Catholic School Teacher (CST) Reduced Tuition Rate
Verification of Student Teacher Placement

USF candidates who elect to do their student teaching requirement in a Catholic School will be eligible for the CST Reduced Tuition Rate during the semester of their student teaching placement. To obtain the tuition rate, this form must be completed and submitted by the school’s principal/head of school by the deadline.

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: Teacher Placement Information:

1. Start & End date of candidate’s intended work:

__________________________________________________________________________________

2. Days and hours per week:

__________________________________________________________________________________

3. Describe the course(s) to be taught by USF candidate:

__________________________________________________________________________________

Section II: USF Student Response:

1. What do you hope to gain from your student teaching experience and what do you want your students to come away from having you as a student teacher? (* USF STUDENT TO ATTACH RESPONSE)

__________________________________________________________________________________
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)

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: ____________________________________________