

UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
DECLARATION OF ABM (ACCELERATED BACHELOR'S MASTER'S DEGREE) PROGRAM

Student Name _____ Student Number 00 _____ Current overall GPA: _____

Current Bachelor's Program: _____ Proposed Master's Degree Program: _____

Projected graduation date for Bachelor's Degree: _____ Projected graduation date for Master's Degree: _____

Long Term Completion Plan (attach a separate sheet if needed)

Semester/Year (F, SP, SU) Ex: SP2020	Course Number/Name	Credit Hours	Check if double counted

I certify that I have the required 90 credit hours or above of undergraduate credit by my signature below.

Student Signature _____ Date _____

APPROVA of ABM Program: _____

Department Chair _____ Date _____

Director/Coordinator of Graduate Studies _____ Date _____

Dean/ _____ Date _____