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S.D. SEC. OF STATE

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

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*):
   University of San Francisco

2. Applicant's Main Address (*Additional sites listed on Attachment A*):
   2130 Fulton Street
   (Street Address)
   San Francisco — (City)
   CA — (State)
   94117 — (ZIP Code)
   http://www.usfca.edu
   (Website)

3. Contact Person: Aouie Rubio (Name)
   Online Education Director of Operations (Title)
   415-422-2004 (Telephone Number)
   415-422-5862 (Fax Number)
   rubio@usfca.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:

N/A
(Parent Organization Name)

N/A
(Street Address)

N/A	N/A	N/A
(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 California Agency Bureau for Private Postsecondary Education

Address 2535 Capitol Oaks Drive, Suite 400

City Sacramento State CA Zip Code 95833

Contact Phone Number 916 - 431- 6959

Contact Website http://www.bppe.ca.gov

☐ 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: Western Association of Schools & Colleges (WASC)

985 Atlantic Avenue, Suite 100
(Street Address)

Alameda	CA	94501
(City)	(State)	(ZIP Code)

Effective date of most recent grant of accreditation: _____

Term or expiration date of most recent accreditation: _____

☐ 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 11/5/13

Jennifer E. Turpin
(Signature of an authorized officer)

Jennifer E. Turpin
(Printed name)

Provost and Vice President for 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

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. University of San Francisco - Downtown Campus
(Name)
101 Howard Street
(Street Address)
San Francisco | CA | 94105
(City) | (State) | (ZIP Code)

2. University of San Francisco - Pleasanton Campus
(Name)
6120 Stoneridge Mall Road, Suite 150
(Street Address)
Pleasanton | CA | 94588
(City) | (State) | (ZIP Code)

3. University of San Francisco - Sacramento Campus
(Name)
630 K Street
(Street Address)
Sacramento | CA | 95814
(City) | (State) | (ZIP Code)

4. University of San Francisco - San Jose Campus
(Name)
125 S. Market Street, Suite 200
(Street Address)
San Jose | CA | 95113
(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. University of San Francisco - Santa Rosa Campus
(Name)
416 B Street
(Street Address)
Santa Rosa | CA | 95401
(City) | (State) | (ZIP Code)

2. University of San Francisco - Presidio Campus
(Name)
920 Mason Street
(Street Address)
San Francisco | CA | 94129
(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)