

**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 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*