



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: (_____) _____

Table with 8 columns: Dept., Course #, Sec. #, Course Title, R*, Days, Time, Credit Hours. Includes a Total Credit Hours row at the bottom.

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: _____