 satisfaction finding (77%) supports a positive perception of examination administration.

By contrast, the key development areas for maturity relate to: (i) recording changes in the assessment system in a traceable and comparable manner at institutional level; (ii) monitoring appeals processes through standard indicators in a way that contributes to institutional learning; and (iii) reporting the alignment between learning outcomes and assessment instruments at course level through a more systematic, evidence-informed monitoring logic. Strengthening these areas would support the production of more robust evidence for progression to Level 4.

Evaluation Team commendation I

Assessment processes are defined through regulations; assessment components/weightings and ECTS–workload information are publicly available through course syllabi; academic and examination calendars are announced at the beginning of the semester; and appeals processes are operated through defined mechanisms.

Evaluation Team recommendation I

The changes in assessment processes (method, weighting, examination security practice, appeals procedure, etc.) can be traceable at institutional level.

Evaluation Team recommendation II

To enable grade appeals to translate into institutional learning, it is recommended that a minimum indicator set is established and monitored periodically for appeals processes.

Evaluation Team recommendation III

To strengthen monitoring of learning outcomes–assessment instrument alignment at course level, it is recommended that a standard mapping and reporting approach is defined to show which assessment components measure which course learning outcomes.

Evaluation Team Conclusion for Maturity Level: 3

There are diversified student-centred measurement and evaluation practices throughout the entire programs.

B.2.3. Student admission and the recognition and crediting of prior learning

Evidence

Within ISER, it is stated that the principles and rules governing student admission and scholarship processes are defined and publicly available; that application–placement–registration processes are conducted in accordance with an announced timetable; that an application commission is appointed and that preliminary/final admission lists and appeal rights are communicated; and that online application and evaluation practices in scholarship processes have been expanded. It is stated that English proficiency is verified through international certificates (TOEFL/IELTS) or an internal proficiency examination. The recognition of prior learning is defined at institutional level to cover course equivalencies, ECTS transfer within mobility schemes (Erasmus+ etc.), and recognition of postgraduate qualifications; and that it is conducted in alignment with the Lisbon Convention and Centre for Information and Recognition of Qualifications in Higher Education (CIP). It is further stated that the recognition of vocational education, micro-credentials, and other forms of learning is addressed within the relevant Book of Rules framework. In the 2024 national accreditation decision, it is noted that a registration/renewal system integrated with SIS is used; and recommendations are included regarding a buddy system for new students, expanding recognition procedures, and developing recommendations for the recognition of micro-credentials (micro-credentials). Within the 2024–2029 quality improvement action plan, it has been decided to extend rules/processes for the recognition of micro-credentials and different informal learning sources, to investigate the legal framework, and to analyse practices at other universities (under the responsibility of the Legal Office, by January 2027). Book of Rules documents relating to recognition/equivalence and the recognition of foreign qualifications; the legal basis regarding the acceptance of micro-credentials; Statute provisions; the Student

Admission Policy; evidence relating to board/committee discussions; and relevant screenshots have been submitted.

Analysis

It is understood that student admission, registration, and scholarship processes are carried out within a defined regulatory and timetable framework; and that English proficiency verification, appeals mechanisms, and process announcements are operated transparently. The recognition and crediting of prior learning (equivalence, mobility, recognition of foreign qualifications, etc.) are defined at institutional level; communication with GDPR and process improvements have been placed on the agenda; and it is assessed that process security/confidentiality has been strengthened through arrangements such as the transition to online applications and the use of codes in announcements.

Nevertheless, the main maturity-related development needs are: (i) the regular monitoring and reporting of admissions and recognition process performance through an institution-wide standard KPI set; (ii) operational clarification and increased transparency of the scope/criteria/evidence set for RPEL (Recognition of Prior Experiential Learning) and micro-credentials recognition; and (iii) a more systematic linkage of the recognition/quality assurance approach in double degree programs to international good practice.

Evaluation Team commendation I

Student admission, scholarship, and recognition of prior learning processes are defined through regulations and rules; application–registration–appeal flows are operated through announced timetables; and recognition/equivalence processes are conducted within a framework aligned with Lisbon recognition principles.

Evaluation Team recommendation I

To strengthen RPEL and micro-credentials recognition capacity, it is recommended that an operational recognition framework is developed covering scope, criteria, acceptable evidence types, and decision logic; that program-specific equivalency/recognition guides are kept up to date; and that transparency is enhanced through an institution-wide unified approach to recording recognition decisions.

Evaluation Team recommendation II

To reduce recognition and quality assurance risks in double degree programs, it is recommended that the program-level accreditation/QA approach is strengthened and, where appropriate, alignment with international approaches such as the European Approach for QA of Joint Programmes is considered.

Evaluation Team suggestion for further improvement

To increase institutional manageability of admission, registration, and recognition processes, it is recommended that a standard KPI/Service Level Agreement (SLA) set is defined and reported periodically.

Evaluation Team Conclusion for Maturity Level: 3

There are practices based on plans regarding student admission and the recognition and crediting of prior learning throughout the entire institution.

B.2.4. The certification of qualifications and the diploma

Evidence

The principles, rules, and processes relating to graduation requirements and the diploma process are defined through legislation/institutional guidelines; that SAO has recently provided graduation briefings; and that the process and required documents are shared via the website. Within the *Statute of IUS*, it is stipulated among the duties of the Program Coordinator that they are responsible for ensuring that all curriculum requirements for the diploma are fulfilled. The *Study Rules for The First and Integrated Study Cycles*, the *Guidelines for Issuance of Graduation Certificate, Diploma, and Diploma Supplement* (including the responsible unit and target timelines), and a sample diploma have been submitted as evidence. During the site visit, it was observed that diploma record information is stored in locked cabinets; that physical and digital copies exist; that security is ensured through two-step verification; however, some personalised documents requested from SAO were accessible to everyone.

Analysis

It is understood that graduation, diploma, and Diploma Supplement processes are defined through legislation and guidelines, that responsibilities (such as SAO and program coordination) are clarified, and that processes are managed with target timelines. Evidence indicates that document production is recorded and that corrective actions can be applied in cases of delay/deficiency.

Evaluation Team commendation I

The definition of graduation, diploma, and diploma supplement processes through guidelines, together with clarified responsibilities and a target timeline approach, supports predictability and operational consistency in document production and approval processes.

Evaluation Team recommendation I

To unify the document verification mechanism at institutional scale, it is recommended that a verification code/QR approach is adopted and is clearly published on the institutional website together with the verification method, a sample Diploma Supplement, and verification steps.

Evaluation Team recommendation II

To ensure systematic monitoring and reporting of document production performance, it is recommended that indicators are monitored periodically, and that findings are linked to improvement decisions and summarised within annual quality/performance reports.

Evaluation Team suggestion for further improvement

To make the document request and delivery process for graduates more predictable and user-friendly, it may be considered that a single-page “Graduation Certificate–Diploma–Diploma Supplement Process Guide” is published on the institutional website/portal.

Evaluation Team Conclusion for Maturity Level: 3

Practices regarding diploma approval and certification of other qualifications are adopted throughout the entire institution.

B.3 LEARNING RESOURCES AND ACADEMIC SUPPORT SERVICES

B.3.1. The learning environment and resources

Evidence

The campus has a wide range of physical facilities supporting learning and teaching, such as classrooms, laboratories, studios, lecture halls, a library, and an art gallery, and that it offers a high-standard learning environment aligned with “Standards and Norms in Higher Education”. The library collection is managed through the ZAKI-X system; that bibliographic information/location/loan periods can be accessed via the online catalogue; and that materials are protected through an RFID security system. e-databases such as JSTOR and Research4Life, Pearson MyLab & Mastering platforms, and Turnitin verification software are used; and that access to open educational resources and course materials is provided through the relevant pages. The digitalisation of paper-based processes is targeted in response to self-evaluation feedback; and that e-campus is actively used as a paperless management system ranging from administrative transactions to the sharing of course syllabi. It is stated that server/virtualisation, storage and backup infrastructure, and network security components (firewall and URL filtering) are defined at institutional level. Within the scope of the *Statute of IUS* and the relevant *Book of Rules*, it is stated that the program self-evaluation procedure includes the evaluation of teaching infrastructure. Updated learning resource/membership lists, cooperation with the National and University Library of Bi&H, student survey results, and evidence that feedback is discussed in boards/commissions have been submitted. During the site visit, it was observed that off-campus access (VPN) arrangements are not available; that announcements aimed at avoiding plagiarism are made; and that syllabus/textbook lists are posted on noticeboards.

Analysis

It is understood that the institution’s physical learning environment, library, and digital resource infrastructure are comprehensive, and that learning and teaching and administrative processes are supported in an integrated manner through e-campus as part of digitalisation efforts. It is also observed that student feedback is used in resource development decisions, and that memberships/tools such as Research4Life and MyLab are positioned as improvement outputs. Nevertheless, the site-visit indicate that the resource planning/oversight approach needs to be linked, at institutional scale, to a more systematic KPI-based governance model.

In addition, the absence of off-campus access (e.g., VPN) constitutes a limitation, particularly in terms of the sustainability of e-resource use and equity of access.

Evaluation Team commendation I

The institution strongly supports learning and teaching through a comprehensive physical learning environment, a library management system, and diverse digital resources (including e-campus, databases, and academic tools), and implements a feedback-informed approach to resource development.

Evaluation Team recommendation I

To improve an institutional resource governance and performance monitoring system for planning and monitoring library and digital resources, it is recommended that KPIs such as usage/download/access intensity indicators are defined, reported annually, and linked to decision-making processes.

Evaluation Team recommendation II

To strengthen service continuity, it is recommended that secure off-campus access to e-resources is provided (VPN/SSO/proxy, etc.).

Evaluation Team recommendation III

To establish a regular audit/feedback mechanism focused on accessibility and user experience for both physical and digital learning environments, it is recommended that physical and digital accessibility (WCAG approach) checks are made periodic, and that findings are shared visibly through targeted “Library & IT Satisfaction” measurements and linked to improvement action plans.

Evaluation Team Conclusion for Maturity Level: 4

The usage and development of learning resources are monitored and improved.

B.3.2. Academic support services

Evidence

An academic advisor is assigned to each student; that course registration, progress monitoring, and guidance processes are carried out through advisors; and that separate advising mechanisms are in place for internships/workplace practice and exchange programs. Within the *Statute of IUS*, provisions state that academic staff provide students with at least five hours of live advising per week (including email/online platforms) and that advising hours are announced transparently. The *Study Rules for The First and Integrated Study Cycles* dated May 2024 include rules relating to academic advising; and the *Guidelines on Assigning Academic Advisors to Students* together with evidence relating to advising have been submitted. It is stated that office hours are accessible via e-campus; and during the site visit it was observed that advising/office hours are posted on academic staff office doors. It is stated

that Psychological Counselling and Student–Career Centre services (in-person/online) are accessible.

Analysis

It is understood that the academic advising system is institutionally defined; that office hours are made visible through both digital and physical channels; and that access to psychological counselling and career support services is provided. Nevertheless, evidence is limited regarding an integrated, measurable, and comparable monitoring infrastructure for advising services at institutional level (e.g., appointment/request volume, response times, referral pathways, outcome/impact indicators, and satisfaction breakdowns). In addition, the visibility of survey materials identified in the site note indicates that confidentiality and data protection controls need to be embedded consistently within service delivery. For these reasons, although processes are functional, demonstrating a higher maturity level in a sustainable manner remains constrained unless systematic monitoring–improvement mechanisms and confidentiality controls are strengthened.

Evaluation Team commendation I

The assignment of an academic advisor to each student, the communication of office hours through digital and physical channels, and the accessibility of psychological counselling/career support services indicate that the core components of academic support services are operated at institutional level.

Evaluation Team recommendation I

To strengthen service performance and quality improvement, it is recommended that the relevant indicators are defined and reported regularly and that findings are linked to the agendas of relevant boards/commissions so that improvement decisions are closed in a traceable manner.

Evaluation Team suggestion for further improvement

To make academic advising and support services recordable and traceable, it is important to establish an integrated structure (such as within SIS/e-campus).

Evaluation Team Conclusion for Maturity Level: 3

Support services for the academic development and career planning of students are carried out in the institution within the scope of defined principles and rules.

B.3.3. Facilities and infrastructure

Evidence

It is stated in ISER that, while the technology infrastructure is covered, no information is provided on catering, dormitories, health, and transport services; that, during the supplementary evidence process, documentation relating to these areas was requested; and

that dormitory information documents and the *Student Handbook* including health/transport information were submitted as evidence. The *User Manual for Lecturers and Academic Advisors* relating to SIS use has been submitted as evidence. During the site visit, it was observed that facilities and infrastructure are accessible; that new construction has commenced in line with institutional needs (e.g., the newly established Faculty of Medicine); and that improvements have been made to sports facilities. It is stated that there are sufficient buildings for current student capacity; that capacity will increase to 4,820 with the new building; and that a permit application has been made for a new dormitory. It is stated that the campus includes spaces and laboratories established/supported through various partnerships (e.g., WAMY, TIKa, CISCO Networking Academy, Siemens Embedded Lab, Anatomy Laboratory, studios, etc.), and that examples of infrastructure aligned with different program needs (moot court classroom, sound-insulated classrooms, smart board infrastructure, lecture halls, conference hall, art gallery, print room, library) were observed during the site visit. During the site visit, a need for increased library capacity/resources, a requirement for off-campus access (VPN), and the absence of accommodation opportunities for full-time staff were observed.

