# 2021
# 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: _____
****Exemption letters are emailed to the contact person. Please print clearly and provide a valid 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. ***Please list/attach names and addresses of Board of Directors or Governing Board Members, if applicable (can attach on flash drive or CD).***

14. ***Check (√) 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.***

| Degree Level | Check (√ ) 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** | |

***16.*** ***Please list/attach a copy of the institution's Role, Scope and Mission Statement (can be included on flash drive or CD if necessary).***

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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, LIST OF ACADEMIC PROGRAMS OFFERED IN LOUISIANA, CURRENT CATALOG (or provide link to catalog here_____), AND ANY OTHER APPLICABLE ATTACHMENTS TO:**

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