



OHIO VALLEY
UNIVERSITY

APPLICATION FOR DEGREE FORM

OVU Office of the Registrar
1 Campus View Drive, Vienna, WV 26105-8000
304.865.6105 | registrar@ovu.edu

PLEASE PRINT

Student's Full Name - *as it will appear on diploma (please include maiden name if married):*

Date: ____ / ____ / ____

Program Catalog Year: _____

Degree (*check one*): A.A. A.S. B.A. B.S. M.Ed.

Major: _____ Minor: _____

Date of Expected Graduation: ____ / ____ / ____

Commencement Ceremony - *please indicate the year you plan to walk:* May _____

Mailing Address: _____

Student Signature

Power Campus ID#

I Hereby Recommend This Student for the Degree Stated Above:

Advisor's Signature

Approved for Graduation:

Registrar

Vice President for Academic Affairs

Date Degree Issued: ____ / ____ / ____

Comments: _____
