UCA Core: Request for First Year Seminar (FYS) Designation

|  |  |  |  |
| --- | --- | --- | --- |
| Department |  | | |
| Course (subject, number, title) | |  | |
| Number of FYS sections of this course: | | |  |

**Assurances** (Please initial each statement to indicate your agreement.)

|  |  |
| --- | --- |
|  | Initial by the x. |
| 1. The department agrees to address FYS outcomes in FYS sections of this course. | x |
| 2. The department agrees that faculty designated to teach FYS sections of this course will participate in FYS training. | x |

**Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature – Chair of the Academic Department |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature – Director of General Education |  | Date |