



COURSE AUDIT REGISTRATION FORM

This form must be submitted to Enrollment Services, located in Jules Center 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 Policy](#)

STUDENT INFORMATION:

Student Name: _____

Student ID / J Number: _____

Date of Birth: _____

Academic Status: ☐ Matriculated (Degree-seeking) ☐ Non-matriculated

Legal Sex Assigned at Birth: _____

Gender Identity (optional): _____

Phone Number: _____

Email Address: _____

Address: _____

COURSE INFORMATION:

Semester Term and Year: _____

Course Title: _____

CRN: _____

Instructor: _____

AUDIT DETAILS & ACKNOWLEDGEMENT

Statement clarifying:

- Audited courses do **not** earn academic credit
- Audited courses do **not** count toward degree requirements
- Grade will appear as "**N**" on the transcript
- Expectations for participation (attendance, assignments, exams—at instructor's discretion)

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

Student Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

INTERNAL USE ONLY

Processed by Signature: _____

Date: _____