

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-2797

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

RECEIVED
JAN 12 2015
S.D. SEC. OF STATE

Please mark the appropriate box:

- INITIAL APPLICATION CHANGE OF PRIMARY ADDRESS
 CHANGE OF NAME CHANGE IN ADDITIONAL SITES (ATTACHMENT A)
 CHANGE IN ACCREDITATION OTHER CHANGE(S)

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):

Southwest Minnesota State University

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

1501 State Street

(Street Address)

Marshall

(City)

MN

(State)

56258

(ZIP Code)

www.smsu.edu

(Website)

3. Contact Person:

Raphael Onyeaghala

(Name)

Dean of Bus, Ed, Grad
& Prof Studies

(Title)

507-537-6251

(Telephone Number)

507-537-6472

(Fax Number)

Raphael.Onyeaghala@smsu.edu

(Email Address)

4. Does the Applicant operate at other sites than the address stated above?

YES NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

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

If "YES", please indicate the following:

Minnesota State College & Univ. (MNSCU)
(Parent Organization Name)
30 7th St. E Suite 350
(Street Address)
St. Paul MN 55101-7804
(City) (State) (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 Minnesota Agency MNSCU
Address 30 7th St. E Suite 350
City St. Paul State MN Zip Code 55101-7804
Contact Phone Number 800-456-8519
Contact Website www.mnscu.edu

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: Higher Learning Commission of the North Central Assoc of Colleges and Schools
230 South LaSalle St. Suite 2400
(Street Address)
Chicago IL 60602
(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation: HLC visit Review was Oct 22 + 23 of 2011
Term or expiration date of most recent accreditation: waiting for report of Reviewer. Nov. 2011

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 January 12, 2015 [Signature]
(Signature of an authorized officer)
Raphael Onyeaghata
(Printed name)
Dean, College of Bus. Ed & Professional Studies
(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

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. Francis Case Elementary (Rapid City Learning Community)
(Name)
441 Don Williams Drive
(Street Address)
Box ELDER SD 57719
(City) (State) (ZIP Code)
2. Courtyard by Marriott (Sioux Falls Learning Community)
(Name)
4300 West Empire Place
(Street Address)
Sioux Falls SD 57106
(City) (State) (ZIP Code)
3. Dakota Valley School (North Sioux City Learning Community)
(Name)
1150 Northshore Drive
(Street Address)
North Sioux City SD 57049
(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)