



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

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SECRETARIAT OF THE INTERNATIONAL UNIVERSITY OF SARAJEVO (IUS)

Internal Audit Report 2025 Conducted in Accordance with BAS EN ISO 9001:2015

The report was approved by the IUS Secretary General, Mr. Ibrahim Inal

Signature:

Sarajevo, April 16, 2025

The report was prepared by the Internal Audit Committee at IUS
(Decision number: IUS-REC 01-445/25):

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PURPOSE OF INTERNAL AUDIT

The goal of the internal ISO audit was to assess the compliance and effectiveness of the Quality Management System (QMS) in accordance with ISO 9001:2015 standards across all administrative units within the IUS Secretariat. The main objectives included evaluating conformity with ISO standards, identifying areas for improvement, ensuring the achievement of organizational goals, enhancing processes and efficiency, and supporting the continuity and sustainability of the management system.

The audit also served an educational purpose, enabling administrative staff to gain a deeper understanding of the processes and standards applied at the University. This led to greater individual responsibility and increased engagement in achieving quality outcomes.

By directly engaging with employees in their offices and gaining insight into ongoing activities, the University also benefited from improved visibility into the processes that influence the quality of its services—including teaching, research, and student support. The audit made it easier to define and identify all key processes, as well as to map them more effectively. This, in turn, can significantly contribute to the establishment of a more efficient performance measurement system and a clearer allocation of responsibilities. This is particularly important for processes involving multiple administrative units or those closely connected to the academic sector.

All of these developments represent meaningful progress and provide additional support for the University as it undergoes the accreditation process for its study programs at both the national and international levels.

Finally, the internal audit serves as valuable preparation for the upcoming external ISO audit and re-certification.

INTERNAL AUDIT COMMITTEE

Report prepared by:	Internal Audit Committee at IUS
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AUDITING PERIOD

Auditing period:	From March 17 to April 7, 2025
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STANDARDS

The internal audit includes the following clauses of the ISO standard:	<ul style="list-style-type: none"> 4. ORGANISATIONAL CONTEXT 5. LEADERSHIP 6. PLANNING 7. SUPPORT 8. OPERATION 9. PERFORMANCE EVALUATION 10. IMPROVEMENT
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SCOPE OF AUDIT

The scope of the internal ISO audit included the identification of organizational units and processes within the University Secretariat that are subject to audit. It also involved the
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verification and assessment of whether the internal documentation of the Quality Management System (QMS) complies with the requirements of the ISO 9001:2015 standard. Furthermore, the audit examined whether the **actual execution of daily work processes** in the audited offices and centers aligns with the procedures outlined in the QMS documentation.

This comprehensive approach ensured that both the **formal documentation** and the **practical application** of the QMS were critically reviewed, contributing to a better understanding of systemic alignment and operational consistency across administrative units.

ADMINISTRATIVE UNITS COVERED BY AUDIT

1. Secretariat – Management
2. RDC/Research and Development Center
3. HR/Human Resources Office
4. ITO/Information Technology Office¹
5. IRO/International Relations Office
6. OSP/Office of Sponsored Projects
7. SDO/Strategic Development Office²
8. Maintenance/Security Office
9. UCO/University Communications Office
10. Finance Office
11. SAO/Student Affairs Office
12. Rectorate-Secretary
13. Legal Office
14. Library
15. Archive.

N.B. The internal audit was also conducted at the Research and Development Center (RDC), even though this center is not part of the Secretariat and therefore isn't "officially" subject to an ISO audit. RDC was initially included in the ISO certification process on a „trial basis” in order to identify work processes and improve the work organization within the Center. The goal was to prepare the Center for other ISO certifications that the University plans to pursue. The RDC is voluntarily audited every year—internally, but not externally.

METHODOLOGY

The internal ISO audit was conducted using a comprehensive methodology designed to ensure objectivity, accuracy, and alignment with the ISO 9001:2015 standard. The methodology involved a combination of document review, observation, interviews, and sampling, as outlined below:

¹ The Office of Information Technology is the new name for the University Information Technology Center. The decision to change the name was made by the IUS Board of Trustees at the meeting held on April 26, 2025 (IUS- UO 08-7/25).

² The Strategic Development Office is the new name for the Quality Assurance Office. The decision to change the name was made by the IUS Board of Trustees at the meeting held on April 26, 2025 (IUS- UO 08-7/25).



Document Review

The audit team reviewed a wide range of documented information, including:

- Internal procedures, flowcharts, and specifications;
- Requirements of applicable standards, laws, and regulations;
- Customer and stakeholder requirements;
- Strategic and operational documentation provided by administrative units;
- Records and reports related to quality management processes.

Preparation Phase

During the preparation stage, the audit team undertook the following activities:

- Reviewed relevant state and cantonal legal acts, and recommendations for regulating accreditation procedures of higher education institutions and first- and second-cycle study programs in Bosnia and Herzegovina;
- Referenced the requirements of the international standard BAS EN ISO 9001:2015;
- Considered key strategic documents of IUS, such as the Mission, Vision, Strategic Plan 2022–2026, Quality Policy, Organizational Chart, and all relevant Action Plans;
- Analyzed documentation previously submitted to the Strategic Development Office by administrative offices of the Secretariat, including procedures, rulebooks, protocols, process objectives, risk assessments, SWOT analyses, planning and reporting documents, and other framework documentation;
- Sent timely written emails and oral reminders to administrative offices regarding scheduled visits, expectations, and audit objectives;
- Prepared agendas and organized meetings with relevant stakeholders.

Office Visits and Meetings

On-site visits included:

- Interviews with office managers and staff;
- Observation of ongoing activities, workplace conditions, and general office environments;
- Review and discussion of QMS-related documentation, with sampling and inspection of materials such as audit records, meeting minutes, process monitoring logs, registers, stakeholder contracts, and evaluation reports;
- Analysis of feedback from stakeholders and results from surveys and other evaluation tools;
- Review of internal IT databases such as SIS and E-Campus, as well as the IUS website;
- Review of office responsibilities outlined in the Annual Plan of Corrective ISO/Accreditation Measures (2019) of the General Secretariat for the period September 2023 – July 2024.

Final Actions

Following the completion of audit visits, the Committee carried out the following:

- Internal discussion and evaluation of findings;
- Drafted the Internal Audit Report 2025 in accordance with ISO 9001:2015 requirements, including key conclusions and recommendations for improvement (this document);
- Translated the report into English for broader institutional use;
- Reported audit results to IUS Management to support the development of the



Management Review Report, which is essential for strategic decision-making and continual improvement.

REFERENCE DOCUMENTS

- [Action Plan for Quality Improvement for the period 2024–2029](#) (bh. accreditation),
- [Action Plan for Quality Improvement for the period 2019-2024](#) (bh. accreditation),
- *Action Plan for Meeting IUS Accreditation Requirements 2024* (bh. accreditation),
- *Annual plan of corrective ISO/Accreditation (2019) measures of the General Secretariat for the period September 2023 - July 2024 (called „GS Action Plan 2023“)*
- *Reports on ISO Internal Audits from 2022, 2023 and 2024,*
- *Management Review Report 2024,*
- [IUS Strategic Plan 2022–26,](#)
- [SDG Policy.](#)

BRIEF OVERVIEW OF PREVIOUS ISO ACTIVITIES

It is important to note that the International University of Sarajevo (IUS) began its journey toward implementing an ISO-compliant Quality Management System (QMS) as early as 2012, when both international and local experts were engaged to assist in system development. These specialists contributed their expertise through several key approaches: they initially conducted training sessions for administrative staff, helping them understand how to efficiently and effectively apply ISO standards in daily operations. This was followed by the review of internal documentation and internal controls of strategically important administrative units.

Through their consultative and educational roles, these experts significantly supported the improvement of the QMS at IUS. Their contributions included the establishment of a structured ISO protocol numbering system, the adoption of the Quality Policy, and other foundational measures aimed at enhancing documentation and standardization practices. The early phases of ISO system implementation demanded considerable investment in time, human resources, materials, technical infrastructure, and financial support.

In early 2021, with favorable conditions and institutional readiness in place, IUS began intensifying preparations for formal certification of the then General Secretariat (now referred to as the Secretariat) in accordance with the international ISO 9001:2015 standard. The external certification body selected for this process was TÜV Adria, a reputable certification company based in Germany, tasked with conducting audits of the Secretariat's administrative units.

The first ISO certification was successfully achieved on July 15, 2022, with an expiration date set for July 14, 2025.

Since then, the following internal audits have been conducted by the IUS Committee for Conducting Internal ISO Audits:

- First Internal Audit: December 2021 – February 2022
- Second Internal Audit: May 15 – June 9, 2023
- Third Internal Audit: February 23, 2024
- Fourth Internal Audit: March 17 – April 7, 2025

In parallel, TÜV Adria has conducted the following external audits:

- First External Audit: July 8, 2022



- Second External Audit: June 26, 2023
- Third External Audit: May 30, 2024
- Fourth External Audit: planned for mid-May 2025

Based on the progress and commitment to continual improvement, IUS Management is actively preparing for re-certification for the 2025–2028 period, reinforcing its dedication to maintaining a robust and effective quality management system.

INTRODUCTION

This report presents the results of the internal audit conducted in accordance with the requirements of the ISO 9001:2015 Quality Management System, applicable to all administrative and operational processes of the IUS Secretariat. The audit was carried out with the aim of ensuring the continuity of high-quality services, the efficiency of management processes, and the achievement of the University's strategic goals through the implementation of best practices and proactive risk management.

The internal audit has been regularly conducted since 2021, as part of the University's ongoing commitment to the continuous improvement of its quality management system. These audits provide valuable insights into the current performance and compliance status of key functional areas, supporting data-driven decision-making and institutional development.

The Internal Audit Committee conducted a comprehensive review of various sectors, including administrative and technical processes, as well as operations conducted in collaboration with the academic sector, with careful consideration of the institution's specific objectives and operational needs.

This report offers a detailed overview of key findings, observations, and targeted recommendations for improvement—both at the individual unit level and across the institution as a whole. It includes:

- Results of internal evaluations;
- Analyses of nonconformities;
- General and specific observations;
- Identification of best practices encountered during the audit process.

Based on the audit findings, the Committee has proposed concrete actions aimed at enhancing existing systems and procedures. These steps are designed to ensure the highest standards of efficiency, consistency, and quality across the University. The Committee's recommendations will form a key input into the management review process and will support any corrective or preventive measures that may be undertaken by IUS leadership in response to the audit outcomes.

AUDIT PROCESS

During this internal audit cycle, a total of 15 administrative units were audited—more than double the number audited in the previous year, when only 7 units were included. This expansion reflects the University's ongoing commitment to thorough quality management and continuous improvement across a wider institutional scope.

