

REQUIRED DOCUMENTS FOR APPLICATION FOR CANDIDATES FROM THE
REPUBLIC OF KOSOVO, OF ALBANIAN ORIGIN FROM NORTH MACEDONIA,
MONTENEGRO, PRESEVO, MEDVEGJA, AND BUJANOVAC, CANDIDATES WITH
DISABILITY STATUS, ORPHAN STATUS, AND CANDIDATES FROM THE ROMA
AND EGYPTIAN COMMUNITIES FOR FIRST CYCLE STUDIES

ACADEMIC YEAR 2025–2026

APPLICATION AND REGISTRATION PROCEDURES FOR CANDIDATES FROM THE
REPUBLIC OF KOSOVO, OF ALBANIAN ORIGIN FROM NORTH MACEDONIA,
MONTENEGRO, PRESEVO, MEDVEGJA, AND BUJANOVAC, CANDIDATES WITH
DISABILITY STATUS, ORPHAN STATUS, AND CANDIDATES FROM THE ROMA
AND EGYPTIAN COMMUNITIES, IN FULL-TIME FIRST CYCLE STUDY
PROGRAMS IN HIGHER EDUCATION INSTITUTIONS

Candidates from the **Republic of Kosovo, of Albanian origin from North Macedonia, Montenegro, Presevo, Medvegja, and Bujanovac**, candidates with disability status, orphan status, **as well as candidates from the Roma and Egyptian communities**, must pay the application fee for each study program before applying, as determined by the HEI, at Albanian Post offices or second-level banks into the account of the HEI they are applying to.

The application for study programs in the HEI must be sent by mail to the teaching secretariats or submitted at the protocol office of the main units of the HEIs.

Candidates from the Republic of Kosovo, of Albanian origin from North Macedonia, Montenegro, Presevo, Medvegja, and Bujanovac, candidates with disability status, orphan status, as well as candidates from the Roma and Egyptian communities, must submit the following documentation at the time of application:

- a) Candidates from the Republic of Kosovo, of Albanian origin from North Macedonia, Montenegro, Presevo, Bujanovac, and Medvegja must submit:

- 1 - The application form according to the format in Annex no. 2 of this instruction;
- 2 - A copy of the document issued by the Educational Services Center certifying that the secondary education diploma is recognized, accompanied by a photocopy of the diploma/certificate and grade transcript;
- 3 - Identification document (ID card or passport). Only a photocopy of the identification document is kept in the file;
- 4 - Two photographs;
- 5 - Copy of the payment receipt.

Application Form

I, the undersigned _____, born on _____
(first name father's name last name)
with identity card/passport no. _____
e-mail: _____ Tel: _____

I request to enroll in the first cycle / professional / integrated second cycle study
program _____ at HEI _____ .

1. I declare that I am applying under quotas for candidates

a) with Albanian nationality from the territories (mark with "x" the place where the
candidate comes from):

- ☐ Republic of Kosovo;
- ☐ Montenegro;
- ☐ North Macedonia;
- ☐ Presheva;
- ☐ Bujanovac;
- ☐ Medvegja;

b) foreign

With citizenship _____

Mother tongue _____

With secondary education _____

Current address _____

2. I authorize the above-mentioned higher education institution and the Education Services Center to process my personal data within the framework of the application and enrollment for continuing university studies at the above institution, as well as to publish them.

3. I declare that I will enroll only in one of the study programs for which I will be declared a winner for the next academic year.

4. I declare that I am not currently enrolled in any other study program at other higher education institutions, and that I will not simultaneously attend another study program until I complete the study program for which I am applying.

5. I declare that I am familiar with the relevant guidelines and that I understand the procedures of application, selection, and enrollment.

6. I declare the authenticity of the data and documents submitted. I am aware that, in case of false data declaration or submission of forged or untrue documents, I am subject to the measures provided for in the Penal Code and other legal and sub-legal acts in force. In case of doubt about the authenticity of the declared information, the Center for Education Services and/or the higher education institution will initiate the verification procedure by forwarding these data also to competent authorities if necessary.

Candidate's First Name Father's Name Last Name
Signature

Statement

I, the undersigned _____, born on _____ with ID/passport no. _____

1. Authorize the institution of higher education _____ the Ministry of Education Sports and Youth, as well as the Center for Educational Services to handle my personal data in the framework of the application and registration for the continuation of higher education studies in the aforementioned Institution, as well as their eventual publication.

I also authorize the Higher Education Institution where I applied, the ministry responsible for education and the institution responsible for providing educational services to carry out all verifications and receive all information related to: higher education studies, where I applied for registration, the period of studies completed before, and any other type of verification related to the above.

2. I declare that I am not studying in any other study program in other institutions of higher education, and that I will not simultaneously follow another study program, until the end of the study program I am applying for.

3. I declare that I am familiar with this instruction and that I meet the criteria set forth in it to apply for a transfer of studies / second study program.

4. I declare the truth of the data and documents presented. I am aware that in case of declaration of untrue data or submission of forged documents or with untrue data, I am subject to the measures provided for in the Criminal Code and other legal and by-laws in force. In case of doubt about the truth of the declared information, Ministry of Education Sports and Youth, as well as the Center for Educational Services and/or the HEI initiate the procedure of their control and eventually forward this data to the competent authorities.

