

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 Nebraska Agency Coordinating Commission for Post-Secondary Education

Address 140 N. 8th Street, Suite 300

City Lincoln State NE Zip Code 68508

Contact Phone Number 402-471-2847

Contact Website www.ccpe.state.ne.us

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

230 South LaSalle Street, Suite 7-500

(Street Address)

Chicago

(City)

IL

(State)

60604

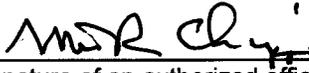
(ZIP Code)

Effective date of most recent grant of accreditation: March 24, 2014
Term or expiration date of most recent accreditation: During the 2023-24 year

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 5-2-14

(Signature of an authorized officer)
Dr. Michael R. Chipps
(Printed name)
President
(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. Northeast Community College -- O'Neill Extended Campus
(Name)
409 East Adams Street
(Street Address)
O'Neill, NE 68763
(City) (State) (ZIP Code)

2. Northeast Community College -- South Sioux City Extended Campus College Center
(Name)
1001 College Way
(Street Address)
South Sioux City NE 68776
(City) (State) (ZIP Code)

3. Northeast Community College -- West Point Extended Campus
(Name)
202 Anna Stalp Avenue
(Street Address)
West Point NE 68788
(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)

Action Letter

March 27, 2014

Dr. Michael R. Chipps
President
Northeast Community College
801 E. Benjamin Ave.
P.O. Box 469
Norfolk, NE 68702-0469

Dear President Chipps:

This letter is formal notification of the action taken concerning Northeast Community College by the Higher Learning Commission. At its meeting on March 24, 2014, the Institutional Actions Council (IAC) acted on the items below. This letter serves as the official record of this action, and the date of this action constitutes the effective date of your new status with the Commission.

Action. IAC continued the accreditation of Northeast Community College with the next Reaffirmation of Accreditation in 2023-24.

If the current Commission action includes changes to your institution's *Statement of Affiliation Status (SAS)* or *Organizational Profile (OP)*, the changes will appear in these documents on the Commission's Web site within three weeks of the date of action. The *SAS* is a summary of your institution's ongoing relationship with the Commission. The *OP* is generated from data you provided in your most recent Institutional Update.

The Commission posts the SAS and this action letter with the institution's directory listing on its website. Information for the institution on notifying the public of this action is available at <http://ncahlc.org/Information-for-Institutions/institutional-reporting-of-actions.html>.

If you have questions about these documents after viewing them, please contact Karen Solomon. On behalf of the Board of Trustees, I thank you and your associates for your cooperation.

Sincerely,



Sylvia Manning
President