

SD Secretary of State Office  
500 E. Capitol Ave.  
Pierre, SD 57501  
(605) 773-2797  
[sos.edu@state.sd.us](mailto:sos.edu@state.sd.us)

# APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

SDCL 13-48

## FILING FEE: \$500

FILING FEES ARE NONREFUNDABLE AND NOT PRO-RATED

Make Check Payable to SECRETARY OF STATE

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

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

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Actual Street Address	City	State	ZIP+4
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Mailing Address, if Different from Street Address	City	State	ZIP+4
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Website

3. Contact Person:

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Name	Title
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Telephone Number	Fax Number
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Email Address

4. Applicant's PHYSICAL South Dakota Address:

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Actual Street Address	City	State	ZIP+4
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Mailing Address, if Different from Street Address	City	State	ZIP+4
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5. Does the Applicant operate at sites other than the addresses 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 an amendment application to the Secretary of State Office, within thirty (30) days of such change.

6. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? YES NO

If "YES", please indicate the following:

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Parent Organization Name

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Street Address	City	State	ZIP+4
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7. Is the Applicant an instrumentality of the State of South Dakota 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		Agency	
Street Address	City	State	ZIP+4
Contact Phone Number		Fax Number	

Legally established to operate in South Dakota as a business entity

South Dakota Business ID
South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES - **Please include a COPY of your Accreditation.**

If **“YES”**, please indicate the following:

Accrediting Agency			
Street Address	City	State	ZIP+4
Effective date of most recent grant of accreditation:	_____		
Term or expiration date of most recent accreditation:	_____		

NO

If **“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:

9. Has the Applicant ever been ordered to cease operations?

YES

If "YES", please indicate the following:

\_\_\_\_\_  
Jurisdiction Agency that made the order

The date ordered to cease operations: \_\_\_\_\_

Dates the cease operation was in effect: \_\_\_\_\_

Is the cease operations order still in effect? YES NO

NO

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. 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  
\_\_\_\_\_  
Printed name  
\_\_\_\_\_  
Title

**Submit Application to:**  
South Dakota Secretary of State  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to  
Provide Postsecondary Education or Amendment thereof.)

1.	
	Name
	Street Address
	City
	State
	ZIP+4
2.	
	Name
	Street Address
	City
	State
	ZIP+4
3.	
	Name
	Street Address
	City
	State
	ZIP+4
4.	
	Name
	Street Address
	City
	State
	ZIP+4
5.	
	Name
	Street Address
	City
	State
	ZIP+4
6.	
	Name
	Street Address
	City
	State
	ZIP+4

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