Analysis

The campus includes physical infrastructure diversified in line with program needs and laboratory/learning spaces strengthened through partnerships; and that growth-oriented investments—such as capacity expansion and a new dormitory—are being planned. Nevertheless, evidence does not sufficiently substantiate a systematic institution-wide approach that makes the monitoring–analysis–improvement cycle for facilities and infrastructure management visible (e.g., occupancy, usage intensity, maintenance/breakdown durations, service satisfaction, complaint closure performance, and the rationale for investment prioritisation). In addition, the scope gap identified in ISER indicates that this area needs to be more robustly embedded within routine institutional reporting.

Evaluation Team commendation I

The campus demonstrates a comprehensive diversity of facilities and infrastructure capable of responding to the varying needs of programs; laboratories and learning spaces developed through partnerships, together with capacity-enhancing investments (new building/dormitory plans and sports facility improvements), indicate that infrastructure is being managed with a development-oriented perspective.

Evaluation Team recommendation I

To establish an institutional monitoring and planning framework for facilities and infrastructure management, it is recommended that indicators are defined and linked to annual reporting and the Management Review cycle.

Evaluation Team recommendation II

To systematise stakeholder feedback on student life services and facilities it is recommended that periodic satisfaction measurements, complaints/suggestions channels, and closure verification are defined, and that results are linked to improvement decisions.

Evaluation Team recommendation III

To convert capacity and support gaps identified in site notes into manageable risks through targeted improvement programs, it is recommended that staff accommodation support options are planned (particularly in line with international talent attraction objectives), that library capacity/resource needs are linked to growth scenarios.

Evaluation Team Conclusion for Maturity Level: 3

The facilities and the infrastructure are accessible throughout the entire institution and they are utilized based on equal opportunity.

B.3.4. Disadvantaged groups

Evidence

The wheelchair access and Braille arrangements are addressed, and that implementation is predominantly focused on students with visual impairments. It is also stated that the *Guidelines for Students with Disabilities at IUS* were developed in 2023. Under the *Guidelines for Students with Disabilities at IUS*, a Support Office and a working team have been established; and that data are maintained and shared with relevant units through the Student Disability Identification Profile (SDIP) database. It is stated that the guideline defines students with disabilities by type (motor impairments, hearing/visual impairment, specific learning difficulties, intellectual impairments, specific speech and language communication disorders, chronic illnesses) and includes arrangements relating to learning resources and examinations. It is stated that the *Study Rules for The First and Integrated Study Cycles* dated May 2024 address the situation of students with special needs. Within the *Book of Rules on Scholarship Distribution*, it is stated that scholarship opportunities are available for students experiencing financial difficulty due to reasons such as the loss of an immediate family member during their studies, bankruptcy, or natural disasters. In the 2024 national accreditation decision, it is stated that a draft clarifying certain criteria for students with special needs has been prepared, and that additional training should be provided to academic staff on working methods according to types of disability. Evidence has been submitted including the Support Office workflow diagram, a library document relating to individuals with visual impairments, adjustment requests (exam deferral, additional time, etc.), and evidence relating to physical arrangements (ramps/parking area/building entrance/library, etc.).

Analysis

It is understood that the institution has developed written arrangements to support access to education processes for disadvantaged groups, primarily students with disabilities; that it manages processes and adjustments through the Support Office; and that it implements request-based arrangements. The existence of a scholarship mechanism for financial vulnerability indicates a diversification of support instruments for disadvantaged groups. Nevertheless, implementation appears predominantly focused on students with disabilities and physical accessibility; targeted support packages and visible implementation examples for other disadvantaged groups—such as students in poverty, working students,

international/migrant students, and students with parenting or caring responsibilities—remain limited. In addition, evidence is limited that regular reporting is conducted through an institution-wide standard indicator set for the monitoring–improvement dimension (types of adjustment requests, fulfilment rate and time, service usage data, satisfaction, outcome/impact analysis). The site evidence regarding gaps in signage/wayfinding also indicates that accessibility design needs to be structured across the institution. Accordingly, while the system is functional, it needs to be institutionalised through a more systematic, measurable, and inclusive framework.

Evaluation Team commendation I

The institution manages adjustment requests for students with disabilities through an institutional structure (Support Office) and a guideline-based implementation framework, and delivers support services in a functional manner supported by the SDIP database and evidenced practices.

Evaluation Team recommendation I

To link services for disadvantaged groups to a systematic institutional monitoring and improvement framework, it is recommended that a minimum KPI set is defined and that a routine is established for periodic reporting and decision tracking.

Evaluation Team recommendation II

To ensure that accessibility is not limited to physical arrangements but becomes an institutional standard, it is recommended that institutional minimum standards are defined and audited for signage/wayfinding (particularly solutions supporting independent mobility for individuals with visual impairments), accessibility of learning materials, examination/teaching adjustments, and digital accessibility checks (WCAG approach).

Evaluation Team recommendation III

To institutionalise targeted support packages for other disadvantaged groups alongside students with disabilities (e.g., students experiencing financial vulnerability, working students, international/migrant students, and students with parenting/caring responsibilities), it is recommended that scholarship and social support, flexible scheduling/learning arrangements, and the academic support and referral pathway are clarified.

Evaluation Team suggestion for further improvement

To increase the visibility of the existing Support Office and SDIP infrastructure, it may be considered that a short “Accessibility & Support Quick Guide” is prepared for students and academic staff.

Evaluation Team Conclusion for Maturity Level: 3

Practices regarding the access of disadvantaged groups to learning opportunities are carried out.

B.3.5. Social, cultural and sporting activities

Evidence

In the institutions, a wide range of social/cultural events and student club activities are carried out, such as open days, prospective student promotion days, Spring Fest, career fairs, exhibitions, donation campaigns, and similar activities. Within the *Statute of IUS*, it is stated that the student-facing guide (*Student Guide*) includes information on clubs, student associations, mobility, access to health services, and protection mechanisms against discrimination/harassment. The *Procedures and Principles for Student Clubs Activities*, club establishment approval, arrangements for event announcements (social media/noticeboards), the *Event Proposal Form* for the process managed by the Communication Office, and the *IUS Student Clubs Annual Activity Report* have been submitted as evidence. During the site visit, it was stated that there are 32 active student clubs; that activities are undertaken such as environment/planning initiatives, an air pollution project, donation events, and similar activities; and that the institution has a basketball team competing in the national premier league, with training hours scheduled so as not to clash with classes. It is stated that a sports scholarship and various scholarship types are used to attract successful athletes, and that the overall scholarship rate is 39%.

Analysis

It is understood that social, cultural, and sporting activities are planned and delivered through student clubs; that written principles and procedures exist for event management; and that event proposals are managed through a defined workflow (coordinated by the Communication Office). Site-visit evidence corroborates the diversity of activities and the vibrancy reflected in campus life; and, within sports activities, the scheduling of class–training compatibility stands out as a functional practice supporting student participation. However, evidence is limited that relevant measurement set and reporting routine for institutional-level monitoring and improvement of activities (participant numbers, accessibility/equity of participation, satisfaction, budget/expenditure, recurring requests, feedback–action trails, etc.) is operated consistently across all units and is systematically linked to decision-making processes. In terms of transparency, presenting club activity outputs and key indicators to the public in a standard format would strengthen institutional visibility.

Evaluation Team commendation I

Student clubs and regular institutional events (Spring Fest, career fairs, exhibitions, etc.) strengthen campus life; and site-visit evidence indicates that student activities focused on social responsibility and environmental themes have gained continuity. Written procedures relating to the governance of club activities, together with evidence such as the event proposal process and annual activity reporting, indicate that activities are not solely “ad hoc” but are undertaken within a defined management framework.

Evaluation Team recommendation I

To monitor and report social/cultural/sporting activities through institution-wide standard indicators, it is recommended that a minimum dataset is defined and that periodic summaries are reviewed by relevant boards and linked to improvement decisions.

Evaluation Team recommendation II

To increase transparency and sustainability of club activities, it is recommended that standard event recording templates at club level and a public-facing summary page/reporting approach are established.

Evaluation Team suggestion for further improvement

Student clubs and institutional events may be further strengthened through a short annual briefing for club advisors and a simple consultation route to be used when needed.

Evaluation Team Conclusion for Maturity Level: 3

The social, cultural, and sporting activities are accessible throughout the entire institution and they are utilized based on equal opportunity.

B.4 TEACHING STAFF

B.4.1. Recruitment, promotion and appointment criteria

Evidence

The principles for academic staff recruitment and promotion are applied clearly and transparently; that the Senate reviews and updates the principles at least once every five years; that the criteria are defined by the *Procedure on Academic Appointments and Promotion in Scientific Fields at the International University of Sarajevo*; and that the selection process is conducted through committees appointed by the Faculty Council. Within the *Statute of IUS*, the role of the Faculty Council in developing/proposing appointment guidelines and the five-year review cycle are stated. Employment, appointment and promotion processes are regulated through the *Book of Rules on Labor Relations*, the *Law on Higher Education of the Sarajevo Canton*, the *Statute of IUS*, and the appointment–promotion procedures for scientific and artistic fields; and performance evaluation is regulated through the *Book of Rules on Academic Staff Evaluation* and is publicly shared. The 2024–2029 Action Plan also specifies recruitment in line with increasing student numbers and a timetable (by June 2028). The appointment–promotion committee reports are shared on unit websites; and evidence has been submitted including vacancy announcements, board/committee minutes, and teaching assignment documents. Delays in visa processes for international recruitment have been noted as a risk. The academic staff performance evaluation is conducted annually across research (40%), teaching (40%) and service (20%); that the teaching score uses *average academic survey score* (60%) and *teaching activity* (40%) components; that award/warning/contract termination decisions are taken by the Board of Trustees; and that full professors are re-evaluated every seven years, with deans submitting an annual report.

Analysis

It is understood that academic staff employment, appointment–promotion and teaching assignment processes are defined through written regulations and procedures; that announcements are published regularly; that application requirements and evaluation criteria are communicated in advance; and that selection committees are formed with due regard to disciplinary fit and rank requirements. The finalisation of committee reports through board/council decisions and their publication on unit websites indicates a strong set of practices in terms of transparency and traceability.

The performance evaluation system operates on an annual basis through weighted and transparently defined indicators (research–teaching–service); the integration of student survey scores into teaching performance and the periodic re-evaluation approach for full professors support accountability. Nevertheless, improvement opportunities remain in systematically monitoring—through an institution-wide structured KPI set—indicators relating to institutional capacity and diversity (e.g., discipline/gender distribution), internal hiring intensity (inbreeding), and process efficiency, and in linking recruitment risks (particularly international visa processes) to structured institutional risk plans. In addition, as e-campus-based digital processes expand, there is a need to strengthen institutional capacity (IT teams/roles and control mechanisms) in relation to personal data security and module integration.

Evaluation Team commendation I

Appointment and promotion processes are conducted through written provisions, published criteria, committee reports and board decisions; and the publication of reports on unit websites strengthens transparency and accountability.

Evaluation Team commendation II

The academic performance evaluation system defines research–teaching–service components with explicit weightings, incorporates student feedback into teaching performance, and includes a periodic re-evaluation mechanism for full professors.

Evaluation Team recommendation I

To establish an institutional risk and capacity plan for international recruitment and staff sustainability, it is recommended that risk registers, owners, preventive measures, and monitoring indicators are defined for areas including visa/permit processes, delayed start dates, accommodation/integration, career expectations, and retention.

Evaluation Team suggestion for further improvement

To strengthen diversity and process efficiency, it is recommended that an institution-wide standard KPI package is added to the appointment–promotion system and reported regularly and that—as digital modules expand—IT roles and controls for personal data security and module integration are strengthened.

Evaluation Team Conclusion for Maturity Level: 3

The institution implements the recruitment, promotion, and appointment criteria which are defined for all fields (recruitment, promotion, appointment, course assignment of teaching staff, etc.); these are recognized by stakeholders and included in decision-making.

B.4.2. Teaching competencies and development

Evidence

There are regulations that encourage academic staff to engage in scientific publication, conference participation, book publishing, professional development, and mentoring activities; that coordination is carried out by the HR Office; and that tracking of those receiving support is undertaken by the Finance and Economic Affairs Service as expressed ISER. This framework is defined through the *Book of Rules on Incentives Policy and Financial Support for Full-Time Academic Staff at IUS*, the *Book of Rules on Publishing Activities at IUS*, and the relevant incentive/professional development provisions. Within the *Statute of IUS*, the Faculty Council's role is defined as proposing scientific/research/artistic activities and professional development programs for academic staff and other employees to the Senate, and as reviewing requests and developing recommendations; the program coordinator's responsibility is also defined as monitoring academic staff's scientific research and professional development and proposing necessary measures/incentives to the faculty. It is stated that incentives are linked to criteria such as journals' SCIMAGO ranking position; that professional development activities (e.g., IUSLife courses, QEDEX platform activities, etc.) are delivered; and that participation processes for academic and administrative staff in exchange programs are defined through the *Book of Rules on Participation on Exchange Programs*. In the 2024 national accreditation decision, publication incentives, conference participation, and project office support are noted as professional development opportunities.

