



UNIVERSITY OF
SAN FRANCISCO

School of Education

Catholic School Teacher (CST) Reduced Tuition Rate Recommendation Form

**Form must be completed by supervising teacher/staff and signed by the principal/head of the school.*

Name of Principal/Head of School:

Name of Supervising Teacher/Staff:

Name of School:

Address: _____ City: _____

Zip: _____ Phone number: _____ Email: _____

Name of USF Candidate:

SOE Program:

Application Term: Fall Intersession Spring Summer YEAR:

Section I: Initial Recommendation: (for initial requests only)

1. Start & End dates of intended work or service:

2. Please indicate the time commitment of work or service – **indicate hours per week**. (Note: Service must meet minimal expectations – at least 3 hours a week of on-site, school-related work throughout the semester).

3. Please describe in detail the intended work or service the candidate will be doing that is responsive to needs in the school.

4. Please describe in detail the expected impact work or service will have on the educational success of underserved groups of students (i.e. student demographics such as racial/ethnic breakdown, free or reduced lunch, etc.).

SECTION II: SUPERVISING TEACHER/STAFF AND PRINCIPAL SIGNATURE

I, _____, recommend that the USF candidate indicated
(print name)
above receive the Catholic School Teacher (CST) Reduced Tuition Rate in recognition of his/her service to our school.

(Supervising Teacher/Staff Signature)

(Date)

(Principal/head of School Signature)

(Date)

Please return the signed form to the student.
Student volunteers must upload completed forms to: <http://bit.ly/CSTRateGoogleform>

<i>TO BE FILLED OUT BY USF SCHOOL OF EDUCATION- ASSOCIATE DEAN FOR ACADEMIC AFFAIRS</i>	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OTHER:	

SIGNATURE: _____	Date: _____
STUDENT ID: _____	