

**LETTER OF FINANCIAL RESPONSIBILITY*****This document is REQUIRED in order to participate in the SiPN Program***

This *Letter of Financial Responsibility* is designed to be completed by whomever is handling your financial matters. Although your home institution may be forwarding payment on your behalf; the student and/or 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 SiPN.

A Student or Parent or Guardian 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.

*(Fill out and submit this document by printing, signing, and scanning to your computer. Then upload it to your SiPN protected account in the designated area of your application. If you have any trouble with scanning and/or uploading, please email your signed and completed documents to [applications@studyinportugalnwork.com](mailto:applications@studyinportugalnwork.com) or fax to +351 21-392-8772)*

## **LETTER OF FINANCIAL RESPONSIBILITY**

Student's Name:

Social Security Number:

Name of College or University:

Name of Parent or Guardian:

Address:

City:                      State/Province:                      Zip:                      Country:

Name of person responsible for finances (may be student named above):

SSN:

Address:

City:                      State/Province:                      Zip:                      Country:

The person signing below as the financially responsible party agrees to assume joint liability with the student for any debt incurred during his/her session of attendance at Study in Portugal Network.

The terms of payment, adjustment and withdrawal set forth in the SiPN website 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  
(may be student)

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