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

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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 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*):
   Daytona State College

2. Applicant's Main Address (*Additional sites listed on Attachment A*):
   1200 West International Speedway Boulevard
   (Street Address)
   Daytona Beach — (City)
   Florida — (State)
   32114 — (ZIP Code)
   http://www.daytonastate.edu
   (Website)

3. Contact Person:
   Robert Grimm — (Name)
   Director of Government Relations — (Title)
   386.506.3385 — (Telephone Number)
   386.506.4456 — (Fax Number)
   grimmr@daytonastate.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 Florida Agency _____

Address Office of the Commissioner, Turlington Building, Suite 1514, 325 West Gaines Street

City Tallahassee State FL Zip Code 32399

Contact Phone Number 850-245-0505

Contact Website http://www.fldoe.org/default.asp

☐ 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: Southern Association of Colleges and Schools - Council on Colleges

1866 Southern Lane
(Street Address)

Decatur Georgia 30033
(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation: reaffirmation visit 2013 - reaffirmed 2013-2014

Term or expiration date of most recent accreditation: 2023

☐ 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 11-20-13

(Signature of an authorized officer)

Robert G. Grimm

(Printed name)

Director of Government Relations

(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. DeLand Campus
(Name)
1155 County Road 4139
(Street Address)
DeLand | FL | 32724
(City) | (State) | (ZIP Code)

2. Deltona Campus
(Name)
2351 Providence Blvd.
(Street Address)
Deltona | FL | 32725
(City) | (State) | (ZIP Code)

3. Flagler/Palm Coast Campus
(Name)
3000 Palm Coast Pkwy. SE
(Street Address)
Palm Coast | FL | 32137
(City) | (State) | (ZIP Code)

4. New Smyrna Beach-Edgewater Campus
(Name)
940 Tenth Street
(Street Address)
New Smyrna Beach | FL | 32168
(City) | (State) | (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)

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. Advanced Technology College
(Name)
1770 Technology Blvd.
(Street Address)
Daytona Beach | FL | 32117
(City) | (State) | (ZIP Code)

2. News-Journal Center at Daytona State College
(Name)
221 N. Beach Street
(Street Address)
Daytona Beach | FL | 32114
(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)