To ensure a more efficient and targeted audit process, the Committee posed specific and concise questions during each office visit. Office managers were invited to respond



directly, after which the discussions focused on identifying potential risks, formulating recommendations, and proposing solutions to observed or anticipated issues.

It is important to note that, compared to the previous year, one unit—the Student and Career Center (SCC)—was dissolved and its functions were merged with the University Communications Office (UCO). Additionally, the Research and Development Center (RDC) was audited once again, although it does not formally fall under the Secretariat's administrative structure. The Secretariat Management (Secretary General) was also audited this year, with a more detailed and advanced focus than in previous cycles. Special attention was given to oversight and monitoring functions carried out by this office.

The Committee found that all audited units have well-established work procedures aligned with applicable laws, external regulations, and the internal normative framework of the University. Both managers and employees demonstrated a high level of responsibility, with managers showing full commitment to enhancing the performance of their respective units. The Committee commended the dedication of all staff over the past year, particularly in their implementation of the ISO 9001:2015 standard within the IUS Secretariat.

All units submitted updated documentation, including work processes, SWOT analyses, and graphical representations of key processes. Based on the findings, it was concluded that work processes in administrative units are functioning effectively, with no significant irregularities noted. Work is carried out in accordance with established procedures and standards, and units regularly plan and report to both their superiors and the Strategic Development Office (SDO). These planning activities are aligned with both the overall IUS Strategic Plan and each office's annual operational plans.

Managers across the Secretariat demonstrated a strong understanding of the organizational context and the needs and expectations of stakeholders, both internal and external. However, the audit identified challenges in cooperation with some stakeholders. While internal collaboration can be improved through corrective actions and enhanced processes, the University's influence over external factors—such as the broader political and administrative environment, residence permit regulations, and workforce migration—is limited.

In accordance with the QA Rulebook, surveys assessing stakeholder satisfaction with IUS offices were conducted between May 22 and June 19, 2024. The findings, compiled by the Strategic Development Office, were submitted to University management for further review and follow-up action.

The audit confirmed that the majority of corrective measures outlined in the 2023 GS Action Plan, as well as those from the earlier 2019 Accreditation Action Plan, have been largely implemented. These included recommendations from prior ISO audits. Nonetheless, the Committee observed that some measures remain only partially fulfilled, largely due to the long-term nature of certain tasks (e.g., digitization of processes), as well as resource limitations in terms of staffing and materials. Consequently, some deadlines for implementation will need to be extended, and in some cases, new procedures may need to be introduced.

Overall, the Committee noted substantial progress in quality enhancement, not only within the administrative structure but also across academic and research domains.



Innovations in administrative workflows, the adoption of new technologies, and the digitalization of key procedures have contributed to more efficient operations and increased student satisfaction, as evidenced by recent survey results.

Further improvements have been observed in stakeholder engagement, particularly in interactions with alumni, business partners, and University staff. These developments have been supported by ongoing stakeholder satisfaction assessments and a visible increase in socially responsible activities aligned with the Sustainable Development Goals (SDG). Collectively, these efforts have further enhanced the University's public image and affirmed its role as a socially engaged educational institution.

At the same time, the Committee identified potential risks and threats to the assurance of quality and emphasized the need for continuous monitoring and improvement. Importantly, the identification of such risks represents a positive step forward, as it enables informed action. Implementing the Committee's recommendations will further improve the performance of individual units, particularly those directly aligned with strategic objectives such as internationalization and project participation.

A detailed breakdown of findings and evaluations by individual offices and centers is provided in the following section, organized according to the audit timeline and schedule.

INDIVIDUAL REPORTS BY UNITS

1. HR/Human Resources Office

Processes:

1. *Employee recruitment,*
2. *HR procedures,*
3. *Individual requests processing.*

Improvements in the office:

Compared to the findings and measures outlined in the 2022 ISO internal audit, notable improvements were observed in the Human Resources Office, particularly in the area of feedback collection related to Erasmus+ staff mobility programs. The International Relations Office (IRO) now regularly updates electronic records of completed exchanges, which are centrally stored and accessible to HR. This centralized and enhanced database facilitates better tracking and coordination.

Progress was also noted in the occupational health and safety system, including updates to fire protection measures. A significant innovation was introduced in collaboration with the IT Office, Security Office, and University Management: the implementation of electronic card access systems. These include:

- Automated **employee check-ins and check-outs;**
- Restricted **entry to Rectorate premises** at Buildings A and B, enhancing security;
- Installation of **automatic barriers at campus gates,** with **employee license plate registration** to reduce traffic congestion during peak exit times.

Further advancements include the **electronic monitoring of professors' attendance,** allowing them to review their own records, and the **extension of attendance tracking** to office managers for their respective teams.



Requests for Improvement:

Despite notable progress, certain requirements under ISO 9001:2015, particularly Clause 8 – Operation (8.1: Planning and Managing Operations), have not been fully implemented. While the Committee commended the detailed reports submitted by HR to the Strategic Development Office, it was observed that the process approach outlined in the QA Rulebook, as well as the risk-based Plan-Do-Check-Act (PDCA) cycle, have only been partially applied. This is largely due to dependencies on other offices, faculties, or University management. Improved and systematic internal communication is needed to keep HR informed and actively involved in planning, thereby enabling full adherence to the QMS framework.

A review of previous internal audit reports and their corresponding corrective actions (particularly from the 2022 ISO report) revealed the following **unfulfilled measures**:

- **Lack of timely reporting on project staff engagement:** The Office of Sponsored Projects (OSP) has not established regular communication with HR regarding academic and administrative staff involvement in projects. Information on working hours, engagement agreements, and workload allocation must be provided before project implementation, not retrospectively. Failure to align engagement with employment contracts could lead to Labor Law violations. Legal consultation is required in this process.
- **Unfulfilled recommendations for academic staff training:** The pedagogical and didactic training recommended in the 2019 IUS Institutional Accreditation Report and the Action Plan for Quality Improvement has not been fully implemented.
- **Lack of defined performance indicators and evaluations:** Expectations from supervisors, performance indicators, and structured staff evaluations have not been clearly defined. Although evaluation forms for academic staff exist, the annual evaluations signed by Deans have not been submitted to HR since 2017, limiting opportunities for improvement, reward, or corrective action.
- **Absence of a long-term staffing plan:** As recommended in the 2019 Institutional Accreditation, a comprehensive Human Resources Development Plan remains absent. The evaluation of administrative staff also remains a challenge.
- **Inaccessibility and inconsistency of the Job Systematization document:** Office managers currently lack access to the Job Systematization document, leading to inconsistencies between internal regulations, the organizational chart, and actual staffing arrangements. A comprehensive analysis and harmonization of internal acts is required. Similarly, the New Employee Package, intended to support staff onboarding, remains fragmented and lacks coordination among relevant units (HR, IT, UCO, Maintenance).

Although these issues are not core responsibilities of the HR Office, they directly impact its performance and expose it to operational and reputational risks.

Risks:

- The absence of a **reward and constructive feedback system** for administrative staff creates a risk of **low morale, dissatisfaction, poor performance, and staff turnover**, potentially affecting **service quality** for students.
- Concerns were raised regarding the **security of employee personal data** stored in the **E-Campus system**, highlighting the need for improved data protection measures.

Committee Recommendations:

To mitigate the above risks and address identified shortcomings, the Committee recommends the following:

- Conduct a **detailed analysis of the Job Systematization document**, including staffing levels and role distribution.



- Enable **professional development in data protection**, particularly for:
 - The HR Office Manager
 - The Communications Office Manager
 - The Assistant to the General Secretary for Legal Affairs
- Implement **systemic data protection measures** at the University level, covering both **employees and students**.
- Provide a **shared photocopying facility** accessible to all Rectorate administrative units.
- Carry out a **comprehensive human resources analysis**, followed by the development of a **long-term staffing strategy**.
- Ensure **continuous professional development**, especially for **academic staff**, focusing on **pedagogy, didactics, and teaching methodologies**.
- Improve **technical support** for the HR Office.
- Clarify **reporting lines** and responsibilities in alignment with Systematization documents and organizational hierarchy.
- Allocate resources for staff development based on the identified needs of both **academic and administrative units**.
- Define **evaluation criteria** and implement **reward and disciplinary mechanisms**, in consultation with the HR and Legal Offices.
- Urgently **harmonize internal regulations** related to the **responsibilities, hierarchy, and functions of administrative offices**.
- **Share the updated Systematization document** with all offices and revise it accordingly.

2. Library

Processes:

1. *Acquisition, professional processing, and lending of library materials,*
2. *Support in administrative processes and evaluation of the scientific research process.*

Improvements in the office:

With the new manager, the work of the Library has significantly improved.

Risks:

While the Library is equipped with an anti-theft system using RFID chips embedded in each book, the risk of theft remains due to its open-access structure. Students frequently leave books in inappropriate or unrelated sections, which increases the risk of genre misplacement and causes significant delays in re-shelving and organizing materials. This disrupts catalog integrity and reduces accessibility for other users.

Requests for Improvement:

A key area for improvement relates to the **availability of required course literature**. According to academic standards, the University should ensure that the Library holds at least **20% of the required literature** for its academic programs. To meet this goal, it is recommended that the Library:

- Send an **annual request to Deans and Program Coordinators** for an updated list of required course literature for the upcoming academic year;
- Use this information to **procure necessary materials in advance**, ensuring timely access for students and faculty.



Committee Recommendations:

To further enhance the quality and inclusiveness of library services, the Committee proposes the following actions:

- **Inclusive Access:**
 - Initiate a subscription to audio literature in Braille to support visually impaired users;
 - Explore and establish cooperation with the Center for the Visually Impaired Persons in Sarajevo. (Check institutional archives to verify if a prior agreement exists and reactivate if necessary.)
- **Institutional Partnerships:**
 - Re-establish collaboration with the National Library of Bosnia and Herzegovina, which could expand access to national repositories and shared resources.
- **Policy and Documentation:**
 - Update the Library's regulations to reflect current operational needs and best practices;
 - Require that scientific publications authored by IUS professors be submitted in PDF format to the Library, contributing to the University's academic archive;
 - Update the declaration on scientific work to formalize the process of archiving faculty publications.
- **Professional Development:**
 - Support professional training for Library staff to keep pace with advancements in library science, digital cataloging, and academic resource management.

3. Maintenance/Security Office

Processes:

1. *Securing and protecting the assets and property of the IUS Campus,*
2. *Maintaining the infrastructure of the IUS Campus and ensuring the hygiene of IUS facilities.*

Improvements in the office:

The Maintenance/Security Office demonstrated significant progress in several key operational areas, particularly in occupational safety and fire protection. In collaboration with the Human Resources Office, IT Office, and University Management, the office has enhanced campus-wide access control systems for both staff and students.

