

JAMESTOWN COMMUNITY COLLEGE
Office Of The Registrar
Jamestown, NY 14701
Audit Form

PLEASE PRINT

Student's Last Name	First Name	Middle Initial
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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
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Faculty Signature	Date
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Student Signature	Date
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*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

