



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*

Name of Principal/Head of School:

Name of Supervising Teacher/Staff:

Name of School: _____

Address: _____ City: _____

Zip: _____ Phone number: _____ Email:

Name of USF Candidate:

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)

Email completed forms to: cstrate@usfca.edu

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

Approved Yes No OTHER:

SIGNATURE: _____

Date: _____

STUDENT ID: _____