Key improvements include:

- Installation of **electronic check-in/check-out systems** at the entrances of **Buildings A and B**, as well as the **Rectorate**, providing enhanced oversight of campus movement;
- Guaranteed **security against unauthorized entry** into the Rectorate premises;
- Deployment of **automatic vehicle barriers** at the Campus gate, with **employee license plate registration**, significantly reducing congestion during exit hours;
- Strengthening of the office's team with **new personnel specialized in security and protection**, further boosting operational capacity.

Risks:

Despite these improvements, several **ongoing risks** were noted:

- Potential threats such as **fire, flooding, or power system failure**;
- The **risk of unauthorized weapons being brought onto campus**;
- An **insufficient number of staff** to adequately cover all maintenance and security responsibilities;



- **Lack of communication** from IUS employees—especially academic staff—regarding external visitors to offices or departments. This hinders the ability of gate personnel to effectively identify unknown individuals, particularly during **high-traffic periods**, and poses a risk to campus security.

Requests for Improvement: none.

Committee Recommendations:

To strengthen operations and mitigate risks, the Committee provides the following recommendations:

- **Video Surveillance and Monitoring:**
 - Establish formal procedures for the operation and monitoring of video surveillance systems;
 - Introduce a usage log or request form for keys to ensure better access control.
- **Regulation of Personal Devices:**
 - Develop and enforce guidelines regarding the use of personal technical devices (e.g., kettles, heaters) within offices, to prevent fire hazards and electrical overload.
- **Parking and Gate Management:**
 - Further regulate parking rules and procedures for gate entry and exit, particularly for visitors;
 - Consider, depending on available resources, the installation of metal detectors and auxiliary 360° surveillance cameras to improve real-time monitoring and incident prevention.
- **Occupational Safety Oversight:**
 - Although some staff members have completed occupational safety training, the Committee recommends formally appointing a dedicated Occupational Safety Officer;
 - Develop a comprehensive Work Safety Plan and Gate Operation Regulations;
 - Review and update all legal documents and internal regulations governing the work of the Maintenance/Security Office to reflect current operational practices and legal compliance.

4. **Research and Development Center**

Processes:

1. *Support for the teaching process at FENS,*
2. *Scientific research.*

Improvements in the office:

Significant progress has been observed in the operations of the Center compared to last year's audit. The young and dynamic management team has undertaken various initiatives to strengthen business cooperation with industry and other institutions, contributing to the Center's overall improvement.

In the coming period, collaboration with the Institute for Metrology of Bosnia and Herzegovina is planned, alongside efforts to increase participation in EU-funded projects.

Enhancements have also been made to the Center's security system, particularly regarding access control. Entry to the Center is now authorized exclusively by the Director, which has effectively eliminated the risk of unauthorized access.



Progress has also been noted in the centralization of the database of cooperation agreements with industry. Earlier this year, the IUS Secretariat established a centralized repository for all institutional agreements, categorized by type and nature. As a result, the database of agreements with industry has been updated and streamlined.

These efforts by the Secretariat have had a positive impact on the work of the Research and Development Center by facilitating the analysis of agreements—particularly those focused on scientific cooperation—and supporting the planning of future activities.

The Audit Committee commended the Center’s promotional efforts, especially the increased visibility of its scientific activities through more frequent updates on the IUS website and social media channels.

Risks:

Several risks have been identified that may hinder the effective operation and long-term sustainability of the Center:

- **Frequent changes in management** have led to a lack of continuity in strategic direction and implementation of long-term initiatives.
- **A shortage of qualified personnel**, particularly laboratory technicians, continues to limit the Center’s operational capacity and its ability to support ongoing research and development activities.
- **The absence of a reliable backup and archiving system** prevents the current management from effectively reviewing and learning from past activities, thereby limiting institutional memory and strategic planning.
- **Insufficient engagement with external stakeholders**, especially with industry partners, weakens the Center’s relevance and its ability to fulfill its core mission of fostering applied research and innovation.
- **Inadequate environmental monitoring equipment**, specifically the lack of proper humidity and temperature measurement tools, poses potential risks to sensitive laboratory equipment such as incubators, ice machines, and CO₂ tanks.
- **The absence of calibration devices** for laboratory machines compromises the accuracy and reliability of experimental results.
- **The lack of a defined chemical waste disposal protocol** presents serious environmental and occupational health risks to laboratory personnel.

These issues collectively pose a significant threat to compliance with **ISO 9001:2015, Clause 7.1.5 – Resources for Monitoring and Measurement**, and may impact the Center’s ability to maintain quality standards.

Requests for Improvement:

The following improvement areas have been identified in relation to several key clauses of the ISO 9001:2015 standard, including:

Clause 4.4 – Quality Management System (QMS) and its processes

Clause 5 – Leadership (5.3: Organizational roles, responsibilities, and authorities)

Clause 6 – QMS Planning (6.1: Actions to address risks and opportunities; 6.2.3: Planning of changes)

Clause 7.4 – Communication

Clause 9.1 – Monitoring, measurement, analysis, and evaluation

- **Unimplemented Corrective Measures:** The ISO audit reports from 2022 and 2023 recommended specific corrective actions, particularly regarding discrepancies in internal legal documents. These measures remain largely unaddressed, and substantial progress has not been made.



- **Legal and Organizational Inconsistencies:**
 - The *RDC Rulebook* still refers to the Office for Sponsored Projects (OSP) as a subunit, while the *OSP Rulebook* defines a different structure.
 - The RDC Director's formal responsibilities include academic curriculum development; however, there is little actual collaboration with academic units to support this role.
 - The current job systematization inaccurately lists the RDC Director as managing scientific research, which does not reflect operational reality.
 - The *RDC Rulebook* is outdated (nearly 10 years old) and has not been revised or replaced, despite ongoing structural changes.
 - The Rulebook states that the RDC is supervised by the Vice-Rector for Research and Development, but the Center currently reports to the Vice-Rector for General Affairs.
- **Strategic Misalignment:** The 2022 and 2023 audit reports emphasized the need for better strategic oversight of the RDC. The 2025 audit confirms that this alignment has yet to be achieved. The RDC remains underutilized and lacks a defined role, contradicting its stated mission and vision.
- **Overlapping Responsibilities with the IUS Research Institute:** The establishment of the IUS Research Institute has led to functional overlaps with the RDC. While the *2024 Statute* assigns responsibilities for research monitoring and infrastructure improvement to the RDC, the Institute is tasked with university–industry collaboration and interdisciplinary research. This has created confusion and blurred accountability.
- **Delayed Formation of the Interdisciplinary Research Committee:** As envisioned in the *IUS Strategy 2022–2026*, a Committee for Interdisciplinary Research was to coordinate university-wide research efforts. Its continued absence contributes to disjointed and fragmented research management.
- **Undefined Research Roles and Poor Coordination:**
 - There is a lack of clarity regarding responsibilities for scientific research, project coordination, and industry collaboration.
 - The RDC does not have a formal laboratory management procedure.
 - Communication between the RDC and other units remains weak; the RDC is not consistently informed about projects conducted in its own labs.
 - Poor coordination persists between the RDC, OSP, faculties, and University management.
- **Lack of Systematic Planning:** No structured planning process is in place at the RDC, which constitutes a non-conformance with **Clause 6** of the ISO 9001:2015 standard (*QMS Planning*).

While these issues significantly impact the RDC's performance, the Center is not the sole process owner in many of these areas. The challenges identified are systemic in nature and require institution-wide leadership and structural reform. However, due to their direct implications for the RDC's functionality and compliance, they are presented here as critical areas for improvement.

Committee Recommendations: RDC is not covered by the scope of ISO 9001:2025. Therefore, all the above-mentioned issues do not pose a risk to the re-certification of IUS. The Committee's recommendations are professional and based on solid arguments — namely, the analysis of internal documents and direct observation of the current situation.

It is necessary to continue establishing a more effective system within the RDC, which will certainly lead to improvements in its operations in the near future and enable laboratory certification within the shortest possible timeframe.



5. Archive

Processes:

1. *Protocols and archiving documents.*

Risks:

Fire hazard, overcrowding of Archive rooms, which may create unsuitable working conditions.

Improvements in the office:

Compared to last year's audit, the general archiving system has been organized. Excess exams that have exceeded the legal retention period are destroyed, and binders (boxes) are recycled in a way that allows them to be reused for other purposes. Management has thus demonstrated the implementation of the SDG policy at IUS through ecological actions and reuse.

Requests for Improvement:

In relation to **ISO 9001:2015, Clause 6 – QMS Planning**, several weaknesses have been identified concerning planning and reporting in the Archive.

It was observed that **no regular planning or reporting system has been established** in the Archive to date. Specifically, the Archive Manager does not maintain a log of the number of exam binders received from faculties at the end of each semester. Additionally, the Archive Manager does not sign the *Course Material Submission Form* (Form No. F160/22), which would otherwise confirm formal receipt of the materials into the Archive.

Based on interviews with the Archive Manager, direct observation of operations and working conditions, review of documentation and records, as well as discussions during the Internal Audit Committee's post-audit meeting, the Committee concluded that the **exam archiving process is unnecessarily burdensome and poorly coordinated**. The process could be significantly improved through better organization, without the need for major financial investment.

Currently, the archiving process involves **five different roles/units**—professor, assistant, faculty secretary, maintenance personnel, and archivist—which introduces redundancy and inefficiency.

The current process is as follows:

1. At the end of the semester, the professor collects exam materials for the subject.
2. These are handed over to the assistant, who verifies the content and signs Form F160/22.
3. The materials and signed form are delivered to the faculty secretary, who also signs the form and holds the materials until all binders for the faculty are collected.
4. The secretary then requests the Maintenance Service to transport the binders to the Archive.
5. Once delivered, no further verification is conducted in the Archive, and Form F160/22 is not signed by the Archive Manager.

In effect, the **Archive functions merely as a storage area**, with no formal handover or verification process in place.

Discussions with faculty secretaries further revealed ongoing challenges in collecting exam materials from professors. In many cases, Deans must intervene by sending repeated reminders. There is no systematic tracking of which professors have submitted materials, nor verification of whether all required exams have been archived.

It is important to highlight that **the owner of the exam archiving process is the faculty**, which is **not classified as an administrative unit under the IUS Secretariat**. Consequently, this process currently falls **outside the formal scope of the ISO 9001:2015 Quality Management System**. However, since administrative units such as the Archive and Maintenance Service play key support roles in this process, a coordinated and simplified solution is necessary.



Finally, the Audit Committee emphasized that **document classification across IUS remains inadequate**. A clear, institution-wide classification system should be established and implemented to ensure proper handling, tracking, and archiving all university documentation.

