

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

## APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

**RECEIVED**  
**SEP 23 2013**  
S.D. SEC. OF STATE

Please mark the appropriate box:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> INITIAL APPLICATION | <input type="checkbox"/> CHANGE OF PRIMARY ADDRESS                 |
| <input type="checkbox"/> CHANGE OF NAME                 | <input type="checkbox"/> CHANGE IN ADDITIONAL SITES (ATTACHMENT A) |
| <input type="checkbox"/> CHANGE IN ACCREDITATION        | <input type="checkbox"/> OTHER CHANGE(S)                           |

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

**Southern Arkansas University, Magnolia**

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

**100 E. University**

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(Street Address)

**Magnolia**

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(City)

**AR**

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(State)

**71753**

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(ZIP Code)

**<http://web.saumag.edu>**

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(Website)

3. Contact Person:

**Kathy S. Cole**

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(Name)

**(870) 235-4168**

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(Telephone Number)

**Director of Online Learning**

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(Title)

**(870) 235-5227**

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(Fax Number)

**[kscole@saumag.edu](mailto:kscole@saumag.edu)**

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(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.

Effective date of most recent grant of accreditation:

2002-2003

Term or expiration date of most recent accreditation:

2013-2014

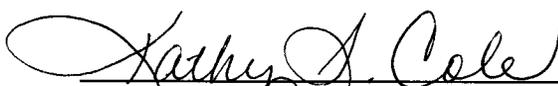
NO

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 9/17/13



(Signature of an authorized officer)

Kathy S. Cole

(Printed name)

Director of Online Learning

(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.

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

If "YES", please indicate the following:

SAU Magnolia is a public institution of higher education. The university came into being under the  
(Parent Organization Name)

Arkansas Legislature Act of 1909 as the "Arkansas State Agricultural & Mechanical College".  
(Street Address)

The institutional name was changed to Southern Arkansas University in 1976.  
(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 Arkansas Agency Arkansas Department of Higher Education

Address Five Main Place, 423 Main St., Suite 400

City Little Rock State AR Zip Code 72201

Contact Phone Number (501) 371-2000

Contact Website http://www.adhe.edu/Pages/home.aspx

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 of the North Central Association of Colleges & Schools

230 South LaSalle St., Suite 7-500

(Street Address)

Chicago

(City)

IL

(State)

60604

(ZIP Code)

**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)



# Southern Arkansas University

100 East University  
Magnolia, AR 71754-9302

September 17, 2013

Mr. Mike Lauritsen  
Office of the South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

**RECEIVED**  
**SEP 23 2013**  
**S.D. SEC. OF STATE**

Dear Mr. Lauritsen:

Enclosed is a completed application for South Dakota Postsecondary Education Authorization to enable Southern Arkansas University (SAU), Magnolia to deliver distance education programming to South Dakotan students.

SAU is approved by the Arkansas Department of Higher Education, accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and has an established third-party process to review and address online student grievances. As reference, the SAU Online Learning website is <http://web.saumag.edu/online/>.

Mr. Paul Gough, Director of Policy & Planning, South Dakota Board of Regents, [paulg@sdbor.edu](mailto:paulg@sdbor.edu), directed us to make this application per separate communication dated May 1, 2013.

Should you have any questions, please contact me. I look forward to your response.

Sincerely,

Kathy Cole, M. Ed.  
Director of Online Learning  
[kathycole@saumag.edu](mailto:kathycole@saumag.edu)  
Telephone (870) 235-4168\