SURETY BOND FOR CERTIFICATE OF
REGISTRATION

STATE OF LOUISIANA
BOARD OF REGENTS

DIVISION OF PLANNING, RESEARCH & PERFORMANCE

NEW POSTSECONDARY ACADEMIC DEGREE-GRANTING
INSTITUTION DOMICILED IN LOUISIANA

P.O. BOX 3677
BATON ROUGE, LA  70821-3677

PLEASE TYPE OR PRINT

BOND NO. ____________________

KNOW ALL MEN BY THESE PRESENTS:

That ___________________________________________________________________,
(Name of Proposed Institution)
of the City of _____________________________ State of ___________________________,
as Principal, and ______________________________________________________________
(Name of Surety)
a Corporation organized under the laws of the State of ____________________________ and duly authorized
to transact business in the State of Louisiana as Surety, are held and firmly bound unto the State of
Louisiana, in the penal sum of Ten Thousand Dollars ($10,000), lawful money of the United States,
for the payment of which said Principal and Surety bind themselves, their heirs, administrators,
executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal holds a conditional license under R.S.17:1808 to establish a
New Postsecondary Academic Degree-Granting Institution Domiciled in Louisiana and has agreed to
adhere to all criteria and requirements for licensure in the State of Louisiana as specified in LAC
28:IX.319.

NOW, THEREFORE, the condition of this obligation is such that the Principal shall
indemnify any person suffering a loss or damage from the acts of any and all persons engaged as
agents of the Principal in the event of a sudden closure of the institution. The surety bond shall cover
the period of the conditional license.

PROVIDED, however, that the liability of the Surety shall in no event exceed the sum of Ten
Thousand Dollars ($10,000) in the aggregate for any and all claims hereunder.
SURETY BOND FOR CERTIFICATE OF REGISTRATION

SIGNED, SEALED AND DATED THIS _____________ day of _______________, 20____

_______________________________________  __________________________
Principal                                  Attorney-in-Fact
(Name of Institution)                      __________________________

________________________________________
Signature                                  Name of Insurance or Bonding Agency
of Institution Official                    __________________________

________________________________________
Title                                      Address of Insurance or Bonding Agency
of Institution Official                    __________________________

________________________________________
Phone Number of Insurance or Bonding Agency
Agency                                      __________________________