Committee Recommendations:

The Internal Audit Committee provides the following recommendations to improve the efficiency, transparency, and compliance of the exam archiving process and document management system at IUS:

- **Streamline the Exam Archiving Process**
The Committee recommends that IUS Management review and simplify the current exam archiving procedure, which is unnecessarily complex and involves multiple actors. A more efficient and accountable workflow should be developed, reducing the number of involved units and clearly defining roles and responsibilities.
- **Establish an Administrative Procedure Logbook**
An *Administrative Procedure (UP) logbook* should be introduced within the Archive to record incoming and outgoing documents and materials systematically. This measure will strengthen document traceability and support compliance with office administration standards.
- **Enforce the Regulation on Office Administration**
Greater adherence to the *Regulation on Office Administration* is advised, particularly in how materials are recorded, stored, and transferred. This includes ensuring that documentation such as *Form F160/22* is signed by all responsible parties, including the Archive Manager, as part of the official handover process.
- **Professional Development for Archive Staff**
The Archive Manager should receive training in office and records management, with particular focus on regulatory compliance, documentation standards, and ISO 9001:2015 requirements related to document control and archiving.
- **Initiate Planning and Reporting Activities**
Although the Archive primarily supports other units and does not have its own budget or strategic objectives, it is essential that basic planning and reporting mechanisms be introduced. This includes periodic reports on received materials, storage capacity, and archive usage.
- **Develop a Document Disposal Plan**
To prevent the further overloading of the Archive's storage space, a structured and approved **document disposal plan** should be developed. This plan must define criteria, timelines, and procedures for the secure and compliant disposal of outdated or obsolete records.
- **Implement Certificate Protocol Numbering**
It was observed that certificates issued by various University units are not assigned protocol numbers, nor are they formally tracked. This lack of oversight prevents IUS from monitoring how many certificates are printed, which units issue them, and what associated costs are incurred.
The Committee strongly recommends that all **University-issued certificates — regardless of their ISO classification — be officially documented, recorded in a protocol logbook, and assigned a protocol number**. This is crucial for institutional accountability, data transparency, and administrative control.



6. Office of Sponsored Projects

Processes:

1. *Process of Support and Monitoring of Project Activities at IUS (Internal and Sponsored).*

Risks:

The following risks have been identified that may negatively impact the effectiveness and sustainability of the Office of Sponsored Projects (OSP):

- **Low Engagement from Academic Staff**
A general lack of interest among professors in participating in research and development projects poses a significant risk to the long-term viability and performance of the Office. In addition, delays in the submission of project applications further hinder the Office's ability to secure funding and meet deadlines.
- **Dependence on a Small Group of Applicants**
A limited number of professors consistently apply for project calls, creating a risk of overreliance. Should these individuals leave the University, the continuity of project activity and institutional knowledge would be compromised.
- **Absence of a University-Level Strategy for Research Promotion**
There is currently no systemic, university-wide approach to encourage broader participation in scientific research and externally funded projects. This lack of strategic direction weakens the research culture at IUS and limits the impact of the OSP's initiatives.
- **Limited Human Resources**
The OSP is currently understaffed, which contributes to increased workload, time constraints, and potential communication challenges between the Office and academic personnel. This may lead to inefficiencies in project coordination, proposal development, and reporting.
- **Instability of External Funding Sources**
The sustainability of projects is further at risk due to the unpredictable nature of funding policies and procedures from both domestic and international sponsors. Frequent changes in funding priorities, timelines, and eligibility criteria create uncertainty in long-term planning.
- **Restricted Access to State Funding**
In many cases, state-sponsored research funds are limited to public universities, making it difficult for private institutions like IUS to access national funding opportunities. This further narrows the range of available financial resources for research and development initiatives.

Improvements in the office:

Following a review of IUS strategic documents and in preparation for the internal audit of the Office for Sponsored Projects (OSP), the Audit Committee concluded that the OSP is a strategically and financially vital unit for the University.

The successful implementation of externally funded projects yields numerous benefits for IUS, including:

- **Advancement of Research and Knowledge:** Projects enable the acquisition of new knowledge and support the development of scientific research, contributing to the academic advancement of the University.
- **Industry and Community Engagement:** By fostering collaboration with industry and local institutions, the OSP strengthens IUS's relevance and societal impact.
- **Financial Growth:** External funding increases available resources, supporting the sustainability of University operations.



- **Enhanced Reputation and Visibility:** Participation in competitive research projects improves IUS's academic profile and global standing.
- **Capacity Building:** Project involvement fosters professional development for academic staff and practical experience for students, improving their satisfaction and employability.
- **Internationalization:** Participation in internationally funded projects facilitates cooperation with global partners and higher education institutions, supporting one of IUS's key strategic priorities.

The Office plays a critical role in maintaining and enhancing IUS's technical, digital, and human infrastructure. Through project-based donations and co-financing, the University is able to modernize and sustain key operational capacities.

The OSP functions in line with its official **Rulebook**, adopted by the IUS Board of Trustees in 2021. The Committee commends the Rulebook as a comprehensive and well-structured document that clearly defines the scope, processes, and responsibilities of the Office. It allows both academic and administrative staff to apply for and participate in projects, though the majority of projects continue to be led by faculty members.

Compared to the previous audit cycle, the OSP has made notable progress in several areas:

- **Digitalization of Archive:** The Office has digitized its internal documentation archive, streamlining operations and improving document management efficiency.
- **Compliance with Archiving Procedures:** Project-related documentation—including applications, monitoring records, service contracts, and correspondence—is now regularly archived and submitted to the University Archive, in accordance with ISO recommendations from previous audits.
- **Infrastructure Contributions:** As a direct result of project implementation, several classrooms and labs at IUS have been equipped with modern technical equipment. These resources are actively used by both professors and students during lectures and practical sessions.

Notably, the Research and Development Center (RDC) acquired several high-value machines through project participation, contributing to its operational capabilities.

- **Forward Planning:** The OSP has developed an **Action Plan through 2027**, demonstrating its commitment to strategic development and long-term planning.

Requests for Improvement:

In reference to the **ISO 9001:2015 clauses**:

- **Clause 5 – Leadership** (5.3: Organizational roles, responsibilities, and authorities)
- **Clause 6 – QMS Planning** (6.1: Actions to address risks and opportunities)
- **Clause 7 – Support** (7.4: Communication)
- **Clause 9 – Performance Evaluation** (9.1: Monitoring, measurement, analysis, and evaluation)

The Audit Committee identified several areas requiring improvement in the operation and integration of the OSP within the broader IUS system:

- **Lack of Cross-Unit Coordination and Defined Responsibilities**

As detailed in sections 11 and 16 of this report, the cooperation between OSP, the Human Resources Office, and the Research and Development Center (RDC) is insufficient. For example:

- The HR Office is not consistently informed in a timely manner about personnel engaged in project activities.
- The RDC Manager is not always aware of project-related activities conducted in the laboratories, even when such projects fall under their physical or operational purview.



These gaps indicate a systemic lack of defined roles and responsibilities for project-related processes across the institution. This deficiency is directly related to **Clause 5.3** of the ISO standard and points to a broader issue of institutional leadership and oversight. The Committee also raises the question of accountability:

Why have the project-related measures recommended in the 2022 and 2023 ISO audit reports not been implemented? Who is responsible for monitoring progress and ensuring implementation?

- **Insufficient Internal Communication**

Based on audit interviews and results from internal stakeholder satisfaction surveys (involving students and staff), the Committee concluded that communication between IUS units is fragmented and ineffective. There appears to be little unified direction or collaborative work among departments and offices, which hinders institutional efficiency and coherence in project development. This finding reflects a non-conformance with **Clause 7.4 – Communication**.

- **Ambiguity in Process Ownership**

The project implementation process at IUS involves multiple sectors—academic, administrative, and Secretariat—and is therefore complex in structure. Since not all parts of the process fall under the ISO 9001:2015 scope, monitoring and standardization are challenging. However, given the strategic importance of projects to IUS, a university-level solution must be developed to clearly define ownership and accountability across all involved units.

- **Outdated and Inconsistent Web Presence**

The current OSP website lacks accuracy, consistency, and transparency:

- Outdated or irrelevant content appears at the bottom of the homepage.
- There is no clear distinction between completed and ongoing projects.
- The overall design and structure do not reflect the Office’s strategic importance or operational maturity.

A review of peer university websites showed significantly higher levels of visibility, clarity, and promotional activity. Considering that the OSP has been operational at IUS for nearly a decade and that research and project development are core strategic goals, this deficiency is notable and should be addressed as a matter of priority.

- **Lack of Promotional and Informational Materials**

The OSP currently has no promotional tools such as newsletters, flyers, brochures, or periodic project summaries. These materials are essential for internal awareness, external visibility, and stakeholder engagement. Their absence contributes to the under-recognition of the Office’s contributions and missed opportunities for collaboration.

Committee Recommendations:

To address the identified issues and enhance the effectiveness, transparency, and strategic alignment of the Office for Sponsored Projects (OSP), the Committee makes the following recommendations:

- **Enhance Transparency and Visibility**

The Committee recommends that the overall visibility of the OSP and its activities be significantly improved. Promotion should not be limited to the Office itself, but also include **scientific research outcomes** resulting from project implementation. This aligns with the **2024 IUS Accreditation Action Plan**, which includes a requirement for the visibility of research outputs — a measure that remains unfulfilled.

- **Institutional Action to Address Irregularities**

The IUS Management is advised to take appropriate action within its authority to address the irregularities identified in the operations of the OSP and related units, such as the RDC. A



coordinated and structured approach is essential to ensure alignment of roles and responsibilities across these interconnected offices.

- **Coordination with the University Communications Office (UCO)**

The OSP Manager is encouraged to work **in coordination with the UCO** for all promotional and communication efforts related to projects and research. Project promotion should not be carried out independently but aligned with institutional communication standards and practices. This includes the design and distribution of promotional materials such as posters, brochures, and social media content. Each unit should focus on its core responsibilities, with the UCO taking the lead in promotion and visibility.

- **Timely Information Sharing with the RDC and HR**

- The RDC Manager should be **informed of planned project activities from the outset**, not only during the implementation phase or as a result of laboratory visits.
- The **HR Office should be regularly notified** about faculty members' involvement in externally funded projects.

This information should be properly documented in **faculty personnel files** and considered during **annual academic evaluations**, as it reflects important contributions to research and institutional development.

- **Implementation of Electronic Signatures**

The introduction of **electronic signatures**—at least for internal IUS offices such as the OSP—is strongly recommended. This would streamline the signing process for project-related documentation, significantly improving efficiency, particularly in time-sensitive or urgent situations.

7. UCO/University Communications Office

Processes:

1. *Student internships and career development management,*
2. *Support to student and alumni community (through communication activities),*
3. *Internal and external communication.*

Risks:

The Audit Committee identified several key risks that may affect the performance, strategic impact, and sustainability of the University Communications Office (UCO):

- **Untimely Registration and Coverage of Events and Visits**

Delayed notification and coordination regarding university events and official visits hinder the Office's ability to ensure timely promotion and media coverage. This limits visibility for IUS activities and reduces the potential impact of institutional outreach efforts.

