

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."

Correspondence		Classroom Laboratory	
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Classroom Lecture		Independent Study	
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Other	
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11. Provide a brief description of your Louisiana location.

12. Institutional website address: _____

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

14. 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			

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

Full-time Faculty		Part-time Faculty	
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16. 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