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

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| 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**

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

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