

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

Student Name \_\_\_\_\_ Student Number 100 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

\_\_\_\_\_  
Dean/ <sup>CE</sup> <sub>μ š ^ Z } } o</sub> Date