



IMPORTANT **INFORMATION**

LETTER OF FINANCIAL RESPONSIBILITY

This document is **REQUIRED** in order to participate in SIT Study Abroad programs.

This ***Letter of Financial Responsibility*** is designed to be completed by whomever is handling your financial matters. Although your home institution may be forwarding financial aid, the student and his/her family are ultimately responsible for any payment not received. This Letter of Financial Responsibility also extends to debt incurred abroad, when payment is due to SIT Study Abroad staff or homestay family.

A Student or Parent can be named as the individual responsible for finances. A Social Security number **is required** and is necessary for collecting any past-due debts.

International students *enrolled* at a U.S. institution are issued a Social Security number. International students should identify themselves as the person responsible for finances.

International students *not enrolled* in a U.S. institution and without a Social Security number should complete the attached form, and mark N/A (not applicable) in the field for Social Security number.

This document may be faxed to (802) 258-3296 or returned by mail:
SIT Study Abroad, PO Box 676, Kipling Road, Brattleboro, VT 05302-0676

Any questions? Please e-mail:
Karen.Sprague@Worldlearning.org



Letter of Financial Responsibility

Student's Name: _____

Social Security Number: _____ - _____ - _____

Name of College or University: _____

Name of Parent or Guardian: _____

Address: _____ City _____ State __ Zip _____

Name of person responsible for finances: _____

SSN _____ - _____ - _____

Address: _____ City _____ State __ Zip _____

The person signing below as the financially responsible party agrees to assume joint liability with the student for any debt incurred during his/her semester attendance at SIT Study Abroad. The terms of payment, adjustment and withdrawal set forth in the SIT Study Abroad catalog are incorporated herein and hereby accepted.

In the event of a delinquency, I promise to pay all attorney fees and other reasonable collection costs necessary for the collection of any amount not paid when due.

This document needs to be sent back as soon as possible.

Signature of Person Responsible for finances: _____

Date: _____