



5. Does the Applicant have a parent organization (*non-profit, corporate, or otherwise*)?  YES  NO

If "YES", please indicate the following:

Herzing, Inc. d/b/a Herzing University

(Parent Organization Name)

525 North 6th Street

(Street Address)

Milwaukee

(City)

WI

(State)

53203-2703

(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

YES  NO

If "NO", please indicate whether the Applicant is either (*check one of the following*):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State Wisconsin Agency Wisconsin Educational Approval Board

Address 201 West Washington Avenue, 3rd Floor

City Madison State WI Zip Code 53703

Contact Phone Number 608.266.3185, Zachary Galin, School Administration

Contact Website <http://eab.state.wi.us/resources/schoolsprogram.asp>

Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES

Accrediting Agency: The Higher Learning Commission, North Central Association of Colleges and Schools

230 South LaSalle Street, Suite 7-500

(Street Address)

Chicago

(City)

Illinois

(State)

60604-1413

(ZIP Code)

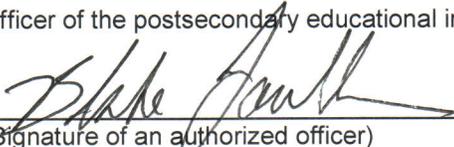
Effective date of most recent grant of accreditation: 2008-2009  
Term or expiration date of most recent accreditation: 2015-2016

NO Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated June 24, 2014

  
\_\_\_\_\_  
(Signature of an authorized officer)

Dr. Blake Faulkner  
\_\_\_\_\_  
(Printed name)

Provost  
\_\_\_\_\_  
(Title)

**Submit Application to:**  
South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

### Exemptions

- If the institution falls under one or more of the following categories, the institution is exempt from registering.
- Established by the government of the United States;
  - Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
  - Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
  - Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. **Akron Campus of Herzing University**

---

(Name)  
**1600 South Arlington Road, Suite 100**

---

(Street Address)  
**Akron** **OH** **44306**

---

(City) (State) (ZIP Code)
  
2. **Atlanta Campus of Herzing University**

---

(Name)  
**3393 Peachtree Road NE, Suite 1003**

---

(Street Address)  
**Atlanta** **GA** **30326**

---

(City) (State) (ZIP Code)
  
3. **Brookfield Campus of Herzing University**

---

(Name)  
**555 South Executive Drive**

---

(Street Address)  
**Brookfield** **WI** **53005**

---

(City) (State) (ZIP Code)
  
4. **Kenosha Campus of Herzing University**

---

(Name)  
**4006 Washington Road**

---

(Street Address)  
**Kenosha** **WI** **53144**

---

(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. **Madison Campus of Herzing University**

---

(Name)  
**5218 East Terrace Drive**

---

(Street Address)  
**Madison** **WI** **53718**

---

(City) (State) (ZIP Code)
2. **Minneapolis Campus of Herzing University**

---

(Name)  
**5700 West Broadway**

---

(Street Address)  
**Minneapolis** **MN** **55428**

---

(City) (State) (ZIP Code)
3. **New Orleans Campus of Herzing University**

---

(Name)  
**2500 Williams Boulevard**

---

(Street Address)  
**Kenner** **LA** **70062**

---

(City) (State) (ZIP Code)
4. **Omaha School of Massage and Healthcare of Herzing University**

---

(Name)  
**9748 Park Drive**

---

(Street Address)  
**Omaha** **NE** **68127**

---

(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. Orlando Campus of Herzing University  
(Name)  
1865 SR 436  
(Street Address)  
Winter Park FL 32792  
(City) (State) (ZIP Code)
  
2. Toledo Campus of Herzing University  
(Name)  
5212 Hill Avenue  
(Street Address)  
Toledo OH 43615  
(City) (State) (ZIP Code)
  
3. \_\_\_\_\_  
(Name)  
  
\_\_\_\_\_  
(Street Address)  
  
\_\_\_\_\_  
(City) (State) (ZIP Code)
  
4. \_\_\_\_\_  
(Name)  
  
\_\_\_\_\_  
(Street Address)  
  
\_\_\_\_\_  
(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)



**HERZING**  
UNIVERSITY

W140 N8917 Lilly Road, Menomonee Falls WI 53051

P 414.271.8103 • F 414.212.4643 • [www.herzing.edu](http://www.herzing.edu)

RECEIVED  
JUL 23 2014  
S.D. SEC. OF STATE

July 01, 2014

South Dakota Secretary of State  
Corporations Division  
500 East Capitol  
Suite 204  
Pierre, SD 57501

RE: Herzing University - Online Campus, W140 N8917 Lilly Road, Menomonee Falls, WI 53051  
Application for Certificate of Authority, Foreign Business Corporation  
Application for Certificate of Authorization to Provide Postsecondary Education

Dear Secretary of State,

On behalf of Herzing University enclosed are the following documents:

- Check Number 174069 for seven-hundred fifty dollars (\$750.00), Filing Fee  
(*Application for Certificate of Authority, Foreign Business Corporation*)
- Application for Certificate of Authority, Foreign Business Corporation
- Application for Certificate of Authorization to Provide Postsecondary Education

Based on a discussion with your respective office staff regarding process and procedure, we are respectfully requesting approval of the *Application for Certificate of Authority, Foreign Business Corporation* first, followed by the *Application for Certificate of Authorization to Provide Postsecondary Education*.

Thank you for your time and guidance. Should you have any additional questions, please do not hesitate to contact me by phone (866-508-0748 ext. 851) or by email ([eguerrette@herzing.edu](mailto:eguerrette@herzing.edu)). The University's website URL is [www.herzing.edu](http://www.herzing.edu).

Sincerely,

**Elainna L. Guerrette**

Associate VP Academic & Regulatory Affairs  
Herzing University