



BOARD of REGENTS  
STATE OF LOUISIANA

## LA Proprietary School Packet Request – Initial License Application

To receive access to all required forms and materials for an initial license application, please fill out the form below and return to the office with the required fee. A fee is required for each potential institution.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business/Proposed School Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Type: Home Work Cell

Email: \_\_\_\_\_

Please list proposed programs/occupations that will be offered:

\_\_\_\_\_  
\_\_\_\_\_

Number of applications requested: \_\_\_\_\_ @ \$25.00 PER APPLICATION = \$ \_\_\_\_\_

I have attached \$ \_\_\_\_\_ to this request. I understand that these funds are non-refundable and are to be made payable to the “LA Board of Regents”. Payment is to be made by a **money order or certified check** only. Cash and personal checks are NOT accepted and will be returned which will delay request processing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail this form and payment to:

**LA Board of Regents**  
**Proprietary Schools Section**  
**P.O. BOX 3677**  
**Baton Rouge, LA 70821-3677**