



OHIO VALLEY
UNIVERSITY

REQUEST FOR CHANGE OF ADVISOR

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

Date: ____ / ____ / ____

Student's Name: _____

Previous Advisor: _____

New Advisor: _____

Reason for Change: _____

New Major: _____

Please obtain the following signatures in the order given:

Advising records given to student by: _____
Previous Advisor

Advising records recorded from student by: _____
New Advisor

Please return this form to the Registrar's office.