

AMENDMENT
APPLICATION FOR CERTIFICATE OF
AUTHORIZATION TO PROVIDE
POSTSECONDARY EDUCATION

SDCL 13-48

NO FILING FEE

1. Name of Institution (the institutional name under which postsecondary educational programs are provided):

2. The date of filing the Application for Certificate of Authorization or Renewal: _____

3. Indicate the type of change being made:

CHANGE OF NAME

CHANGE OF PRIMARY ADDRESS

CHANGE IN ACCREDITATION

CHANGE IN ADDITIONAL SITES (ATTACHMENT A)

OTHER CHANGE(S)

4. The amendment to the Application for Certificate of Authorization to Provide Postsecondary Education is:

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title

