



SIT Study Abroad

a program of World Learning

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 whoever 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



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Letter of Financial Responsibility for SIT Study Abroad programs

Student Name: _____

Social Security number _____ - _____ - _____

Name of College or University: _____

Permanent Address: _____

City _____ State _____ Zip _____

Name of person responsible for finances: _____

Social Security number _____ - _____ - _____

Permanent Address: _____

City _____ State _____ Zip _____

The person signing below as the financially responsible party agrees to assume joint liability with the student for any incidental (i.e.: telephone, medical, taxi, etc.) debt incurred during his/her semester or term with SIT Study Abroad. The terms of payment, adjustment and withdrawal set forth in the [Conditions of Participation](#) 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.

Signature of person responsible for finances: _____

Date: _____