

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
AUG 05 2019
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):

Reagan National University

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

<u>114 S Main Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57104</u>
Actual Street Address	City	State	ZIP+4

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

3. Contact Person: Adam Yang Academic Dean

Name	Title
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605-728-1941

Telephone Number

Fax Number

adam.yang@rnu.edu

Email Address

4. Applicant's PHYSICAL South Dakota Address:

<u>114 S Main Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57104</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:

Reagan National University, Inc.

Parent Organization Name

<u>114 S Main Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57104</u>
Street Address	City	State	ZIP+4

#1531687

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

DB055240

South Dakota Business ID

114 S Main Ave, Sioux Falls, SD 57104

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:

Accreditation Council for Independent Colleges and Schools

Accrediting Agency

1350 Eye Street, NW Suite 560	Washington	DC	20005
Street Address	City	State	ZIP+4

Effective date of most recent grant of accreditation: 12/2017

Term or expiration date of most recent accreditation: 12/2019

☐ 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 8/2/2019

Harold Harris

Signature of an authorized person

Harold Harris

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.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4
2.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4
3.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4
4.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4
5.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4
6.	<hr/>			
	Name			
	<hr/>			
	Street Address	City	State	ZIP+4

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

Accrediting Council for Independent Colleges and Schools
Certificate of Accreditation

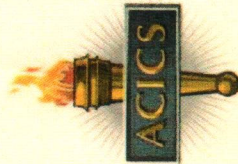
THIS CERTIFICATE IS PROUDLY AWARDED TO

Reagan National University, Sioux Falls, SD

This institution has been granted accreditation through the indicated date, with all the rights, honors, and privileges, in testimony of institutional compliance with the criteria of the Council.

December 31, 2019

Expiration Date



Michelle Edwards

Michelle Edwards
President and CEO