State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Authorization
Postsecondary Education

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, do hereby certify that

UNIVERSITY OF SOUTH FLORIDA

was filed with our office on **January 20, 2015** and is on the active list of Post-Secondary Education Institutions.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 30, 2015.

Shantel Krebs
Secretary of State

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Litho in U.S.A.

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JAN 2 0 2015
S.D. SEC. OF STATE

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

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

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*):
   University of South Florida

2. Applicant's Main Address (*Additional sites listed on Attachment A*):
   4202 E. Fowler Ave, SVC 1072
   (Street Address)
   Tampa (City) FL (State) 33620 (ZIP Code)
   www.usf.edu
   (Website)

3. Contact Person:
   Sally Davis (Name) Mgr., Fiscal & Bus Admin (Title)
   813-974-8713 (Telephone Number) 813-974-7272 (Fax Number)
   sdavis14@usf.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:

_____
(Parent Organization Name)

_____
(Street Address)

_____
(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 Florida Agency Board of Governors

Address 325 West Gaines Street, Suite 1614

City Tallahassee State FL Zip Code 32399

Contact Phone Number 850-245-0466

Contact Website www.flbog.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: Southern Association of Colleges and Schools

1866 Southern Lane
(Street Address)

Decatur GA 30033
(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation: 2005

Term or expiration date of most recent accreditation: 2015

☐ 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 20, 2015

Sally Davis

Digitally signed by Sally Davis
DN: cn=Sally Davis, o=University of South Florida, ou=Innovative Education, email=sdavis14@usf.edu, c=US
Date: 2015.01.20 13:18:28 -05'00'

(Signature of an authorized officer)

Sally Davis

(Printed name)

Manager, Fiscal & Business Administration

(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. _____
(Name)

_____
(Street Address)

_____
(City) (State) (ZIP Code)

2. _____
(Name)

_____
(Street Address)

_____
(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)

SACS COC

Southern Association of Colleges and Schools Commission on Colleges

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About the Commission
Accrediting Standards
Accreditation Actions & Disclosure Statements
Announcements & Other News
Application Information
Committee Resources
Institutional Resources
Meetings & Events
Membership Directory
Policies & Publications
Recent Changes to Web Site
Substantive Changes
Links
Third Party Comments

Institution Details

Institution Name: University of South Florida
CEO: Dr. Judy L. Genshaft
Title: President
Address 1: 4202 East Fowler Avenue
Address 2: CGS 401
City: Tampa **State:** FL **Zip:** 33620
Country:
Institution Phone: (813) 974-2011
Level: VI
Status: Accredited
Public Sanctions: NONE
Candidate: 01/01/63
Accredited: 1965
Reaffirmed: 2005
Next Reaffirmation: 2015
Control: Public

Search Again

Level refers to the highest degree offered by an institution.

- Level I - Associate Degree, Level II - Baccalaureate Degree,
- Level III - Master's Degree, Level IV - Master's Degree and Education Specialist Degree,
- Level V - 3 or fewer Doctoral Degrees, Level VI - 4 or more Doctoral Degrees.

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Contact Us

Site by AirTight Design.

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