

# State of South Dakota

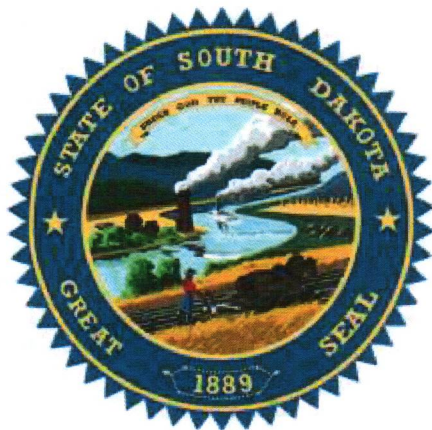
Office of the Secretary of State

## CERTIFICATE OF AUTHORIZATION Postsecondary Education

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

### SOUTHEASTERN 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 **August 25, 2020** and will be valid through **June 30, 2021**.



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, August 25, 2020.

*Steve Barnett*

**Steve Barnett**  
Secretary of State

RECEIVED  
NOV 13 2019  
S.D. SEC. OF STATE

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

RECEIVED  
AUG 25 2020  
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):

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

3. Contact Person: Lisa Barranco Murphy, M.B.A. Compliance Director

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

Florida	Secretary of State		
State	Agency		
2661 Executive Ctr Cir W	Tallahassee	FL	32301
Street Address	City	State	ZIP+4
850.245.6053			
Contact Phone Number	Fax Number		

Legally established to operate in South Dakota as a business entity

FN186619  
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 for 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 2011

Term or expiration date of most recent accreditation: December 2021

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 \_\_\_\_\_

*11/11/19*

\_\_\_\_\_  
Signature of an authorized person

*Kent J. Ingle*  
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](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.		N/A		
	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)



January 10, 2012

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

Dear Dr. Ingle:

The following action regarding your institution was taken at the December 2011 meeting of the Board of Trustees of SACS Commission on Colleges:

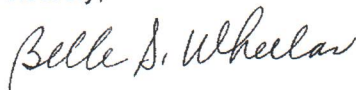
The Commission on Colleges reaffirmed accreditation. No additional report was requested. Your institution's next reaffirmation will take place in **2021** unless otherwise notified.

Please submit to your Commission staff member a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **February 15, 2012**, and also should include: (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 the Commission's Web site 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 the Commission regarding its specific due date.

We appreciate your continued support of the activities of the Commission on Colleges. If you have questions, please contact the staff member assigned to your institution.

Sincerely,



Belle S. Wheelan, Ph.D.  
President

BSW:ch

cc: Dr. Cheryl D. Cardell

# State of South Dakota

## Office of the Secretary of State

### Certificate of Authority

Foreign Nonprofit Corporation

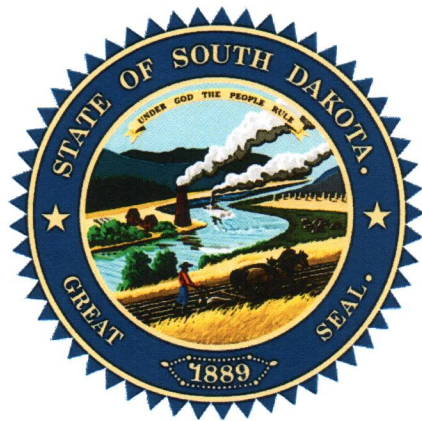
I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that the Non-Stock Application for Certificate of Authority to transact business in this state for

**Southeastern University, Inc.**

BUSINESS ID# FN186619

with an effective date of: August 25, 2020, duly signed and verified, has been received in this office and is found to conform to law.

**ACCORDINGLY**, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the Non-Stock Application for Certificate of Authority.



**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, August 25, 2020.

*Steve Barnett*

**Steve Barnett**  
Secretary of State

08/25/2020 11:57 AM