

# REGISTRATION FORM 2015-2016 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. Check to indicate if your institution is incorporated in the State of Louisiana.** Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code FAX Number

**4. Chief Executive Officer**

\_\_\_\_\_  
Name

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

**5. Chief Financial Officer**

\_\_\_\_\_  
Name

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

**6. Chief Academic Officer**

\_\_\_\_\_  
Name

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

**7. Regional Accreditation** (if applicable)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Status

**8. Professional Accreditation** (if applicable)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Status

**9. 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."**

|                          |  |                             |  |
|--------------------------|--|-----------------------------|--|
| <b>Correspondence</b>    |  | <b>Classroom Laboratory</b> |  |
| <b>Classroom Lecture</b> |  | <b>Independent Study</b>    |  |

|       |  |
|-------|--|
| Other |  |
|-------|--|

10. Provide a brief description of your Louisiana location.

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11. Institutional website address: \_\_\_\_\_

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

13. 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         |                                   |                            |                                |

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

|                   |  |                   |  |
|-------------------|--|-------------------|--|
| Full-time Faculty |  | Part-time Faculty |  |
|-------------------|--|-------------------|--|

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