Analysis

At the institution, incentive and support mechanisms that underpin academic staff teaching competencies and professional development are based on defined regulations; process coordination and financial monitoring roles are specified; and professional development activities and mobility programs are delivered institution-wide. Linking incentives to criteria (e.g., SCIMAGO position) and providing development activities through multiple channels indicate that the system has a diversity of instruments and opportunities. Nevertheless, it has not been sufficiently evidenced that teaching competency development activities are underpinned, at institutional scale, by a systematic needs analysis and impact/output measurement. Accordingly, a more structured, repeatable, and KPI-based framework is needed for planning (needs → plan → delivery → measurement → improvement) and for institutional learning.

Written regulations are in place that incentivise academic staff scientific output, conference participation, publishing activity, and professional development, with defined roles for process coordination and financial monitoring; and the incentive system is operated on a

criteria-based basis. Professional development and mobility activities (internal development activities, exchange programs, etc.) are delivered through institutional mechanisms, thereby establishing a multi-channel development ecosystem for academic staff.

To make the existing multi-channel development ecosystem (IUSLife, QEDEX, etc.) more visible and more widely impactful, it may be considered that a light-touch “Teaching Innovation Mini-Grant / Good Practice Showcase” approach is introduced. For example, a small-budget call could be issued 1–2 times per year so that good practices trialled by academic staff in course design/assessment/digital pedagogy are captured through a short output note and a brief sharing session, and consolidated within an institutional pool. This would accelerate cross-unit diffusion of good practice and support institutional learning.

Evaluation Team recommendation I

To ground teaching competency and professional development processes in a systematic institution-wide needs analysis, it is recommended that each academic unit reports its annual needs analysis in a structured format and that results are consolidated and reflected in the institutional plan.

Evaluation Team recommendation II

To evidence activity effectiveness through a KPI-based monitoring and impact evaluation mechanism structured at institutional level, it is recommended that relevant indicators are monitored regularly, and that peer observation/mentoring and micro-learning sessions are delivered through a central timetable and incorporated into monitoring dashboards.

Evaluation Team Conclusion for Maturity Level: 3

There are practices aiming at developing the teaching competencies of teaching staff throughout the entire institution.

B.4.3. Incentives and rewards for educational activities

Evidence

Under the *Book of Rules on Academic Staff Evaluation*; that various financial incentives and approved paid leave are granted to academic staff rated as “Excellent” and “Very Good”; that a formal warning may be issued to staff rated as “Poor”; and that, where a “Poor” evaluation occurs in two consecutive years, the option of contract termination may be considered by decision of the Board of Trustees. The 2024 event titled “*Academic Excellence Award Ceremony: Recognition Ceremony for Outstanding Teaching Staff Achievements*” has been submitted as evidence.

Analysis

It is understood that the institution has a defined and operational annual evaluation framework that monitors academic performance and links outcomes to practices such as incentives, leave, and warnings. In addition, the organisation of a recognition/award

ceremony in 2024 that makes teaching staff achievements visible provides a concrete institutional example that supports a culture of appreciation. Nevertheless, the current evidence set does not clearly demonstrate that incentive and reward mechanisms are designed as a targeted model—operated through standard criteria/rubrics—to directly strengthen teaching-focused sub-dimensions such as innovation in teaching and learning, course design quality, and assessment quality. The existing structure appears to rely primarily on holistic monitoring of overall academic performance (teaching–research–service); there remains a maturation need to operate the sub-components of teaching excellence through a distinct program logic (application–evaluation–evidence–feedback–monitoring) and to measure its impact.

Evaluation Team commendation I

Linking annual evaluation results of academic staff to incentive/leave and performance management practices indicates the presence of a defined and functioning institutional framework. The 2024 recognition/award event that highlights teaching staff achievements is a tangible example supporting an institutional culture of appreciation.

Evaluation Team recommendation I

To strengthen the monitoring–improvement dimension of incentives and rewards and to integrate the teaching focus more visibly into HR processes, it is recommended that (i) teaching-focused achievements are structured as a clearer sub-heading within recruitment–promotion documentation with explicit evidence counterparts, and (ii) incentive/award practices are reported institution-wide through KPI-based summaries with outputs linked to improvement decisions.

Evaluation Team suggestion for further improvement

To develop a teaching-specific incentive and award model—such as “Teaching Excellence / Innovative Teaching”—based on explicit criteria and rubrics, it is recommended that evidence types are defined and that the evaluation process, jury/committee structure, and the institutional standard for decision rationale are clarified at institutional level.

Evaluation Team Conclusion for Maturity Level: 3

Incentive and rewards practices are implemented throughout the entire institution.

C. RESEARCH AND DEVELOPMENT

C.1. MANAGEMENT OF RESEARCH PROCESSES AND THE RESEARCH RESOURCES

C.1.1. Management of research processes

Evidence

The institution manages its research activities through a framework aligned with the Strategic Plan 2022–2026, coordinated by the Vice Rectorate, Research Development Centre (RDC), and Office of Sponsored Projects (OSP). Systematic monitoring is evidenced by annual Research

Output Reports submitted to the Executive Board, incorporating research data collected by the Librarian from the E-campus academic evaluation module and Scimago (SIR) rankings. Following a noted decline in research outputs post-pandemic, the institution updated its Academic Promotion and Financial Incentive Rulebooks to stimulate productivity. Data collection is primarily facilitated through the e-campus system's academic evaluation module.

Analysis

The institution manages its research activities in alignment with the Strategic Plan 2022–2026 through central coordination (Vice Rector for International cooperation and Research, RDC, OSP) In particular, the revision of incentive rulebooks during periods when research outputs declined provides evidence that the 'Act' dimension of the PDCA cycle is being operationalised. The monitoring of research outputs at senior management level (Executive Board) on weekly and annual cycles indicates that an evidence-informed management approach has been strengthened. However, the user-declaration-based structure of the e-campus system used in data collection, and the fact that certain modules remain in beta, present an operational risk in terms of data completeness and accuracy. The reliance on a user-declaration-based structure within the e-campus system and the beta status of certain modules introduce potential risks regarding data completeness and accuracy. While monitoring mechanisms are active at the senior management level, the evaluation team observed that the consistent verification of improvement actions (completing the PDCA cycle) across all academic units are not yet fully matured.

Evaluation Team Commendations I

The operation of a systematic and evidence-informed monitoring mechanism at the senior management level, which effectively integrates international ranking data (SIR) and academic performance metrics into the institutional review process.

Evaluation Team Recommendation I

To facilitate the transition toward Maturity Level 4, establishing structured platforms for periodic research performance reviews—involving RDC/OSP and faculty-level representatives—could enhance the joint interpretation of findings and ensure the systematic identification of priority support needs across the institution.

Evaluation Team Recommendation II

To mitigate risks associated with manual data entry within the digital infrastructure, developing a standardized data quality and verification protocol would strengthen the reliability of the research management information system.

Evaluation Team Recommendation III

To enhance the institutional traceability of quality cycles, creating a formal framework for recording and analyzing the impact of corrective actions would ensure that the results of the "Act" phase are documented and utilized systematically in periodic management reviews.

Evaluation Team Conclusion for Maturity Level: 3

The management and organisational structure of the research processes are practised in line with the institutional preferences throughout the entire institution.

C.1.2. Internal and external resources

Evidence

Physical infrastructure includes 1,300 m² of dedicated RDC laboratory space and specialized facilities such as the Anatomy Laboratory for the Faculty of Medicine. Budgetary allocations for R&D are approved by the Board of Trustees. The institution has initiated resource diversification through the OSP and strategic partnerships, including the Technopark project in collaboration with the Istanbul Chamber of Commerce. Site visit records indicate that laboratories are utilized for both teaching and research purposes, and financial support is provided for international conference attendance and indexing fees.

Analysis

The institution demonstrates a sustained approach to the provision of physical infrastructure (e.g., laboratory spaces) and the allocation of budgetary resources for research activities. The provision of structured support through the OSP to access externally funded resources, together with sectoral integration steps such as the Technopark, supports an orientation towards resource diversification. Planned support for budget allocations and physical research infrastructure indicates an institution-level commitment to the continuity of research resources. However, the evaluation team observed that the current monitoring of these resources lacks a standardized benchmarking approach. Integrating a comparative indicator set into management reviews could further align resource allocation with the institution's strategic priorities and enhance the efficiency of research investments.

Evaluation Team Recommendation I

To strengthen the prioritization of resource allocation, the institution could benefit from defining a strategic benchmarking indicator set—aligned with comparable institutional profiles—and integrating these metrics into the annual management review cycles.

Evaluation Team Recommendation II

To enhance institutional standards and reinforce external stakeholder confidence in research infrastructure, assessing the feasibility of accreditation or certification for priority service-providing laboratories could be considered as part of a phased quality enhancement roadmap.

Evaluation Team Recommendation III

To evidence the development of internal and external resources over the past three years, establishing a comprehensive and periodically updated R&D resource analysis mechanism would support more informed decision-making cycles.

Evaluation Team Recommendation IV

To monitor the effectiveness of resource management, standardizing unit-level traceable performance indicators across the institution would facilitate the embedding of financial monitoring outputs into research management processes.

Evaluation Team Conclusion for Maturity Level: 3

The institution manages its research and development resources by taking its research strategy and the balance between its units into account.

C.1.3. Doctoral programs and postdoctoral opportunities

Evidence

The institution offers doctoral programs across nine disciplines, overseen by the Graduate Council. Recent curriculum updates include AI-focused modules. Doctoral students are involved in industry-linked projects and external collaborations. Field visit observations confirm that PhD education is a strategic priority, with financial incentives provided to supervisors for successful completions.

Analysis

It is understood that the institution addresses doctoral education under its “research” priority, and that the Graduate Council assumes a monitoring role through program oversight and curriculum updates. The integration of doctoral students into industry-linked theses/projects is regarded as a practice that strengthens the applied dimension of doctoral study.

The institution provides various postdoctoral opportunities that contribute to its research ecosystem; however, it is observed that these processes would benefit from being managed under a more standardised, institution-wide framework. While certain implicit principles regarding academic diversity and merit-based staffing are maintained, developing a formal policy to manage academic inbreeding risk would strengthen the sustainability of these principles. Establishing such a framework will allow for a systematic evaluation of academic diversity within the quality assurance cycles. Furthermore, systematically monitoring doctoral program outputs (e.g., publications) and integrating lessons learned from industry-linked projects into curriculum updates remain essential for closing the PDCA cycle at the program level.

Evaluation Team Commendations I

The active inclusion of doctoral students in industry-linked projects and the provision of financial incentives for supervisors, which effectively strengthen the stakeholder engagement and application dimensions of doctoral education.

Evaluation Team Recommendation I

To enhance institutional learning from industry-linked doctoral work, establishing a mechanism for sharing good practices and lessons learned—derived from case evaluations—within the Graduate Council could provide valuable inputs for periodic program oversight and curriculum updates.

Evaluation Team Recommendation II

Developing and implementing an institutional framework to define the employment conditions, rights, and funding mechanisms for postdoctoral researchers would support the visibility and sustainability of this research track.

Evaluation Team Recommendation III

To reinforce institutional commitment to academic diversity and merit-based staffing, articulating existing informal principles regarding the management of academic inbreeding risk into a formalized policy framework and integrating it into periodic reporting cycles would ensure long-term sustainability.

Evaluation Team Recommendation IV

Standardizing periodic program-level evaluation reports that correlate doctoral enrollment and graduation data with research outputs would enable a more data-driven monitoring of program effectiveness.

Evaluation Team Conclusion for Maturity Level: 3

The institution carries out doctoral programs and postdoctoral opportunities that support and align with the institution's research policy, objectives, and strategies.

C.2. RESEARCH COMPETENCE, COLLABORATIONS, AND SUPPORTS

C.2.1. Research competencies and their development

Evidence

Technical and administrative support is provided through the RDC and OSP. Internationalization is a key driver, with over 35% of academic staff being international. The institution measures support unit efficiency through user surveys. Faculty members receive support for project writing and grant management.

Analysis

The institution utilizes technical infrastructure (RDC) and administrative support (OSP) in an integrated manner to strengthen research capacity. The high proportion of international academic staff (over 35%) supports pluralism and a global perspective within the research culture. The use of SIR 2024 data serves as a valuable external reference point for monitoring international visibility. Furthermore, measuring the efficiency of support units through user surveys is a positive practice that aligns with the "Check" phase of the PDCA cycle. Nevertheless, the evaluation team noted that the current evidence of quantitative impact analysis is limited. Specifically, there is a lack of data-driven insights demonstrating how advanced R&D and project-writing trainings directly affect research outputs (e.g., project success rates or publication quality). Moving beyond participation metrics toward outcome-oriented evaluation remains a key area for development to justify future improvement decisions.

Evaluation Team Commendations I

The systematic monitoring of support unit efficiency through stakeholder feedback, which demonstrates an established practice of utilizing user perspectives to track the effectiveness of research support mechanisms

Evaluation Team Recommendation I

To enhance the strategic impact of research capacity-building activities, establishing a systematic monitoring framework that evaluates the long-term influence of R&D trainings on actual research outputs could facilitate more evidence-based decision-making and support the transition toward Maturity Level 4.

Evaluation Team Conclusion for Maturity Level: 3

There are practices for developing the research competencies of the teaching staff throughout the institution.

