

State of South Dakota

Office of the Secretary of State

CERTIFICATE OF AUTHORIZATION Postsecondary Education

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

BETHEL UNIVERSITY

meets the requirements to provide postsecondary education in the State of South Dakota pursuant to South Dakota Codified Law 13-48. This registration has an effective date of **November 21, 2022** and will be valid through **June 30, 2023**.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, **November 21, 2022**.

Steve Barnett

Steve Barnett
Secretary of State

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

**APPLICATION FOR CERTIFICATE OF
AUTHORIZATION TO PROVIDE
POSTSECONDARY EDUCATION**

SDCL 13-48

RECEIVED
NOV 21 2022
S.D. SEC. OF STATE

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):

Bethel University

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

<u>3900 Bethel Drive</u>	<u>St. Paul</u>	<u>MN</u>	<u>55112-6902</u>
Actual Street Address	City	State	ZIP+4

<u>www.bethel.edu</u>			
Mailing Address, if Different from Street Address	City	State	ZIP+4
Website			

3. Contact Person: Dan Nelson Chief Institutional Data & Research Officer
- | | |
|-----------------------------|-------------|
| Name | Title |
| <u>651-638-6429</u> | <u>n.a.</u> |
| Telephone Number | Fax Number |
| <u>dc-nelson@bethel.edu</u> | |
| Email Address | |

4. Applicant's PHYSICAL South Dakota Address:

<u>1000 S Sycamore Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57110</u>
Actual Street Address	City	State	ZIP+4

<u></u>	<u></u>	<u></u>	<u></u>
Mailing Address, if Different from Street Address	City	State	ZIP+4

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:

Parent Organization Name

<u></u>	<u></u>	<u></u>	<u></u>
Street Address	City	State	ZIP+4

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)

Minnesota	Office of Higher Education		
State	Agency		
1450 Energy Park Drive	St. Paul	MN	55108-5227
Street Address	City	State	ZIP+4
651-259-3965	n.a.		
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:

Higher Learning Commission

Accrediting Agency			
30 North LaSalle Street, Suite 200 Chicago	IL	60602	
Street Address	City	State	ZIP+4

Effective date of most recent grant of accreditation: 12/10/2019

Term or expiration date of most recent accreditation: 05/31/2030

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 11/11/2022



Signature of an authorized person

Robin Rylaarsdam

Printed name

Provost

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

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
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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
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6. _____
Name

Street Address	City	State	ZIP+4
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(Make additional copies of this Attachment as may be necessary and submit with Application)



HIGHER LEARNING COMMISSION

230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1411
312.263.0456 | 800.621.7440
Fax: 312.263.7462 | hlcommission.org

December 10, 2019

Dr. James Barnes
President
Bethel University
3900 Bethel Drive
St. Paul, MN 55112-6999

Dear President Barnes:

This letter serves as formal notification and official record of action taken concerning Bethel University by the Institutional Actions Council of the Higher Learning Commission at its meeting on December 4, 2019. The date of this action constitutes the effective date of the institution's new status with HLC.

Action with Interim Monitoring. IAC continued the accreditation of Bethel University with the next Reaffirmation of Accreditation in 2029-30. In conjunction with this action, IAC required the following interim monitoring.

Interim Report. An Interim Report on finances due 6/30/2020, 12/31/2020, 12/31/2021 and 12/31/2022.

In two weeks, this action will be added to the *Institutional Status and Requirements (ISR) Report*, a resource for Accreditation Liaison Officers to review and manage information regarding the institution's accreditation relationship. Accreditation Liaison Officers may request the ISR Report on HLC's website at <https://www.hlcommission.org/isr-request>.

Within the next 30 days, HLC will also publish information about this action on its website at <https://www.hlcommission.org/Student-Resources/recent-actions.html>.

If you have any questions about these documents after viewing them, please contact the institution's staff liaison Steph Brzuzy. Your cooperation in this matter is appreciated.

Sincerely,

Barbara Gellman-Danley
President

CC: ALO