JAMESTOWN COMMUNITY COLLEGE
Office Of The Registrar
Jamestown, NY 14701

Audit Form

PLEASE PRINT

Student’s Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________

J number or Social Security Number: ________________________________________________

Academic Year: 20___ Session: (check) Fall_____ Spring_____ Summer_____ 

Course Title: ___________________________ Call No. (CRN): ________________

A short outline of course expectations for an audit grade:


PLEASE PRINT

Faculty Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________

Faculty Signature ___________________________ Date ___________________________

Student Signature ___________________________ Date ___________________________

*Failure to meet expectations as stated on this form will result in an Administrative “X” grade on the student’s transcript.

THIS FORM MUST BE RETURNED TO THE REGISTRAR’S OFFICE TO COMPLETE REGISTRATION