

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

Student Name _____ Student Number/ID _____ 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

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 F5sel