RENEWAL LICENSE APPLICATION

POSTSECONDARY INSTITUTIONS ACADEMIC DEGREE-GRANTING 2023



BOARD OF REGENTS STATE OF LOUISIANA

RENEWAL 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.

If a digital submission is submitted, hard copies of notarized elements must be submitted with payment.

Completed license applications should be returned to:

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

Or

Courtney.britton@laregents.edu

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	·	Telephone Number
City, State and Zip Code	(<u>)</u> Area Code	FAX Number
NAME AND LOUISIANA ADDRESS OF INSTITUT	ION, IF DIFFERENT FROM AI	BOVE
Name of Institution		
Street or P. O. Box	(<u>)</u> Area Code	Telephone Number
City, State and Zip Code	(<u>)</u> Area Code	FAX Number
PRINCIPLE CONTACT OF STAFF MEMBER THAT	Γ IS RESPONSIBLE FOR INST	TITUTIONAL 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 s	ection deals with general information	on institutional faculty.
1.	Indicate the number of total faculty	y, full-time faculty, and part-time faculty that <u>support yc</u>

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

Louisiana operations.

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			

. ACADEMIC PROG	RAM STANDA	RUS		
other into	erested persor dmission polic	e institution agrees to provid as with the following informaties. betions and objectives.		students and
•	•	ion, fees, and other charges:		
		d refund policies.		
		nformation about the institut	ion and its or	ograms which may
		it's enrollment.	ion and its pr	ogramo wineminay
•••	.pace a stade.	ico em oument.		
2. Check the typ	es of instruction	on provided to Louisiana resi	dents:	
Online		Correspondence		
Classroom Lecture		Independent Stud	ly	
Classroom Laboratory		Other		
				1
institution at	each degree le	mic programs that are availalevel. Include total unduplicate ee level. *Institutions domiciled	ed Louisiana l	neadcount
DEGREE LE	VEL	NUMBER OF ACADEMIC		ANA UNDUPLICATED DUNT ENROLLMENT
		PROGRAMS		
Doctorate				
Special/Professional				
Master's				
Bachelor's				
Associate				
Diploma				

B. Attach a listing of academic programs offered to Louisiana residents.

Certificate

Other

TOTAL

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).
4.	By checking the box, the institution certifies that they have the capabilities to annually submit, to the Board of Regents, student-level data for each student in a format prescribed by the Board of Regents. Student level data includes:
	a. Withdrawal data,
	b. Program completion/graduation data,
	c. Student demographic information (including full name, date of birth, social security
	number, sex, race/ethnicity),
	d. Type of credential earned.

111.	PHYSICAL PLANT STANDARDS
	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.
	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.
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.
Note: accor Howe	The institution shall provide the Board of Regents with a financial review prepared in dance with standards established by the American Institute of Certified Public Accountants. ver, the institution may, at its discretion, submit financial statements prepared in accordance 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.
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

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:

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

or

courtney.britton@laregents.edu

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.
Current résumé of institution's chief executive officer.
Copy of this year's financial review.
Copy of the organizational chart representing the governance structure of the institution, including names.