# 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 |
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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

_____

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Final Distribution: Registrar, Financial Aid, Scholarship Services, Graduate School, Graduate Program Files