C.2.2. National and international joint programs and joint research units

Evidence

The institution maintains 21 joint international programs or double diploma programs (e.g., with ITU and Marmara University) and participates in international networks like COST. Collaboration protocols exist with healthcare stakeholders such as UKC Tuzla, KB Zenica, MEDICANA, Zavod za javno zdravstvo KS, ASA bolnica, Bolnica "Abdulah Nakas", Sarajevo and industry partners through the Technopark initiative.

Analysis

The institution facilitates international research and educational synergy through structured collaboration mechanisms, such as international mobility frameworks and joint international programs management, which have led to 21 active dual degree implementations and sustained participation in international networks. These activities are closely aligned with the institution's strategic objectives of 'Global Citizenship' and 'Regional Development,' as evidenced by the strategic plan's focus on expanding double degree offerings. In addition, established protocols with industry and healthcare stakeholders provide a formal basis for joint activities and practice-based linkages, supporting the strategic goal of enhancing service to society.

However, the evaluation team noted that while these implementations are diverse and successful, the institutional monitoring framework is not yet sufficiently integrated to ensure that this broad partnership network is systematically analyzed for its direct contribution to tangible research outputs (e.g., joint publications or projects). Strengthening a data-driven, output-oriented monitoring approach would allow the institution to use collaboration results as regular input for decision-making cycles and further align these partnerships with long-term strategic targets.

Evaluation Team Commendations I

The effective operation of institutionalised collaboration instruments and dual degree programs, which demonstrate a sustained and structured capacity for international partnership and strategic alignment.

Evaluation Team Recommendation I

To enhance the strategic impact of international partnerships, establishing a systematic approach to inventorying and reporting joint research outputs produced through bilateral protocols and dual degree programs could facilitate evidence-based evaluations during annual management review cycles.

Evaluation Team Recommendation II

To further strengthen the effectiveness of collaborations with industry and healthcare stakeholders, developing structured monitoring routines—integrating both stakeholder feedback and output analysis—could support the translation of partnership results into verified improvement actions and ensure their systematic consideration within institutional decision-making processes.

Evaluation Team Conclusion for Maturity Level: 3

National and international joint programs and joint research activities are carried out throughout the institution.

C.3. RESEARCH PERFORMANCE

C.3.1. The follow-up and evaluation of research performance

Evidence

Research performance is monitored via specific KPIs, including a target of 100 Scopus-indexed publications annually. The institution uses SIR data for external benchmarking. Rulebooks were revised in response to performance fluctuations observed after the Covid-19 period.

Analysis

The institution monitors research performance through concrete and measurable KPIs, such as the annual target of 100 scopus-based publications. The use of reports sourced from the library and academic departments in the data collection process supports evidence-based management. Using international rankings (e.g., SIR) as a key benchmarking tool enables an external benchmarking approach. Updating incentive rulebooks in areas where performance decline is observed indicates that the “Act” step of the PDCA cycle is being implemented.

However, to strengthen the accountability framework, the institution needs to enhance the transparency of performance reporting to relevant stakeholders. Furthermore, the systematic use of root cause analysis for target deviations and the institution-wide dissemination of verified corrective actions (CAPA) remain areas for development. Ensuring that performance results are shared more consistently with relevant internal and external stakeholders would further strengthen the quality culture.

Evaluation Team Commendation I

The monitoring of research performance through measurable SMART-type targets and international benchmarking data, which demonstrates a target-driven and evidence-based approach to performance management.

Evaluation Team Recommendation I

To strengthen the institutionalization of the PDCA cycle, developing a systematic approach for conducting root cause analysis in areas showing target deviations could ensure that corrective and preventive actions are evidence-based and effectively integrated into periodic performance reviews.

Evaluation Team Recommendation II

To enhance accountability and transparency, establishing formalized mechanisms for communicating research performance results to relevant stakeholders would support the institution’s commitment to transparency. Defining standardized reporting routines and indicators for public or stakeholder-specific disclosure could further institutionalize this practice as a sustainable component of the quality assurance system.

Evaluation Team Conclusion for Maturity Level: 3

Mechanisms established for follow-up and evaluation of the research performance are used throughout the institution.

C.3.2. Performance evaluation for the teaching staff/researchers

Evidence

The e-campus academic performance module tracks research, teaching, and service data. Performance is linked to promotion and financial incentives (e.g., publication bonuses up to 5 articles per calendar year). Faculty members complete "academic evaluation" at the end of each semester through the E-campus.

Analysis

It is understood that academic staff performance evaluation is conducted in an integrated manner via e-campus and that performance outputs are linked to promotion and financial incentives. The ability to benchmark individual outputs against departmental averages is considered to support traceability and transparency.

However, within the current evidence set, evidence appears limited regarding how feedback collected from academic staff at the end of the evaluation process is used to improve the system. In addition, there is a need to strengthen institutional evidence demonstrating that recognition/award practices (e.g., "Researcher of the Year") are implemented across all units with shared criteria and consistent processes.

Evaluation Team Commendation I

The management of academic performance data within a traceable digital environment (e-campus), which effectively supports the integrated implementation, comparability, and transparency of the performance evaluation process.

Evaluation Team Recommendation I

To strengthen the improvement dimension of the performance evaluation system, establishing systematic mechanisms for collecting and analyzing feedback from academic staff could ensure that the system is refined based on internal stakeholder experiences and that resulting improvements are documented in a traceable manner.

Evaluation Team Recommendation II

To ensure that recognition and award practices are implemented consistently across all academic units, developing an institutional framework that defines core standards, criteria, and processes would support a unified approach. Periodically monitoring the dissemination of these practices across the institution could further reinforce meritocracy and transparency within the research culture.

Evaluation Team Conclusion for Maturity Level: 3

Established mechanisms for follow-up and assessment of the research and development performance of teaching staff are used throughout the institution.

D. SERVICE TO SOCIETY

D.1. MANAGEMENT OF SERVICE TO SOCIETY PROCESSES AND SERVICE TO SOCIETY RESOURCES

D.1.1. Management of service to society processes

Evidences

Service to society is one of the three main objectives of the IUS Strategic Plan 2022–2026 and is defined as one of the institution's strategic goals under the heading of “global citizenship.” The activities, KPIs, and risks targeted to achieve these stated goals are outlined in the strategic plan. Service to society activities are carried out by various programs, units, and teams. Additionally, the university is a member of the Sustainable Development Solutions Network (SDSN), the Inter-University Sustainable Development Research Program (IUSDRP), and the European School of Sustainability Science and Research (ESSSR).

Through the IUS Life Lifelong Learning Center, courses tailored to the needs of stakeholders are offered, and service to society activities are carried out in interaction with local, regional, and international stakeholders. The Balkan Studies Center (BSC) carries out research-based service to society activities focused on peace, reconciliation, and democratic development. In this context, the project “Thirty Years Since the Signing of the Dayton Peace Agreement in Bosnia and Herzegovina” aims to deliver public lectures and publish a compilation book. Students are seen to be carrying out service to society activities. In addition to SDG-related courses such as HUM100 Social Responsibility and Sustainable Development, IR476 Global Environmental Issues, and IR467 Energy Security courses are being included in the programs. The learning outcomes of 37 courses have been made compatible with the SDGs. Activities such as SDG talks, workshops, and movie screenings are held within the scope of the HUM100 Social Responsibility and Sustainable Development course. Students present SDG projects as their final course projects. Activities such as talks, workshops, competitions, and exhibitions were held as part of IUS SDG Week. As part of its efforts to integrate the Sustainable Development Goals into its educational processes, the university has been included among the best practices in the SDG Accord 2025 Progress Report. This demonstrates that the institution's approach to integrating the SDGs into its education and training activities has gained international visibility. When recording the activities carried out on the E-campus, it is specified that they are SDG-related. The number of activities carried out under each SDG is tracked annually. The institution has also established an Open Education Resources System by sharing videos of courses taught in departments on an open platform.

Analysis

Although activity monitoring is strong (counts and categorisation), evidence of PDCA closure (structured needs analysis, feedback, documented improvement actions with closure evidence) and impact/outcome reporting (beyond activity volume) is not sufficiently explicit. Strengthening these elements would improve accountability and demonstrate more mature, repeatable improvement across cycles.

The institution has embedded SDGs systematically into both educational and service to society activities, supported by structured monitoring via e-campus and enhanced international visibility through inclusion in the SDG Accord 2025 Progress Report. To complement the existing e-campus-based SDG monitoring routine, it may be considered to scale up the use of a one-page standard “mini PDCA card” for key activity types (such as IUS LIFE, SDG Week, and OER), capturing needs/feedback–action–owner–deadline–closure evidence.

Evaluation Team suggestion for further improvement I

The evaluation team suggests strengthening the institutional visibility, outreach, and activity intensity of the IUS LIFE Lifelong Learning Center. Increasing the center’s strategic role within the university may enhance lifelong learning opportunities, stakeholder engagement, and the overall contribution of the institution to capacity-building.

Evaluation Team suggestion for further improvement II

The evaluation team suggests updating and further improving the open educational resources system. More diversified resources could be uploaded to the system, considering the needs of the community and stakeholders.

Evaluation Team Recommendation I

The evaluation team recommends developing a more systematic, data-driven needs analysis and feedback framework for service to society activities, and demonstrating PDCA closure through documented improvement actions, ensuring that stakeholder needs and feedback routinely translate into traceable enhancements.

Evaluation Team Recommendation II

The evaluation team recommends complementing activity-volume monitoring with impact/outcome reporting and integrating these outcomes into periodic public reporting and management review, including structured reporting for IUS LIFE activities and the prioritisation of OER content based on stakeholder/community needs.

Evaluation Team Recommendation III

The evaluation team recommends developing structured incentive mechanisms (such as social transcripts or micro-credentials) to enhance student participation in service to society activities.

Evaluation Team conclusion for maturity level: 3

The management and organisational structure of the service to society processes are practised in line with the institutional preferences throughout the institution.

D.1.2 Resources

Evidences

Service to society is institutionalized as the third pillar of the IUS Strategic Plan 2022–2026, ensuring strategic prioritization and resource allocation. The institution is involved in various partnership networks with academic institutions, governmental bodies, businesses, and NGOs at local, regional, and global levels. Internationalization resources, including Erasmus+ participation and dual diploma programs, further support the institution’s global citizenship goal. External project funding, grant targeting, and the organization of high-impact conferences—aligned with the objective of developing Canton Sarajevo as a regional university hub—provide additional resources that sustain service-to-society initiatives. Allocation of project resources (including service to society projects) is tracked through the E-campus system.

Analysis

Resource allocation for projects is monitored via the e-campus system, which provides a basis for accountability and traceability. However, while monitoring exists, the current evidence set does not yet demonstrate consistently how resource monitoring outputs are systematically used for evaluation, prioritisation, or improvement decisions (e.g., criteria-based budgeting, periodic review outputs, reallocation logic, and closure/impact evidence). In addition, institution-wide minimum expectations for budgeting and resource prioritisation for service to society activities are not sufficiently evidenced in a standardised manner, which may limit comparability and consistency of resourcing decisions across units and cycles.

Evaluation Team Recommendation I

The evaluation team recommends developing and implementing a clear institutional framework for budgeting and resource prioritisation for service to society activities, and demonstrating how e-campus monitoring data is routinely translated into evaluation and improvement decisions.

Evaluation Team conclusion for maturity level: 3

The institution manages its service to society resources by taking the service to society strategy and the balance between units into account.

D.2. SERVICE TO SOCIETY PERFORMANCE

D.2.1. The follow up and evaluation of service to society performance

Evidences

The Strategic Plan includes KPIs related to service to society activities such as the number of joint events and visits, protocols, and public conferences. The institution has developed both two-year and annual plans for the implementation of the Sustainable Development Goals (SDGs). In addition, a SDG Executive Committee has been established to coordinate SDG activities, and a SDG Policy was adopted in 2021. These implementations provide an institutional framework for service to society activities. SDG-related activities are transparently displayed through public platforms. The institution ranked 9th among many world universities implementing SDG goals through university activities in the THE Impact Ranking 2020 list. The institution's SDG-related activities positively influence the Times Higher Education Impact Rankings and GreenMetric rankings.

Analysis

Service to society performance monitoring is institutionally embedded through strategic planning (KPIs), SDG-specific implementation planning, and defined governance/coordination mechanisms. Public dissemination of SDG-related activities supports transparency and visibility. External rankings are referenced as benchmarking signals, and the institution reports SDG-aligned visibility based on these external indicators; however, the supporting evidence for ranking position/attribution should be clearly documented where used for decision-making. While KPIs and benchmarking indicators are monitored, the current evidence set does not yet demonstrate consistently how monitoring results are translated into structured decisions, prioritised improvement actions, feedback-informed revisions, and documented PDCA closure (i.e., action ownership, deadlines, outcome indicators, and closure evidence).

Evaluation Team Commendation I

Service to society performance monitoring is supported by an institutional framework that combines Strategic Plan KPIs with SDG governance (committee, policy, and implementation plans) and public transparency, enabling coordinated and traceable follow-up. Strong performance in SDG-aligned activities represents one of the institution's prominent achievements and contributes to enhanced international recognition, as reflected in improved THE Impact and GreenMetric rankings.

Evaluation Team Recommendation I

The Evaluation Team recommends establishing and documenting a clear PDCA closure mechanism that links performance monitoring to improvement decisions.

Evaluation Team conclusion for maturity level: 3

Mechanisms established for follow-up and evaluation of the service to society performance are used throughout the institution.

