

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

# APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

**RECEIVED**  
**FEB 24 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*):

Lake Superior State University

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

650 W. Easterday Avenue

(Street Address)

Sault Sainte Marie

MI

49783

(City)

(State)

(ZIP Code)

www.LSSU.edu

(Website)

3. Contact Person:

Morrie Walworth

Provost

(Name)

(Title)

(906) 652-2211

(906) 635-6671

(Telephone Number)

(Fax Number)

mwalthor@LSSU.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 Michigan Agency LSSU Board of Trustees

Address 203 Administration Building - 650 W. Easterday Ave

City Sault Sainte Marie State MI Zip Code 49783

Contact Phone Number (906) 635-2202

Contact Website http://www.lssu.edu/trustees

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 (North Central Assoc.)

230 South LaSalle Street, Suite 7-500

\_\_\_\_\_  
(Street Address)

Chicago

\_\_\_\_\_  
(City)

IL

\_\_\_\_\_  
(State)

60604

\_\_\_\_\_  
(ZIP Code)

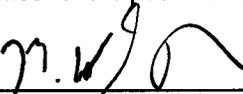
Effective date of most recent grant of accreditation: 2011-2012  
Term or expiration date of most recent accreditation: 2016-2017

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 2/18/2014

  
\_\_\_\_\_  
(Signature of an authorized officer)  
**Morrie Walworth**  
\_\_\_\_\_  
(Printed name)  
**Provost & Vice President Academic Affairs**  
\_\_\_\_\_  
(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.

**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. LSSU - Escanaba Regional Center - Bay College University Center  
(Name)  
2001 N. Lincoln Road  
(Street Address)  
Escanaba MI 49829  
(City) (State) (ZIP Code)
  
2. Dearborn University Consortium Center  
(Name)  
4801 Oakman Blvd  
(Street Address)  
Dearborn MI 48126  
(City) (State) (ZIP Code)
  
3. Gaylord Regional Center  
(Name)  
80 Livingston Blvd  
(Street Address)  
Gaylord MI 49735  
(City) (State) (ZIP Code)
  
4. Petoskey Regional Center  
(Name)  
1515 Howard Street  
(Street Address)  
Petoskey MI 49770  
(City) (State) (ZIP Code)

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

