

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 10 2014
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*):

Grace College

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

200 Seminary Drive

(Street Address)

Winona Lake

(City)

IN

(State)

46590

(ZIP Code)

www.grace.edu

(Website)

3. Contact Person:

Carrie Yocum

(Name)

VP of Administration and Compliance

(Title)

574-372-5100 x6491

(Telephone Number)

574-372-5117

(Fax Number)

yocumca@grace.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 Indiana Agency N/A

Address Per IC 21-7-13-6, as a private institution, Grace is an "Approved postsecondary educational institution"

City _____ State _____ Zip Code _____

Contact Phone Number _____

Contact Website _____

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 Commissions

230 South LaSalle Street, Suite 7-500

(Street Address)

Chicago IL 60604

(City) (State) (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. Grace Schools
(Name)
13660 Stansbury
(Street Address)
Detroit MI 48227
(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)

Effective date of most recent grant of accreditation: 2008 - 2009
Term or expiration date of most recent accreditation: 2018 - 2019

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 9/10/14
Carrie Yocum
(Signature of an authorized officer)
Carrie Yocum
(Printed name)
VP of Administration and Compliance
(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.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU										
Date Received	(FOR BUREAU USE ONLY)									
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Address</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">ZIP Code</td> </tr> </table>		Name			Address			City	State	ZIP Code
Name										
Address										
City	State	ZIP Code								
EFFECTIVE DATE:										

Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN MICHIGAN

For use by Foreign Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned execute the following Application:

1. The name of the corporation is:

GRACE SCHOOLS

2. (Complete this item only if the corporate name in item 1 is not available for use in Michigan.)
The assumed name of the corporation to be used in all its dealings with the Bureau and in the transaction of its business or conducting of its affairs in Michigan is:

3. It is incorporated under the laws of INDIANA. The date of its incorporation is 4/29/1940, and the term of existence if other than perpetual is _____.

4. a. The address of the main business or headquarters office of the corporation is:

200 SEMINARY DRIVE, WINONA LAKE, IN 46590

(Street Address) (City) (State) (ZIP Code)

b. The mailing address if different than above:

(Street Address) (City) (State) (ZIP Code)

5. The street address of its registered office in Michigan is:

30600 TELEGRAPH ROAD, STE. 2345, BINGHAM FARMS, Michigan 48025-5720
(Street Address) (City) (ZIP Code)

The mailing address of the registered office in Michigan if different than above:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

The name of the resident agent at the registered office is: THE CORPORATION COMPANY

The resident agent is an agent of the corporation upon whom process against the corporation may be served.

6. The specific business or affairs which the corporation is to transact or conduct in Michigan is as follows:

See Exhibit "A" attached hereto.

The corporation is authorized to transact such business in the jurisdiction of its incorporation.

7. (To be completed by profit corporations only)

The total authorized shares of the corporation are: _____

8. If the applicant is a trust please specify any powers or privileges possessed by the trust that are not possessed by an individual or a partnership.

Signed this 27th day of June, 2013

By William J. Katip
(Signature of Authorized Officer or Agent)

William J. Katip
(Type of Print Name)

GRACE SCHOOLS

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN MICHIGAN

EXHIBIT "A"

Operate a private postsecondary educational institution in Michigan, located at 13660 Stansbury, Detroit, Michigan 48227. This is a class Y educational corporation. Degrees authorized to be offered are as follows: Associate of Arts (A.A.) degree in General Studies, Associates of Arts (A.A.) degree in Biblical Studies, and Bachelor of Science (B.S.) degree in Ministry Studies. Associate programs must consist of at least 60 semester credit hours or equivalent of collegiate level study. Bachelor degree programs must consist of at least 120 semester credit hours or equivalent of collegiate level study.



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

STEVE ARWOOD
DIRECTOR

July 11, 2013

Dr. William J. Katip, Ph.D.
Provost
Grace College and Seminary
200 Seminary Drive
Winona Lake, IN 46590

Re: Correction to letter dated April 24, 2013 approving Grace Schools to operate a college in Michigan

Dear Dr. Katip:

This letter serves as a correction and supersedes the April 24, 2013 letter by this office approving Grace Schools, Inc. (to operate in Michigan under the assumed name: Grace College) as a non-public college. This office received notification by two separate letters dated June 21, 2013 and June 25, 2013, accompanied by supporting documentation, clarifying the legal corporate name as well as all assumed names under which the educational corporation will conduct business in the State of Michigan. Therefore, we are pleased to inform you that we are approving Grace Schools (to operate in Michigan under the assumed name(s): Grace College, Grace College and Seminary, Grace College and Theological Seminary, Grace Seminary, Grace Theological Seminary, Henry and Frances Weber School, Weber School at Grace College, and the Weber School) as a non-public college.

This letter may be used as evidence that in accordance with Public Act 327 of 1931, as amended, MCL 450.170-177, our office confirms that Grace Schools has demonstrated that: (a) the housing space and administration facilities that it possesses or proposes to provide for its declared field or fields of education are adequate; (b) its proposed educational program leading to the diplomas or degrees that it proposes to offer is adequate; (c) the laboratory, library, and other teaching facilities that it possesses or proposes to provide are adequate; (d) it has or proposes to employ an adequate staff, fully trained, for the instruction proposed; and (e) at least 50% of its capital, whether consisting of stock or in gifts, devises, legacies, bequests or other contributions of money or property, has been paid in or is in its possession.

Consistent with the accreditation of the Higher Learning Commission of the North Central Association we are approving Grace Schools to conduct business in Michigan with the following purpose:

Operate a private postsecondary educational institution in Michigan, located at 13660 Stansbury, Detroit, Michigan 48227. This is a class Y educational corporation. Degrees authorized to be offered are as follows: Associate of Arts (A.A.) degree in General Studies, Associate of Arts (A.A.) degree in Biblical Studies, and Bachelor of Science (B.S.) degree in Ministry Studies. Associate programs must consist of at least 60 semester credit hours or equivalent of collegiate level study. Bachelor degree programs must consist of at least 120 semester credit hours or equivalent of collegiate level study.

LARA is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU
P.O. BOX 30714 • LANSING, MICHIGAN 48909
www.michigan.gov/csl

William J. Katip
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This approval is granted for the programs noted above. Offering additional programs is subject to approval by this office. This approval is granted for operation at the address noted above. Expansion of programs to an address not mentioned above is subject to approval by this office.

Before the institution can legally operate in Michigan, articles of incorporation or a certificate of authority to operate as a foreign corporation including all assumed names must be filed with Licensing and Regulatory Affairs, Corporation Division. This approval letter from this office giving authorization to operate a private college or university as an educational corporation must accompany the filing. You may contact the Corporation Division at 517-241-6470 for assistance regarding filing or visit www.michigan.gov/corporations.

Should you have any questions, please contact Mr. James R. Farhat at (517) 241-4274 or e-mail at farhatj@michigan.gov.

Sincerely,



Andrew Brisbo, Acting Director
Corporations, Securities & Commercial Licensing Bureau
Licensing Division

cc: Michael Beamish, Corporations, Securities & Commercial Licensing Bureau
James R. Farhat, Corporations, Securities & Commercial Licensing Bureau
Julia Dale, Corporations, Securities & Commercial Licensing Bureau