

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
OCT 01 2018
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):

University of St. Thomas

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

<u>2115 Summit Avenue</u>	<u>St. Paul</u>	<u>MN</u>	<u>55105-1078</u>
Actual Street Address	City	State	ZIP+4
<u>AQU 319, 2115 Summit Avenue</u>	<u>St. Paul</u>	<u>MN</u>	<u>55105-1078</u>
Mailing Address, if Different from Street Address	City	State	ZIP+4
<u>https://www.stthomas.edu/</u>			
Website			

3. Contact Person: Tonia Bock Director of Accreditation & Assessment
- | | |
|----------------------------|---------------------|
| Name | Title |
| <u>651-962-6039</u> | <u>612-962-6702</u> |
| Telephone Number | Fax Number |
| <u>tsbock@stthomas.edu</u> | |
| Email Address | |

4. Applicant's PHYSICAL South Dakota Address:

<u>Glidden Hall, Univ. of Sioux Falls, 1101 W. 22nd St.</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105-9987</u>
Actual Street Address	City	State	ZIP+4
<u>Univ. of Sioux Falls, 1101 W. 22nd St.</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105-9987</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>Street Address</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>
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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	Minnesota Office of Higher Education		
State	Agency		
1450 Energy Park Drive, Suite 350	St. Paul	MN	55108-5227
Street Address	City	State	ZIP+4
(651) 642-0567	(651) 642-0675		
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			
230 South LaSalle Street, Suite 7-500	Chicago	IL	60604-1411
Street Address	City	State	ZIP+4
Effective date of most recent grant of accreditation:	2013-2014		
Term or expiration date of most recent accreditation:	2023-2024		

☐ 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 September 17, 2018

Tonia Bock

Digitally signed by Tonia Bock
Date: 2018.09.17 15:36:50 -05'00'

Signature of an authorized person

Tonia Bock

Printed name

Director of Accreditation and Assessment

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

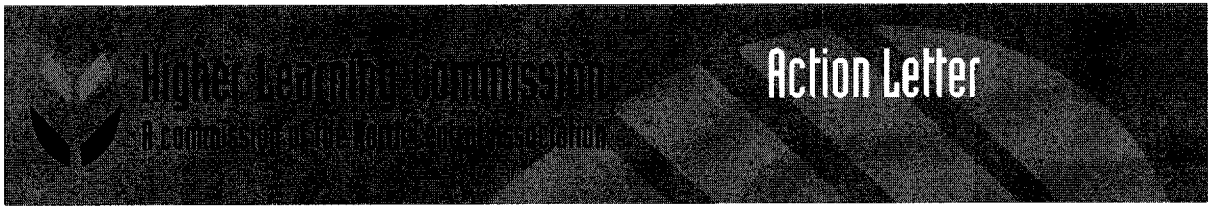
ATTACHMENT A

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)



March 27, 2014

Dr. Julie Sullivan
President
University of St. Thomas
2115 Summit Ave.
St. Paul, MN 55105

Dear President Sullivan:

This letter is formal notification of the action taken concerning University of St. Thomas by the Higher Learning Commission. At its meeting on March 24, 2014, the Institutional Actions Council (IAC) acted on the items below. This letter serves as the official record of this action, and the date of this action constitutes the effective date of your new status with the Commission.

Action with Interim Monitoring. IAC continued the accreditation of the University of St. Thomas with the next Reaffirmation of Accreditation in 2023-24. In conjunction with this action, IAC required the following interim monitoring to be embedded in the Year 4 Assurance Review.

- **Embedded Monitoring.** Year 4 Assurance Review will include an embedded interim report focused on assessment of student learning.

If the current Commission action includes changes to your institution's *Statement of Affiliation Status (SAS)* or *Organizational Profile (OP)*, the changes will appear in these documents on the Commission's Web site within three weeks of the date of action. The *SAS* is a summary of your institution's ongoing relationship with the Commission. The *OP* is generated from data you provided in your most recent Institutional Update.

The Commission posts the SAS and this action letter with the institution's directory listing on its website. Information for the institution on notifying the public of this action is available at <http://ncahlc.org/Information-for-Institutions/institutional-reporting-of-actions.html>.

If you have questions about these documents after viewing them, please contact Karen Solomon. On behalf of the Board of Trustees, I thank you and your associates for your cooperation.

Sincerely,

Sylvia Manning
President