

2019 REGISTRATION FORM RENEWAL

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.

1. Name and Louisiana Address of Institution

Name of Institution

Street or P. O. Box

(_____) _____
Area Code Telephone Number

City, State and Zip Code

(_____) _____
Area Code FAX Number

2. Principle Contact of Staff Member That Is Responsible For Institutional Registration:

Name: _____

Phone Number: _____

Email Address: _____

3. Check to indicate if your institution is incorporated in the State of Louisiana. Yes ____ No ____

4. Location of the Institution's Main Campus or Main Office (If different from #1 above)

(_____) _____

City, State and Zip Code

(_____) _____
Area Code FAX Number

5. Chief Executive Officer

Name

(_____) _____
Area Code Telephone Number

6. Chief Financial Officer

Name

(_____) _____
Area Code Telephone Number

7. Chief Academic Officer

Name

(_____) _____
Area Code Telephone Number

8. Regional Accreditation (if applicable)

Agency

Status

9. Professional Accreditation (if applicable)

Agency

Status

10. If the institution offers classroom instruction in Louisiana, list the locations where classes are taught; "Name(s), location(s), where classes are taught. "Check types of instruction provided."

Correspondence		Classroom Laboratory	
Classroom Lecture		Independent Study	
Other			

11. Provide a brief description of your Louisiana location.

12. Institutional website address: _____

13. Names and addresses of Board of Directors or Governing Board Members, if applicable (can attach on flash drive or CD).

14. Check (T) the level of degrees offered by your institution and provide most current enrollment figures at each degree level for those academic programs offered in Louisiana. Attach a list of academic programs offered in Louisiana and the enrollment of Louisiana residents in each of the programs during the current semester.

Degree Level	Check (T) Degree Level(s) Offered	TOTAL LOUISIANA ENROLLMENT	TOTAL INSTITUTIONAL ENROLLMENT
Doctorate			
Masters			
Baccalaureate			
Associate			
Other			

15. Indicate below the number of faculty providing instruction in academic programs offered by your institution in Louisiana.

Full-time Faculty		Part-time Faculty	
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16. Please attach a copy of the institution's Role, Scope and Mission Statement (can be included on flash drive or CD).

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I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED:

Chief Executive Officer

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

RETURN NOTARIZED FORM AND CURRENT CATALOG TO:

**Ms. LeAnn Detillier
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, LA 70821-3677**