

**Jefferson Community College
Course Audit Option
Registration Form**

This form must be submitted to Enrollment Services- 315-786-2437 or Emailed to studentrecords@sunyjefferson.edu prior to the end of the second week of instruction and in accordance with current college policy. **Course audit**

Student Name: _____

Student J# or SSN#: _____

Date of Birth: _____

Sex Assigned at Birth: _____

Gender Identity: _____
(optional)

Phone Number: _____

Email address: _____

Address: _____

Semester:	
Course:	
CRN:	
Instructor:	

I, _____, certify that I am taking the above course on an audit basis.

Student Signature

Date

Instructor Signature

Date