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

Student Name_____ Student Number J00_____ 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: SP 2020	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

APPROVAL of ABM Program:

_____

Department Chair Date

_____

Director/Coordinator of Graduate Studies Date

_____

Dean/College or School Date

_____

Dean of the Graduate School Date

Final Distribution: Registrar, Financial Aid, Scholarship Services, Graduate School, Graduate Program Revised 7/10/19