

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 30, 2021** and will be valid through **June 30, 2022**.



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, July 30, 2020.

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
JUL 30 2021
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>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, M.B.A. Compliance Director

<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></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:

<u></u>			
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

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 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

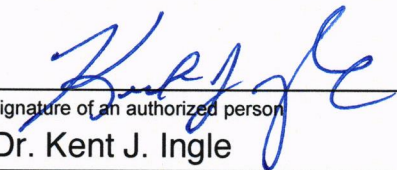
☒ NO

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

7/27/21


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.	<u>N/A</u>				
	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

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

Richard Corcoran
Commissioner of Education

February 4, 2021

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

Dear Dr. Kent 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(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.

During the 2021 calendar year, Southeastern University is included among the independent colleges and universities that fall under this law in Florida. These institutions are exempt from Florida licensure.

Sincerely,

Elizabeth Moya

Elizabeth Moya
Assistance Vice Chancellor for Articulation and Career Education Policy

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



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

SOUTHEASTERN UNIVERSITY



July 30, 2021

Ms. Krista Rounds
South Dakota Secretary of State Office
500 E. Capitol Avenue
Pierre, SD 57501

Re: Renewal of Authorization to Provide Postsecondary Education

Dear Ms. Rounds,

Enclosed you will find Southeastern University's Renewal Application for Certification of Authorization to Provide Postsecondary Education in the state of South Dakota. Additional supporting documentation includes the Florida Department of Education's letter indicating our authority to operate in Florida, as well as the letter from SACS COC indicating the University's most recent reaffirmation of regional accreditation, and finally our check (# 318790) in the amount of \$250 to satisfy the filing fee for the renewal of our application.

Should you have any questions or need anything further, please let me know. I can be reached most easily by email: LABarranco@seu.edu or cellphone: 863.632.2443.

Your help in this effort is greatly appreciated.

Sincerely,

Lisa A. Barranco, M.B.A.
Compliance Director

LAB:ms

Enclosures (4)