First name Father's name Surname of the candidate

First name Father's Nme of the academic secretariat staff

Signature

Signature

Location: _____ Date: ____ . ____ . 2025

* Candidates with **the status of a person with disabilities, orphan status, as well as candidates from the Roma and Egyptian communities** must submit:

- 1 - The application form according to the format in Annex no. 2 of this instruction.
- 2 - A copy of the diploma/certificate, accompanied by the transcript of grades.
- 3 - At the moment of registration, the successful candidate must submit to the Higher Education Institution (HEI) the declaration according to Annex no. 5 of this instruction, as well as a copy certified as a true copy of the original of the State Matura diploma together with the grade certificate, or a certificate/diploma of other studies obtained abroad. A candidate who completed secondary school in the Republic of Albania before 2011 must submit a certified copy of the secondary school leaving certificate.

In the absence of the State Matura diploma or the secondary school leaving certificate, the candidate must submit, respectively, a State Matura grade verification issued by the Education Services Center, and a duplicate of the school leaving certificate issued by the secondary school and verified by the respective Regional or Subregional Education Directorate, or the high school transcript issued by the State Archives.

- 4 - A photocopy of the identification document (ID card, identity paper, or passport);
- 5 - Two personal photographs;
- 6 - A copy of the payment slip.

Candidates with the status of a person with disabilities, in addition to the documentation required in point 8 of this chapter, must also submit a copy of the **blind person's card** issued by the State Social Services or a certified true copy of the decision issued by the Medical Commission for Determining Work Ability (hereinafter "KMCAP").

d) Candidates with **orphan status**, in addition to the documentation required in point 8 of this chapter, must also submit a copy of the **document certifying orphan status** issued by the State Social Services.

e) **Roma and Egyptian candidates**, in addition to the documentation required in point 8 of this chapter, must also submit a **self-declaration** or a **document certifying that they are Roma or Balkan Egyptian**. For the selection of Roma and Egyptian candidates, the HEIs also consider the expertise of the Ministry of Finance and Economy.

f) In cases of applications by candidates from other categories of **persons with disabilities**, in addition to the documentation required in point 8 of this chapter, they must also submit **a copy of the decision issued by the Medical Commission for Determining Work Ability (KMCAP)**.

Application Form

I, the undersigned _____, born on _____
(first name father's name last name)
with identity card/passport no. _____
e-mail: _____ Tel: _____

I request to enroll in the first cycle / professional / integrated second cycle study
program _____ at HEI _____ .

1. I declare that I am (mark the category with "x")

- ☐ other (PwD);
- ☐ Orphan;
- ☐ Roma;
- ☐ Egyptian;

2. I authorize the above-mentioned higher education institution and the Education Services Center to process my personal data within the framework of the application and enrollment for continuing university studies at the above institution, as well as to publish them.

3. I declare that I will enroll only in one of the study programs for which I will be declared a winner for the next academic year.

4. I declare that I am not currently enrolled in any other study program at other higher education institutions, and that I will not simultaneously attend another study program until I complete the study program for which I am applying.

5. I declare that I am familiar with the relevant guidelines and that I understand the procedures of application, selection, and enrollment.

6. I declare the authenticity of the data and documents submitted. I am aware that, in case of false data declaration or submission of forged or untrue documents, I am subject to the measures provided for in the Penal Code and other legal and sub-legal acts in force. In case of doubt about the authenticity of the declared information, the Center for Education Services and/or the HEI will initiate the verification procedure by forwarding these data also to competent authorities if necessary.

Candidate's First Name Father's Name Last Name
Signature

Statement

I, the undersigned _____, born on _____ with ID/passport no. _____

1. Authorize the institution of higher education _____ the Ministry of Education Sports and Youth, as well as the Center for Educational Services to handle my personal data in the framework of the application and registration for the continuation of higher education studies in the aforementioned Institution, as well as their eventual publication.

I also authorize the Higher Education Institution where I applied, the ministry responsible for education and the institution responsible for providing educational services to carry out all verifications and receive all information related to: higher education studies, where I applied for registration, the period of studies completed before, and any other type of verification related to the above.

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First name Father's name Surname of the candidate

First name Father's Nme of the academic secretariat staff

Signature

Signature

Location: _____ Date: ____ . ____ . 2025

APPLICATION AND REGISTRATION DEADLINES FOR CANDIDATES FROM THE REPUBLIC OF KOSOVO, OF ALBANIAN ORIGIN FROM NORTH MACEDONIA, MONTENEGRO, PRESEVO, MEDVEGJA, AND BUJANOVAC, CANDIDATES WITH DISABILITY STATUS, ORPHAN STATUS, AND CANDIDATES FROM THE ROMA AND EGYPTIAN COMMUNITIES FOR FIRST CYCLE STUDIES 2025-2026

Reference to the Guideline Stages	Deadlines and Completion Dates
Application	02.09.2025—13.09.2025
Announcement of the non final lists of candidates	18.09.2025
Announcement of the final list of candidates	26.09.2025
Candidate registration	26.09.2025-03.10.2025
Filling of the remaining vacant quotas (lowering of the threshold)	04.10.2025
Completion of the registration of all successful candidates based on the documents submitted at the time of application.	10.10.2025