- **Inappropriate Performance Indicators**

According to the Office Manager, the University administration currently uses **student enrollment numbers** as a key metric to evaluate the performance of UCO. However, enrollment is influenced by a variety of **external factors**—such as demographic trends, national policies, and economic conditions—over which the Office has no control. For example, in Sarajevo Canton alone, there were 2,500 fewer high school graduates compared to the previous year. This calls for a **reassessment of performance indicators**, with a shift toward outcome-based metrics related to communications, branding, and engagement.

- **Limited Resources and Overload**

Despite recent staffing adjustments (e.g., transfer of employees from SCC to UCO), the Office remains **under-resourced** in terms of personnel. The current team is overstretched,



which affects responsiveness, creativity, and long-term planning. This overload increases the risk of burnout and operational inefficiency.

- **Lack of Professional Development**

Professional training opportunities for UCO staff are **infrequent or nonexistent**. Employees have reportedly resorted to self-directed learning—often through free resources—in fields critical to the Office’s success, including:

- Media production and editing
- Graphic design
- Digital marketing and social media strategy
- General IT skills

- **Insufficient University–Industry Collaboration**

The Committee also identified broader institutional risks that intersect with UCO’s mandate. **Collaboration with industry partners remains insufficient**, particularly in areas that could enhance student engagement, public relations, and employability.

Improvements in the Office:

Compared to the previous audit cycle, the University Communications Office (UCO) has made significant progress, particularly in the area of **strategic communication planning** and operational efficiency. The following improvements have been observed:

- **Digitalization and Process Simplification**

Administrative processes—especially those related to event registration and internal forms—have been **digitized and simplified**, resulting in more efficient workflows and faster response times.

- **Enhanced Strategic Planning**

The Office has adopted a more structured approach to strategic communication. By **monitoring competing universities and analyzing statistical data** at both local and national levels, the UCO now bases its communication strategies and campaign planning on data-driven insights.

- **Increased Engagement with Industry**

A **notable improvement in cooperation with the business community** has been observed compared to the previous year, particularly through the organization of career fairs, networking events, and employer visits. These efforts contribute to the University’s visibility and strengthen student-industry ties.

- **Expanded Scope of Responsibilities**

As of **April 2025**, the **Student and Career Development Center (SCC)** was dissolved, and its core responsibilities were formally transferred to UCO. These include:

- Coordination and promotion of student internships
- Alumni relations
- Promotion and organization of student-led activities
- Development of partnerships with industry

- The successful integration of SCC functions into UCO has expanded the Office’s scope and increased its strategic importance within IUS.

- **Institutional Branding and Promotion**

Branding remains the **core mandate** of the UCO. The Office has made progress in strengthening both **internal and external communication**:

- Internally, the Office promotes better coordination and understanding between administrative and academic staff.



- Externally, it actively promotes IUS at the **national and international levels**, focusing on student recruitment, scholarship exam campaigns, and the general visibility of the University.
- **Event Management and Guest Coordination**
The Office is also responsible for the **organization of university-wide events**, including ceremonies, fairs, and special programs. It manages the reception and protocol of **official guests**, especially those whose visits are coordinated with the Rector's Office.

Requests for Improvement:

- **Outdated Internship Regulations**
The current regulations governing **student internships are outdated and no longer aligned with the present structure, scope, and responsibilities** of the University Communications Office (UCO), which has assumed these functions following the dissolution of the Student and Career Development Center (SCC) in April 2025.

Several important measures identified in previous ISO audit reports remain unimplemented:

- **Promotion of academic staff's scientific research** has not been sufficiently developed or formalized. While some promotional activities exist, there is no systematic, strategic approach to showcasing the scientific output of IUS faculty through digital platforms, events, or publications.
- The **formal regulation of IUS logo usage** is still pending. This includes official guidelines on:
 - Logo design and permitted variations
 - Color palette and typography
 - Image formats and sizing for digital and print use
 - Rules for internal and external application of the brand elements
- **Pending Resolution of Visual Identity Standards**
During the audit, the Committee was informed by the UCO Manager that a **special committee** has been appointed—consisting of professors and experts in media and visual communication—to draft a comprehensive **Visual Identity Regulation**. This initiative is expected to address the longstanding non-conformity related to brand standardization and logo usage. While the formation of this committee is a positive step, the regulation remains in draft form, and the issue continues to be marked as an open compliance point until officially adopted and implemented.

Recommendations by Committee:

In addition to previously stated points, the Audit Committee makes the following recommendations to further strengthen the operations, governance, and strategic alignment of the University Communications Office:

- **Governance of Digital Channels and Brand Materials**
The University should establish **strict control over the ownership, administration, and usage of official IUS digital channels**, including:
 - All institutional **social media accounts**
 - Subdomains and affiliated web platforms
 - Any digital content published on behalf of the University
- A **centralized approval process** should be implemented, with the final **review and validation of all promotional materials** assigned to the UCO. This will ensure consistency in tone, branding, and messaging across all platforms and publications.
- **Professional Development and Training**
UCO staff should be provided with **regular access to professional training programs**, particularly in the following areas:



- Strategic communications and public relations
- Graphic design, media production, and digital content management
- **Personal data protection and GDPR compliance**, given the increasing importance of ethical and legal responsibilities in digital communication
- **Clarify Website Maintenance Responsibilities**

The Committee recommends that IUS **formally designate which office—UCO or IT—is responsible** for updating and maintaining website content. This distinction must be clearly documented to prevent confusion, eliminate delays, and ensure the accuracy and timeliness of published information.
- **Update and Improve the IUS Website**

A comprehensive **audit and revision of the IUS website** is strongly advised. Specific issues noted include:

 - Repetition of identical content across multiple administrative office pages
 - Outdated or incomplete information
 - Lack of clarity and consistency in formatting and navigation

8. IRO/International Relations Office

Processes:

1. *Mobility and international cooperation,*
2. *Selection of foreign student candidates,*
3. *Obtaining a temporary residence permit based on studies.*

Risks:

The Audit Committee has identified several internal and external risks that significantly affect the operational efficiency, sustainability, and strategic role of the International Relations Office (IRO):

- **Lack of Institutional Understanding and Support**

The IRO Manager expressed concern over a **lack of understanding by university management** regarding the Office's operational demands and strategic importance. This includes inadequate staffing levels and limited institutional support to address persistent workload challenges.
- **Severe Staff Shortages**

The recent **simultaneous resignation of two key employees**—the Mobility Coordinator (responsible for both student and staff mobility) and the Visa Coordinator—has severely impacted the Office's capacity.
The shortage of qualified personnel poses a critical risk to the continuity and effectiveness of IRO operations.
- **Heavy Workload and High Stress Levels**

The Office operates under **strict, externally imposed deadlines**, such as visa appointments, Erasmus+ application cycles, and partner university procedures. This results in high stress levels for remaining staff and increases the likelihood of burnout, reduced morale, and potential further resignations.
- **Dissatisfaction with Compensation**

Low salaries and limited opportunities for professional growth were reported as a source of dissatisfaction among employees. These factors compound retention challenges and risk further talent loss from the Office.
- **Potential for Staff Turnover**

Given current conditions—including overwork, high pressure, and low compensation—there



is a **serious risk that additional staff may voluntarily leave the IRO**, threatening the operational stability of internationalization activities at IUS.

- **External Regulatory and Political Risks**

Several **external factors beyond IUS's control** negatively impact IRO's efficiency and the experience of international students:

- **Visa issuance procedures** are slow, overly regulated, and subject to **legal and bureaucratic obstacles**.
- **Frequent changes in government leadership** (e.g., ministers and directors of visa-issuing institutions) disrupt established processes and communication channels.
- **Sudden government decisions and inconsistent enforcement of regulations** contribute to uncertainty and delays in visa processing.
- These inefficiencies place **unnecessary time and resource burdens on the University**, diverting staff efforts from academic and development work toward administrative crisis management.

Improvements in the Office:

- **Adoption of the Internationalization Strategy**

At the end of 2024, IUS formally adopted its Internationalization Strategy, developed collaboratively by the IRO, the Office for Sponsored Projects (OSP), and the Vice-Rector for International Cooperation.

This initiative was undertaken in response to a recommendation from the BH Accreditation Committee.

- **Update of the Mobility Regulation**

In 2024, the IRO revised and updated the Mobility Regulation, ensuring better alignment with current Erasmus+ program requirements, international partnership standards, and internal processes for managing both inbound and outbound mobility.

- **Centralization and Digitalization of Cooperation Agreements**

The Office has made notable progress in organizing and managing institutional partnerships:

- The **database of cooperation agreements** (with both domestic and international institutions) was comprehensively updated.

Requests for Improvement:

The identified improvement areas relate to key elements of process design, human and technical resources, and organizational structure. These are aligned with the following **ISO 9001:2015 clauses**:

- **Clause 5.3** – Organizational roles, responsibilities, and authorities
- **Clause 6** – QMS Planning
- **Clause 7.1** – Resources (people, infrastructure, and work environment)
- **Reassessment of Functional Priorities and Core Mandate**

Although the IRO is formally designated as the office responsible for **international relations**, an analysis of its daily activities indicates that **international cooperation initiatives currently receive the least attention** in terms of time, staffing, and strategic focus.

This misalignment poses a significant risk to the University's development, as **internationalization is a core institutional objective**, reflected in IUS's long-term strategies and recent accreditation requirements.

The Committee recommends a **redefinition of functional priorities** within the Office to ensure that the majority of resources are directed toward:

- Building and strengthening international partnerships
- Expanding exchange and dual-degree programs
- Supporting faculty-led international initiatives



- Promoting the global visibility and reputation of IUS
- **Workforce Planning and Reorganization**
The Office is **critically understaffed** following the loss of two key employees. This situation has led to an imbalanced distribution of workload, with administrative and logistical tasks taking precedence over strategic international cooperation.
- **Enhancement of Technical and Operational Infrastructure**
The Office currently lacks the technical tools and infrastructure required to manage high volumes of international communication, digital application processing, and document archiving efficiently.
- **Integration with Strategic Planning Processes**
The IRO's activities should be more clearly **integrated into university-wide strategic planning processes**, including academic planning, marketing, and budgeting.

