

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 Minnesota Agency Office of Higher Education

Address 1450 Energy Park Drive, Suite 350

City St. Paul State MN Zip Code 55108-5227

Contact Phone Number (800) 657-3866

Contact Website www.ohe.state.mn.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: North Central Association of Colleges & Schools

230 South LaSalle Street, Suite 7-500

(Street Address)

Chicago IL 60604

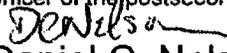
(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation: 2009
Term or expiration date of most recent accreditation: 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 May 21, 2014

Daniel C. Nelson
Digitally signed by Daniel C. Nelson;
DN: cn=Daniel C. Nelson, o=South Dakota
and Research, email=danielcnelson@state.sd.us, c=US
Date: 2014.05.21 11:19:14 -0500
(Signature of an authorized officer)
Daniel C. Nelson
(Printed name)
Chief Institutional Data & Research Officer
(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. **Bethel University - Bethel Seminary St. Paul**

(Name)

3949 Bethel Drive

(Street Address)

St. Paul

MN

55112

(City)

(State)

(ZIP Code)

2. **Bethel University - Bethel Seminary San Diego**

(Name)

6116 Arosa Street

(Street Address)

San Diego

CA

92118

(City)

(State)

(ZIP Code)

3. (several dozen other adult teaching locations around Minneapolis/St. Paul - let me know if you need these)

(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)