Section I: Recommendation of Renewal (for RENEWAL requests only)

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

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

3. 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).

4. Start & End date of intended work or service:
SECTION II: SUPERVISING TEACHER/STAFF AND PRINCIPAL SIGNATURE

I, _______________________________________, recommend that the USF candidate indicated 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: _____________________________