Recommendations by Committee:

To address the identified issues and ensure alignment with IUS's strategic goals in internationalization, the Audit Committee offers the following recommendations:

- **Reorganize Internal Workflows and Responsibilities**
The IUS **Management should initiate a reorganization of the Office's internal structure**, ensuring that tasks are aligned with the Office's strategic mandate—particularly international cooperation and partnership development.
- **Establish and Regulate the Enrollment Process for Foreign Students**
The **admission process for foreign nationals requires immediate revision**. At present, all applicants are admitted without formal evaluation or selection criteria.
The Committee recommends:
 - Developing and adopting a **comprehensive regulation for the enrollment of foreign students**
 - Establishing transparent **admission criteria**
- **Institutional Recognition of IRO's Strategic Role**
University Management should **formally recognize and support the strategic function of the IRO**. This includes addressing its operational needs, particularly:
 - Staffing
 - Workload balance
 - Professional development
 - Resource allocation
- **Implement Written Reporting Protocols**
The Committee recommends that all **IRO reporting to University leadership be conducted in written form**, ensuring:
 - Traceability of issues
 - Timely identification of obstacles
 - Formal communication of recommendations and decisions
- **Introduce Preventive Risk Management Measures**
Currently, the IRO operates without structured preventive mechanisms. The Committee advises Management to **develop and implement a preventive risk framework** to address foreseeable operational disruptions, including:
 - Staff turnover
 - Delays in visa processing
 - Shifts in international mobility policies
 - Political and legal uncertainties impacting student admissions



- **Establish an Incentive System for Faculty Engagement**
The University should **recognize and reward professors actively involved in international cooperation.**

9. ITC/Information Technology Office

Processes:

1. *Providing information technology support to the IUS administrative and academic organizational units and students.*

Risks:

The Audit Committee has identified several significant risks that threaten the effectiveness, responsiveness, and sustainability of the IT Office (ITC). Many of these risks have been highlighted in **previous ISO audit reports** but remain unresolved:

- **Chronic Staff Shortages**
The ITC continues to operate with an **insufficient number of employees**, a concern consistently raised by the Office Manager and previously noted in multiple ISO audit cycles.
 - The number of IT staff has remained unchanged for several years, despite the growing complexity and scale of IT demands at the University.
 - The **current workload is unsustainable for the Office Manager**, who is often left to handle tasks alone.
- **Delayed Information and Dependency on Other Units**
The IT Office remains **dependent on other University units**—including faculties, administrative offices, and HR—for timely information essential to planning and implementing IT-related services.
- **Aging Equipment and Infrastructure**
Much of the University's current IT infrastructure is **outdated**, posing a risk to both daily operations and long-term reliability.
- **Lack of Comprehensive Backup Systems**
A critical risk lies in the **absence of robust backup solutions** for data generated by faculties, administrative offices, and academic programs.
 - Without regular backups and secure data recovery systems, the University is **vulnerable to data loss**, operational downtime, and reputational damage in the event of system failure or cyber incidents.
- **Insufficient Investment in Technology to Support Strategic Goals**
As IUS expands its **distance learning and hybrid program offerings**, the demand for reliable, scalable digital infrastructure continues to grow.
- **Outdated Student Survey System**
The student survey system used to collect feedback on courses and teaching remains **technically outdated**.
- **Laboratory Infrastructure Requires Continuous Investment**
University laboratories must **keep pace with rapid technological advancements** to remain competitive and support student learning and research.

Improvements in the Office: The security system has been significantly improved, which is beneficial for IUS, but more complex to maintain, according to the Office Manager.

Requests for Improvement: In addition to previously identified risks, the following improvement areas require attention to align IT operations with institutional needs and ISO 9001:2015 standards.



These relate specifically to **Clause 8 – Operation**, which addresses the planning, implementation, and control of operational processes necessary to meet quality and performance requirements.

- **Lack of Formal Regulation Governing ITC Operations**

The IT Office currently functions **without an official internal or legal regulation** that clearly defines its scope of work, authority, responsibilities, and interaction with other units.

Committee Recommendations: To address the identified deficiencies and ensure effective, sustainable IT operations that support the strategic and academic goals of IUS, the Audit Committee provides the following recommendations:

- **Define and Document ITC Operational Responsibilities**

The Committee strongly recommends that the **scope of work within the ITC be formally defined**. This documentation should be included in the forthcoming **ITC Regulation** and aligned with ISO 9001:2015 **Clause 8 – Operation**.

- **Establish Clear Data Protection Protocols**

With the implementation of the **new Law on Personal Data Protection**, it is essential to:

- Clearly define internal procedures for the **collection, storage, and processing of personal data** for both students and staff
- Ensure all data-handling practices comply with national legal requirements and international standards
- Coordinate with legal and administrative offices to update privacy policies and IT system configurations accordingly

- **Review and Manage Software Licenses and IT Contracts**

The Committee recommends conducting a **comprehensive review of all licenses and service agreements** that IUS holds with external IT companies.

- **Centralize Key IT Data for Management Access**

IT-related data (e.g., hardware inventories, service usage, license status, system health reports) should be **centralized and securely accessible to Management**. This improves oversight, decision-making, and risk mitigation at the institutional level.

- **Invest in Professional Development for ITC Staff**

The current level of **professional training for ITC employees is insufficient**. Given the pace of technological advancement, continuous training is critical.

- **Secure a Dedicated Budget for IT Operations**

The ITC currently **lacks a dedicated, approved budget**, which severely limits its capacity to plan and operate effectively.

- **Improve Academic Planning Coordination**

To address recurring delays in technical preparations for new academic staff, the ITC Manager should **send a request to academic units by the end of June** each year, asking them to submit the number of new faculty hires expected in the upcoming academic year. The **finalized list should be compiled by August**, allowing sufficient time to prepare digital accounts, workstations, and network access in advance.

10. Rectorate - Secretary

Processes:

1. *Managing administrative tasks at the Rector's request and providing support in communication and processing of requests within the Rectorate.*

Risks: Sudden and unannounced visits.



Improvements in the Office: As outlined in the GS Action Plan 2023, the regulation of VIP and other types of visits to the International University of Sarajevo (IUS) was initially to be addressed through the development of a formal *Protocol on Visits*. In alignment with this plan, the Secretary of the Rectorate prepared a draft document and submitted it to the Legal Office for review.

However, following internal consultations, a review of practical considerations, and ongoing monitoring of the situation, IUS Management concluded that the proposed protocol would add unnecessary complexity to the organization of visits. Management determined that it is neither feasible nor efficient to attempt to control and categorize every individual visit, and that introducing additional administrative procedures would place undue burdens on individuals and organizational units without delivering corresponding benefits.

Instead of implementing a comprehensive protocol, IUS Management recommended the adoption of a simplified checklist to guide the organization of high-level or significant visits. All other visits are to be managed in accordance with the operational plans of the relevant administrative units responsible for their coordination.

Additionally, as the organization of visits functions at the institutional level and falls outside the defined scope of ISO standards, this provided further rationale for avoiding unnecessary procedural complexity.

The Secretary of the Rectorate continues to support the administrative operations of the Rectorate, including internal and external communications, and provides assistance as needed to the Rector, Deputy General Secretary, and Vice-Rectors.

Requests for Improvement: none.

Committee Recommendations: It is necessary to properly regulate the old archive currently stored in the Rectorate Secretary's Office. The University Management should determine who will be responsible for this process, how it will be implemented, and within what time frame. Furthermore, a decision should be made regarding the relevance of the archive to the University—specifically, whether the materials should be preserved in the University archive for safekeeping or disposed of in accordance with applicable procedures.

11. SDO/Strategic Development Office

Processes:

1. Process of conducting institutional accreditation,
2. Process of conducting accreditation of study programs,
3. Process of conducting international accreditation,
4. Process of compliance with legal regulations and development of quality system policies,
5. Process of monitoring and updating curricula and course syllabi,
6. Process of creating and maintaining the register of study programs,
7. Process of strategic planning,
8. Process of monitoring process performance,
9. Process of measuring stakeholder satisfaction.

Risks:

- **Lack of Institutional Support:** Insufficient support from IUS Management, absence of strategic analysis, and a general lack of interest from leadership hinder the effectiveness of quality assurance processes.
- **Low Engagement:** A lack of cooperation and minimal engagement from participants involved in quality-related processes negatively impacts implementation and improvement efforts.



- **Unaddressed Recommendations:** Failure to act on recommendations from previous accreditation cycles poses a threat to institutional improvement and compliance.
- **Ineffective Planning and Monitoring:** Delays in the preparation, coordination, and monitoring of activities related to accreditation standards and strategic planning reduce operational efficiency.
- **Resource Uncertainty:** A lack of clear information regarding the resources required to set and achieve institutional objectives weakens goal-setting and implementation efforts.
- **Failure to Implement Improvements:** Improvement measures are often not implemented, and corrective actions are neither monitored nor followed up, reducing the effectiveness of quality assurance mechanisms.
- **Lack of Feedback:** Participants in the quality process receive inadequate feedback, which can undermine motivation and accountability.
- **Accreditation-Related Risks:** The potential failure to obtain or renew accreditation in a timely manner may result in serious consequences, including suspension of diploma issuance or, in extreme cases, closure of the University. Delayed reporting to the relevant ministry also carries regulatory risks.
- **Communication Gaps:** Poor communication among administrative units and stakeholders involved in the quality process limits coordination and transparency.
- **Inadequate Curriculum Oversight:** Insufficient preparation for Curriculum Committee meetings and the absence of traceability in management processes related to the syllabus archive compromise academic quality and documentation integrity.
- **E-Campus System Risks:** The status and IT support for the E-Campus platform remain unregulated, and its security has not been adequately addressed, posing significant risks to data protection and service reliability.
- **Misplaced Accountability:** A critical risk lies in the perception that quality-related issues across the institution are the sole responsibility of the Strategic Development Office. In reality, quality is a comprehensive institutional concern that encompasses all levels—from the university entrance gate to senior management. All internal and external stakeholders share responsibility in ensuring and upholding quality standards.

Improvements in the Office:

- **Accreditation Success:** Successfully completed the institutional accreditation process, with accreditation now valid until 2029.
- **Strategic Planning:** Developed and adopted the *Action Plan for Quality Improvement* for the period 2024–2029, providing a clear roadmap for continuous enhancement.
- **Accreditation Preparedness:** Prepared all necessary documentation for study program accreditations in Bosnia and Herzegovina, meeting all legal deadlines.
- **Timely Processing of Academic Requests:** All proposals for the establishment or modification of study programs were reviewed and processed within the prescribed timelines.
- **Stakeholder Feedback:** Conducted satisfaction surveys involving relevant internal and external stakeholders, contributing to data-driven quality improvement.
- **Enhanced Student Surveys:** Improved the structure and consistency of regular student surveys, which were successfully conducted each semester (Spring 2024, Fall 2025).
- **Institutional Rebranding:** The office underwent a name change, reflecting its evolving role and responsibilities in quality and strategic development.
- **Improved E-Campus Utilization:** Initiated and contributed to the improved quality of E-Campus platform usage, enhancing the overall digital learning and administrative experience.