CONCLUSION

Within the scope of this evaluation report, the institution is observed to demonstrate institution-wide practices supported by defined processes and evidence across governance, strategic management, learning and teaching, research and development, and service to society. The maturity level results indicate that monitoring and improvement mechanisms are embedded for some criteria; for others, while practices exist institution-wide, there remain development areas in terms of standardisation, producing traceable PDCA closure evidence, and converting monitoring outputs into prioritised improvement actions.

For the next improvement cycle, three cross-cutting priorities stand out to help the institution increase institutional impact: (i) ensuring that monitoring results are addressed at regular review points and systematically closed through an action–owner–deadline–indicator–closure evidence chain; (ii) strengthening comparability by clarifying institution-wide minimum standards in areas where practices vary across units and programs; and (iii) making outcome/impact indicators more visible and reporting them more regularly alongside activity counts. These priorities will support a more consistent, traceable, and sustainable quality enhancement approach while maintaining the institution’s existing strengths.

In the following sections, the institution’s key strengths are presented under “Summary of Commendations”; a synthesis of maturity judgements and the main recommendation themes is provided under “Overview of Judgements And Recommendations”; and development-oriented suggestions to further build on strengths are set out under “Suggestions for Further Improvement.”

SUMMARY OF COMMENDATIONS

The evaluation team recognizes the International University of Sarajevo for demonstrating substantial quality assurance maturity across its operations. The following institutional strengths are particularly commendable:

A. Governance and Quality

- The Evaluation Team commends the institution for maintaining accessible leadership and regular coordination practices that support timely communication and effective operational coordination across organisational units.
- The Evaluation Team commends the institution’s efforts to position internal quality assurance as a strategic governance priority through defined policy instruments and post-accreditation planning, supporting the development of a quality culture across institutional functions.

- The Evaluation Team commends the institution for establishing strategic planning and monitoring structures, including progress tracking and defined governance ownership through the Strategic Management Body, providing a coherent framework for steering institutional transformation.
- The Evaluation Team commends the institution for operating an internal quality assurance system supported by a dedicated central unit and a defined set of quality instruments, enabling quality assurance to be embedded across institutional functions and supporting continuous improvement.
- The Evaluation Team commends the institution for providing accessible public information through multi-channel and multilingual communication arrangements, supporting transparency for diverse stakeholder groups.
- The Evaluation Team commends the institution for communicating its mission and vision publicly and engaging stakeholders in shaping strategic direction, supporting broad awareness and alignment of institutional initiatives with stated priorities.
- The Evaluation Team commends the institution for establishing structured strategic planning and monitoring arrangements, including stakeholder consultation and Strategic Management Body oversight, enabling periodic review and formal reporting through governance channels.
- The Evaluation Team commends the institution for supporting performance management through KPI-based monitoring and annual reporting instruments, enabling evidence-informed discussion of performance across institutional functions.
- The Evaluation Team commends the institution for maintaining a multi-system information environment (including SIS and e-campus) that supports core academic and administrative processes and provides a foundation for reporting and quality management.
- The Evaluation Team commends the institution for applying a process approach supported by the QA Rule Book and ISO-aligned practices, including process mapping and internal audit activity, providing a structured basis for process review.
- The Evaluation Team commends the institution's efforts to sustain active student participation in governance and quality processes through formal representation mechanisms and multiple feedback channels, enabling students to contribute to and enhance the quality culture.
- The Evaluation Team commends the institution for systematic collection of student feedback through SIS-linked mechanisms and for using outputs in both academic staff review and governance discussion, enabling feedback to inform improvement actions across teaching and services.
- The Evaluation Team commends the institution for establishing a dedicated unit for alumni relations and maintaining an alumni database and engagement channels, enabling ongoing communication and alumni participation in institutional activities.

- The Evaluation Team commends the institution for managing internationalisation through defined leadership ownership and an articulated strategy and action plan, supporting structured development of partnerships, mobility and international opportunities for students and staff.
- The Evaluation Team commends the institution for establishing dedicated units supporting internationalisation, enabling structured delivery of mobility, partnerships and international project activities.
- The Evaluation Team commends the institution for defining internationalisation performance monitoring through an Action Plan with assigned responsibilities and indicators, enabling structured oversight of internationalisation across teaching, research and service functions.

B. Learning and Teaching

- It has been observed that program learning outcomes are defined in alignment with the NQF/EQF and the Dublin Descriptors; that course information packages are prepared and published publicly; and that CLO→PLO mapping is supported through a guideline/matrix approach.
- The workload-based ECTS approach is defined through institutional regulations; standard processes and forms are in place across course/internship/exchange components; and course information packages are disclosed transparently via e-campus, thereby operationalising public disclosure.
- Program monitoring and updating processes are defined through written regulations and operated through a standard workflow; and a systematic framework has been established to link evaluation findings to PDCA/CAPA mechanisms through SER/EoY reporting and e-campus-based digital monitoring practices.
- Rules, principles, and regulations relating to learning and teaching processes are clearly defined through the learning cycle “Study Rules” documents and the relevant Book of Rules/Statute provisions; coordination and responsibilities are clarified; and program/course changes are conducted through a standard workflow supported by the e-campus infrastructure.
- Student-centred and practice-oriented delivery is evident across relevant programs, supported by transparent course documentation and periodic feedback-informed adjustments.
- Assessment processes are defined through regulations; assessment components/weightings and ECTS–workload information are publicly available through course syllabi; academic and examination calendars are announced at the beginning of the semester; and appeals processes are operated through defined mechanisms.
- Student admission, scholarship, and recognition of prior learning processes are defined through regulations and rules; application–registration–appeal flows are

operated through announced timetables; and recognition/equivalence processes are conducted within a framework aligned with Lisbon recognition principles.

- The definition of graduation, diploma, and diploma supplement processes through guidelines, together with clarified responsibilities and a target timeline approach, supports predictability and operational consistency in document production and approval processes.
- The institution strongly supports learning and teaching through a comprehensive physical learning environment, a library management system, and diverse digital resources (including e-campus, databases, and academic tools), and implements a feedback-informed approach to resource development.
- The assignment of an academic advisor to each student, the communication of office hours through digital and physical channels, and the accessibility of psychological counselling/career support services indicate that the core components of academic support services are operated at institutional level.
- The campus demonstrates a comprehensive diversity of facilities and infrastructure capable of responding to the varying needs of programs; laboratories and learning spaces developed through partnerships, together with capacity-enhancing investments (new building/dormitory plans and sports facility improvements), indicate that infrastructure is being managed with a development-oriented perspective.
- The institution manages adjustment requests for students with disabilities through an institutional structure (Support Office) and a guideline-based implementation framework, and delivers support services in a functional manner supported by the SDIP database and evidenced practices.
- Student clubs and regular institutional events (Spring Fest, career fairs, exhibitions, etc.) strengthen campus life; and site-visit evidence indicates that student activities focused on social responsibility and environmental themes have gained continuity. Written procedures relating to the governance of club activities, together with evidence such as the event proposal process and annual activity reporting, indicate that activities are not solely “ad hoc” but are undertaken within a defined management framework.
- Appointment and promotion processes are conducted through written provisions, published criteria, committee reports and board decisions; and the publication of reports on unit websites strengthens transparency and accountability.
- The academic performance evaluation system defines research–teaching–service components with explicit weightings, incorporates student feedback into teaching performance, and includes a periodic re-evaluation mechanism for full professors.
- Linking annual evaluation results of academic staff to incentive/leave and performance management practices indicates the presence of a defined and functioning institutional framework. The 2024 recognition/award event that highlights teaching

staff achievements is a tangible example supporting an institutional culture of appreciation.

C. Research and Development

- The operation of a systematic and evidence-informed monitoring mechanism at the senior management level, which effectively integrates international ranking data (SIR) and academic performance metrics into the institutional review process.
- The active inclusion of doctoral students in industry-linked projects and the provision of financial incentives for supervisors, which effectively strengthen the stakeholder engagement and application dimensions of doctoral education.
- The systematic monitoring of support unit efficiency through stakeholder feedback, which demonstrates an established practice of utilizing user perspectives to track the effectiveness of research support mechanisms
- The effective operation of institutionalised collaboration instruments and dual degree programs, which demonstrate a sustained and structured capacity for international partnership and strategic alignment.
- The monitoring of research performance through measurable SMART-type targets and international benchmarking data, which demonstrates a target-driven and evidence-based approach to performance management.
- The management of academic performance data within a traceable digital environment (e-campus), which effectively supports the integrated implementation, comparability, and transparency of the performance evaluation process.

D. Service to Society

- Service to society performance monitoring is supported by an institutional framework that combines Strategic Plan KPIs with SDG governance (committee, policy, and implementation plans) and public transparency, enabling coordinated and traceable follow-up. Strong performance in SDG-aligned activities represents one of the institution's prominent achievements and contributes to enhanced international recognition, as reflected in improved Impact and GreenMetric rankings.

Overview of Judgements and Recommendations

The evaluation team assessed the institution across four main areas using a five-level maturity model. The results demonstrate strong performance with predominant Level 3 (systematic implementation) and Level 4 (monitoring and improvement) ratings, indicating mature quality assurance practices.

KEY RECOMMENDATIONS

A. Governance and Quality

- The Evaluation Team recommends that the institution strengthens governance continuity by reducing reliance on person-dependent practices and establishing formal handover and transition protocols, including written delegation of authority and succession/coverage arrangements for key roles.
- The Evaluation Team recommends that the institution implements an institution-wide decision/action tracking system for the Senate, Board of Trustees and relevant committees, recording at minimum: decision/action, responsible owner, deadline, monitoring status, and verifiable closure evidence.
- The Evaluation Team recommends that the institution ensures governance and leadership review outputs (including post-accreditation actions and external review outcomes) are translated into clearly recorded follow-up actions with defined review points and verifiable completion evidence, enabling traceable closure of the PDCA cycle.
- The Evaluation Team recommends that the institution reinforces transformation capacity by linking strategic monitoring outputs systematically to prioritised follow-up actions with defined review points and documented completion evidence, enabling clearer oversight of delivery across cycles.
- The Evaluation Team recommends that the institution strengthens the resilience of its transformation agenda by aligning resourcing and workforce planning with institutional priorities (including doctoral pipeline development and supervision capacity), reducing reliance on individual effort and supporting sustained implementation over time.
- The Evaluation Team recommends that the institution reinforces the traceability of internal QA follow-up by consolidating actions arising from major quality inputs (internal evaluations, audits, external reviews and risk-related analyses) into a clear, institution-wide follow-up view with monitoring points and verifiable closure evidence.
- The Evaluation Team recommends that the institution reinforces accountability in disclosure practices by ensuring that public-facing communication workflows consistently include appropriate safeguards for privacy-sensitive information, maintaining transparency while reducing recurring privacy risk.
- The Evaluation Team recommends that the institution reinforces the evidence base for mission and policy implementation by ensuring that selected policy revisions and related follow-up actions are consistently documented and communicated, enabling clearer traceability from stakeholder input to implemented change.
- The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in strategic management by ensuring that annual reviews consistently translate into documented follow-up actions with defined review points

and verifiable evidence of progress/completion, and by embedding growth-related pressures into strategic implementation through explicit targets, timelines and resourcing assumptions.

- The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in performance management by ensuring that key performance review outputs translate into documented follow-up actions with defined monitoring points and verifiable completion evidence and, where feasible, evidence of outcome effects.
- The Evaluation Team recommends that the institution reinforces the reliability and comparability of management information by defining and applying a shared approach to data ownership, data quality checkpoints and access permissions across core systems, and by strengthening information security and business continuity arrangements (including for extraordinary circumstances) through formalised responsibilities, testing and periodic review.
- The Evaluation Team recommends that the institution reinforces workforce planning and follow-up by linking performance evaluation outputs and staffing risk information more consistently to documented HR actions and review points, enabling sustained capacity-building and improved resilience across cycles.
- The Evaluation Team recommends that the institution strengthens resilience where recruitment is constrained by widening and diversifying recruitment pipelines and strengthening structured integration/onboarding supports for newly appointed staff, enabling improved continuity and academic diversity over time.
- The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in financial management by ensuring that periodic financial reviews consistently lead to recorded corrective and preventive actions with defined ownership, timelines, review points and verifiable closure evidence, and that outcomes are verified over time.
- The Evaluation Team recommends that the institution should also strengthen scenario/risk planning within medium-term financial planning by linking identified risks to documented “Act” measures and subsequent review points, enabling a complete and evidence-based PDCA cycle.
- The Evaluation Team recommends that the institution reinforces consistency of process improvement across units by ensuring that process review outputs translate into documented actions with defined monitoring points and verifiable completion evidence, enabling comparability and institutional learning across cycles.
- The Evaluation Team recommends that the institution strengthens monitoring of priority cross-cutting workflows (including appeals/complaints handling and service response processes) by introducing a small set of shared indicators and reviewing these routinely, enabling measurement-informed optimisation and improved comparability across units over time.

