

**INITIAL
LICENSE APPLICATION
FOR
POSTSECONDARY
ACADEMIC DEGREE-GRANTING
INSTITUTION**

2020



**BOARD OF REGENTS
STATE OF LOUISIANA**

**INITIAL LICENSE APPLICATION FOR POSTSECONDARY
ACADEMIC DEGREE-GRANTING INSTITUTION**

This license application is designed to provide the Board of Regents with information pertaining to criteria and requirements for licensure of postsecondary, academic degree-granting institutions in the state of Louisiana pursuant to R.S. 17:1808. This information must be provided prior to licensing. Institutions must answer **all** questions on the application. Responses should apply to your institution's Louisiana operations only. If the space provided for any question is insufficient, please attach additional sheets as necessary.

Completed license applications should be returned to:

Ms. Melissa Anders
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, Louisiana 70821-3677

An initial non-refundable fee of \$1,500 must be submitted with the application, paid by company or institutional check or money order, made payable to the Louisiana Board of Regents. A non-refundable renewal fee of \$1,500 is due on the anniversary of the approval of the initial license. Every two years, in addition to paying the annual fee, institutions must also submit for approval a License Renewal Application.

NAME AND PERMANENT ADDRESS OF INSTITUTION'S MAIN CAMPUS

Name of Institution _____

Street or P. O. Box _____ () _____
Area Code Telephone Number

City, State and Zip Code _____ () _____
Area Code FAX Number

NAME AND LOUISIANA ADDRESS OF INSTITUTION, IF DIFFERENT FROM ABOVE

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 RESPONSIBLE FOR INSTITUTIONAL LICENSURE

Name and Title: _____

Phone Number: _____

Email Address: _____

INSTITUTION'S WEBSITE ADDRESS

REGIONAL, NATIONAL AND/OR PROFESSIONAL ACCREDITATION (U.S. DEPARTMENT OF EDUCATION RECOGNIZED)

Agency Status/Date

Agency Status/Date

I. FACULTY

This section deals with general information on institutional faculty.

1. Indicate the number of total faculty, full-time faculty, and part-time faculty that support your Louisiana operations.

Total Number of Faculty	
Number of Faculty Employed on a Full-Time Basis	
Number of Faculty Employed on a Part-Time Basis	

Note: *A full-time faculty member is defined as an individual who works a minimum of forty hours per week for your institution with at least fifty percent of his/her work responsibility assigned to academic instruction and/or research functions.*

2. Of the faculty listed in Item #1, indicate the number who possess the following academic degrees from accredited institutions recognized by the United States Department of Education.

HIGHEST EARNED DEGREE	FULL-TIME FACULTY	PART-TIME FACULTY	TOTAL FACULTY
Doctorate			
Special/Professional			
Master's			
Bachelor's			
Other			

II. ACADEMIC PROGRAM STANDARDS

1. By checking the box, the institution agrees to provide prospective students and other interested persons with the following information:

1. Admission policies;
2. program descriptions and objectives;
3. schedule of tuition, fees, and other charges;
4. cancellation and refund policies;
5. other material information about the institution and its programs which may impact a student's enrollment.

2. Check the types of instruction provided to Louisiana residents:

Online			Correspondence	
Classroom Lecture			Independent Study	
Classroom Laboratory			Other	

If the institution offers classroom or laboratory instruction in Louisiana, list the locations below:

3. List the number of academic programs that are (or will be) available to Louisiana residents by the institution at each degree level. Include total Louisiana unduplicated headcount enrollment figures, by degree level.

DEGREE LEVEL	NUMBER OF ACADEMIC PROGRAMS	LOUISIANA UNDUPLICATED HEADCOUNT ENROLLMENT
Doctorate		
Special/Professional		
Master's		
Bachelor's		
Associate		
Diploma		
Certificate		
Other		
TOTAL		

Note: Attach a listing of academic programs offered to Louisiana residents.
(on flash drive or hard copy)

4. Describe how the institution compiles and uses data on student retention and graduation rates.

5. Describe how the institution compiles and uses data on passage rates for students taking professional license and certification exams (if applicable).

III. PHYSICAL PLANT STANDARDS

1. By checking the box, the institution agrees to maintain or provide access to appropriate administrative, classroom, laboratory space, appropriate equipment and instructional materials to support quality education based on the type and level of program being offered. Facilities must comply with all health and safety laws and ordinances.
2. By checking the box, the institution agrees to maintain and/or provide student access to an appropriate library collection with adequate support staff, services, and equipment. Any contractual agreements with libraries not directly affiliated with the institution shall be available in writing to the Board of Regents.

IV. FINANCIAL AND ADMINISTRATIVE OPERATIONS

1. Attach the current résumé of the institution's chief executive officer. (on flash drive or hard copy)
2. Indicate the type and amount of insurance coverage held by the institution and the name and address of the issuing agent.

3. Attach a copy of this year's financial review for your institution. (on flash drive or hard copy)

Note: The institution shall provide the Board of Regents with a financial review prepared in accordance with standards established by the American Institute of Certified Public Accountants. However, the institution may, at its discretion, submit financial statements prepared in accordance with rules and guidelines established by its accrediting agency.

4. Attach a copy of the organizational chart representing the governance structure of the institution, including names. (on flash drive or hard copy)

- V. By checking the box, the institution agrees that it has reviewed and will adhere to all criteria and requirements for licensure in the State of Louisiana, as outlined in:

<https://regents.la.gov/wp-content/uploads/2019/08/Compiled-Rules-and-Regulations-updated-042019.doc.pdf>

PLEASE NOTE

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I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. ALSO ENCLOSED IS CHECK/MONEY ORDER # _____ FOR \$1,500.00 MADE PAYABLE TO THE LOUISIANA BOARD OF REGENTS.

PRINTED NAME: _____

Chief Executive Officer

SIGNATURE: _____

Chief Executive Officer

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

Notary Public

RETURN LICENSE APPLICATION AND NON-REFUNDABLE FEE TO:

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

Required items checklist:

- Non-refundable fee of one thousand five hundred dollars (\$1,500.00) made payable to the Louisiana Board of Regents.
- Listing of academic programs offered to Louisiana residents. (Only if not provided on flash drive)
- Current résumé of institution's chief executive officer. (Only if not provided on flash drive)
- Copy of this year's financial review. (Only if not provided on flash drive)
- Copy of the organizational chart representing the governance structure of the institution, including names. (Only if not provided on flash drive)