

**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:**

\_\_\_\_\_  
Director/Coordinator of Graduate Studies Date

\_\_\_\_\_  
Dean/College or School Date

\_\_\_\_\_  
Dean of the Graduate School Date