- The Evaluation Team recommends that the institution reinforces the traceability of stakeholder involvement by adopting a shared approach to recording stakeholder inputs, reviewing them at defined intervals, and documenting resulting actions and verifiable completion evidence, enabling clearer visibility of stakeholder influence on improvements over time.
- The Evaluation Team recommends that the institution reinforces comparability of programme-level feedback follow-up by adopting a shared approach for documenting actions arising from student feedback, including responsible owner, timeline, review points and verifiable completion evidence.
- The Evaluation Team recommends that the institution reinforces the alumni feedback-to-improvement chain by linking alumni and graduate exit survey findings more consistently to documented follow-up actions and review points, enabling clearer evidence of how alumni inputs inform institutional development over time.
- The Evaluation Team recommends that the institution reinforces the monitoring-to-improvement chain in internationalisation by ensuring that Action Plan KPI results lead to documented follow-up actions with defined review points and verifiable evidence of progress/completion.
- The Evaluation Team recommends that the institution reinforces monitoring of internationalisation resources by linking support activities more consistently to documented outcome indicators and follow-up actions, enabling clearer evidence of improvement across cycles.
- The Evaluation Team recommends that the institution reinforces internationalisation performance management by ensuring that monitoring results are linked to documented follow-up actions and verifiable completion evidence, and by using appropriate external reference points for benchmarking where feasible, enabling more robust evidence of improvement over time.

B. Learning and Teaching

- To strengthen the traceability and transparency of stakeholder engagement, the institution should develop mechanisms to ensure consistency.
- To disseminate of practices throughout the institution “rationale–expected impact–monitoring indicator–outcome” fields through structured documentation format for Curriculum Committee/Faculty Council/Senate decisions; to ensure that CAPA arising from SER are reported on a regular basis through relevant indicators (e.g. program-level closure rate, closure time) and to ensure that survey/recommendation data are linked to traceable KPIs via e-campus so that impact analysis becomes an institutional implementation standard within evaluation reports, it is recommended that these elements are embedded and applied consistently across the institution.
- To strengthen institution-wide comparability in relation to course distribution balance, it is recommended that minimum/guiding standards that allow program-level flexibility (e.g., indicative ranges for compulsory–elective ratios, minimum

expectations for the scope of out-of-discipline/interdisciplinary electives, and core principles for practice/project components) are clarified, and that periodic program-level benchmarking/monitoring is conducted against these standards in order to identify improvement needs systematically.

- To strengthen CLO–PLO alignment at institutional level, it is recommended that the institution-wide minimum standard set for CLO writing and contribution levels is structured, and that CLO→PLO matrices are managed institution-wide in a single standard structure (shared template/data fields) in a traceable manner.
- To increase the traceability of PLO attainment levels, it is recommended that a program-level comparable reporting routine is constituted; that an annual “learning outcomes performance summary” is produced.
- To strengthen the direct measurement of ECTS workload alignment, it is recommended that the scope of program-based regular ECTS workload evaluation might expand in alignment with existing student feedback mechanisms.
- To make the impact of workload data on course design updates more visible, it is recommended that workload findings are assessed holistically together with achievement/retake indicators and satisfaction data.
- To increase the evidential strength and transparency of program updates, it is recommended that regular impact analyses are produced showing how graduate/employer and other stakeholder feedback (e.g. surveys, events, external data sources) is reflected in curriculum decisions.
- To strengthen decision traceability and institutional learning, it is recommended that an institutional reporting standard is established for decision and follow-up records relating to learning and teaching management.
- To strengthen institution-wide comparability of teaching practices, developing a framework that tracks teaching methods and their outcomes through relevant indicators and reviewing routinely within SER/year-end cycles could support evidence-based improvement and cross-program learning.
- To accelerate diffusion of effective practice, establishing systematic peer learning and knowledge-sharing mechanisms—supported by appropriate monitoring indicators—could strengthen cross-unit collaboration and facilitate the adoption of effective teaching approaches throughout the institution.
- The changes in assessment processes (method, weighting, examination security practice, appeals procedure, etc.) can be traceable at institutional level.
- To enable grade appeals to translate into institutional learning, it is recommended that a minimum indicator set is established and monitored periodically for appeals processes.

- To strengthen monitoring of learning outcomes—assessment instrument alignment at course level, it is recommended that a standard mapping and reporting approach is defined to show which assessment components measure which course learning outcomes.
- To strengthen RPEL and micro-credentials recognition capacity, it is recommended that an operational recognition framework is developed covering scope, criteria, acceptable evidence types, and decision logic; that program-specific equivalency/recognition guides are kept up to date; and that transparency is enhanced through an institution-wide unified approach to recording recognition decisions.
- To reduce recognition and quality assurance risks in double degree programs, it is recommended that the program-level accreditation/QA approach is strengthened and, where appropriate, alignment with international approaches such as the European Approach for QA of Joint Programmes is considered.
- To unify the document verification mechanism at institutional scale, it is recommended that a verification code/QR approach is adopted and is clearly published on the institutional website together with the verification method, a sample Diploma Supplement, and verification steps.
- To ensure systematic monitoring and reporting of document production performance, it is recommended that indicators are monitored periodically, and that findings are linked to improvement decisions and summarised within annual quality/performance reports.
- To improve an institutional resource governance and performance monitoring system for planning and monitoring library and digital resources, it is recommended that KPIs such as usage/download/access intensity indicators are defined, reported annually, and linked to decision-making processes.
- To strengthen service continuity, it is recommended that secure off-campus access to e-resources is provided (VPN/SSO/proxy, etc.).
- To establish a regular audit/feedback mechanism focused on accessibility and user experience for both physical and digital learning environments, it is recommended that physical and digital accessibility (WCAG approach) checks are made periodic, and that findings are shared visibly through targeted “Library & IT Satisfaction” measurements and linked to improvement action plans.
- To strengthen service performance and quality improvement, it is recommended that the relevant indicators are defined and reported regularly and that findings are linked to the agendas of relevant boards/commissions so that improvement decisions are closed in a traceable manner.
- To establish an institutional monitoring and planning framework for facilities and infrastructure management, it is recommended that indicators are defined and linked to annual reporting and the Management Review cycle.

- To systematise stakeholder feedback on student life services and facilities it is recommended that periodic satisfaction measurements, complaints/suggestions channels, and closure verification are defined, and that results are linked to improvement decisions.
- To convert capacity and support gaps identified in site notes into manageable risks through targeted improvement programs, it is recommended that staff accommodation support options are planned (particularly in line with international talent attraction objectives), that library capacity/resource needs are linked to growth scenarios.
- To link services for disadvantaged groups to a systematic institutional monitoring and improvement framework, it is recommended that a minimum KPI set is defined and that a routine is established for periodic reporting and decision tracking.
- To ensure that accessibility is not limited to physical arrangements but becomes an institutional standard, it is recommended that institutional minimum standards are defined and audited for signage/wayfinding (particularly solutions supporting independent mobility for individuals with visual impairments), accessibility of learning materials, examination/teaching adjustments, and digital accessibility checks (WCAG approach).
- To institutionalise targeted support packages for other disadvantaged groups alongside students with disabilities (e.g., students experiencing financial vulnerability, working students, international/migrant students, and students with parenting/caring responsibilities), it is recommended that scholarship and social support, flexible scheduling/learning arrangements, and the academic support and referral pathway are clarified.
- To monitor and report social/cultural/sporting activities through institution-wide standard indicators, it is recommended that a minimum dataset is defined and that periodic summaries are reviewed by relevant boards and linked to improvement decisions.
- To increase transparency and sustainability of club activities, it is recommended that standard event recording templates at club level and a public-facing summary page/reporting approach are established.
- To establish an institutional risk and capacity plan for international recruitment and staff sustainability, it is recommended that risk registers, owners, preventive measures, and monitoring indicators are defined for areas including visa/permit processes, delayed start dates, accommodation/integration, career expectations, and retention.
- To ground teaching competency and professional development processes in a systematic institution-wide needs analysis, it is recommended that each academic unit reports its annual needs analysis in a structured format and that results are consolidated and reflected in the institutional plan.

- To evidence activity effectiveness through a KPI-based monitoring and impact evaluation mechanism structured at institutional level, it is recommended that relevant indicators are monitored regularly, and that peer observation/mentoring and micro-learning sessions are delivered through a central timetable and incorporated into monitoring dashboards.
- To strengthen the monitoring–improvement dimension of incentives and rewards and to integrate the teaching focus more visibly into HR processes, it is recommended that (i) teaching-focused achievements are structured as a clearer sub-heading within recruitment–promotion documentation with explicit evidence counterparts, and (ii) incentive/award practices are reported institution-wide through KPI-based summaries with outputs linked to improvement decisions.

C. Research and Development

- To facilitate the transition toward Maturity Level 4, establishing structured platforms for periodic research performance reviews—involving RDC/OSP and faculty-level representatives—could enhance the joint interpretation of findings and ensure the systematic identification of priority support needs across the institution.
- To mitigate risks associated with manual data entry within the digital infrastructure, developing a standardized data quality and verification protocol would strengthen the reliability of the research management information system.
- To enhance the institutional traceability of quality cycles, creating a formal framework for recording and analyzing the impact of corrective actions would ensure that the results of the "Act" phase are documented and utilized systematically in periodic management reviews.
- To strengthen the prioritization of resource allocation, the institution could benefit from defining a strategic benchmarking indicator set—aligned with comparable institutional profiles—and integrating these metrics into the annual management review cycles.
- To enhance institutional standards and reinforce external stakeholder confidence in research infrastructure, assessing the feasibility of accreditation or certification for priority service-providing laboratories could be considered as part of a phased quality enhancement roadmap.
- To evidence the development of internal and external resources over the past three years, establishing a comprehensive and periodically updated R&D resource analysis mechanism would support more informed decision-making cycles.
- To monitor the effectiveness of resource management, standardizing unit-level traceable performance indicators across the institution would facilitate the embedding of financial monitoring outputs into research management processes.
- To enhance institutional learning from industry-linked doctoral work, establishing a mechanism for sharing good practices and lessons learned—derived from case

evaluations—within the Graduate Council could provide valuable inputs for periodic program oversight and curriculum updates.

- Developing and implementing an institutional framework to define the employment conditions, rights, and funding mechanisms for postdoctoral researchers would support the visibility and sustainability of this research track.
- To reinforce institutional commitment to academic diversity and merit-based staffing, articulating existing informal principles regarding the management of academic inbreeding risk into a formalized policy framework and integrating it into periodic reporting cycles would ensure long-term sustainability.
- Standardizing periodic program-level evaluation reports that correlate doctoral enrollment and graduation data with research outputs would enable a more data-driven monitoring of program effectiveness.
- To enhance the strategic impact of research capacity-building activities, establishing a systematic monitoring framework that evaluates the long-term influence of R&D trainings on actual research outputs could facilitate more evidence-based decision-making and support the transition toward Maturity Level 4.
- To enhance the strategic impact of international partnerships, establishing a systematic approach to inventorying and reporting joint research outputs produced through bilateral protocols and dual degree programs could facilitate evidence-based evaluations during annual management review cycles.
- To further strengthen the effectiveness of collaborations with industry and healthcare stakeholders, developing structured monitoring routines—integrating both stakeholder feedback and output analysis—could support the translation of partnership results into verified improvement actions and ensure their systematic consideration within institutional decision-making processes.
- To strengthen the institutionalization of the PDCA cycle, developing a systematic approach for conducting root cause analysis in areas showing target deviations could ensure that corrective and preventive actions are evidence-based and effectively integrated into periodic performance reviews.
- To enhance accountability and transparency, establishing formalized mechanisms for communicating research performance results to relevant stakeholders would support the institution's commitment to transparency. Defining standardized reporting routines and indicators for public or stakeholder-specific disclosure could further institutionalize this practice as a sustainable component of the quality assurance system.
- To strengthen the improvement dimension of the performance evaluation system, establishing systematic mechanisms for collecting and analyzing feedback from academic staff could ensure that the system is refined based on internal stakeholder experiences and that resulting improvements are documented in a traceable manner.

- To ensure that recognition and award practices are implemented consistently across all academic units, developing an institutional framework that defines core standards, criteria, and processes would support a unified approach. Periodically monitoring the dissemination of these practices across the institution could further reinforce meritocracy and transparency within the research culture.

D. Service to Society

- The evaluation team recommends developing a more systematic, data-driven needs analysis and feedback framework for service to society activities, and demonstrating PDCA closure through documented improvement actions, ensuring that stakeholder needs and feedback routinely translate into traceable enhancements.
- The evaluation team recommends complementing activity-volume monitoring with impact/outcome reporting and integrating these outcomes into periodic public reporting and management review, including structured reporting for IUS LIFE activities and the prioritisation of OER content based on stakeholder/community needs.
- The evaluation team recommends developing structured incentive mechanisms (such as social transcripts or micro-credentials) to enhance student participation in service to society activities.
- The evaluation team recommends developing and implementing a clear institutional framework for budgeting and resource prioritisation for service to society activities, and demonstrating how e-campus monitoring data is routinely translated into evaluation and improvement decisions.
- The Evaluation Team recommends establishing and documenting a clear PDCA closure mechanism that links performance monitoring to improvement decisions.

SUGGESTIONS FOR FURTHER IMPROVEMENT

Beyond the key recommendations outlined above, the following priority suggestions are offered to further enhance institutional quality and consistency:

A. Governance and Quality

- The Evaluation Team suggests that the institution strengthens the transparency of governance follow-up by communicating decision-to-action information more consistently (i.e., what was decided, what actions were agreed, by whom and by when, and what has been completed), enabling stakeholders to understand progress across governance cycles.
- The Evaluation Team suggests that the institution strengthens the visibility of the “Check–Act” stages in governance by routinely summarising, within governance outputs, what was reviewed, what was decided, and what follow-up actions were completed, thereby enabling clearer evidence of progress across cycles.