- **Successful completion of institutional accreditation (valid until 2029).** Adoption of the *Action Plan for Quality Improvement for the period 2024–2029*. Prepared plans for study programs accreditation in BiH within the prescribed legal deadlines. All requests for opening or modifying study programs were processed within the set deadlines. Satisfaction surveys were conducted with relevant stakeholders. Regular student surveys were improved and conducted each semester (Spring 2024, Fall 2025). The office name was changed. Quality of E-Campus usage increased, initiated by this office.

Requests for Improvement:

The requirement relates to the ISO Standard clause: **5 LEADERSHIP**. The Committee noted that the Quality Policy found in each office of the IUS Secretariat dates back to 2022, whereas the Quality Policy included in the Quality Assurance Rulebook dates from 2015. It is necessary to update the policy in the Rulebook.

Committee Recommendations:

- **Update of the Quality Assurance Rulebook:** The current Quality Assurance Rulebook should be revised to incorporate updated data, institutional achievements, and relevant information, ensuring alignment with current practices and standards.
- **Upgrade of Office Equipment:** It was observed that the primary hardware used by the Strategic Development Office (SDO) is significantly outdated. The Committee was informed that the office was provided with a non-functional laptop and an obsolete scanner. Additionally, all documents are printed using a shared printer, which poses a confidentiality risk, given the sensitive nature of some materials. The current monitors are also inadequate for handling large Excel files commonly used in the office. The Committee strongly recommends the procurement of essential IT equipment, including functional laptops, updated scanners, secure printing solutions, and larger monitors, to support efficient and secure operations.
- **Professional Development and Training:** The office has received minimal professional training in recent years, with the only noted IT training being a basic Excel course held seven years ago. This has led staff to self-navigate increasingly complex technical tasks. The Committee recommends that the University provide targeted training for SDO staff, particularly in IT and quality-related areas, to build capacity and improve performance.
- **Clarification of Quality Responsibility:** It is important to address the recurring misconception that the responsibility for institutional quality lies solely with the SDO. For example, if the University experiences a decline in rankings, it should not be attributed exclusively to this office—just as the University Communications Office (UCO) should not be held solely accountable for campaign outcomes in the face of larger societal trends such as youth emigration. A clearer institutional understanding of shared responsibility in quality assurance is essential.
- **Digitalization of Reporting Processes:** The Committee recommends transitioning from the current end-of-year reporting model to a digital, data-driven *Annual Self-Evaluation Report*. In collaboration with University Management, the SDO should develop a standardized set of questions and categories aligned with ISO standards and accreditation criteria (institutional, program-level, and international). Each University unit would complete this digital form annually according to a predetermined schedule. The centralized responses would serve as a repository of institutional knowledge, facilitating performance analysis and tracking progress across units and the University as a whole.



12. Student Affairs Office

Processes:

1. *Student enrollment at IUS,*
2. *Maintaining records and registries of students,*
3. *Issuing documents related to student records,*
4. *Preparing, processing, and sending student data,*
5. *Maintaining the Student Information System (SIS).*

Risks:

- **Declining Enrollment Trends:** A general lack of public confidence in diplomas issued by private universities, combined with unfavorable demographic trends in Bosnia and Herzegovina, poses a significant risk of decreased student enrollment at IUS.
- **Perception and Complaint Handling:** While the Student Affairs Office has established clear communication channels for submitting complaints, provides guidance to students on how to file them, and ensures timely resolution within set deadlines, reputational risks may still persist. Negative perceptions or unresolved issues could impact student satisfaction and institutional image.
- **Limited Oversight of Complaint Analysis:** Although complaints are managed promptly, the ability to comprehensively monitor, analyze, and extract trends to improve service delivery remains limited. This is due to the complaint-handling process being shared with academic services, which fall outside the current ISO scope. This lack of centralized oversight restricts data-driven improvements and coordinated action.

Improvements in the office:

- **ISO Standards Implementation:** The adoption of ISO standards within University Student Services has led to significant improvements in service quality, operational efficiency, data security, and transparency, enhancing overall accountability toward students.
- **Streamlined Administrative Procedures:** The Student Administrative Office (SAO) has developed and refined clear procedures for student enrollment, registration, diploma and certificate issuance, and other administrative services.
- **Quality Monitoring and Student Feedback:** Continuous quality control is maintained through regular monitoring of student satisfaction, supported by surveys, evaluations, and feedback mechanisms. A recent anonymous student survey indicated a high level of satisfaction with the services provided.
- **Effective Communication:** The SAO ensures consistent and timely communication with students, providing accurate responses to inquiries and requests.
- **Data Protection and System Security:** The office demonstrates strong commitment to personal data protection, with well-implemented security procedures and policies. The IT systems used for enrollment, academic records, and document issuance have been strengthened through regular updates.
- **Document Management:** Student records are systematically stored both electronically and in hard copy, with physical documents neatly organized in binders and securely housed in dedicated storage cabinets.

Requests for Improvement:

- **Data Reconciliation with Academic Units:** In line with the 2022 ISO report, the Student Affairs Office (SAO), in cooperation with the Strategic Development Office (SDO), is expected to reconcile student data with the curriculum and syllabi information received from



academic units. This process is essential for quality assurance, particularly as the SDO is working to transition from manual curriculum management to an automated system that draws data directly from syllabi stored in the E-Campus platform. This transition aims to significantly reduce recurring errors—especially those related to course prerequisites.

- **Translation of Curricula and Syllabi:** The Committee highlighted the urgent need to resolve the issue of translating syllabi into Bosnian. In accordance with legal requirements, all study programs and related documentation must be available in the Bosnian language. Failure to comply may lead to serious complications during inspections or accreditation processes conducted by the Higher Education Agency (HEA). Management is therefore urged to ensure timely and accurate translations, supported by clear procedural guidance to all relevant units.
- **Follow-Up on ISO Report Implementation:** It was observed that the follow-up on recommendations from the 2022 ISO report has been insufficient. In particular, improvements linked to ISO Standard Clause 9 – *Performance Monitoring, Measurement, Analysis, and Evaluation* – require more consistent and structured implementation to meet quality standards.

Committee Recommendations: Training of Student Services staff on data protection procedures and information security.

13. Office of Finance and Economic Affairs

Processes:

1. *Preparation and timely execution of procurement of goods and/or services to ensure the smooth operation of all business processes within the IUS campus and its organizational units/departments.*

The audit was not conducted due to the absence of employees.

14. Legal Office

Processes:

1. *Monitoring and implementation of laws, by-laws, and normative acts within the scope of the Service's work;*
2. *Initiating proposals for the adoption of new and amendments to existing general acts;*
3. *Drafting proposals of general and individual acts and coordinating tasks related to normative-legal activities;*
4. *Supporting the teaching process and scientific-research work.*

Risks:

- **Frequent Legislative Changes:** Continuous changes in national legislation require the University to frequently revise and align its internal regulations, placing increased demands on the Legal Office and other administrative units.
- **Delays in Legal Processes:** There are risks associated with delays in the adoption and implementation of legal decisions, which may hinder institutional compliance and timely decision-making.
- **Urgent and Unforeseen Requests:** The Legal Office often receives urgent requests with short deadlines, creating challenges in workload management and potentially affecting the quality of legal review.



- **Documentation and Archiving Issues:** Inadequate documentation practices and unstructured archiving pose risks related to traceability, institutional memory, and legal accountability.

Improvements in the office: All cooperation agreements have been centralized and digitized.

Requests for Improvement:

Several measures outlined in the 2022 ISO report related to the Legal Office have not yet been fully implemented, requiring further follow-up and action.

- **Inconsistencies in Legal Documents:** The 2022 ISO report identified overlaps and inconsistencies across various internal legal and normative documents. Specifically, the roles, responsibilities, and authority of certain administrative units or centers are defined differently in key documents such as the Statute, the Systematization Act, and individual service rulebooks. These discrepancies create confusion and weaken institutional coherence.
- **Task Overlaps Between Offices:** The Committee observed overlapping functions and unclear boundaries between different offices in internal documentation. Detailed examples of these issues are provided in the respective reports for each administrative unit.
- **Recommended Action:** The Legal Office should lead efforts to harmonize all internal legal and normative acts at the University level. This includes aligning documents such as the University Strategy, Statute, Systematization, Work Regulations, and regulations for specific offices (e.g., OSP, RDC). Additionally, linguistic inconsistencies across these documents should be addressed, ideally with the support of a qualified proofreader or language editor.
- **Unit-Level Regulatory Gaps:** During the review of documentation from various administrative units, regulatory irregularities were still found—for example, in the legal framework governing the Research and Development Center (RDC). These gaps should be corrected to ensure institutional consistency and legal compliance.

Committee Recommendations:

- **Formal Regulation of Office Operations:** The work and responsibilities of the Legal Office should be clearly regulated through updated internal documents to ensure consistency, clarity, and alignment with institutional needs.
- **Implementation of Outstanding ISO Measures:** All unimplemented recommendations from the 2022 ISO report should be addressed as a priority, particularly those related to harmonizing internal legal documents and eliminating overlaps.
- **Continuous Professional Development:** The University should ensure ongoing legal education and professional development for Legal Office staff, enabling them to stay current with legislative changes and best practices in higher education law and institutional governance.

15. General Secretariat – Management

Processes: *Governance processes.*

The General Secretariat is responsible for managing administrative units, identifying or resolving potential issues (ex. process inefficiencies, technical errors, low student satisfaction ratings for certain services, etc.), analysis and detection of causal factors in order to address them appropriately, developing action plans, creating concrete plans to solve problems including staff training, procedural changes, or technological infrastructure improvements, and monitoring and evaluating by regularly tracking the implementation of measures and their effects on system



improvement. The ISO standards clauses related to the management process are: **4. Context of the organization (4.3 Determining the scope of the quality management system, 4.4 Quality management system processes), 5.1 Leadership and commitment, 5.2 Quality policy, 6.2 Quality objectives and planning to achieve them, 7.5 Control of documented information, 9.1 Monitoring, measurement, analysis, and evaluation.**

Risks:

- **Staffing Shortages:** Several administrative offices operate with an insufficient number of employees, which hampers efficiency and workload distribution.
- **Low Motivation and Engagement:** A lack of motivation and commitment among staff has been observed, partly due to the absence of formal recognition or reward mechanisms for high-performing individuals or offices.
- **Lack of ISO Certification in the Academic Sector:** While administrative units may follow ISO standards, the academic sector has not yet been brought into the certification process, creating a gap in institutional quality assurance.
- **Weak Internal Communication:** Poor communication between administrative offices and faculties negatively impacts coordination, leading to inefficiencies and delays in operations.
- **Reactive Work Culture:** A tendency to operate on short notice—with last-minute decisions and unplanned activities—undermines effective management and strategic planning.
- **Absence of Monitoring and Planning Systems:** There is currently no systematic approach to monitoring, planning, processing, or classifying institutional activities, which limits performance tracking and long-term goal setting.
- **Process Ambiguities and Legal Inconsistencies:** Many work processes remain undefined or lack accurate documentation. Additionally, discrepancies exist between formal legal documents (e.g., the Statute and Systematization Act) and actual practices within individual units.
- **Limited Community Engagement:** Cooperation with local communities is underdeveloped, and the University is insufficiently involved in collaborative or socially beneficial projects at the local level.
- **Underdeveloped Academic-Industry Collaboration:** Engagement with domestic and international companies and institutions remains limited, resulting in missed opportunities for academic-business partnerships.
- **Reputational Challenges Facing Private Universities:** Persistent societal biases and misconceptions about private universities negatively impact the perception of IUS, placing it at a disadvantage compared to public institutions.

