REGISTRATION FORM 2017-2018 NEW INSTITUTION

NOTE: Registration with the Louisiana Board of Regents shall in no way constitute state approval or accreditation of any institution and shall not be used in any form of advertisement by any institution. Information requested in this registration form shall be updated annually by the institution.

Name of Institution		
Street or P. O. Box	() Area Code	Telephone Number
City, State and Zip Code	() Area Code	FAX Number
Principle Contact of Staff Member That Is	s Responsible For Institutional Re	gistration:
Name:		
Phone Number:		
Email Address:		
Check to indicate if your institution is ind	corporated in the State of Louisian	a. Yes No
ocation of the Institution's Main Campu	s or Main Office (If different from #	1 above)
City, State and Zip Code	() Area Code	FAX Number
Chief Executive Officer		
Name	() Area Code	Telephone Number
Chief Financial Officer		
Name	() Area Code	Telephone Number
Chief Academic Officer		
Name	()	Telephone Number
Regional Accreditation (if applicable)		
Agency	Status	
Professional Accreditation (if applicable)		

Correspondence		Classroom Laboratory	
Classroom Lecture		Independent Study	
Other			
Provide a brief description of	your Louisiana location.		
Names and addresses of Boa			
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76.	Please attach a copy	of the institution's Role, Sco	pe and Mission Statement (Ca	in be included on flash drive or CD).	
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I DO HE KNOWL		THE INFORMATION CONTAI	INED IN THIS DOCUMENT IS	TRUE TO THE BEST OF MY	
		SIGNED:			
	SIGNED.		Chief Executive Officer		
			Ornor Excou		
SUBSC	RIBED AND SWORN 1	TO BEFORE ME THIS	DAY OF		

RETURN NOTARIZED FORM AND CURRENT CATALOG TO:

Ms. Nancy Beall Louisiana Board of Regents P.O. Box 3677 Baton Rouge, LA 70821-3677