



UNIVERSITY OF
SAN FRANCISCO

School of Education

Catholic School Teacher (CST) Reduced Tuition Rate Renewal 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: Recommendation of Renewal *(for RENEWAL requests only)*

- Over the past semester, did the candidate successfully satisfy all required hours and responsibilities of their role?
 Yes _____ No; please explain: _____

- Please describe in detail how the work or service completed by the candidate this semester impacted the educational success of underserved groups of students.

- Please describe in detail the work or service student will be contributing in the upcoming semester – **include expected hours per week.** (Note: Service must meet minimal expectations – at least 3 hours a week of on-site, school-related work throughout the semester).

- Start & End date of intended work or service: _____

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>

TO BE FILLED OUT BY USF SCHOOL OF EDUCATION- ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

Approved Yes No OTHER:

SIGNATURE: _____

Date: _____

STUDENT ID: _____