OHIO VALLEY
UNIVERSITY

OVU SCHEDULE FORM

OVU Office of the Registrar
1 Campus View Drive, Vienna, WV 26105-8000
304.865.6034 | registrar@ovu.edu

Registration Class Rank: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Semester: ☐ Fall ☐ Spring ☐ Maymester Year: _____

Major (write *undecided* if uncertain): _____

First Time Students — Are you the first generation in your family to attend college? ☐ Yes ☐ No

Date: ____ / ____ / ____

Name: _____ ID#: _____

Current Mailing Address: _____

Home phone number: (_____) _____ Cell phone number: (_____) _____

Dept.	Course #	Sec. #	Course Title	R*	Days	Time	Credit Hours
						Total Credit Hours:	

NOTE: To make corrections, please cross out the entire line and rewrite the complete description on the new line.
***R:** Please place a check in this column if the course is being repeated

Student Signature: _____

Advisor Signature: _____

rev 2013-11-05