

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

INSTITUTE OF LUTHERAN THEOLOGY

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 28, 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 28, 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 28 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):

Institute of Lutheran Theology

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

<u>910 4th Street</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
Actual Street Address	City	State	ZIP+4
<u>PO Box 833</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
Mailing Address, if Different from Street Address	City	State	ZIP+4
<u>www.ilt.edu</u>			
Website			

3. Contact Person: Leon Miles Executive Vice President
- | | |
|-----------------------|------------|
| Name | Title |
| <u>6056929337</u> | |
| Telephone Number | Fax Number |
| <u>lmiles@ilt.edu</u> | |
| Email Address | |

4. Applicant's PHYSICAL South Dakota Address:

<u>910 4th Street</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
Actual Street Address	City	State	ZIP+4
<u>PO Box 833</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</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

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)

State	Agency		
Street Address	City	State	ZIP+4
Contact Phone Number	Fax Number		

Legally established to operate in South Dakota as a business entity

26-1251815 NS013208
South Dakota Business ID
Institute of Lutheran Theology
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:

Association for Biblical Higher Education

Accrediting Agency
5850 TG Lee Blvd, Suite 130 Orlando FL 32822
Street Address City State ZIP+4

Effective date of most recent grant of accreditation: February 2018

Term or expiration date of most recent accreditation: February 2023

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 _____

11/22/2022

Dennis Biefeldt

Signature of an authorized person

Dennis Biefeldt

Printed name

President

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

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)



The Association for
Biblical Higher Education
Commission on Accreditation

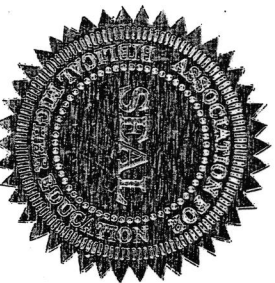
*In acknowledgement of a satisfactory
self-study and evaluation team visit, the
Commission on Accreditation hereby grants
institutional accreditation to*

INSTITUTE OF LUTHERAN THEOLOGY

With all rights, privileges and honors appertaining

February 21, 2018

Ronald C. Kroll, Director
Commission on Accreditation



Loy Jo Stanfield, Chair
Commission on Accreditation