

**Jefferson Community College
Pass/Fail Option Registration
Form**

This form must be submitted to Enrollment Services 315-786-2437 or emailed to studentrecords@sunyjefferson.edu prior to end of second week of instruction and is subject to current college policy.

Student J Number: _____

Student Name: _____

Phone Number: _____

Address: _____

Course:	
CRN:	
Instructor:	

I, _____, certify that I am taking the above course on a pass/fail basis.

Student Signature

Date

Advisor Signature

Date