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S.D. SEC. OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

Please mark the appropriate box

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

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

United Tribes Technical College

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

3315 University Drive
(Street Address)

Bismarck (City) | ND (State) | 58504 (ZIP Code)

www.uttc.edu
(Website)

3. Contact Person

Dr. David M. Gipp (Name) | President (Title)

701-255-3285 (Telephone Number) | 701-530-0605 (Fax Number)

dgipp@uttc.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*)

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

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 FN011354

South Dakota Corporate Name UNITED TRIBES TECHNICAL COLLEGE (ND)

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

■ YES

Accrediting Agency: Higher Learning Commission, North Central Association

230 South LaSalle Street Suite 7-500

(Street Address)

Chicago IL 60604

(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation 2010-2011

Term or expiration date of most recent accreditation 2020-2021

☐ 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: _____

_____
(Signature of an authorized officer)

DAVID M. GIPP
(Printed name)

President
(Title)

Submit Application to:

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

or Save and Submit By Email to
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, including operating as a nonprofit religious corporation, awarding only religious degrees or certificates for the purpose of conferring a ritual status or authority within that religious order
- Subject to the jurisdiction and regulations by 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)