

State of South Dakota

Office of the Secretary of State

RENEWAL CERTIFICATE OF AUTHORIZATION Postsecondary Education

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

SOUTHEASTERN UNIVERSITY

continues to meet 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 **July 01, 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, **June 08, 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

RENEWAL
APPLICATION FOR CERTIFICATE OF
AUTHORIZATION TO PROVIDE
POSTSECONDARY EDUCATION
SDCL 13-48

RECEIVED
JUN 08 2022
S.D. SEC. OF STATE

FILING FEE: \$250
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):
Southeastern University

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

<u>1000 Longfellow Boulevard</u>	<u>Lakeland</u>	<u>FL</u>	<u>33801</u>
Actual Street Address	City	State	ZIP+4

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

3. Contact Person: Lisa A. Barranco, M.B.A. Sr. Dir. of Accreditation & Compliance

Name	Title
<u>863.667.5573</u>	<u>-</u>
Telephone Number	Fax Number
<u>LABarranco@seu.edu</u>	
Email Address	

4. Applicant's PHYSICAL South Dakota Address:

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

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

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

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)

Florida	Department of Education		
State	Agency		
325 W. Gaines St., Ste 701	Tallahassee	FL	32399
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:

Southern Association of Colleges and Schools Commission on Colleges

Accrediting Agency

1866 Southern Lane

Decatur

GA

30033

Street Address

City

State

ZIP+4

Effective date of most recent grant of accreditation: December 2021

Term or expiration date of most recent accreditation: December 2031

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

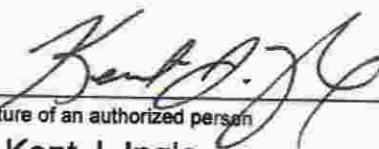
NO

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

5/17/2022


Signature of an authorized person

Dr. Kent J. Ingle

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)



State Board of Education

Tom Grady, *Chair*
Ben Gibson, *Vice Chair*
Members
Monesia Brown
Marva Johnson
Ryan Petty
Andy Tuck
Joe York

Richard Corcoran
Commissioner of Education

January 5, 2022

Dr. Kent Ingle
President
Southeastern University
1000 Longfellow Blvd.
Lakeland, FL 33801-6034

Dear Dr. Ingle,

Southeastern University is a private, not-for profit college that is located and chartered in the state of Florida. Pursuant to section 1005.06(1)(c), Florida Statutes, “[a]ny institution that is under the jurisdiction of the Department of Education, eligible to participate in the William L. Boyd, IV, Effective Access to Student Education Grant Program and that is a nonprofit independent college or university located and chartered in this state and accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to grant baccalaureate degrees” is not required to obtain licensure from the Commission for Independent Education.

During the 2022 calendar year, Southeastern University is included among the independent colleges and universities that fall under this law in Florida. These institutions are exempt from licensure by the Commission during this year as long as the criteria set forth in section 1005.06(1)(c), Florida Statutes, is maintained.

Sincerely,

Elizabeth Moya

Elizabeth Moya
Assistant Vice Chancellor for Articulation and Career Education Policy

c: kingle@seu.edu
ahpermenter@seu.edu
cjlloyd@seu.edu
kmreaves@seu.edu



SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS
COMMISSION ON COLLEGES

January 12, 2022

Dr. Kent Ingle
President
Southeastern University, Inc.
1000 Longfellow Boulevard
Lakeland, FL 33801

Dear Dr. Ingle:

The following action regarding your institution was taken by the Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) during its meeting held on December 2, 2021:

The SACSCOC Board of Trustees reaffirmed accreditation. No additional report was requested. Your institution's next reaffirmation will take place in 2031 unless otherwise notified.

Also, please submit to your SACSCOC staff member, preferably by email, a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **February 15, 2022**, and should include on the same page the following information: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and email address of an individual who can be contacted regarding its development or implementation. This summary will be posted to SACSCOC's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an 'Impact Report of the Quality Enhancement Plan on Student Learning' as part of their 'Fifth-Year Interim Report' due five years before their next reaffirmation review. Institutions will be notified 11 months in advance by the President of SACSCOC regarding its specific due date. Directions for completion of the report will be included with the notification.

We appreciate your continued support of SACSCOC's activities and work. If you have questions, please contact the SACSCOC staff member assigned to your institution.

Sincerely,

Belle S. Wheelan, Ph.D.
President

BSW:rg

cc: Dr. Denise Y. Young, Vice President, SACSCOC