### 2022
### REGISTRATION FORM
### NEW INSTITUTION

**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 __________________________________________
   ____________________________________________________________
   City, State and Zip Code ______________________________________
   ____________________________________________________________

2. **Principal 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 ______________________________________
   ____________________________________________________________

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)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Status</th>
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9. **Professional Accreditation** (if applicable)

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<tr>
<th>Agency</th>
<th>Status</th>
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</thead>
</table>

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.”

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>Classroom Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Classroom Lecture</th>
<th>Independent Study</th>
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<table>
<thead>
<tr>
<th>Other</th>
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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.]

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>Check (✓) Degree Level(s) Offered</th>
<th>TOTAL LOUISIANA ENROLLMENT</th>
<th>TOTAL INSTITUTIONAL ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
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<td></td>
<td></td>
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<tr>
<td>Baccalaureate</td>
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<tr>
<td>Associate</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
15. Indicate below the number of faculty providing instruction in academic programs offered by your institution in Louisiana.

<table>
<thead>
<tr>
<th>Full-time Faculty</th>
<th>Part-time Faculty</th>
</tr>
</thead>
</table>

16. Please attach a copy of the institution’s Role, Scope and Mission Statement (can be included on flash drive or CD).

==================================================================================================================================
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:

Hannah Courtney
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, LA  70821-3677