- The Evaluation Team suggests that the institution strengthens external benchmarking within its indicator set by using relevant international ranking/benchmarking frameworks (where appropriate and methodologically aligned) as reference points and integrating the resulting indicators into regular management review cycles.
- The Evaluation Team suggests that the institution strengthens the visibility of internal QA outcomes by routinely summarising, for selected cycles, which inputs were reviewed (e.g., surveys, audits, external reviews, risk analyses), which actions were agreed, and what evidence demonstrates completion and effects, enabling stakeholders to follow the PDCA cycle without inference.
- The Evaluation Team suggests that the institution strengthens the visibility of mission/vision implementation by periodically summarising key stakeholder inputs and the resulting policy or practice changes, enabling stakeholders to see how institutional direction is translated into action over time.
- The Evaluation Team suggests that the institution strengthens stakeholder visibility of strategic implementation by communicating concise annual summaries of key review findings and resulting priority shifts, enabling clearer understanding of how monitoring informs future planning.
- The Evaluation Team suggests that the institution strengthens transparency of performance management by routinely highlighting, within review outputs, a small number of priority findings and the resulting improvement actions, enabling clearer visibility of follow-up across cycles.
- The Evaluation Team suggests that the institution strengthens information governance by making shared expectations for data quality, access control and consistent use across units more explicit, enabling more reliable management information for monitoring and improvement.
- The Evaluation Team suggests that the institution strengthens visibility of HR-related improvement follow-up by periodically summarising key workforce monitoring findings and resulting actions (e.g., recruitment priorities, staff development focus, retention measures), enabling clearer traceability of HR decision-making over time.
- The Evaluation Team suggests that the institution strengthens institutional learning from major investments by ensuring that monitoring outputs are routinely translated into documented adjustment decisions and communicated within periodic financial review summaries.
- The Evaluation Team suggests that the institution strengthens the continuity and transparency of stakeholder engagement by periodically summarising key stakeholder inputs and the resulting decisions/actions, enabling stakeholders to see how engagement informs improvement across cycles.
- The Evaluation Team suggests that the institution strengthens feedback transparency by providing students with concise summaries of priority themes and resulting actions

at programme or faculty level, enabling clearer visibility of outcomes from student input over time.

- The Evaluation Team suggests that the institution strengthens the use of alumni information by periodically reviewing a small set of longitudinal alumni outcome indicators, enabling clearer insight into graduate pathways and supporting targeted improvements in engagement.
- The Evaluation Team suggests that the institution strengthens the visibility of internationalisation follow-up by summarising annually the key monitoring results and resulting priority actions, enabling stakeholders to understand progress and adjustments over time.
- The Evaluation Team suggests that the institution strengthens the link between resourcing and outcomes by periodically reviewing a small set of resource-to-result indicators (e.g., mobility support effectiveness, partnership productivity, project success), enabling evidence-informed adjustments to support provision.
- The Evaluation Team suggests that the institution strengthens transparency of internationalisation performance by communicating key annual results and priority actions to internal stakeholders, enabling clearer understanding of progress and improvement priorities.

B. Learning and Teaching

- To ensure that Faculty Councils' semester/year-end outputs on course distribution and achievement analyses are recorded through structured format with relevant indicators; that course distribution findings are reported holistically together with student achievement and satisfaction data.
- To strengthen the management of internal and external evaluation/accreditation outputs, it is recommended that an approach that consolidates institutional and program accreditation findings within a single cumulative and integrated action plan structure is adopted across the institution and integrated into routine monitoring and management review processes within the internal quality assurance system.
- To further strengthen institution-wide comparability and traceability, establishing clear expectations and documentation standards that support systematic monitoring and evidence-based improvement—while maintaining flexibility for program-specific contexts—could enhance consistency and facilitate institutional learning.
- To increase institutional manageability of admission, registration, and recognition processes, it is recommended that a standard KPI/Service Level Agreement (SLA) set is defined and reported periodically.
- To make the document request and delivery process for graduates more predictable and user-friendly, it may be considered that a single-page “Graduation Certificate–Diploma–Diploma Supplement Process Guide” is published on the institutional website/portal.

- To make academic advising and support services recordable and traceable, it is important to establish an integrated structure (such as within SIS/e-campus).
- To increase the visibility of the existing Support Office and SDIP infrastructure, it may be considered that a short “Accessibility & Support Quick Guide” is prepared for students and academic staff.
- Student clubs and institutional events may be further strengthened through a short annual briefing for club advisors and a simple consultation route to be used when needed.
- To strengthen diversity and process efficiency, it is recommended that an institution-wide standard KPI package is added to the appointment–promotion system and reported regularly and that—as digital modules expand—IT roles and controls for personal data security and module integration are strengthened.
- To develop a teaching-specific incentive and award model—such as “Teaching Excellence / Innovative Teaching”—based on explicit criteria and rubrics, it is recommended that evidence types are defined and that the evaluation process, jury/committee structure, and the institutional standard for decision rationale are clarified at institutional level.

C. Research and Development

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D. Service to Society

- The evaluation team suggests strengthening the institutional visibility, outreach, and activity intensity of the IUS LIFE Lifelong Learning Center. Increasing the center’s strategic role within the university may enhance lifelong learning opportunities, stakeholder engagement, and the overall contribution of the institution to capacity-building.
- The evaluation team suggests updating and further improving the open educational resources system. More diversified resources could be uploaded to the system, considering the needs of the community and stakeholders.

MATURITY LEVELS OF SUB-CRITERIA

	ESG Mapping	Maturity Levels
A. Governance and Quality		
A.1. Governance and Quality		
A.1.1. Governance model and administrative structure	ESG 1.1	3
A.1.2. Governance	(ESG 1.1)	3
A.1.3. Institutional transformation capacity	(ESG 1.1)	3
A.1.4. Internal quality assurance mechanisms	(ESG 1.1)	4
A.1.5. Public disclosure and accountability	(ESG 1.8)	3
A.2. Mission and Strategic Goals		
A.2.1. Mission, vision and policies	(ESG 1.1)	3
A.2.2. Strategic goals and objectives	(ESG 1.1)	4
A.2.3. Performance management	(ESG 1.1)	4
A.3. Governance Systems		
A.3.1. Information management system	(ESG 1.7)	3
A.3.2. Human resources management	(ESG 1.5)	3
A.3.3. Financial management		3
A.3.4. Process management	(ESG 1.1)	3
A.4. Stakeholder Involvement		
A.4.1. Internal and external stakeholder involvement	(ESG 1.8)	4
A.4.2. Student feedback	(ESG 1.3)	4
A.4.3. Alumni relations management	(ESG 1.3)	4
A.5. Internationalisation		
A.5.1. Management of internationalisation processes		3
A.5.2. Internationalisation resources		4
A.5.3. Internationalisation performance		4
B. LEARNING AND TEACHING		
B.1 Program Design, Evaluation and Update		
B.1.1. Design and Approval of Programs	ESG 1.2	4
B.1.2. Course Distribution Balance of The Program	ESG 1.2	3
B.1.3. The alignment of course objectives with program outcomes	ESG 1.2	3
B.1.4. Student workload-based course design	ESG 1.2	4
B.1.5. Follow-up and updating of programs	ESG 1.9	4
B.1.6. Management of learning and teaching processes	ESG 1.3	4
B.2 Implementation of Programs		
B.2.1. Teaching methods and techniques	ESG 1.3	3
B.2.2. Measurement and evaluation	ESG 1.3	3
B.2.3. Student admission and the recognition and crediting of prior learning	ESG 1.4	3
B.2.4. The certification of qualifications and the diploma	ESG 1.2	3
B.3 Learning Resources and Academic Support Services		
B.3.1. The learning environment and resources	ESG 1.6	4
B.3.2. Academic support services	ESG 1.5	3

B.3.3. Facilities and infrastructure	ESG 1.6	3
B.3.4. Disadvantaged groups	ESG 1.6	3
B.3.5. Social, cultural and sporting activities	ESG 1.6	3
B.4 Teaching Staff		
B.4.1. Recruitment, promotion and appointment criteria	ESG 1.5	3
B.4.2. Teaching competencies and development	ESG 1.5	3
B.4.3. Incentives and rewards for educational activities	ESG 1.5	3
C. RESEARCH AND DEVELOPMENT		
C.1. Management of Research Processes and the Research Resources		
C.1.1. Management of research processes		4
C.1.2. Internal and external resources		3
C.1.3. Doctoral programs and postdoctoral opportunities		3
C.2. Research Competence, Collaborations, and Supports		
C.2.1. Research competencies and their development		3
C.2.2. National and international joint programs and joint research units		3
C.3. Research Performance		
C.3.1. The follow-up and evaluation of research Performance		3
C.3.2. Performance evaluation for the teaching staff/researchers		3
D. SERVICE TO SOCIETY		
D.1. Management of Service To Society Processes and Service to Society Resources		
D.1.1. Management of service to society processes		3
D.1.2 Resources		3
D.2. Service to Society Performance		
D.2.1. The follow up and evaluation of service to society performance		3

ANNEXES

ANNEX 1 :PROGRAMME OF THE SITE VISIT

Time	What to do with whom	Activities
Pre-Visit (4 December 2025)		
10:00-12:30	Meeting between the evaluation team members	
12:30-13:30	Meeting between the evaluation team and the institution's rector and senior management members	
13:30-14:30	Meeting of the evaluation team and the members of the institution's unit responsible for quality	

SITE VISIT SCHEDULE FOR EVALUATION TEAMS - IIAP

Time	Activities
Evaluation Team's Arrival Day (14 December 2025)	
18.00 - 20.00	Evaluation Team's kick-off meeting and preparations for day I
20.00	Dinner (evaluation team only)

Day 1 (15 December 2025 Monday)		
Time	What to do with whom	Activities
9:00-09:30	Meeting of the evaluation team with the contact person and senior manager of the institution	Prof. Dr. Ali Osman Kuşakcı, IUS Rector Mrs. Edina Hadžiahmetović, SDO Manager/IUS Contact person
9:30-10:15	Meeting between the evaluation team and the chairperson of the board of trustees (for	Mr. Hasan Topaloğlu, President of Foundation for Education Development Sarajevo,

	foundation higher education institutions)	<p>Prof. Dr. Sevgi Kurtulmuş, President of Board of Trustees</p> <p>H.E. Ambassador Mr. Emin Akseki, Member of Board of Trustees</p> <p>Professor Emeritus Dr. Asif Šabanović</p> <p>Prof. Dr. Elif Nuroğlu, Member of Board of Trustees</p> <p>Dr. Mehmet Akif Yaman, Member of Board of Trustees</p>
10:15-11:15	Meeting of the evaluation team and the members of the institution's unit responsible for quality	<p>Edina Hadžiahmetović, SDO Manager</p> <p>Lamija Hadžimurtezić, SDO Assistant to Manager</p> <p>Merjem Halilović, SDO Associate</p>
11:15-12:45	Meeting between the evaluation team and the members of the institution's senate and executive board (excluding Rector)	<p>Assoc. Prof. Dr. Kanita Karađuzović - Hadžiabdić, Vice -Rector for International Cooperation and Research</p> <p>Assoc. Prof. Muhamed Yasir Göz, Vice Rector for General Affairs</p> <p>Assoc. Prof. Tarik Namas, Vice Rector for Academic Activities and Students' Affairs</p> <p>Assoc. Prof. Dr. Altijana Hromić-Jahjefendić, Dean of the Faculty of Engineering Natural Sciences</p> <p>Assoc. Prof. Dr. Ervin Kovačević, Dean of the Faculty of Arts and Social Sciences</p> <p>Assoc. Prof. Dr. Ena Kazić - Çakar, Dean of the Faculty of Law</p> <p>Assoc. Prof. Dr. Emil Knezović, Dean of the Faculty of Business and Administration</p>

Assoc. Prof. Dr. Jasmin Šutković, Acting Dean of the Faculty of Medical Sciences

Assoc. Prof. Dr. Almasa Mulalić, Dean of the Faculty of Education

Assist. Prof. Dr. Mejrema Zatrić-Šahović (representative of academic personnel from FENS)

Prof. Dr. Joseph Kaminski (representative of academic personnel from FBA Faculty)

Prof. Dr. Meliha Teparić (representative of academic personnel from FMS Faculty)

Assist. Prof. Dr. Mirza Ljubović (representative of academic personnel from FLW Faculty)

Assist. Prof. Dr. Dženana Bračković (representative of academic personnel from FEDU Faculty)

Assoc. Prof. Dr. Pinar Ünal-Aydın (representative of academic personnel from FMS)

Mrs. Hilal Karić (Director of IUS Lifelong Learning Center)

Ms. Hana Krnjić (I cycle students' representative)

Mr. Doğukan Kiliç (II cycle students' representative)

Senior Assistant Nesibe Merve Husejnović (III cycle students' representative)

Mr. Jahja Imamović
Deputy Secretary General for Legal and Administrative Affairs
Faculty Secretary