Improvement in the GS Management:

- **Implementation of ISO Standards:** The adoption of ISO standards within the University Secretariat has significantly improved the overall quality of education and services provided to both internal and external stakeholders, particularly students.
- **Establishment of Clear Procedures:** ISO implementation has introduced clear, standardized procedures and guidelines, resulting in improved consistency, efficiency, and satisfaction among students and staff.
- **International Compliance and Recognition:** Aligning university processes with internationally recognized standards has enhanced IUS's global academic reputation and competitiveness.
- **Operational Efficiency:** Systematic process management has led to a noticeable reduction in administrative errors, more effective resource allocation, and improved time management.



- **Enhanced Communication and Collaboration:** The introduction of structured workflows has strengthened internal communication, coordination, and collaboration among different University units—promoting better teamwork and more responsive problem-solving.
- **Increased Transparency and Accountability:** The standardization of processes has fostered greater transparency and accountability across all levels of University operations.
- **Strategic Growth and Cooperation:** The quality improvements brought by ISO standards have created new opportunities for attracting students, faculty, and researchers. They have also facilitated stronger partnerships with other academic institutions and industry stakeholders.
- **Support for Sustainability and Innovation:** The structured approach promoted by ISO has supported the University's commitment to sustainable practices and ongoing innovation in both academic and administrative areas.

Requests for Improvement:

- **Consistent Application of Quality Frameworks:** University management and all administrative units, including the General Secretariat, are expected to consistently implement the PDCA (Plan–Do–Check–Act) cycle, adhere to the *Quality Assurance Rulebook*, and carry out the tasks outlined in the *Post-Accreditation Quality Improvement Action Plan 2024*.
- **Annual Reporting Obligations:** These activities must be formally documented and reported to the University Rector in written or electronic form on an annual basis, ensuring accountability and traceability.
- **Follow-Up on Corrective Actions:** It remains unclear whether the Secretariat's Management has taken appropriate measures in response to the corrective actions outlined in the *Management Review Reports* from 2023 and 2024. These reports required the identification of key institutional risks and the development of corresponding strategic planning measures. Clear evidence of follow-up and implementation is needed to ensure progress and compliance.

Committee Recommendations:

The Internal ISO Audit Committee recommends that University management adopt a more structured and comprehensive approach to implementing ISO processes, with particular emphasis on the consistent monitoring of activities. This approach should be grounded in the core principles of quality management, which include:

- **Focus on Students and Key Stakeholders**
- **Engagement of People at All Levels**
- **Process-Oriented Management**
- **Strong and Committed Leadership**
- **Evidence-Based Decision Making**
- **Effective Relationship Management**
- **Commitment to Continuous Quality Improvement**



GENERAL OBSERVATIONS

The implementation of ISO 9001:2015 standards at the International University of Sarajevo (IUS) has significantly improved administrative processes and laid a foundation for consistent quality management. However, the primary emphasis must remain on the *ongoing implementation* and *continuous improvement* of these standards to prevent inconsistencies and ensure sustained compliance.

As in many organizations, introducing changes to established workflows and structures—especially when they touch on individual preferences or perceived interests—presents a considerable challenge. This resistance to change can slow progress and obstruct the full adoption of quality management procedures. It is therefore the responsibility of University management to ensure that such resistance does not hinder institutional goals. The interests of the University must take precedence, and the active involvement of all employees in applying and maintaining the quality management system is essential.

Moreover, insufficient engagement or support from management in the implementation of quality management processes can lead to misalignment between strategic objectives and practical application. ISO standards require the regular monitoring and evaluation of processes to identify areas for improvement. Without proper tools for monitoring and data analysis, the University risks failing to detect inconsistencies or inefficiencies in its administrative procedures.

To maintain alignment with ISO standards, the following are essential:

- Continuous process monitoring,
- Timely identification of weaknesses,
- Systematic implementation of improvement measures.

Key Observations at the Level of the IUS Secretariat

1. Insufficient willingness among employees to embrace change.
2. Independent actions by certain units or individuals, outside the cohesive system.
3. Inadequate communication and coordination between units.
4. Limited engagement by management in quality-related activities.
5. Staffing shortages in key administrative units.
6. Lack of structured performance monitoring and evaluation.
7. Insufficient number of professional development and training opportunities.
8. Undefined or unclear legal and procedural frameworks.
9. Incomplete or non-compliant documentation.
10. Challenges in aligning administrative processes with the specific structure and needs of the University, particularly in bridging administrative and academic functions.



Recommendations for Improvement by the Committee:

The Committee has identified the following key recommendations aimed at strengthening the effectiveness of the quality management system at IUS. These recommendations are aligned with **Clause 5 – Leadership** of the ISO 9001:2015 standard:

1. **Promote a Stronger Quality Culture:** Increase awareness of quality management principles across all levels of the University, with a particular focus on continuous improvement. Management should proactively communicate and delegate clear instructions to operational levels.
2. **Enhance Management Engagement:** Ensure greater visibility, participation, and guidance from University leadership in institutional processes. This includes issuing clearer directives and actively supporting quality initiatives.
3. **Foster Inclusive Involvement:** Encourage the active engagement of all employee levels in institutional development and quality improvement efforts, thereby cultivating a shared sense of responsibility and ownership.
4. **Provide Timely Training and Professional Development:** Offer regular training opportunities and upskilling programs for staff. Investing in professional development not only improves performance but also contributes to employee satisfaction and retention.
5. **Adapt Documentation to Institutional Specificities:** Review and adjust existing documentation, policies, and procedures to reflect the unique structure, needs, and academic-administrative integration of IUS.
6. **Expand ISO Scope to Academic Units:** Extend the application of ISO standards beyond administrative departments to include the academic sector, thereby ensuring a comprehensive and institution-wide quality management system.

All the above mentioned recommendations provided by the Committee are related to the ISO standard clause: 5. LEADERSHIP.

AUDIT CONCLUSION

Based on the internal audit conducted in accordance with the ISO 9001:2015 standards, the Committee concludes that the administrative services under the University Secretariat have made significant progress in applying appropriate procedures and controls that ensure the quality and efficiency of their operations. Key criteria related to organizational structure, documentation management, legal compliance, and data protection have largely been met.

However, several areas requiring further improvement were identified. These include strengthening internal communication among units, enhancing monitoring and evaluation of employee performance, and advancing digitization and automation efforts to increase efficiency and minimize the risk of errors. The Committee recommends that administrative units take proactive steps to implement the proposed improvements and continue aligning their practices with international quality standards to ensure consistent



excellence in administrative service delivery.

Key Observations and Recommendations:

1. **Need for Regular Interdepartmental Communication:** Discussions during the audit revealed recurring irregularities and information gaps hindering process execution. The Committee recommends holding more frequent coordination meetings—both at the management and administrative levels—as well as between administrative, legal, and academic staff (e.g., program coordinators). These meetings may be conducted virtually if needed and should aim to streamline information exchange and improve service quality, particularly for students.
2. **Alignment with Accreditation Timelines:** Internal and external ISO audits are occurring concurrently with preparations for national and international program accreditations in 2025. Any unfulfilled corrective actions identified during this ISO audit will be included in the 2025 *Management Review Report*, alongside findings and corrective measures from the external ISO audit conducted by TÜV Adria.
3. **Strategic Impact of ISO Implementation:** The implementation of ISO 9001:2015 has been transformative for IUS, contributing not only to improved administrative practices but also enhancing the University’s internal and external evaluations, reputation, and readiness for future initiatives. This includes renewed national accreditation, strategic program-level accreditations, and partnerships with internationally recognized universities.
4. **Next Phase of ISO Integration:** The current stage focused on process identification. The next phase should involve detailed analysis, process mapping, and identification of bottlenecks and risks, laying the groundwork for strategic planning, optimal task distribution, and system-wide coordination.
5. **Process Understanding and Clarity:** While some employees demonstrated exceptional understanding and execution of process-based work, others confused sub-processes or daily tasks with complete processes. Greater training and clarification are needed to reinforce that processes must have defined inputs, outputs, and measurable results.
6. **Ambiguity in Responsibilities and Uneven Workload:** In some cases, it was unclear which process an employee was primarily responsible for. Overlapping duties among units and disparities in staff workload (e.g., legal staff and faculty secretaries) require management attention and reallocation of responsibilities.
7. **Task Redistribution During Critical Periods:** In high-pressure periods—such as accreditation preparations or institutional testing—management should temporarily redistribute tasks to avoid overburdening certain units (e.g., SAO, UCO), ensuring a balanced workload and reducing the risk of staff burnout or turnover.
8. **Administrative-Academic Process Overlap:** Many administrative processes are intertwined with academic functions. This complexity complicates monitoring and evaluation, as the academic sector is not yet ISO-certified, and the Secretariat lacks the mandate to manage academic activities.
9. **Inconsistent Oversight Structures:** Different units report to different supervisory authorities (General Secretary, Vice-Rector, Rector, or Deputy General Secretary),



creating a fragmented oversight system. A unified supervision model is recommended for more effective governance.

10. **Extension of ISO to Academic Units:** Given the overlapping processes and the centrality of academic activities to institutional success, the Committee recommends expanding the scope of ISO certification to include the academic sector, subject to resource availability.
11. **Integrated Quality Governance:** The Committee observed a lack of coordination among supervisory bodies. For example, unit managers are not consistently informed about stakeholder satisfaction survey outcomes or related corrective actions. Greater integration of quality governance structures is needed.
12. **PDCA Cycle and Process Approach:** The full application of the PDCA (Plan–Do–Check–Act) cycle remains incomplete across several units. IUS should further embed this methodology, which underpins ISO 9001:2015, to ensure process discipline and data-informed decision-making:
 - **Plan:** Analyze current conditions, define goals, and develop action plans
 - **Do:** Execute the plan
 - **Check:** Evaluate performance and outcomes
 - **Act:** Implement necessary improvements

The Committee stresses that particular attention should be paid to units where PDCA and process-oriented practices are still underdeveloped.