

**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](mailto:studentrecords@sunyjefferson.edu) prior to the end of the second week of instruction and in accordance with current college policy.  
**Course audit***

Student J Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

|             |  |
|-------------|--|
| Semester:   |  |
| Course:     |  |
| CRN:        |  |
| Instructor: |  |

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

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Instructor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair Signature*

\_\_\_\_\_  
*Date*