12:40-13:30	Lunch	Team Members

13:30-14:15	Evaluation team meet the deans of Faculty of Arts and Social Sciences (FASS), Faculty of Engineering and Natural Sciences (FENS), Faculty of Education (FEDU), Faculty of Business and Administration (FBA), Faculty of Law (FLW) , Faculty of Medical Sciences (FMS)	<p>Assoc. Prof. Dr. Altijana Hromić-Jahjefendić, Dean of the Faculty of Engineering Natural Sciences</p> <p>Assoc. Prof. Dr. Ervin Kovačević, Dean of the Faculty of Arts and Social Sciences</p> <p>Assoc. Prof. Dr. Ena Kazić - Çakar, Dean of the Faculty of Law</p> <p>Assoc. Prof. Dr. Emil Knezović, Dean of the Faculty of Business and Administration</p> <p>Assoc. Prof. Dr. Jasmin Šutković, Acting Dean of the Faculty of Medical Sciences</p> <p>Assoc. Prof. Dr. Almasa Mulalić, Dean of the Faculty of Education</p>
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<p>14:15-15:15</p>	<p>Evaluation team meet the academic staff of Faculty of Arts and Social Sciences (FASS), Faculty of Engineering and Natural Sciences (FENS), Faculty of Education (FEDU), Faculty of Business and Administration (FBA), Faculty of Law (FLW), Faculty of Medical Sciences (FMS)</p>	<p>Assoc. Prof. Dr. Muhidin Mulalić, Faculty of Business and Administration, Political Sciences and International Relations</p> <p>Assist. Prof. Dr. Hamza Smajić, Faculty of Business and Administration, Economics and Management</p> <p>Assoc. Prof. Dr. Tomasz Eugeniusz Malec, Faculty of Engineering Natural Sciences, Architecture</p> <p>Assoc. Prof. Dr. Benjamin Duraković, Faculty of Engineering Natural Sciences, Mechanical Engineering</p> <p>Assist. Prof. Dr. Harun Halilović, Faculty of Law</p> <p>Assist. Prof. Dr. Lejla Mustoo, Faculty of Arts and Social Sciences, Psychology</p> <p>Assist. Prof. Dr. Dženana Bračković, Faculty of Education, Turkish Language and Literature Teaching</p>
<p>15:15-16:15</p>	<p>Evaluation team meet the (associate, bachelor's,) students of Faculty of Arts and Social Sciences (FASS), Faculty of Engineering and Natural Sciences (FENS), Faculty of Education (FEDU), Faculty of Business and Administration (FBA), Faculty of Law (FLW) , Faculty of Medical Sciences (FMS)</p>	<p>Ms. Jasmina Strujic, PSY, FASS</p> <p>Ms. Lajla Imamović, FBA</p> <p>Ms. Oben Ceylan, FLW</p> <p>Mr. Muhammed Affan Oklu, DD</p> <p>Ms. Tea Dedic, IT, FENS</p> <p>Ms. Selma Holjan, EE, FENS</p> <p>Ms. Zerina Tanovic, EE, FENS</p> <p>Ms. Hana Krnjic, GBE, FENS</p> <p>Mr. Daniel Elshazli, PSY, FASS</p>

16:30-18:00	The evaluation team meets the stakeholders of the institution.	<p>Ms. Aida Hamur, Alumni, Attorney-at-Law, Advokatsko društvo Legal Partners d.o.o.</p> <p>Ms. Ilma Hasić, Alumni, English Language Teacher, Maarif Schools of Sarajevo</p> <p>Mr. Mirza Cutuk, Alumni, Entrepreneur/IT and startups management ONLINE Switzerland</p> <p>Mr. Mirza Selimovic, Alumni, Senior IT Engineer and developer</p> <p>Mr. Armin Biber, Director, Secondary business-commercial and trade school Sarajevo</p> <p>Mr. Mirsad Jasarspahic, President, Chamber of Economy Federation of Bosnia and Herzegovina</p> <p>Ms. Amela Husejnović, Director, Četvrta gimnazija Ilidza</p> <p>Mr. Rijad Ganibegovic, Director, Gimnazija obala</p> <p>Mr. Kemal Colovic, President, Google Development Group Sarajevo</p> <p>Mr. Kerim Obarcanin, CTO, KV-Team / DV-Power company</p> <p>Mr. Sanjin Cekic, CTO, CET energy company</p>
18:15	{The evaluation team's transfer to the place of accommodation}	
19:30-20:30	Dinner (team members and review coordinator)	
20.30	Evaluation Team Meeting	

Day 2 (16 December 2025)

<p>8:30</p>	<p>{The evaluation team and review coordinator are transferred to the institution and settle in the meeting room where the interviews will be held.}</p> <p>Review coordinator attends every meeting that is held by the evaluation team.</p>	
<p>9:00-9:45</p>	<p>Evaluation team meet the with the managers/directors (Programme/department heads) of academic units</p> <p>(FASS, FENS, FBA, FEDU, FMS, FLW, the Graduate School and the Head of the English Language School (ELS))</p>	<p>Assist. Prof. Dr Nerma Omičević ARCH Program Coordinator, FENS</p> <p>Assist. Prof. Dr. Amal Mersni CSE Program Coordinator, FENS</p> <p>Assoc. Prof. Dr. Özge Büyükdağlı AIDE Program Coordinator SE Program Coordinator, FENS</p> <p>Full Professor Dr Muhamed Hadžiabdić ME Program Coordinator, FENS</p> <p>Assoc. Prof. Dr Yilmaz Gur IE Program Coordinator, FENS</p> <p>Assist. Prof. Dr Mohammad Al Samman EE Program Coordinator, FENS</p> <p>Assistant Professor Dr. Muhamed Adilović GBE Program Coordinator, FENS</p> <p>Assoc. Prof. Dr. Pınar Ünal-Aydın VR Lab Manager PSY Program Coordinator, FASS</p> <p>Assoc. Prof. Dr Vesna Suljić ELIT Program Coordinator, FASS</p> <p>Assist. Prof. Dr Hamza Preljević</p>

		<p>PSIR Program Coordinator IR Program Coordinator, FBA</p> <p>Assist. Prof. Dr Azra Bičo Undergraduate Coordinator (ECON, IBF, MAN), FBA</p> <p>Assist. Prof. Nejira Mulahmetović MAC Acting Program Coordinator, FASS</p>
09:45-10:45	<p>Evaluation team meet the academic staff of academic units</p> <p>(FASS, FENS, FBA, FEDU, FMS, FLW, the Graduate School and the Head of the English Language School (ELS))</p>	<p>Assist. Prof. Dr Emir Hambo Graduate Council (GC) Director</p> <p>Assist. Prof. Dr. Šejma Aydin (GC FBA representative)</p> <p>Assoc. Prof. Branko Vekić (GC FASS representative)</p> <p>Assist. Prof. Dr. Mirza Ljubović (GC FLW representative)</p> <p>Mrs. Bisera Pilica, ELS representative</p> <p>Mrs. Merima Bečić, ELS representative</p>
10:45-11:45	<p>Evaluation team meet the (master's, doctoral, post-doc) students</p>	<p>Ms. Džejda Šimšek, ARCH, MS Mr. Michael John Strand, FBA, MBA Ms. Medina Kopic, PSY, MS Ms. Ajla Avdić, ELIT, MS Ms. Maja Olovčić, ELIT, PhD Ms. Nejra Panjeta, EE, MS Ms. Adna Berilo, GBE, MS Mr. Amir Ahmed Emhemmed Sharata, EE, MS</p>
12:30-13:30	<p>Lunch (team members and review coordinator)</p>	<p>(It is recommended to have at least one lunch in the student dining hall).</p>
14:00-15:00	<p>The evaluation team meets the managers/directors of</p>	<p>Mr. Ibrahim Inal, Secretary General</p>

	<p>the administrative units of the institution (Student Affairs Office, Human Resources Office, Finance Office, Library, IT Services, International Relations Office, Student and Career Center, Dormitory/Accommodation and related student support units and so on).</p>	<p>Mr. Jahja Imamović Deputy Secretary General for Legal and Administrative Affairs, Faculty Secretary</p> <p>Mrs. Sabiha Pepic-inal, Student Affairs Office Manager</p> <p>Mr. Haris Jamaković, Human Resources Office Manager</p> <p>Mr. Enes Pivić, IT Office Manager</p> <p>Mr. Mugdim Alihodžić, International Relations Office Manager</p> <p>Mrs. Velida Handžić-Mirica, University Communication Office Manager</p> <p>Ms. Amina Kerla, Library Manager</p> <p>Ms. Mirela Alagić, Dormitories' Manager</p>
<p>15:00-16:00</p>	<p>Meeting with the administrative staff of selected administrative units</p>	<p>Ms. Elma Šahbegović Deputy Manager for Student and Career Activities Media Relations and Publications Coordinator</p> <p>Ms. Selma Ibrekic, Assistant to SAO Manager - Student Inclusion Officer</p> <p>Mrs. Alma Berilo, Student Affairs Office Assistant</p> <p>Ms. Amela Kavaz, International Admission Coordinator</p>

		<p>Mr. Haris Alajbegovic, Student visa & residence permit Coordinator</p> <p>Mrs. Lejla Hošić, HR Associate</p> <p>Mr. Osman Gursoy, Programmer</p> <p>Mr. Cagatay Kocak, IT System Eng.</p>
16:00-17:30	<p>Meeting with the directors of research units (Research and Development Center – RDC, Office of Sponsored Projects – OSP, Innovation and Entrepreneurship Center – IAE-IUS, and Balkan Studies Center – BSC) etc.)</p>	<p>Dr. Kanita Karađuzović - Hadžiabdić Associate Professor Dr. Vice Rector for International Cooperation and Research</p> <p>Mrs. Šejla Džakmić, Senior Assistant RDC Acting Manager</p> <p>Dr. Nađa Beglerović, OSP Director</p> <p>Assoc. Prof. Dr. Jasmin Šutković, IAE Center Director</p> <p>Dr. Adnan Shaban Mestan, BSC Director</p> <p>Assist. Prof. Dr. Hamza Smajić, Faculty of Business and Administration, Economics and Management (former BSC Director)</p>
17:30	{The evaluation team's transfer to the place of accommodation}	
18:00-19:00	Dinner	Evaluation team and review coordinator

Day 3 (17 December 2025)	
09.30- 12.30	Visiting the facilities (classroom, libraries, laboratories, research centres etc.)
12.30- 13.30	Lunch (team members and review coordinator)
13.30-19.00	Preparation of the exit statement
19.00	Dinner (team members and review coordinator)

Day 4 (18 December 2025)		
9:00	{The evaluation team's transfer to the institution}	
09:45-11:45	Final meeting	Rector and other officials of the institution
12:00	The evaluation team leaves from the institution.	

ANNEX 2: GLOSSARY

BSC: Balkan Studies Center

CAPA- Corrective and Preventive Action

CEENQA: Central and Eastern European Network of Quality Assurance Agencies in Higher Education

CEEPUS: Central European Exchange Program for University Studies

CIP: Center for the Recognition of Qualifications in Higher Education

CLO: Course Learning Outcomes

EAQUALS: Evaluation and Accreditation of Quality Language Services

ECHE: Erasmus Charter for Higher Education

EHEA: European Higher Education Area

ECTS: European Credit Transfer and Accumulation System

ELS: English Language School

ENIC: European Network of Information Centres

ENQA: European Association for Quality Assurance in Higher Education

EQAR: European Quality Assurance Register for Higher Education

Erasmus+:European Union Programme for education, training, youth, and sport

HORIZON 2020: EU Framework Programme for Research and Innovation

ESG:Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015

ESSSR: European School of Sustainability Science and Research

EUA: European University Association
FBA: Faculty of Business and Administration
naFASS: Faculty of Arts and Social Sciences
FEDU: Faculty of Education
FENS: Faculty of Engineering and Natural Sciences
FLW: Faculty of Law
FMS: Faculty of Medical Sciences
GDPR- General Data Protection Regulation
HEA: Agency for the Development and Quality Assurance of Higher Education (Bosnia and Herzegovina)
HEAARS: Higher Education Accreditation Agency of Republika Srpska
IAE-IUS: Innovation and Entrepreneurship Center of the International University of Sarajevo
IAU: International Association of Universities
IEEE: Institute of Electrical and Electronics Engineers
IIAP: International Institutional Accreditation Program
INQA/AHE: International Network for Quality Assurance Agencies in Higher Education
INTERVET: International Vocational Education and Training Project
ISER Institutional Self-Evaluation Report
ISO 9001: International standard for Quality Management Systems
ISO: International Organization for Standardization
IUS : International University of Sarajevo
IUS LIFE: International University of Sarajevo Lifelong Learning Center
IUS: International University of Sarajevo
IUSDRP: the Inter-University Sustainable Development Research Program
KPI- Key Performance Indicator
LMS: Learning Management System
NGO: Non-governmental Organization
OER: Open Education Resources System
OPS: The Office of Sponsored Projects
PDCA: Plan-Do-Check-Act
PLO: Program Learning Outcomes
QA quality assurance
QF: Qualifications Framework
RDC: Research and Development Center
SAO: Student Affairs Office
SAR self-assessment report
SDG: Sustainable Development Goals
SDO: Strategic Development Office
SDSN: Sustainable Development Solutions Network
SEQA ESG: Supporting European Quality Assurance Agencies in Meeting the ESG
SMEQA: Strengthening Capacities for Quality Improvement in Higher Education
SIS: Student Information System
SLA: Service Level Agreement
STINT: Internationalisation of Higher Education Project