



STAR Center

Simulation, Training, Assessment & Research

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VETERAN REQUEST FOR ENROLLMENT CERTIFICATION

ATTACH CERTIFICATE OF ELIGIBILITY

Name		V.A. File #	
Address		E-Mail Address	
City, State, ZIP		Cell:	

Which VA Education Benefit Program are you requesting to be certified under? Visit www.gibill.va.gov to learn which benefit is best for you.

(Select Only One Chapter) Are you receiving any other benefits? YES/NO CVO/TA

	(Chapter 33) Post 9/11 GI Bill®. Is this for Transfer of Entitlement? YES/NO
	(Chapter 30) Montgomery GI Bill® – Active Duty? YES/NO (if “NO”, a copy of discharge form DD-214 must be on file)
	(Chapter 31) Vocational Rehabilitation
	(Chapter 1606) Montgomery (Reserve National Guard) GI Bill®
	(Chapter 35) Spouse/Dependent of Veteran GI Bill® VA Claim #:
	(Chapter 1607) Montgomery (Reserve/National Guard Active Duty) GI Bill®

1. Have you ever been certified under this VA Education Benefit Program before? **YES/NO**.
 - a. If “YES”, which institution(s) did you attend? _____
2. Are you in an overpayment situation? **YES/NO**.
 - a. If “YES”, have you contacted the Debt Management Center of the VA to make payment arrangements? **YES/NO**

Change in course enrollment after certification has been submitted to the VA may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME. I understand that I will be liable for any overpayment I might receive from the Veterans Administration. I also understand that I must notify the VA Certifying Official of any changes in registration, in addition to the Veterans Affairs Administration. I AM ALSO AWARE THAT I MUST COMPLETE THIS FORM FOR EACH CONSECUTIVE SERIES OF COURSES I WISH TO BE CERTIFIED FOR.

STAR Center does NOT determine your eligibility for VA benefits. We are only responsible for certifying your enrollment status to the VA, which is what gets you paid!

I hereby certify that all statements are true and complete to the best of my knowledge and belief. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to STAR Center on my behalf.

Signature: _____	Date: _____
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Please email completed form to register@star-center.com or fax to 954-920-3140